

Farm and Forest Care Ltd

Caremark (Herefordshire and Forest of Dean)

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 (Herefordshire and the Forest of Dean) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to older people, people with a learning disability or autistic spectrum disorder, people with dementia, people with mental health needs and people with a physical disability. At the time of our inspection there were 13 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the performance review and assessment, the service did not provide a regulated activity to anyone with a learning disability or autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a service for this population group.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were provided with ongoing training to support people's care needs. Staff were recruited in line with the provider's policy.

Right Care:

People said they felt safe with staff in their homes. Staff knew people well and understood how to provide care which reflected people's needs and this promoted their wellbeing. People were provided with consistency in the staff undertaking their care calls. Staff protected and respected people's privacy and dignity. People received kind and compassionate care. Infection, prevention, and control was managed well.

Right Culture:

The registered manager had good oversight of the service. Quality checks took place and improvements were made where needed. The registered manager, field care supervisor and provider were committed to providing a good service. The service enabled people and those important to them to work with staff to develop the service. Staff were valued and said they felt supported by the registered manager and field care supervisor. Staff felt proud to work for the company and were keen to provide the best care to people living in their own homes.

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

Rating at last inspection

This service was registered with us on 17 June 2020, and this is the first inspection.

Why we inspected

This performance review and assessment was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Caremark (Herefordshire and Forest of Dean)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Performance review and assessment team

The performance review and assessment was carried out by 1 inspector and an Expert 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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of performance review and assessment

This performance review and assessment was announced. We gave short notice on 07 March 2023 to the registered manager. This was so they would be available to support the performance review and assessment process.

Performance review and assessment activity started on 07 March 2023 and ended on 11 April 2023.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our performance review and assessment there was a registered manager in post.

What we did before the performance review and assessment

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our performance review and assessment process.

During the performance review and assessment

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and email to enable us to engage with people using the service, relatives, the registered manager and staff. We used electronic file sharing to enable us to review documentation.

We spoke with 4 people and 6 relatives to gain their views of the care provided. We talked with the registered manager and 7 care staff about their work in supporting people in their own homes.

We reviewed a range of records. These included 5 people's care records, multiple medication administration records and records relating to the management of the service and the safety and quality of people's care. For example, quality audits, spot checks on staff practice, feedback sought from people and their relatives and 3 staff records showing us how staff were recruited and trained.

Additionally, we looked at a range of policies and procedures. These included policies and procedures relating to safeguarding, infection control and complaints management.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care staff who provided support. One person told us they felt safe with staff and, "They [staff] are all very good I must say I am not sure where I would be without them." Another person said, "I cannot fault any of them they are very good and very gentle" and they felt safe.
- Staff were trained to recognise signs of abuse and knew how to act if they had concerns. A member of staff told us, "I would report to the manager" any signs of abuse.
- The provider had safeguarding and whistleblowing policies in place, which staff could easily access.

Assessing risk, safety monitoring and management

- There were risk assessments in place giving clear guidance to staff on any risks associated with people's care. These were reviewed as necessary to ensure they were up to date.
- Risks associated with people's home environment were assessed and managed to help keep people and staff as safe as possible.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when people's needs and risks changed.

Staffing and recruitment

- People and their relatives told us they had regular staff visiting them to ensure consistency of care and staff normally arrived on time and stayed for the duration. One person told us, "They [staff] are occasionally late, but the boss phones me and lets me know they will be 10 minutes late to me, it's neither here nor there." One relative said, "[Family member] does have the same people, [family member] has dementia so it's helpful for [family member] to see the same faces."
- Staff confirmed the management team ensured there were enough staff employed to carry out people's care visits. The registered manager and field care supervisor organised people's care visits and staffs' working rotas to ensure staff had sufficient time between care visits. Staff confirmed this was the case.
- Staff were safely recruited. Staff submitted an application form, completed an interview process and all required pre-employment checks were carried out. These included references from previous employers and disclosure and barring service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People who required support to take their medicines had care documentation which described the

support they required to take them safely. Information about the type of medicines taken were recorded.

- Medicines were managed and administered safely. People's medicine administration records showed people received their medicines as prescribed. People and their relatives confirmed this.
- The registered manager had a process for checking medicine administration records regularly. In addition, staff practices were regularly competency checked to ensure they followed policies and procedures when administering medicines.

Preventing and controlling infection

- Staff received training in infection prevention and control and understood how to keep people safe. Staff wore appropriate personal protective equipment (PPE) when supporting people. People and their relatives confirmed this. One person told us staff, "Have aprons and masks" and one relative said staff, "Always (wear PPE), full aprons and gloves."
- Staff were informed about any changes to government guidance relating to infection control when changes happened. This was also discussed in daily communications and staff meetings to ensure staff were aware of what they needed to do to keep people safe.

Learning lessons when things go wrong

- The provider had procedures in place to ensure staff reported and recorded any incidents or accidents involving people who used the service. Staff were aware of and told us they followed these procedures.
- Systems were in place to ensure learning was taken from incidents to make improvements where necessary.

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 of 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.

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

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with people themselves and their relatives. These assessments then formed the basis of people's care plans which were personalised and gave staff guidance on how people preferred their care and support to be delivered.
- One relative told us, "They came out to see [family member] and went through everything how [family member] likes [their] routines and they [staff] stick to this and [family member] has always had female carers" which is their preference.
- The assessment process considered people's protected characteristics as part of the Equalities Act 2010 for example, age, religion and disability.
- The registered manager and provider ensured staff had the guidance they required to carry out their roles which included the opportunities to reflect on their practice at staff meetings.

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills and knowledge, were familiar with people's needs and respected people's wishes. One relative said staff, "Are very gifted they know how to cream [family member who] says it's very comforting."
- All new staff went through an induction period, which included shadowing more experienced caregivers to get to know people, as well as covering the basic training subjects in the form of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager had good systems to understand which staff needed their training to be updated. One staff member described how they benefitted from their ongoing training which included how to use equipment safely and effectively. They told us, "There is plenty of training" and "Never had support like this, quite amazing."
- Staff had the opportunity to discuss their training and development needs at regular meetings with the registered manager.

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

- People and their relatives told us staff gave them the level of support they needed to prepare meals and drinks of their choosing, where this was an agreed part of their care.
- At the time of our assessment and performance review, the registered manager told us they were not supporting anyone with complex needs or risks associated with their eating and drinking. However, they had

procedures in place to identify and manage such issues.

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

- Staff worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure the care and support provided was effective and in their best interests.
- People's care plans set out the support they needed from staff to maintain their health. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- One relative told us, "[Family member] had a fall recently and they called us, and they sat with [family member] until we arrived."
- People were supported to access a range of health care professionals such as GPs and occupational therapists, when required.

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 MCA 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

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people. People were supported in their own home, and they were not restricted by staff in how they lived their lives.
- People told us staff sought their permission before carrying out their care.
- Staff understood the need to respect and support people's right to make their own decisions. People's care plans reminded staff of the importance of offering each individual choices in relation to their care.
- People's consent to their care had been obtained and recorded in their care records.

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 of 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

- People told us they were treated well by staff. One person told us staff are, "Caring, they are all very good all of them."
- Relatives were also complimentary about how staff supported their family members. One relative told us staff, "Always make sure [family member] is comfortable when [family member is] dressed. [Family member] has great confidence in them, [family member] loves the staff to bits."
- People were provided with consistent and reliable staff who knew them well and this was valued by people. One relative told us staff, "...are very caring and mostly call [family member] by first name, they treat [family member] like a mum. When they put [family member] to bed at night they [staff] put on [family members] music."
- Staff were motivated, enthusiastic and spoke about people with fondness and respect. One staff member told us, "I really enjoy talking to people about their day. It's so rewarding to see people comfortable and happy." Another staff member described how they treated each person as an individual and said, "I talk to one person about the rugby which they enjoy."
- People were appropriately assessed from the outset and received support tailored around their equality and diversity needs.
- The management team had systems which ensured staff were monitored to make sure their practice was kind and caring.

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

- People and their relatives told us they were involved in making decisions about their care and were included in their care planning.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and staff did all they could to encourage support and involvement.
- The registered manager and field care supervisor were in regular contact with people and their families to seek feedback about the service including their views on how to improve the care they provide. One person told us, "[The registered manager] calls me to see if everything is alright now and again."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said they felt listened to and respected by staff. One relative said, "I know they [staff] call [family member] by [their] first name and that [staff] they sit and talk to [family member]."
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those they needed staff support with. One person commented,

"Everything I cannot do they [staff] do."

- Staff described how they maintained people's privacy and dignity. One staff member told us, "We always cover a person with a towel. If we are washing the top half, we cover the bottom half."
- People's personal information was kept secure, and staff understood the importance of maintaining secure care records to ensure people's privacy and confidentiality was maintained.

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

- People's care was centred around each person, meeting their needs and preferences. People's preferences had been recorded and staff were responsive to people's needs as they changed. The registered manager and field care supervisor worked with people to ensure changes were made quickly, keeping staff updated.
- People and relatives described the value of having a small team of consistent staff who knew how people preferred their care and support to be provided and usually arrived when expected.
- Staff knew people well. They were aware of what their interests were, what things were important to them and what they enjoyed talking about.

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.

- The communication needs of people had been met. Care plans detailed each person's preferred communication method to help inform staff.
- Staff took the time to understand people and checked this understanding back with people.
- When necessary, information could be provided in alternative formats to meet people's requirements.

Improving care quality in response to complaints or concerns

- The registered manager and provider ensured people and their relatives understood how to raise concerns or complaints.
- The provider had a complaints policy in place and at the time of our assessment and performance review no formal complaints had been received.
- The registered manager dealt with informal complaints and concerns before they escalated. For example, noting when some staff practices needed to change.

End of life care and support

- At the time of our inspection the registered manager told us they were not providing end of life care and support to anyone using the service. However, staff understood the importance of providing end of life care which was tailored around a person's wishes and preferences.

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.

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

- The registered manager and field care supervisor had a 'hands on' approach to supporting people to receive high quality care in their own homes.
- People and their relatives praised the leadership and staff team. One person told us, "I am so pleased that they help me." One relative said, "Very pleased with the service it's a godsend [family member] is happy at home and that's important." Another relative commented, "I think they are wonderful we are very happy they are like friends. They will go to the out of hours chemist if we need anything."
- There was a friendly, open, positive and supportive culture throughout the service. Staff told us the registered manager and field care supervisor were always available for advice and guidance and led by example.
- Staff told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. One staff member told us, "I've landed on my feet with this company. Someone is always on the end of the phone, and they listen to us. So supportive and makes you want to do a good job."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- The registered manager, field care supervisor and provider used robust quality assurance systems effectively to monitor key aspects of the service. They carried out regular quality checks of areas such as, audits of records completed by staff to ensure people received the care and support in line with their individual needs. Where issues were identified, actions had been taken to make improvements.
- Staff we spoke with told us the registered manager and field care supervisor supported staff to develop and improve their care practices by methods, such as undertaking checks at people's homes.
- The registered manager recognised the need to invest in staff to ensure they felt confident and competent

in their roles. Staff received regular training and support to ensure they worked in accordance with the values the registered manager wished to promote within the service.

- The registered manager had a vision for the service to grow and was constantly looking at ways to encourage staff recruitment, retention and therefore consistency of care for people. People and relatives consistently told us they valued having the same staff providing their support.

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

- People and their relatives told us there was open, accessible communication with all staff, which helped them to be involved in people's care. One person told us staff, "Are good if [I] have got a problem they call me and get back to me."

- Without exception staff told us they valued staff meetings. One staff member described how they were encouraged to discuss any areas which could be better in their caring role.

- Staff described how they respected and promoted people's rights, choices and differences. Staff showed an understanding of equality issues and valued people as individuals ensuring they received individualised care.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged staff to continue their learning.

- The registered manager and provider had systems and processes to continuously learn and improve.

- The registered manager understood the need for continuous learning for themselves and their staff team. We saw evidence of a learning culture within the service. Staff told us if they wanted further learning they could ask for this and they felt it would be agreed.

- The registered manager and staff understood the need to make referrals to and collaborate effectively with community health and social care professionals. This promoted people's individual needs and supported good outcomes for people.