

Caremax Homecare Services Limited

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## Inspection report

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Website: [www.caremaxltd.co.uk](http://www.caremaxltd.co.uk)

## 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

We carried out an announced inspection on 7 March 2017. Caremax Home Care Services Ltd is a domiciliary care service and is registered to provide personal care to people in their own homes. On the day of our inspection, there were 35 people using the service and 28 staff supporting them.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate systems in place to protect people from harm and uphold their rights. Staff had the knowledge, understanding and up to date training in safeguarding adults from abuse and supporting people with limited capacity to make their own decisions.

People's medicines were given to them safely and in a timely way and risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were sufficient numbers of staff available to meet people's needs. A recruitment process was in place to protect people and staff had been employed safely with the right skills and knowledge to provide care and support to people.

People were assisted with the preparation of meals of their choosing which met their nutritional needs. They were treated with kindness and respect by staff and their dignity was maintained. Staff understood people's needs and provided care and support accordingly. Caring relationships had been developed and people were fully involved in their care arrangements.

Quality assurance arrangements were in place and record keeping was comprehensive and robust. There was a system for responding to complaints and concerns. The visible leadership of the service showed that person centred care was being delivered to people who used 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.

Staff knew how to protect people from harm. Risk assessments ensured people were kept safe whilst maintaining their independence.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

People received their medicines safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met. They were supported to access healthcare professionals when needed.

Consent from people or their representatives was obtained before support and care was provided.

### Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was person centred and individual.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints.

### **Is the service well-led?**

The service was well led.

The management of the service was open and effective. Staff received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Quality assurance systems were in place with robust record keeping providing a safe and effective service to people.

**Good** ●

# Caremax Homecare Services Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 7 March 2017. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in. The service was inspected by one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses a similar service.

Before the inspection we reviewed the information we held about the service including any safeguarding concerns and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

On the day of the inspection, the inspector spoke with the registered manager, the field care supervisor and the human resources manager. We reviewed five people's care records, four staff recruitment and training files and looked at quality audit records. After the inspection, we undertook phone calls to nine people who used the service and three relatives and received feedback from two staff and two health care professionals.

# Is the service safe?

## Our findings

Everyone told us they felt safe using the service. One person told us, "I feel safe and lucky with the girls I have." One family member said, "I am assured that the staff look after [relative] well and have no concerns. Staff ensured their safety when entering and leaving their home. One person said, "The staff use the key safe and always shout out Hello."

Staff had undertaken training in safeguarding adults from abuse, which was confirmed in the records we looked at. They understood their roles and responsibilities and were encouraged to raise concerns at any time. The registered manager was aware of the safeguarding protocol for Southend Essex and Thurrock and the process for making safeguarding referrals to the relevant local authority. We reminded them about the process for making statutory notifications to CQC in a timely way.

There were sufficient staff employed to keep people safe. The registered manager told us that they were always recruiting for staff and we observed that recruitment was underway during our inspection with telephone calls with applicants and interviews being set up.

The rota arrangements ensured that staff had enough time to get from one person to another without rushing or people being left unsafe. There were no missed calls reported from anyone we spoke with. The field care supervisor told us that missed or late calls were classed as a complaint and were dealt with quickly to make sure people were safe.

Staff covered shifts for each other as and when necessary for holidays and sickness. One person said, "They have always turned up." Another person said, "If they are late they are very good on that front, you get a call from the manager."

Staff told us they had sufficient time to deliver the care required in a way the person requested it. If they experienced any difficulties, they would call the manager who would deal with the issue very quickly. One staff member said, "Staffing levels are good enough and I like working for the company." Another said, "We have enough time at the moment to deal with clients and travel."

People had detailed risk assessments which were reviewed regularly. They were personalised and based on the needs of the person. They had been completed with the person and their representative and identified what the risks might be to them and what type of harm may occur. These included risks of falls, moving and positioning, continence care, when a person has a percutaneous endoscopic gastrostomy (PEG) fitted, personal care and support in the community.

The assessments also included internal and external environmental risks such as smoke alarms and any tripping hazards. The steps and actions needed in order to reduce the risks to people themselves and staff were clearly documented and easy for staff to follow and understand.

Recruitment files we looked at showed that the service had a clear process in place for the safe recruitment

of staff. We saw that staff had completed an application form outlining their previous experience and employment history. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. Risk assessments were in place if additional assurances about a person's suitability to work with people in the community were needed.

People and their relatives told us they received or were supported to take their medicine in the right way, at the right time and in their own way. One person said, "They reminded me to take my tablet this morning as sometimes I forget." Another person said, "They help me find my medication and check if I want a drink."

Systems were in place for the safe administration of people's medicines. Staff followed the up to date medicine policy and procedure. Individual requirements for the way people wanted their medicines given was noted, for example, "Meds to be given on a little dish (flowers and birds dish)."

Staff had received training in how to administer and prompt people, how to complete the paperwork and how to check the correct medicines were given. Checks on staff members' competency to give medicines safely were undertaken and this involved observation of their practice and identified any additional training which may be needed.

In people's care plans we saw that people self-administered their medicine or were supported by family members, were prompted or were assisted by staff. The medicine administration records (MAR) charts we saw confirmed that staff administered medicine for people correctly.

## Is the service effective?

### Our findings

People told us that staff carried out their role and responsibilities very well. Most people had the same regular staff and some people had two staff supporting them for each visit. One person said, "I have support once a week. It is not always the same person, it varies." Another said, "I am pleased to say I have the same lady mostly." A family member told us, "My relative has the same regular team and they [staff] all know their needs and personality."

There was an induction, training and supervision process in place for staff. We saw a training programme and records in the staff files which showed that staff undertook a range of training for the tasks required of them and support systems enabled them to do their job in a competent and confident way.

A programme of classroom based and online training was in place and we saw that this was completed on a regular basis throughout the year. This included health and fire safety, moving and positioning, safeguarding adults from abuse, infection control and medicine administration. Specialist professionals provided training in catheter care, pressure care, and support for people who required food to be given via a feeding tube.

Staff had undertaken an induction process which included training in the areas of working with disabled and older people in the community. New staff shadowed experienced staff and checks on their competency were completed to ensure they were confident to work with people alone. One staff member said, "My induction to the service was good and covered all I needed to know."

Unannounced spot checks were completed by the field care supervisor throughout the year to monitor and review their competency. The registered manager told us that they had an arrangement with a local residential care home to provide staff with the opportunity to understand the use of equipment such as hoists.

Staff were encouraged and supported to study and gain qualifications whilst employed at the service. These included levels two and three in the Qualifications and Credit Framework (QCF) in social care and the Care Certificate which is the set of standards that social care and health workers stick to in their daily working life. We saw that new staff were working their way through the Care Certificate. Support was offered by the management team to staff who may be struggling or need support to complete it.

The management team kept up to date with relevant training opportunities.

Staff told us that they were well supported in doing their job. One staff member said, "The management are good, supportive and always there." Regular one to one meetings were held to support the staff and any concerns were picked up and dealt with. Another staff member said, "People who we go to are asked about how we do things for them. They have a chance to say how we are getting on too." Staff also said that they would go to management for advice, that they would be listened to and be given advice 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. We checked whether the service was working within the principles of the MCA.

The service had an MCA policy and process in place and staff had received relevant training. Staff were clear on what the MCA meant for people in their care and one gave us examples about people's capacity and rights to make their own decisions. When people did not have capacity to make their own decisions, we saw that assessments had been completed in their best interests with the support of the relevant authorities and advocacy services.

People told us that their consent was sought before any care and support was provided and that staff acted upon their wishes. People's records included information regarding their capacity to make particular decisions and, they or their representative had signed their records to show that they had consented to their planned care. One family member said, "The staff always seek [relative's] agreement and ask if it's OK to do things before they do, they are very respectful."

People were supported in maintaining a healthy balanced diet. Where people required assistance with food and drink, this was detailed in their care plan. For example, "Leave me a snack later and leave it within my reach and place scraps of food on bird table." One person told us, "They record daily like today they wrote down what I had for breakfast, and offer me a choice of something different if I want it." Another person said, "[Staff] always makes me a drink before they go." A third person said "One of the staff has set me up with on-line shopping and I can do this easier if I need it."

For some people nutritional assessments were more detailed as they required specialist support. In one care plan we saw that a person's breakfast preferences were recorded and instructions were given how to make their food soft. For example, putting a Cornish pasty in a microwave so it became softer, adding butter so it could be mashed and they could eat it more easily and safely. People's fluid and food intake were recorded where it was essential to their health and wellbeing.

Changes to people's care and treatment were recorded in their care plans to enable staff and other professionals to meet their needs effectively and in a timely way. One relative said, "The service is great at helping to arrange appointments and working around us when we need to go to the hospital. We saw that reviews of people's care were completed very regularly to ensure their changing needs were recorded. A healthcare professional told us, "I have not received any complaints from service users or families regarding their care. The manager calls and e-mails us regularly regarding any admissions to hospital or problems as they arise."

The management team had contact and liaison with a range of health, mental health and social care professionals in order for people to maintain their health and wellbeing. We saw how the service was working in partnership with professionals for one person providing person centred support in enabling them to live a healthy and fulfilled life. For another person, the support given by the staff, enabled them to stay at home within the care of their family. This joined up approach with health and social care services enabled people to live their lives with appropriate and specialist support as and when needed.

## Is the service caring?

### Our findings

People and their relatives were very complimentary about both the management and the staff and told us they were very caring, kind and considerate. People told us, "The staff are alright and they are kind" and "The staff are professional and friendly and the quality of care is very good especially the attention to detail" and "I have the same regular team and they are like absolute angels. They talk to me all the time."

People told us that good relationships had developed with the staff who visited them. They felt listened to and enjoyed the company that the staff gave them. People received care and support from staff who were consistent. One person said, "It's good that we have a team. They are always introduced so we get to know them." Another person told us, "My [staff member] is very good, very kind and very understanding. I feel like it's a friend coming in." A family member told us, "As well as [relative] they keep an unofficial eye on my [relative] too. It's very reassuring."

People said they were always spoken to in a friendly, polite and respectful way. One person said, "They most definitely treat me politely, they always say, "Good Morning .... how are you?" Another person said, "Staff go above and beyond their times when needed." A third person told us, "They [Staff] sometimes stay a little bit longer like yesterday shopping, [staff member] was due to leave at 11.15 but we were at the checkouts at 11.20 and so they didn't leave me until we had finished."

Staff knew how to protect people's privacy and dignity and we were told this was maintained. One person said, "I am treated with respect by them all. They protect by dignity and my modesty." In one care plan we saw it was recorded, "Staff to respect [Person's name] privacy and dignity by waiting outside the bathroom with the door ajar."

During the assessment, people could choose a preference about who they had to support them. Also, during this period before the service started, a pool of staff were identified and introduced to them so they could get to know each other and work together. This helped provide a consistent and person centred service.

People's needs were reviewed in order that the care and support provided was relevant. People directed their own care and stayed in control of their arrangements. The daily recording about the tasks undertaken for people was written in a respectful way. Any change to people's mood, emotional state or behaviour was noted so that this could be monitored if required. Families appreciated the feedback so they knew their relative was well cared for. One family member said, "They deal with my [relative] the same as how they would treat family. They are very caring." One person said, "They are caring and kind, they would do anything for me."

All information about people who used the service and staff was kept confidential in locked filing cabinets.

## Is the service responsive?

### Our findings

Everyone told us they were happy with the care and support provided by Caremax. The service responded to their needs in a respectful and individual way. One person said, "[Staff member] always knows if I am a bit unwell when they come in and is really kind." Another person said, "They do what I ask and a little bit more. I couldn't be better looked after." A family member told us, "They just get on with caring and know what my [relative] needs."

People's needs were assessed, recorded and communicated to staff effectively. We saw that people had been referred to the service by the local authority or health service or had purchased the service directly. The service user guide given to people was well written, clear and easy to read so people and their families knew what the service offered.

Information about people and their requirements was discussed during the initial assessment and prior to the service being agreed. Decisions about the service to be provided were made jointly so that the service was tailor made and individual. People or their representatives had signed their agreement to their care arrangements. One person said, "They came two weeks ago to make an assessment. They are so nice." A compatibility assessment was completed so that staff could be allocated with the right skills and experience needed and match any common areas of interest which people may share.

The care plans and daily logs reflected that the staff followed specific instructions to meet individual needs and people told us this was the case. Staff told us they read the care plan and daily log and checked the MAR sheet to ensure they were updated about people's changing needs.

The care plans were personalised and written in a clear and respectful way. They were comprehensive and covered all aspects of a person's individual needs, circumstances and preferences. This included details of any personal care and support required, duties and tasks to be undertaken, risk assessments, how many calls and at what times in the day or evening. People could choose the gender of the staff who supported them. Staff knew the needs, likes, dislikes and personalities of people they cared for. One person said, "I have a full care plan in a binder. The staff record accurately and give a very good account and ask me to verify the validity." Another person told us, "The care plan is full of instructions if anyone new comes. It is also a good reference for me. Staff write reminders for me and record what they have done each day."

We saw that the service to people was monitored and people's individual assessments and care plans were reviewed when people's needs changed. Regular telephone calls and visits were made by the field care supervisor which ensured that their changing needs were recorded and staff had up to date information to follow. A family member told us, "The offices check up with me to see if all is OK, about every 4-6 weeks." One person said, "The manager came one day when there was no-one else to cover due to an emergency." Another person said, "I have had a recent review with the manager. I would contact the offices if needed anything." A third person told us, "Someone at the office phones me up now and then to see if things are going well."

In addition, staff recorded daily notes after each visit and these were held in people's homes. These allowed staff to share information with each other so that the care and support people received was responsive to their daily requirements. A health care professional told us, "I have found them to be very responsive to my requests to move the time to match the client's times i.e. when they will more likely to be at home."

People told us that they knew whom to contact and were confident in raising any issues if they had any concerns or complaints. "If I had a problem I wouldn't hesitate to ring the manager." We saw that information about the service including the complaints process was clear and easy to understand.

People told us that if they needed to contact the office, they would be confident that they would be listened to and their concerns or requests dealt with. We saw that all communication with people who used the service and their relatives was recorded which provided a management overview of all communication in and out of the service.

We saw that any concerns which needed attention were dealt with quickly and management acted on feedback about the quality of the service provided. No concerns or complaints were outstanding at the time of our inspection. One person said, "I don't have contact with the offices but I have got a phone number and would ring if I needed to." Another person told us, "I have an emergency contact number linked to the office and would ring if needed. " Compliments included, "Please pass on my thanks to all the staff I have" and "I am extremely pleased with the service" and "Exceptionally helpful and receptive to my [relatives] needs."

## Is the service well-led?

### Our findings

People told us that the service was well led. One person said, "The service is good as they are a new organisation and still finding their way." Another person said, "I'm quite impressed with this company."

The registered manager told us that they had built up the service over the past year and had a clear vision about its development and that they employed staff who had the right values to deliver high quality personal care for people in their own homes. The registered manager was also the owner of the service. They were supported by a field care supervisor and a human resources manager.

The managers promoted a positive day to day culture in the service and were familiar with the staff and people who used it. They supported staff to carry out their dedicated roles and responsibilities in a professional and caring way. One staff member told us, "The company is good to work for and we are treated very well. The manager phones me regularly. There is two way contact with the office. On-going dialogue is better than a survey form."

Staff told us that the managers were open and transparent and included them in discussions about care practices. Staff were motivated in their work and supported to question practice. Their expertise was respected when they raised concerns, for example one staff member told us, "I had identified that a person needed additional support and raised this with the field care supervisor. This was acted on very quickly and they are pushing to get this in place."

A system to gather the views and opinions of the service from people who used it, their relatives and staff was in place. We saw that people's views were obtained and recorded during their reviews of their care. Also the comments from a survey undertaken in 2017 were very positive. People who used the service and relatives said, "Nothing is too much trouble for them" and "Timekeeping, punctuality and flexibility is very good" and "We both applaud CareMax." Staff were positive about working for the company, they said, "Thank you for your understanding" and "I love being part of the CareMax team and its getting better and better."

Audits were carried out in relation to the quality of the service. Records we saw included supervision of staff, care plans, medicine management, accidents and incidents and observations and spot checks on staff competency to do their work. The management team worked together daily but also met monthly to review the quality of the service, recorded the discussions and the actions taken. This showed that the management team had an understanding and clear direction of how the service should be provided day to day as well as into the future.