

Premium Homecare Newcastle Limited

Caremark Newcastle

Inspection report

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Date of inspection visit:
20 July 2022
03 August 2022

Date of publication:
10 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark Newcastle is a domiciliary care service that provides personal care to people living in their own homes. At the time of inspection 20 people were receiving the regulated activity personal care.

Not everyone who uses the service may receive 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.

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

People felt safe with the service provided. Improvements had been made to help ensure people's safety. Staff knew about safeguarding procedures.

Rota management was becoming better managed, to ensure people received timely and consistent care from the same staff.

Electronic care planning had been introduced and records provided improved guidance to ensure people received person-centred care.

Risks were assessed and mitigated to keep people safe. Improvements had been made to staff recruitment to ensure it was safe and effective. Improvements were being made and people were correctly supported with their medicines.

Staff were becoming better trained. They worked well with other agencies to ensure people received appropriate care and support. Staff were supported by the organisation and were aware of their responsibility to share any concerns about the care provided.

The provider was monitoring the use of PPE for effectiveness and people's safety.

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.

All people and relatives were complimentary about the direct care provided by support staff. A person told us, "Staff talk to me and have a laugh and giggle" and "The girls absolutely care without a shadow of a doubt."

Improvements had been made to the quality assurance systems to ensure people received safe and person-centred care with their views being taken into account. Effective systems were being put into place to ensure people were central to the delivery of their care.

We have made a recommendation about ensuring a formal system of external scrutiny to strengthen the governance of the service.

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

Rating at last inspection and update

The last rating for this service was Good (published 3 March 2022).

Why we inspected

We received concerns in relation to staffing and governance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns as the new manager had identified areas of improvement before the inspection and had made immediate improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark Newcastle on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caremark Newcastle

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who was in the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2022 and ended on 03 August 2022. We visited the location's office on 03 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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 inspection.

During the inspection

We communicated with six people who used the service and 10 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with nine members of staff including the manager and eight support workers. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at five staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, training data and quality assurance records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient staff to support people safely and staff were recruited safely.
- We had received concerns about staff recruitment and rota management. This had been addressed by the new manager and improvements had been made. Systems were in place, so people received timely and consistent care. One relative commented, "Yes, we have regular staff we know. Staff are rarely late, the buses can be erratic."
- Improvements had been made to staff recruitment to help ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- People and relatives told us people were safe and trusted staff. One person told us, "I have confidence in the carers that come. They are very friendly and caring."
- Staff were aware of the steps to follow to raise any safeguarding concerns.

Assessing risk, safety monitoring and management

- Systems were in place to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.

Using medicines safely

- People's medicines were now managed safely. A relative commented, "Everything is as it ought to be. I have sung their [staff] praises."
- Medicines records were complete, and staff were receiving updated training with regard to the safe handling of medicines.
- Regular checks were carried out on people's medicines.

Preventing and controlling infection

- The service had appropriate procedures in place to manage and reduce the spread of infection.
- Staff wore PPE when carrying out personal care or specific tasks.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. A relative told us, "The new manager has re-written the care plan and we have it

at home now, so staff know what to do, it's spot on."

- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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 service was well-led and the manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- A new manager had been appointed before the inspection. They had identified immediate improvements to ensure people's safety and were keen to further develop the service to ensure staff felt valued and systems were all in place to provide person-centred care. A relative told us, "When the new manager started, she visited and went through the care plan and said they will all be redone. I felt that I could call her if I had a problem at any time. Up to now she has been true to that."
- A quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people who used the service. A formal system of external scrutiny, overseen by the provider was to be introduced to check service provision.

We recommend a system of overview by the provider is formalised to strengthen the quality assurance process.

- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "I think they [staff] put my mind at rest. I would be the first to say if something was wrong, but I can't think of anything."

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

- Systems were being strengthened to ensure people received person-centred care and the manager was promoting a positive staff culture.
- Rota management had not always been well-co-ordinated, as there were some improvements required to continuity of care and the timings of calls. This was so time keeping was improved and people had familiar faces for the carers.
- Records were maintained to provide guidance to staff of how people wished to be supported, explaining their routines and preferences. A relative commented, "They [staff] have just started using an electronic App where we as family can see what is going on."
- The management team communicated with people and staff. Improvements were being made to communication, so people were always informed if a call was going to be late.

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

- The provider was committed to protecting people's rights with regard to equality and diversity. A relative told us, "I think the staff are so caring, compassionate and friendly. They have a great way of dealing with [Name] and they go the extra mile."
- All staff were overwhelmingly positive and said they felt supported by the manager and management team. One staff member commented, "Best manager I've ever had" and "100% supported by the management team."
- Relatives and people were involved in decisions about care and asked for feedback about their care.

Working in partnership with others; Continuous learning and improving care;

- The manager and staff were committed to improving the service for the benefit of people using it.
- There was a programme of updated staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- The manager was newly appointed to the service and was very keen to consider people and staff opinions and views to make improvements.