

Trinity 365 Care Ltd

# Caremark (Richmond upon Thames)

## Inspection report

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## 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 (Richmond upon Thames) is a domiciliary care agency providing care and support to 96 people living in their own homes. At the time of the inspection 71 people using the service were receiving personal care. Not everyone who used the service received personal care. The Care Quality Commission (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

The provider ran a safe service for people to use and staff to work in. People's needs were met, and they were supported by enough appropriately recruited staff. This enabled people to enjoy their lives and live in a safe way. The provider assessed risks to people using the service and staff, monitored them and they were updated as required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded appropriately. Medicines were safely administered.

The provider had a culture that was honest, open, and positive with transparent leadership and management. The statement of purpose clearly defined the provider's vision and values. Staff were clear about and followed them and were aware of their responsibilities and accountability. They took responsibility and reported any concerns they had. Service quality was regularly reviewed and changes made to improve the care and support people received accordingly. This was in a manner which best suited people. The provider had effective working partnerships that also promoted the needs of people being met outside its remit to reduce social isolation. The provider met Care Quality Commission (CQC) registration requirements were met.

### Rating at last inspection

The last rating for this service was good (published 16 March 2018) and there were no breaches of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

CQC has introduced focused/targeted inspections to follow up on previous breaches and to check specific concerns. We undertook a focused inspection approach to review the key questions of Safe, and Well-led.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Richmond upon Thames) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 (Richmond upon Thames)

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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 registered manager in post.

#### Notice of inspection

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke in person with two managers as the registered manager was on annual leave. We spoke with eight people and their relatives, 11 staff and five health care professionals, to get their experience and views about the care provided. We reviewed a range of records. This included seven people's care and medicine records. We looked at six staff files in relation to recruitment, training and staff supervision. We also checked a variety of records relating to the management of the service, including staff recruitment, risk assessments and training. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit. This included staff rotas, spot checks, observations and audits. We received the information which was used as part of our inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider systems and processes safeguarded people from the risk of abuse.
- People and their relatives said they thought the service was safe. One relative told us, "No complaints about safety." Another relative commented, "They [agency] provide a safe service." A staff member said, "I feel that the service Caremark are providing is safe for both staff and clients [people using the service]. Caremark are quick to react to any issues that may arise and deal with them in a timely manner. As a lone worker I feel safe knowing that they are easy to contact."
- Staff had training enabling them to identify abuse and the action required, as encountered. They knew how to raise a safeguarding alert and when this was needed. There was no safeguarding activity taking place during the inspection. Staff had access to the provider safeguarding, prevention and protection of people from abuse policies and procedures.
- Staff explained to people how to keep safe. Any specific concerns about people such as out of date foodstuffs, in fridges were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport. A staff member told us, "It [agency] is safe as the office manages everything according to client [people using the service] needs."

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- Staff supported people by following their risk assessments and care plans. This meant people could take acceptable risks and enjoy their lives in a safe way.
- Relevant things important to people in their lives were covered in risk assessments and included health, activities and daily living. The risk assessments were routinely reviewed and updated as required when people's needs changed. Staff understood people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. A staff member said, "The clients [People using the service] I have visited feel more secure when people from our company visits them." One relative told us, "They [staff] make sure [person using the service] is alright."
- The provider's policies and procedures explained how to manage risk, promote uninterrupted service and whistle blowing, including reporting bad practice. Staff were made aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents, and plans in place to reduce those incidences. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

## Staffing and recruitment

- There were appropriate numbers of staff who were suitably recruited.
- There was a recruitment procedure that records demonstrated was followed. The interview process contained scenario-based questions to identify why prospective staff wished to work in health and social care, their skills, experience and knowledge. Before commencing employment, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. The probationary period was three months with a review and an introduction to people for new staff, before commencing work.
- People and their relatives said that the provider provided enough trained staff to meet their needs flexibly. This was demonstrated by staff rotas and the way they were managed. One relative said, "Not always the same carers [staff] but we do understand that this is because there is a shortage of carers [staff] not just for this company but everywhere and this is a minor issue." A staff member told us, "I do feel supported by the agency as proper training is given. The office is very responsive and helps at all times, and out of office hours we have on call who helps if we have any problem."
- Staff files demonstrated that the recruitment process and training were completed. Staff were provided with information that explained their responsibilities and the provider's expectations.
- Staff records showed that staff received two-monthly supervision and an annual appraisal. Staff confirmed that they received regular supervision.
- Staff worked in geographical area teams supporting people in small hubs to promote continuity of care. This meant it was easier for staff to make calls on time. One person said, "Most [staff] let us know if they are running late."

## Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were supported, prompted and supported to administer their own medicines.

## Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people and their relatives said was reflected in their work practices. They included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- We were assured that the provider was accessing testing for people using the service and staff.
- COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

## Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken.
- The healthcare professionals that responded felt the service provided was safe.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 provider had a culture that was open, positive and inclusive. People and their relatives thought the registered manager, office staff, and field staff were approachable, they listened to them and did their best to meet people's needs. A relative commented, "Fairly well managed. They do respond when problems are pointed out to them." One person told us, "The office is responsive if there are any issues." A member of staff told us, "The agency is well-led and the management team and supervisors are very supportive and treat us fairly and we work as a team and do tasks effectively." Another staff member said, "I have been working for a few agencies in past so I can say Caremark in Richmond is the best agency I ever worked with so far."
- Available services were explained to people, and their relatives so that they were clear about what they could and could not expect of the provider and staff. Field staff told us they were well supported by the registered manager, office staff and each other. A staff member told us, "I do think the service is effective for people, however it would be good to input more from carers [staff] regarding the care plan once visits are established."
- The provider had a clear vision and values, that staff understood, and people said they demonstrated in their working practices. The vision and values were explained at induction training and revisited during mandatory training. The provider had a statement of purpose that was regularly reviewed. A statement of purpose describes what you do, where you do it and who you do it for.
- There were clear lines of communication and the provider explained specific areas of staff responsibility regarding record keeping.
- The healthcare professionals that responded felt the service provided was well-led.

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 provider was aware of their responsibilities regarding duty of candour.
- The management reporting structure was transparent, and the registered manager and office staff made themselves available to field staff for support.

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

- The registered manager and staff were clear about their roles and its importance in providing a quality service.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as

required.

- The provider used an electronic care planning system that contained people's details, appointment schedules, if tasks were completed, care plans and rotas. Staff, people who use the service and their relatives had access to the system using a portal and this meant they were kept updated. Data was collated to update and improve services provided. One person said, "They [office team] are pretty flexible and accommodating." A relative told us, "Some staff are very good and thorough, others aren't and it feels like they need better supervision. But on the whole we get a pretty good service."
- Staff in the field were regularly contacted by the registered manager and office staff to provide support. This enabled staff to provide people with the service they required. Staff welfare checks were carried out and there were regular staff meetings for office staff and field staff in their teams, where issues that arose and other information was discussed. This included where staff were not able to attend calls, any tasks that were not completed and why. One staff member said, "I feel the agency is very well-led. The management always have our best interests in mind and like our clients [people using the service] we also are approached in a way that is suitable for us. Communication between the office and carers is good."
- The provider's quality assurance system contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Monitoring and quality assurance audits took place at appropriate intervals. Audits included people's daily care logs, care plans, risk assessments, medicine administration records, complaints, health and safety and staff files. Any missed calls were also recorded on the system and analysed to prevent them being repeated.
- Areas requiring improvement were identified to move forward the quality of services people received. This was by working with them and health professional partners, to meet and prioritise needs. People gave consent for the provider to integrate feedback from organisations and use it to ensure the support provided was what people needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider enabled people using the service, their relatives and staff to give their views about the service provided and the provider worked in partnership with them. Their views were sought by telephone, two monthly spot checks and three-monthly observation visits to people and feedback questionnaires and surveys. One person said, "They [staff and office team] do listen." A staff member told us, "The agency treats me fairly without any discrimination."
- The provider identified if feedback was required to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people and staff including updates from NHS England and the CQC.
- The provider equality and diversity policy gave a commitment to ensure that people using the service and staff with any protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were staff meetings that covered priorities such as COVID-19 and PPE training including infection control, high-risk health and risk assessments.
- The provider had a policy of relevant information being shared with appropriate services within the community or elsewhere. This maintained community-based health services links, such as district nurses, GPs and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people to make contact with organisations that provided services outside their

remit to enhance their quality of life and to reduce social isolation. Relationships established with other local organisations included Whitton Community Centre, HomeLink Day Respite Care Centre and Ham and Petersham SOS.

- People, their relatives and staff were kept informed, by the provider, of updated practical information including keeping safe guidance and PPE good practice and changes.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.
- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed.
- Healthcare professionals told us that the service was well run. One healthcare professional said, "Their service is excellent and we receive very good feedback from patients [people using the service] and their families."