

Caremaid Services Limited

Caremaid Services Kingston

Inspection report

Trident Court
1 Oakcroft Road
Chessington
Surrey
KT9 1BD

Tel: 02030442749
Website: www.caremaid.co.uk

Date of inspection visit:
05 October 2021
15 October 2021

Date of publication:
17 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Caremaid Services Kingston is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, the service supported people with conditions such as dementia and mobility needs. Out of a total number of 35 people, 34 people were receiving personal care.

People's experience of using this service and what we found

We found evidence during our inspection for a breach of regulation and the need for this provider to make improvements.

Care records had not always included all the necessary information to provide staff with guidance on the support people required. This meant that people using the service had been placed at unnecessary risk of harm.

Some staff's understanding of the Mental Capacity Act 2005 (MCA) was limited. Governance systems in place to assess and monitor the quality and safety of the care people received were not always operated effectively because the provider had failed to pick up the issues we identified during our inspection. We made recommendations about this.

Although some people reported that staff's visits were occasionally shorter than expected, they felt safe supported by the provider. Staff were aware of the safeguarding procedure and the actions to take if they had any concerns about people's safety. Recruitment checks were carried out to ensure staff were of suitable character to work with vulnerable people. People received the necessary support to manage their medicines as prescribed. Infection prevention and control measures were in place and followed by staff to ensure safe care delivery.

Staff read people's care records electronically which helped them to access information easily when needed. Checks took place to monitor staffs' performance on the job. Where people required support to meet their nutritional needs, staff had provided the required care.

People described staff as caring and kind. People were involved in their care planning and made decisions to inform staff about their wishes and choices. Staff respected people's right to privacy and independence and approached to their cultural needs with sensitivity.

Personal information about people was included in care records to ensure staff knew people's preferences and wishes. People had help to meet their communication needs as necessary. Provider's complaints procedure was given to people so they could raise concerns as and when needed.

People, their family members and healthcare professionals felt that there was a good leadership at the

service. The staff team had support to carry out their responsibilities effectively. The provider had developed good communication with the healthcare professionals to support partnership working.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of the service since it registered with the CQC.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Caremaid Services Kingston

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that a manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the office location on 5 and 15 October 2021. We also made calls to people that used the service, their relatives and the staff team.

We spoke with eight people who used the service and 16 relatives about their experience of the care provided. We spoke with the registered manager, operations manager, branch manager and seven members of staff.

We reviewed a range of records. This included people's care and medicines management records, staff files in relation to recruitment and training data. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care records. We also received feedback from six healthcare professionals.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had care plans in place with information relating to the support they required with personal care. These included tasks related to maintaining personal hygiene, dressing/ undressing and food preparations.
- However, the care plans had not always included all the necessary information to assess the risk levels. For example, where it was identified that a person was at risk of falls and where a history of a person's challenging behaviour was highlighted. This meant that information was not always provided for staff in relation to the potential risks to people and how to mitigate these risks.
- Environmental risk assessments were carried out by the provider to assess the potential risks to staff and people in their homes. However, detailed information was not recorded to note what was looked at and preventative measures were not always highlighted. For example, where a risk to staff's safety was identified.
- Staff were not provided with individualised guidance on what actions to take in the event of a fire in people's homes. We viewed the provider's 'Fire Safety in Service Users' Homes Policy and Procedure' which highlighted that person-centred fire risk assessments should be completed for people considering risks in relation to their limited mobility and health conditions. However, there were no fire safety risk assessments in place to ensure staff were aware of people's individual situations that may increase the risk of fire in their homes.
- We discussed these concerns with the registered manager and signposted them to guidance to help them develop their risk assessments.

We found no evidence that people had been harmed however, the provider had failed to complete some risk assessments to ensure staff had an accurate reflection of people's care and support needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment checks were carried out to ensure staff's fitness to work with people using the service. Staff had to attend an interview, provide references and undertake a Disclosure and Barring Service (DBS) check to ensure safe care provision. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable people. Systems were in place to monitor that all documentation was up to date, for example right to work in the UK visa.
- People mostly had the same staff members to support them which ensured consistent care delivery. One family member told us, "My mind is at rest because [my relative] has regular carers who always make sure she's ok."

- Although staff didn't always arrive on time for visits, people and their relatives were notified if staff were going to be late. One family member said, "If [staff] are going to be late, they will ring me, either the carer or the office. Never not turned up."
- Some people and their family members told us that staff didn't always stay for the allocated time but that they supported people as necessary with their personal care needs. One person said, "[Staff] give me the impression they are overworked or in a hurry all the time. I should have half hour slots but that seldom happens." A family member told us, "[Staff] don't always stay for the full amount of time but they always make sure they've done everything and [my relative's] got everything he needs." A healthcare professional said, "I think due to time constraints carers might take risks with moving and handling as they are rushing."
- Staff's attendance was discussed with the registered manager who told us they were not aware about such concerns but that they will look to address this. We reviewed staff attendance records which showed that people received the care they were assigned. We will check their progress at our next comprehensive inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with the whistleblowing and safeguarding policies and procedures to guide them how to raise concerns about poor care, including how to identify and report abuse.
- Records showed that one safeguarding investigation took place since the service's registration with the CQC. The safeguarding concern received was appropriately recorded and actioned to ensure the person's safety.

Using medicines safely

- People's medicines administration record (MAR) sheets were appropriately completed, and the prescribed medicines were signed for by staff when given to people.
- Care records included information regarding the support people required to take their medicines safely.

Preventing and controlling infection

- We were assured that the provider was effectively managing risks in relation to COVID-19 and infection prevention and control (IPC).
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. One family member told us, "With all the pandemic, [staff] wore masks, gloves and even shoe covers." Another family member said, "[Staff] discard [PPE] in bin bag in the house, gloves, mask and aprons."
- Staff were provided with the 'Infection Control Policy and Procedure' that included guidance on safe PPE wearing and hand washing techniques.

Learning lessons when things go wrong

- Staff knew the actions they should take if an incident or accident occurred. One staff member said, "If a client slipped in the bath for example, I would call the ambulance and let the office know. I try to prevent incidents or accidents taking place."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was knowledgeable about the MCA and told us how the mental capacity assessments should be carried out only where a person's capacity to make a specific decision was doubted.
- We found that staff mostly had a limited understanding of the MCA principles but that they sought people's consent before providing care. When asked, staff told us that if they noticed changes in people's ability to make decisions, they would report this to the management team for actioning as necessary.
- We discussed this with the registered manager who told us they will look to address staff's understanding of the MCA principles. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

We recommend the provider to review guidance making sure they always lawfully acted on the behalf of people and in accordance with the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans were recorded electronically so that staff could access information quickly when needed and share updates as necessary.
- Initial assessments were carried out to ensure the service was able to provide the necessary support to people they agreed to care for.

Staff support: induction, training, skills and experience

- An electronic system was used by the provider to monitor staff's attendance for training courses. The system had automatically notified the management team when staff were due for a refresher course so they could ensure the training was attended as necessary.
- At the time of inspection, records showed that all staff were up to date with the provider's mandatory training courses. Training provided for staff included medicines management, safeguarding, first aid and fire safety. A healthcare professional told us, "The staff that I have spoken to appear very knowledgeable."
- Staff were required to complete induction which provided five days training to ensure they had the necessary knowledge and skills to support people safely. Staff shadowed senior staff members before they were assessed by the supervisor as fit to carry out lone working.
- Staff received on-going support on the job to ensure effective care delivery. Regular supervisions and appraisals took place to discuss any concerns staff had and share their career goals. Spot checks were carried out to observe staff's performance on the job.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to eat and drink where this was part of the support provided. People told us they were happy with the way food was prepared and delivered to them. One person said, "The carer prepares [food]. I only got to ask for something different and she will do it. She makes the best porridge I have ever had."
- People felt staff were competent and recognised when a healthcare referral was necessary. One person told us, "[Staff] do understand my health needs in a variety of different ways." A family member said, "I think the carers are really good and very caring. When mum had a fall, they were on the ball straight away and got an ambulance."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service ensured staff treated people well. People told us they had good relationships with the staff members that supported them and described them as caring. Comments included, "I would score [staff] 99 out of a 100. Very good, kind and caring", "[The staff member is] very kind and very nice and she makes my day." One family member said, "I couldn't wish for a better carer to attend to my [my relative]."
- The healthcare professionals described staff as attentive to the needs of the people they supported, with one of them telling us, "The staff I currently deal with are kind, thoughtful and professional. They are working in a person-centred manner and see the person first."
- Staff approached people's cultural and religious needs with respect. One family member told us, "Within our culture our front room is used for prayer. The carers always take their shoes off when going into this room."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and make choices about their care. People told us they made choices about their care delivery, with one person telling us, "I have a care plan and the care is how I want it." Family members were involved as and when necessary to support people in the decision-making process. Comments included, "There is a care plan which was done some years ago and we had a meeting a few weeks ago to check it. [The management team] also asked if I was happy with the care workers."
- Staff sought people's consent before the care delivery. A healthcare professional told us, "I have observed the care staff engage with the client and verbalise how they will support the client." A staff member said, "Whatever we do, we communicate with the client about what we are going to do, making sure they have choices. I tell a client I am going to wash your hair and if the client says they don't want me to, I listen."

Respecting and promoting people's privacy, dignity and independence

- The service had systems in place to ensure people's dignity, privacy and independence were supported. People told us that staff attended to their support needs with respect and care. One person said, "[Staff] wash me in bed and cover me up." Family members' comments included, "[Staff] respect [my relative's] privacy and dignity by always asking [my relative] if everything is alright" and "[Staff] keep the door closed and keep [my relative] well washed and dressed."
- Healthcare professionals felt that staff respected people's privacy and dignity. They said, "I have observed the care staff respecting privacy and dignity by putting a towel over someone when washing for example."
- Staff told us how they encouraged people to carry out tasks for themselves, so they could remain independent as much as possible. Comments included, "I support clients to cook for themselves, sometimes just to put their food in the microwave. I supervise clients to do it safely" and "I give the client a chance to

tidy up themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People's care plans were person centred. Individual information about people's interests, occupation and important family contacts was recorded so that staff could use it to have conversations with people and understand what was important to them.
- People's care records were regularly reviewed. People had a review meeting every six months discuss their care delivery and the changes they wanted to make to their care plans.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and the support they required to get involved in conversations. One family member told us, "I am really happy with it all. [My relative] is hard of hearing and [staff] speak slowly, they try to communicate."
- People were provided with an easy to read 'Service user guide' so they could understand the given information easier. Complaints policy and important contact details were included should people need to use it.

Improving care quality in response to complaints or concerns

- The service had systems in place to appropriately respond to complaints. People and their family members told us they were confident to raise their concerns with the staff team should they have any. Family members' comments included, "I would speak to the main carer, she listens to us and has time to talk" and "I would contact the care manager, she is very good."
- Formal complaints received were recorded as a quality concern and actions were taken to address the issues identified, including providing a staff member with a refresher training course to improve their record keeping.

End of life care and support

- Information was recorded in people's care plans for staff's easy access in an emergency where a person had a Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) order in place and they did not wish to receive any active interventions in the event of a cardiac or respiratory arrest.
- The registered manager told us that currently the service did not support people who required palliative care but that they planned to provide staff with training for end of life care and to discuss people's end of life wishes if such referral was received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The branch manager had a list of daily tasks that they completed to overview the service delivery. This included making calls to people and staff members for feedback about the care delivery and checking MAR charts to ensure the tasks had been completed as necessary.
- The registered manager used a weekly report generated from the system to monitor care provision at the service. The report highlighted if there were any outstanding actions that needed to be followed up in relation to recruitment and people's health needs which they delegated to the staff team as necessary.
- The registered manager told us they checked people's care records regularly and when any updates were made.
- However, we found that governance systems in place were not always operated effectively because they had failed to pick up and/or act on the issues we identified during our inspection. This included issues relating to care records and staff's understanding of the MCA principles.

We recommend the provider review their governance systems in place to ensure they effectively managed safe care delivery at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a clear management structure in place with shared responsibilities to ensure consistent care delivery.
- Healthcare professionals told us that there was a good leadership at the service. Comments included, "They are managed well, the Kingston office has a good manager" and "I work mostly with [the branch manager]. Her approach and commitment is extremely good. She is a very good communicator and appears to support her staff as best she possibly can. [The branch manager] thinks outside the box and has been exceptional during the pandemic with difficult cases we have worked on."
- However, we found that feedback was not always taken as an opportunity for learning and reflection. Progress made by the provider to address the concerns identified during the inspection will be closely monitored by the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture. People and their family members told us they had good communication

with the management team. One person said, "When I have rung [the management], they are approachable." A family member told us, "If you leave a message, [the management] will text or call straight away."

- When we asked staff if the management team were supportive, they said, "[The branch manager] is very very good, very supportive. You can call her any time and she was always very helpful" and "[The branch manager] is good, I would give her 98%. She is very supportive, friendly and understanding."
- Staff were provided with a handbook and pocket guide for information purposes, including symptoms of coronavirus to be vigilant of.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly contacted by the office staff for feedback about the care delivery. Records showed that conversations took place to gather people's views about the support they received with personal care tasks and if changes were needed. A family member told us, "Actually someone rang today and asked if I was happy with care service or had any concerns. I didn't have any and he said feel free to contact them if any concerns."

Working in partnership with others

- The service had systems in place to ensure effective partnership working. The management team told us they worked in partnership with other agencies to ensure safe and effective delivery of care. This included supporting a person to seek assistance from the healthcare professional to address their health concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risk of receiving unsafe care from staff because care recording was not always robust as necessary. Regulation 12(2)(b)