

Coastal Care Limited

Caremark New Forest

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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:

- Caremark New Forest is a domiciliary care service that provides care and support to people living in their own homes in the community.
- When we inspected, Caremark were providing regulated services to 14 people.

People's experience of using this service:

- People told us that the staff who provided their support made them feel safe and secure.
- Staff were trained in safeguarding and told us they would not hesitate to whistle-blow to the manager or to external agencies if they were concerned about the standard of care delivered.
- The provider had a comprehensive business continuity plan that detailed how the service would manage to provide support to people in a range of eventualities such as inclement weather or widespread power cuts.
- Staff were safely recruited and necessary pre-employment checks were completed before staff commenced in post.
- Staff were knowledgeable about infection control.
- Staff were trained in the Mental Capacity Act 2005 and assumed people had the capacity to make decisions unless they had been assessed as being unable to do so. People's mental capacity had been considered as part of the care planning process.
- Before working with people, staff completed an induction and mandatory training courses. They shadowed more experienced staff members until they were confident they could safely support people.
- Staff were supported by regular supervision sessions with the registered manager who also completed spot checks of staff to ensure they were providing a high standard of care.
- People told us that staff members were kind and caring and they looked forwards to their visits.
- The provider had policies in place that ensured that peoples diverse needs were met and that care was delivered in line with their cultural or religious requirements, or as they wanted it to be delivered.
- Staff encouraged people to have an active role in their care. They were supported to complete aspects of their care that were within their abilities.
- People were involved in their care reviews, they were given plenty of notice of the review so they could

invite representatives to attend with them, and consider questions and concerns they may want to raise.

- Staff told us they maintained people's dignity and privacy and promoted their independence.
- We were told of a number of successful interventions by the provider and how they had made a significant difference to people's wellbeing.
- People knew how to complain about the provider however there had been no complaints since we last inspected the service.
- The provider supported people with end of life care in partnership with local GP's and district nurses.
- We received positive feedback about the registered manager and people told us they believed the service to be very well-led.
- Audits completed by the provider ensured that all aspects of care were in line with best practice and safe.
- The provider sought feedback from people receiving a service using an annual quality assurance survey.
- The service met the characteristics of good in all areas.

Rating at last inspection: Good (report published 19 August 2016)

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor information that we receive about the service and will return to inspect as per our re-inspection programme or sooner if we have concerns about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Caremark New Forest

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector and one expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their areas of expertise included older people, people living with dementia and people who have used social care services.

Service and service type:

- Caremark New Forest is a domiciliary care service providing personal care to people living in the West Hampshire area.
- 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to meet with us.
- The inspection site visit was on 31 January 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.
- We contacted people by telephone about their experiences of the service on 28 January 2019.

What we did:

- Before we inspected we reviewed the information we already held about the service. We reviewed the provider information return, (PIR). The PIR is submitted by the provider annually and contains evidence

about how the service is performing and developments they intend to make. The PIR helps us to plan our inspection.

- We looked at notifications sent to us by the provider. Notifications are reports about specific events that the provider must tell us about by law.
- During the inspection we looked at four staff records, four peoples care records, we saw policies and procedures, records of accidents and incidents and complaints. We looked at quality assurance reports and audits of the service.
- We spoke with the registered manager, three care staff and three people who used the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that staff made them feel safe. One person told us, "We feel very safe with them, I can't really say why but we just do". Another person said, "We feel perfectly safe with them all, they are always very friendly and we get to know them all well, top marks for them!"
- People were cared for by staff who had been trained in safeguarding. Staff could describe the signs and symptoms of abuse and told us they would not hesitate to report their concerns to the registered manager.
- Staff told us they were confident that they could speak with the registered manager if they had concerns about how a colleague was caring for people. They knew about the process of 'whistle-blowing' and would do so if necessary.
- The registered manager told us if they were approached by staff with information about care concerns they would thank them, ensure their identity remained confidential and thoroughly investigate.

Assessing risk, safety monitoring and management

- When people were referred to the service, the registered manager completed an initial assessment. The assessment identified environmental risks in people's homes. Each room was considered and items such as trip hazards or restricted access were assessed as to whether it would be safe to provide care.
- Risks to people were assessed as part of their care assessments. Areas such as skin integrity and personal care were assessed and needs recorded. Any risks highlighted were assessed and plans to minimise risks were added to the care plan.
- Accidents and incidents were recorded and reports submitted to the registered manager who completed the required notifications to Care Quality Commission or organisations such as the Health and Safety Executive.
- The provider enabled people to take positive risks in order to achieve a fulfilling life. One staff member told us that a person who could hold a spoon to eat may be encouraged to stand and clean their teeth with a little support, or brush their hair. This would promote their independence and possibly raise their self-esteem.
- We saw a comprehensive business continuity plan, (BCP). The plan covered eventualities including inclement weather, pandemic, and fuel shortage as well as concerns that may affect the office such as power outage, phone system failure and break in. All concerns were addressed and a plan to ensure that services continued to be provided was in place.

Staffing and recruitment

- Staff were safely recruited and all the required checks had taken place.
- We looked at four staff records. In one record the staff members last employer had not provided a reference. We asked the registered manager and they had email evidence to show they had contacted the employer many times and they had been unable to obtain the reference. We recommended that the emails were added to the staff record to evidence they had attempted to obtain the required reference.

Using medicines safely

- Staff completed training in administering medicines before supporting people. A relative told us, "They give [family member] her medicine as instructed in the care plan book and write it all up".
- A medicines competency check was completed every three months by the registered manager to ensure that all staff were supporting people with medicines safely.

Preventing and controlling infection

- Staff were supplied with personal protective equipment (PPE) by the provider. Items provided included gloves, aprons, anti-bacterial hand gel and face masks.
- We spoke with staff about infection control and they all demonstrated a good understanding of effective infection control. .

Learning lessons when things go wrong

- Since the registered manager commenced in post in March 2018 there had been no significant incidents and they had received no formal complaints. They were aware of the importance, however, of reviewing incidents, accidents or complaints to look for themes or trends that might affect the service?

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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 were supported by staff who had been trained in the MCA 2005 and who understood the five main principles of the Act. Staff asked for consent from people before providing care and support and recognised the importance of people making choices and remaining in control of their lives.
- A staff member told us, "I always think they have capacity, I also think, what would I like when supporting people". Another staff member told us they would assume people could make decisions unless the registered manager had made them aware they needed specific support around decision making.
- Care plans reflected that consideration had been given to decision making and capacity. One person's care plan noted that they would make day to day decisions themselves. If a significant decision was needed, staff should ask the person if they needed support from a relative who was authorised to make decisions on their behalf.
- People's needs were assessed when they were referred to the service and, if there was capacity within current staffing, a care plan was developed and calls commenced.
- Care plans were person centred and showed a holistic approach to assessment and care planning in that all areas of the person's life were considered and planned for as needed.

Staff support: induction, training, skills and experience

- Staff completed an induction and mandatory training when first employed by the provider. Courses were completed both online and face to face. New staff completed shadowing shifts with established care staff. New staff who had previous experience could shadow for as few as two shifts while staff new to caring were able to shadow until they felt confident.
- Staff told us they could complete training that led to qualifications. Staff who had not completed the Care Certificate did so and could progress to qualifications such as diplomas. The Care Certificate is a set of 15 standards that care workers adhere to in their work.

- People told us they thought their care staff were well trained. One person told us, "They seem to be well trained and know what to do. I can't really say why I think that but they just seem professional in what they do for her". Another person said, "I think they seem to be well trained. They cream my back for me and always wear gloves and then write it all up".
- The registered manager was available to staff throughout the day until staff had completed their last calls. They would offer telephone support and attend calls as necessary.
- Staff participated in regular supervisions with their line manager. Staff told us they found supervision useful, one said, "Yes, of course it is [useful]. We are people and we hold a lot of control and responsibility and need to feel that we are being managed". Another staff member told us, "Yes, we have one to one time with the manager about every six weeks. It is a prepared agenda but we can raise anything we like, we can talk about any concerns we have".

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples preferences about food and drinks were in their care plan. One person had 'two cups of tea, strong with two sugars'. Their choice of mug was also noted.
- The provider had supported people who had needed significant support with food and drinks. One person they cared for gained weight as soon as care was provided and their health was improving as a result.
- If a person appeared visually to be losing weight the registered manager, in consultation with the person, would seek medical advice about this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that care staff would assist them in getting a GP appointment if they needed to. One person said, "If they are worried about anything to do with my back they will ring the GP for me". Another person told us that their care staff worked around times that the district nurses attended.
- The registered manager told us they had positive relationships with local GP surgeries. They also worked closely with occupational therapists, physiotherapists, district nurses and the local health authority.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. One person said, "They are very kind and caring. They are just nice in their manner, for example, one carer has already been in to visit my wife in hospital and she set up a phone call for me to talk to her. She also did some shopping for me, all in her own time".
- Another relative told us, "They are kind and caring to [family member], they know what she needs and will chat away to her".
- Staff spoke fondly about people and the registered manager told us they were certain all of the care staff were genuinely caring towards people.
- People were asked questions about topics such as religious beliefs, ethnicity and sexuality at their initial assessment and though the service was currently not providing services to anyone who observed specific religious practices, for example, they had policies and procedures in place to ensure that people were supported according to their beliefs.

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

- When conducting care reviews, the registered manager arranged a time with people in advance so they could invite friends or relatives along and had time to prepare any questions they wanted to ask. Information was communicated in a form people understood and the review form was completed step by step at a pace suited to the person.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their skills. One staff member told us, "I see what they can do and try to keep them doing it. If they can hold and drink a cup of tea, maybe they will be able to brush their hair, wash their face and clean their teeth."
- Staff told us they would ask before providing support and when assisting someone with personal care would ensure the person was covered, curtains drawn and doors closed.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was quick to respond to requests for care and support and this had a positive impact on people. The registered manager told us about a particular success they had when they received a referral on a Friday, assessed the person's needs the same day and started the support on the Saturday. The person had been initially reluctant to have support however after just a few days they were looking forwards to the care staff visiting and their health and wellbeing had already improved.

- People had regular care reviews and told us they were happy with their care plans and that they reflected how they wanted their care to be delivered. One person told us, "We do have a care plan, the supervisor came when we started having them and went through it all with us. I am happy with all the stuff that is in it". Another person told us that staff wrote in their care plan every time they visited.

- The registered manager reviewed care records and any learning that could be taken from them was added to the care plan and used to inform staff and promote positive and personalised care.

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain when they commenced with their care package. The procedures were clear and indicated that complaints would be thoroughly investigated by the provider and were welcomed as part of driving ongoing improvement.

- One person told us, "If I did have to complain I wouldn't know how to but if I did I feel that this agency would sort it out. They are a good agency". A relative said, "They gave us a telephone number in the care plan that we can call if there are any problems. I have never had to complain though, but if I did, I would be quite happy about ringing that number".

- We spoke with people about the service they received and one person appeared confused as to what support should be provided. We passed the information to the provider who clarified what care should be provided and arranged immediately to visit the person to ensure they were happy with the support they were receiving.

End of life care and support

- At the time of our inspection, the provider was not supporting anyone at the end of their life. The registered manager had extensive experience in this area and had developed positive working relationships with local district nurse teams and GP surgeries.

- The provider sought to ensure that people had the death that they wanted and if this meant remaining at

home they would, if safe and possible, support them to do so. The provider offered 24-hour care packages which were, according to feedback, effective in supporting people at the end of their life.

- One family had expressed their gratitude to the service as the end of life care provided had enabled their relative to have exactly the death they had wanted. The provider and some of their staff team had been welcomed by the family to the funeral.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were happy with the care they received and told us they had faith in the registered manager. A relative told us, "I would give them 8/10, I can't really say why but they are just pretty good!"
- Staff members told us they thought the provider was good to work for and the registered manager supported them. One staff member told us, "[registered manager] is so supportive, she listens. I always ring if I'm not sure or concerned. I know I can call at any time". Another staff member told us they would not leave the service because of the registered manager and their commitment to the service, they said, "[registered manager] is the one I trust and rely on, why would I go elsewhere. I feel confident in her."
- Staff went out of their way to support people in a person-centred way and were creative with their approaches. One person living with dementia was reluctant to have care support however, her family carer needed a break from their caring responsibilities. The staff member approached the person and asked if they would help them learn to knit, something the person was still able to do. The person enjoyed teaching the staff member who visited and stayed for a whole day. After a few minutes the person told their relative to go out for the day as they were so content.
- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that must be met by all providers and details the actions that they should follow when things go wrong, including making an apology and being open and transparent.

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

- The registered manager was supported by a director who attended the office and was available by phone. A field care supervisor had recently been recruited to take on responsibility for some spot checks of staff and care plan reviews which would provide the registered manager with capacity to build the business and implement a new electronic care record system.
- There were audits in place to ensure that the service was performing at a high standard. The registered manager had a spreadsheet of all audits which alerted them to when they were due. Audits included checking risk assessments, quality questionnaires and care plans.
- The registered manager ensured that statutory notifications were completed in a timely manner.

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

- The provider sought feedback from people using a questionnaire that was issued when they had their annual review. The registered manager had decided to change the process this year and would be issuing the questionnaires to everyone at the same time so that feedback could be analysed more effectively and improvements identified and made.
- People told us they were asked for opinions about the care they received. One relative told us, "I would say it's very well managed, every now and then the supervisor comes and checks up that all is well. She does ask us our opinions about the service, although she doesn't really need to as we are fine". A person told us, "I feel that this agency is very well managed. The manager comes around sometimes and checks up on how things are going".
- The registered manager had been in post for almost one year and had managed to recruit a strong team of care staff in that time. They were now working towards developing the services they offered. Having identified loneliness and a lack of social opportunities as problems experienced by people they, with the support of the provider were setting up events where people could be supported to meet up and socialise at events or local venues.

Continuous learning and improving care

- The provider was changing their care records to an electronic system. They told us that this would improve the service provided as they would be able to have live updates, allowing them improved oversight of the effectiveness of care being provided and any developing risks.
- The provider was part of a large care franchise and benefitted from updates to policies and procedures in line with changes to legislation and best practice.
- The registered manager was completing their level five diploma in social care.

Working in partnership with others

- The provider had positive relationships with health and social care professionals. These include working closely with the local Clinical Commissioning Group (CCG), GP surgeries, district nurses, occupational therapy services and physiotherapists. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.