

Eamal Ltd

Caremark Dacorum & St Albans

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

Caremark Dacorum and St Albans is a domiciliary care service that is registered to provide personal care to people living in their own homes in the community. At the time of our inspection 59 people were being supported with personal care.

This was the first inspection of this service since registering with the Care Quality Commission on 30 October 2017.

There was a registered manager in post at the time of this inspection. 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.

People were supported by staff who knew about safeguarding and how to report any concerns. Risk assessments were in place to help staff to support people safely and measures were in place to reduce people's assessed risks. Staff had been recruited safely with pre-employment checks completed before they started working at the service. People's needs were met in a timely way by enough staff with the right skills and knowledge to support them. People's medicines were administered as prescribed and managed safely. Systems were in place to reduce the risk and spread of infection.

Staff were trained to meet people's care and support needs. Staff were supported through individual supervisions, team meetings and competency checks. People were supported with eating and drinking when required. Staff supported people to access healthcare professionals when required.

People were involved in their care decisions and staff promoted people's independence as much as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of the Mental Capacity Act (MCA) and how it related to people who used the service.

People received a caring service by staff who knew them well. People's privacy and dignity was respected by staff. People were involved in the development and review of their care plans. The service operated flexibly and was centred around people's needs, lifestyles and preferences. There was a complaints and comments process in place and people were aware of how to make a complaint or raise a concern. They were confident any concerns raised would be properly addressed and resolved.

The registered manager led by example and encouraged an open, transparent and inclusive culture within the service. There were appropriate quality assurance systems and processes in place to monitor the overall quality and safety of the service. People were asked to give feedback on the service and their views were taken into account. The provider and registered manager worked cohesively to help make continual improvements. Audits included the review of documents, care plans and risk assessments. Along with staff

training and recruitment records.

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.

People felt safe when receiving support.

Staff had received safeguarding training and had a good understanding of the procedures in place.

Risks to people's health and well-being had been assessed, and managed appropriately.

The provider had robust recruitment processes in place, and there were sufficient staff to meet people's needs.

People were supported to take their medicines regularly.

Staff were provided with appropriate equipment to reduce the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the appropriate skills, training and support.

People were involved in decision making were asked to give consent to the care and support they received.

People were supported to eat and drink a balance diet to maintain their health and were supported to access health care professionals.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring.

People were encouraged to be involved in making decisions about their care and support.

Positive and meaningful relationships had been developed between people and staff.

Staff were respectful and maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Care plans were personalised and reflected people's individual preferences and requirements.

People were aware of how to raise concerns and there was an effective system in place to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was supportive of the staff and promoted a person-centred service.

People were encouraged to give feedback and this was used to develop the service and make continual improvements.

Staff were valued and motivated to provide a good quality care.

There were effective quality assurance procedures in place to monitor the quality of the service provided, and to improve.

Caremark Dacorum & St Albans

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 checked 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.

This comprehensive inspection took place on 11 December 2018 and was announced. We gave the service 48 hours' notice. This was so that we could be sure that senior staff would be available to assist us.

The inspection was undertaken by one inspector.

Prior to the inspection we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and the improvements they plan to make.

We reviewed other information we held about the service to help with our inspection planning. This included reviewing notifications. A notification is information about important events which the service is required to send us.

We spoke with two people who used the service and two relatives who gave us feedback about the service they received. We spoke with the registered manager, the provider, two support workers, and received written feedback from two further support workers. We looked at care records for three people, three staff recruitment files, staff supervision and training records. We also looked at other records relating to the overall management of the service including audits and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe being cared for by staff from Caremark Dacorum and St Albans. One relative told us, "I have no concerns in relation to safety. I know the care staff turn up regularly and there have never been any concerns." One person told us, "I definitely feel safe. The staff are very good and I have confidence in them."

Staff had completed training on how to safeguard people from harm and understood their responsibility to protect them. This included reporting any concerns internally to the management team. Staff demonstrated a good understanding. One staff member told us, "I would not hesitate if I suspected any concerns. I would report it straight away." Another staff member told us, "We are told to observe changes in people's behaviours for example if a person becomes withdrawn, it could be a sign of abuse." Records confirmed that staff had received training in safeguarding, and that they had regular updates.

Staff we spoke with were aware of the providers whistleblowing policy. They were able to tell us when and why they would use it and how they could access it. One staff member told us, "If there was a problem and it was reported but not taken seriously or acted upon then I would elevate it to the local council or CQC. But I know it would be taken seriously, acted on and properly investigated."

People's individual risks were assessed and actions put in place to inform staff how to support people safely. Copies were held both in the office and a copy in people's home so staff could review them regularly in particular if they did not know the service user well. The information gave clear guidance for staff to follow to help ensure people received safe care. Risk assessments included environmental, moving and handling and use of equipment.

We saw that recruitment checks were in place which were completed before staff commenced working at the service. These checks helped to make sure that the right staff were recruited and that that potential staff were of good character and suitable to work at this type of service. One staff member told us, "It took quite a few weeks for the recruitment to be completed, but I think it is good to know they complete all the checks."

Records confirmed all staff had a DBS completed, had to provide proof of their identity, references from previous employers were sought, along with a full work history. These checks help employers make safer recruitment decisions. Rotas showed there were sufficient staff deployed to meet people's needs in a timely way and had been developed around people's required support needs. The registered manager told us, "We never take on a care package unless we have enough staff to provide a good service and provide a consistent workforce."

Some people were independent with their medicines, others needed some assistance. Where people required support to take their medicines, staff supported them. Staff had received training and had their competencies checked. We saw that regular spot checks had been completed by senior staff to observe staff working in people's homes. This ensured that staff were following the correct policies and procedures and maintained good practice.

There was a process to record accidents and incidents although at the time of the inspection the registered manager told us they had not had any. The registered manager told us that their policy was to evaluate any incidents and share any learning with staff to help reduce a reoccurrence.

Staff were trained in infection control and wore personal protective equipment including disposable gloves when assisting people with personal care.

Is the service effective?

Our findings

People's needs were fully assessed prior to the service commenced to ensure the service could meet their needs effectively. Staff worked in partnership with health and social care professionals to help provide a holistic service to people.

One person told us, "We are very happy with the care provided to [Name of family member]. The staff know what they're doing, occasionally if you get a new person they may not be so familiar with the routine but soon get to know." Another person told us, "The staff do have training because sometimes we get a different care worker and they told us that this was because our regular care worker had training."

We saw the staff training records and noted they had regular training in a range of topics relevant to their role. New staff completed an induction prior to starting work. This included learning about the company's values, a review of policies and procedures some 'blended' training which included some face to face moving and handling training as well as completing online courses. Staff shadowed more experienced staff until they were competent and confident to work alone.

Staff told us they were well supported with individual supervisions with their line manager. This gave them with the support they required to carry out their roles. There was also regular team meetings and the registered manager told us she had an open-door policy and staff were invited to come into the office any time if they needed to discuss anything.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 and whether these were being met. Staff had received training in MCA and were able to show us that they understood this.

People were supported where required to eat and drink sufficient amounts to maintain their health and wellbeing. One person told us, "My care worker is very good at making sure I eat and drink regularly. She makes me coffee and toast in the morning and always asks if I want something prepared for my lunch. I usually have a sandwich which is left in the fridge ready for me." One staff member told us, "If I had any concerns about a person's nutritional intake or they were losing weight. I would report it to the office so they could involve the GP or another professional."

Staff assisted people to access health care professionals when required. We noted that where health professionals were involved this had been recorded in people care records to help ensure that staff were aware of any medical interventions.

One staff member told us, "In most cases people are either able to make and attend appointments on their own or are supported by family. But if they were unable to attend a hospital appointment we would always

support them." One person told us that staff contacted the GP and arranged a visit when they wanted to see the GP. This helped ensure that people's health care needs were met.

Is the service caring?

Our findings

People and their relatives told us that they felt the staff were kind and caring and were positive about the care and support they received from staff. People told us they were happy with their regular care staff. One person told us, "[Name of care worker] is amazing. I am so happy to have her. She does everything I need and even does a few extra jobs without being asked. She uses her initiative."

Another person told us, "They're all lovely really, they are. But we all have our favourites, those who you have more in common with and share a bit of banter." Another person told us, "They're all so caring, they can't do enough for you. I do really look forward to them coming." A relative told us, "They are very friendly and respectful. They do everything that is needed and are always asking if there is anything else that needs to be done."

Staff told us they developed positive and meaningful relationships with the people they supported. One staff member told us, "We find out about people's lives, what they enjoy doing, their past profession, family involvement. This really helps you to form a bond with them." The registered manager told us, "We try to match people and staff who share common values, interests or who we think will get along together. People are offered choices about gender and we will always change a carer if people are not happy for any reason."

People told us that staff listened to them and worked hard to ensure they supported people in the way they wanted and knew their preferred routines. One person told us, "I do feel the staff engage positively with me and listen to my views." Staff spoke kindly about the people they supported and clearly demonstrated a passion to provide people with a good service. One staff member told us, "I really do miss the people when I am off work. You get attached they become like extended family."

People told us that care workers were respectful, treated them with dignity and respected their privacy. One person told us, "They close the door when supporting you with bathing." A relative told us, "They talk to [Name] to help take their mind of the support being provided. They are really thoughtful."

People were involved in the development and review of their support plans. One person told us "Before the care started a person came to see me from the office. They asked loads of questions and we discussed what help I required. They really were interested in the detail and the little things that were important to me." Staff were able to describe people's individual likes and dislikes which demonstrated the personalised service that people received, for example their preferred breakfast, whether they preferred a bath or a shower and how they like to spend their time.

Peoples confidential information was stored securely and shared only with people who were authorised to access it.

Is the service responsive?

Our findings

People told us that they received a service that was personalised and responsive to their needs. One person told us, "I think the service they provide is very flexible. I have asked to change my visits on several occasions and they have always accommodated my requests." A relative told us, "They keep everything under review so that when anything changes they are up to speed and make any necessary adjustments to the schedule."

Care plans were personalised and contained detailed information regarding all aspects of a person's individual needs. We saw that the management team reviewed care plans and risk assessments regularly for example; if a person went into hospital their care would be reassessed along with any changes to the level of risk upon their return home.

People were provided with a copy of their care plan and risk assessment which was kept in their homes along with information about the service and contact details. One person told us, "I have a folder, the staff look at it and write their notes. I am sure the care plan and records are in there. I don't tend to look at it too often but am sure everything is in order."

The service operated an out of hours service which people could access outside of the office hours; for example, if their care worker had not arrived at the expected time. There was a visit monitoring system in place which enabled office staff to see when staff arrived and departed from a visit. The registered manager told us, "We can respond very quickly if we see a staff member has been delayed or for example in the event of an emergency we can deploy staff to cover a visit, if required."

One person told us "I think I called the out of hours once when I needed to cancel my visit. I did not want them [Staff] to have a wasted visit."

The registered manager told us they asked people during the initial assessment if they had any specific religious or cultural requirements and took this into account when matching staff and service users. For example, the registered manager told us if a person had a specific communication needs they would ensure information was provided in a format they could access and understand.

People and their relatives told us they knew how to make a complaint and felt confident that it would be properly investigated. One person told us, "I would know how to make a complaint but have never had to thankfully." A relative told us, "The staff are very helpful, if something was not right. I would just mention it and they would sort it out."

The provider had a complaints policy and procedure in place. People were given a copy which was kept in their file in their homes. Records were kept of any concerns that were reported to the office, for example we saw that one concern raised stated that disposable gloves used for personal care had not been disposed of in accordance with the providers policy. This was addressed with the care staff concerned.

The registered manager had investigated all concerns and where appropriate had given an apology, spoke to staff or taken remedial action to prevent any further incidents. Records were maintained to demonstrate

how the complaint had been resolved and any improvements made to the quality of the service.

People were also asked about their views on the service through quality assurance visits. We saw records of telephone calls from the office which were made to people by senior staff to ensure they were happy with the service they received and to give them an opportunity to provide feedback on the service. Any feedback was shared with the care staff working with the person. The registered manager had also introduced a 'above and beyond file' where care staff were able to record anything they had done for people that was over and above what was expected of them.

Is the service well-led?

Our findings

The service was well-led.

There was a registered manager in post. 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 registered manager had a clear vision for the future of the service and demonstrated an appetite to make continual improvements. Staff told us the registered manager supported them well and they could always go to her if they needed to. One staff member described the registered manager as being "very supportive and approachable."

The registered manager operated an open, transparent and inclusive culture. During the inspection they were receptive to feedback we gave them. For example, we noted minutes from staff meetings contained information which raised concerns about staff. We spoke to the registered manager to help us understand what the issues were and how they had been addressed.

The registered manager told us the minutes did not accurately reflect the discussion. They told us they had been on holiday at the time and the minutes had been produced by a staff member, and she had not checked the content. The registered manager took immediate action to amend the information to ensure the records were correct and accurately reflected the discussions. They also told us that they had learned the importance of ensuring records are checked before distribution to ensure the information was accurate. This demonstrated that the registered manager listened to feedback and took appropriate action.

Quality assurance audits took place regularly. We saw that audits were completed on various aspects of the service. For example, recruitment files, MAR charts and daily log records. Where shortfalls had been identified this was put into an action plan and used as a way of improving the service. We noted that a standing team meeting agenda item related to staff completing MAR charts. The registered manager told us they used staff meetings to remind staff about completing accurate records which helped to maintain the quality of the service and records.

The registered manager spoke positively about staff and told us how they valued them which in turn motivated staff. Likewise, staff felt well supported by the management team.

People who used the service felt the service was well led and managed. One person told us, "I have met the manager, they came to see me before the service started." A relative told us, "I am very happy with the way the service is run. I have been asked on numerous occasions if I am happy with the service [Name] receives. The only thing that does not work so well is when they change the care staff at short notice and don't inform us. I would like to be told rather than having a stranger turn up." The registered manager told us they would look into this to help ensure this does not happen.

