

REXD Corporation Limited

REXD Corporation Limited t/a Caremark (Cheshire West & Chester)

Inspection report

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08 December 2022

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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

REXD Corporation Limited t/a Caremark (Cheshire West & Cheshire) is a domiciliary care agency registered to provide care and support to people who live in their own homes. At the time of the inspection there were 20 people receiving a 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support:

People were involved in developing their care plans. Care plans were person-centred and regularly reviewed and updated in line with people's needs and wishes. Risk assessments were in place to manage and mitigate risks to people's health and well-being. Medicines were safely managed.

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 practice.

Right Care:

People received person-centred care to meet their needs and wishes which was delivered by trained and competent staff. People told us they were treated with kindness and respect by staff and that their dignity was maintained.

Right Culture:

The service was well-led and staff felt well supported by the management team. There was a positive culture with focus on person-centred care that helped to improve people's lives. The service worked in partnership with other professionals and organisations to promote good outcomes for people.

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

This service was registered with us on 21 July 2021 and this is the first inspection.

The service was previously registered under the name Caremark (Cheshire West and Chester) at a different address. The last rating for that service was Good (published 22 March 2019).

Why we inspected

This inspection 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 section 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 ●

REXD Corporation Limited t/a Caremark (Cheshire West & Chester)

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 two inspectors 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.

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 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 inspection there was a registered manager in post.

Notice of inspection

We gave a short period of 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.

Inspection activity started on 5 December 2022 and ended on 15 December 2022. We visited the location's office on 6 December 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. 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 spoke with the registered manager, director, care manager, care coordinator, field care supervisor and 3 care staff. We also spoke with 5 people who used the service and 5 relatives by telephone and contacted 4 professionals with experience of the service. We reviewed a range of records. This included 3 people's care records, medication records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 4 staff files in relation to the recruitment, training and supervision of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 they received. People told us, "I do feel safe, they are all very good." and "Oh, I am sure [relative] is safe with them, they are so good to [relative]."
- Systems and procedures were in place to protect people from abuse.
- People were supported by staff who had received training and were aware of the signs of abuse and measures they should take should abuse occur.
- The care manager understood requirements for reporting to relevant authorities when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were completed and regularly reviewed, with measures implemented to mitigate.
- Staff had access to care records, including risk assessments, via an electronic device enabling them to deliver care and support safely.
- Accidents and incidents were recorded and reviewed so that themes, trends or immediate risks could be addressed. The care manager had ongoing oversight and carried out regular audits which contained a clear record of measures implemented to reduce the risk of reoccurrence.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us their care was delivered by a consistent staff team, who knew them well and stayed the right amount of time. Comments included, "They do come on time and it's the same group of ladies that come"; "They are on time and I know who is coming and it's mostly the same people"; "They are pretty much on time and they do everything they should, they don't rush away or anything."
- Care calls were organised in 'runs' to enable people to experience a consistent staff team and to reduce travel time. When travel times were proving difficult, for example due to road works, we saw the management team reviewed and increased the allotted time in response to feedback from staff.
- Consideration was given to the impact on existing 'runs' before new packages of care were taken on.
- The service did not currently need to source agency staff; however the care manager was aware of the process to follow should the need arise.
- Recruitment procedures were safe. Safe recruitment checks were carried out before staff commenced employment.

Using medicines safely

- People's medicines were administered by staff who had received training and their competency to do so checked. Administration was recorded on the electronic care management system.

- Policies and procedures provided relevant information and guidance to staff to support safe medicines administration and management.
- Regular medication audits were carried out to ensure people received their medicines as prescribed. The care manager had oversight and ensured that any issues identified were addressed and learning was captured.

Preventing and controlling infection

- Policies and procedures were in place in relation to infection prevention and control, including in relation to the COVID-19 pandemic.
- Staff received training and were aware of the procedures to follow to prevent and control the spread of infection.
- Adequate supplies of personal protective equipment (PPE) were available for staff to use. Whilst the majority of feedback received indicated that staff always wore masks during visits, and we found no evidence of harm, one person told us, "They did have masks on to start but not now, they do have gloves and aprons though."

We recommend that the provider reviews government guidance to ensure all staff are using PPE in line with current requirements.

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 for 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

- An assessment of people's needs, likes and wishes was carried out before they received a service to ensure that the provider was able to meet them.
- The information collected was used to develop individualised risk assessments and care plans in line with best practice professional guidance which were regularly reviewed.
- People told us, "The company came out to see us the evening before and discussed what we wanted and what they could do." and "We had a care plan at the start but we have had quite a few reviews and we have changed things as we needed to."

Staff support: induction, training, skills and experience

- Staff received an induction when they commenced employment which included introductions to clients, shadowing current staff before working independently and completion 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.
- A staff member told us they felt their induction was very good and that they could have had additional shadow shifts if needed.
- A programme of supervision and appraisal was in place. Staff told us they felt the sessions were beneficial and they felt able to talk about anything. The care manager acknowledged that some appraisals were overdue, however, a plan was in place to address this.
- People told us, "They [staff] have all been very well trained." and "They [staff] are so good and know what to do."
- There was a programme of mandatory training in place comprising of on-line elements and face to face practical sessions, completion of which was monitored by the care manager. Staff described the training as "fine" and sufficient to enable them to do their job.
- We discussed training with the registered manager and care manager including the requirement to ensure all staff are suitably trained when supporting people with a learning disability or autistic people. The care manager confirmed the provider was ensuring that all staff complete this training along with training in other specialist areas the service offers. An action plan was provided demonstrating that this work had commenced.

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

- Staff were aware of and were provided with appropriate guidance regarding people's nutritional needs, linking with other agencies as and when required.

- People were happy with the support received with their meals. People's comments included, "They put my meals in the microwave and get them out, they make sandwiches, just what I ask for" and "The carers make really good meals as well, my [relative] likes them."

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

- The service worked effectively with, and supported people to access, external agencies to help people maintain their health and wellbeing. Professional guidance was incorporated into people's care plans and risk assessments.
- We received positive feedback from one professional who works with the service who told us, "I have always found Caremark to be efficient, caring, dedicated and professional." and "I would highly recommend Caremark."

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.

- The service was working within the principles of the MCA. People's capacity was assessed and legal documents such as Lasting Power of Attorney (LPA) were documented within care plans.
- Staff sought people's consent before delivering care and were aware of the procedures to follow if a person was not able to make a decision themselves.

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 for 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; Respecting and promoting people's privacy, dignity and independence

- Without exception, people spoke positively about the care and support they received from staff. They told us they were well treated with kindness and respect and their dignity was maintained. Comments included, "They are very nice to me, they are really nice and very polite"; "They are all very nice to me, very kind, they helped me a lot when I was poorly, they looked after my privacy if they were washing me, so kind of them" and "I can't praise the carers enough."
- Characteristics protected by the Equality Act 202, such as religious and cultural needs and beliefs, were considered and reflected in people's care plans.
- Staff supported people to maintain or regain their independence as much as they were able. One person told us "I can manage to do lots more now, so they don't do those things anymore."

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

- People were involved in decisions about their care during assessments, ongoing reviews and care delivery. One person told us, "There is a care plan and I have had reviews but if I need to change anything or I have a problem [management team] will sort it all out, I only have to ask."
- People were able to express their views on an ongoing basis by telephone, during care visits, care planning reviews and annual quality surveys.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had a well-developed personalised care plan which reflected their needs, likes and preferences.
- Care plans were reviewed and updated on a regular basis including as and when people's needs changed.
- People told us, "[Name] came out and did the care plan but she has been back and updated it as [relative] is deteriorating now"; "I did a care plan and I have had plenty of reviews of it" and "We've changed things when we have needed to."
- Staff were proud of the care they delivered, that it was person-centred and client led was seen as a priority. One staff member explained that before they visited a person who was keen on football, they checked the latest results so that they could have a meaningful conversation with the person.
- People's social and cultural needs were considered as part of the care planning process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and incorporated into their care plans.
- Policies and procedures were in place to provide guidance to the staff in this regard, demonstrating the provider's understanding of this legislation.
- Information was available in alternative formats, for example large print and easy read formats.

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to ensure complaints were dealt with appropriately and in a timely manner.
- Records of complaints received were kept and the care manager had oversight to ensure any areas for improvement and learning were captured.
- The care manager and care co-ordinator advised that several compliments had been received although recording of these had lapsed. This was a learning point they were taking forward to ensure good practice feedback and praise was captured.

End of life care and support

- People's end of life needs and wishes were reflected in care plans where appropriate. The care manager explained some people do not wish to discuss those issues or prefer to discuss with their family.
- The service worked with other agencies to ensure people receive appropriate care at this stage of life.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- There were clear lines of delegation within the management structure to support the operation of the business. Management and staff were clear about their roles and responsibilities.
- The care manager had ongoing oversight of records to ensure the quality of the service, and was supported by the care co-ordinator, field care supervisor and registered manager. Quality assurance visits were also carried out as part of the Caremark franchise.
- People's care needs were regularly reviewed to ensure they received the care they needed to achieve good outcomes.
- Staff described a positive, supportive and encouraging culture. Staff comments included, "I love it, love everything about it"; "I feel a sense of pride in every call" and "If there is something I am not sure about, I can ask questions. There is always on call available 24/7."
- Without exception, people spoke positively about the service. One person told us, "I would recommend them, they are very professional and the care that they give you, that is so good. I cannot praise them enough."

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

- People were encouraged to give their views about the service through regular contact, care and quality reviews. People told us, "If I ring, they do answer the phone quickly, they do listen to you."
- Staff felt supported and had opportunities to share their views about the service. Staff told us, "We have peer meetings, phone calls and supervisions"; "I could go to any of them [management] about anything" and "They definitely take on board what I say."
- The service worked in partnership with other professionals and agencies.

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; Continuous learning and improving care

- The Care manager demonstrated insight into the need to promote continuous learning within the service. They were open and responsive to feedback provided during the inspection, acting on it effectively.
- Procedures were in place to handle and respond to complaints.