

Jim and Chris Homecare Limited

Caremark Lambeth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremark Lambeth is a domiciliary care agency providing personal care to older people living in their own homes. At the time of our inspection 50 people were receiving personal care at home from this provider. 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

Most people using the service and their relatives told us the service had begun to improve during the last 12 months since our last inspection and the appointment of a new care manager who was now in operational day-to-day charge of the service. Whilst the relatively new manager is improving the service people receive and taking it in the right direction they acknowledge this remains a work in progress.

At our last inspection we found the provider had failed to always ensure people were not placed at risk of harm. This was because of the way they recruited and supported staff, assessed and managed identified risks people might face, maintained medicine's records and operated their established governance systems.

At this inspection we saw enough improvement had been made by the provider in relation to the way they now recruited and supported staff, assessed and managed identified risks people might face, maintained medicine's records and operated their established governance systems.

People were kept safe and protected against the risk of avoidable harm and abuse. People received consistently good-quality and safe personal care from the same group of staff who were familiar with their needs and preferences. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19. People continued to receive their prescribed medicines as and when they should.

People received an effective service. People were cared for and supported by staff who were suitably trained. Assessments of people's support needs and wishes were carried out before they started receiving any support from the provider.

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 supported people to have choices. Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

The service was well-led. People were complimentary about the way the managers and the office-based staff now ran the service, and how accessible and approachable they all were. The provider promoted an

open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 2, 9 and 16 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check that had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For both those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. Although, the key question safe, which has improved a bit but not enough to be rated good, the provider will therefore still need to demonstrate they can continue to move in the right direction and consistently keep people safe over a more sustained period of time.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caremark Lambeth

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 1 inspector and 2 Experts 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

Caremark Lambeth is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 1 December 2022 and ended on 5 December 2022. We visited the provider's offices on the first day of this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 in-person with the office manager who was in operational day-to-day charge of the agency and a care coordinator. We also received telephone and/or email feedback from 10 people using the service and 15 relatives in relation to their experiences and views of using this home care agency.

Records we looked at as part of this inspection included, 7 people's care plans, 10 staff files in relation to their recruitment, training and supervision, and a variety of other documents relating to the overall management and governance of the agency.

After we visited the provider's offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to the training staff received and how their scheduled call visits were coordinated.

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 inadequate. At this inspection this key question has changed to requires improvement. Despite improvements made the provider will still need to demonstrate they can continue to move in the right direction and consistently keep people safe over a more sustained period of time. This meant some aspects of the service were still not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure people were not placed at risk of harm because the way they checked the suitability and fitness of all new staff was not consistently or safely applied. This represented a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw enough improvement had been made by the provider at this inspection in relation to the way they now checked the suitability and fitness of all new staff they recruited. This meant they were no longer in breach of regulation 17.

- People were now supported by staff who had been safely recruited.
- Pre-employment checks the provider now carried out on all potential new staff included, proof of their identity, previous employment history, character and employment references, and the right to work in the UK. Staff's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant all new staff now underwent robust pre-employment checks before they were permitted to commence working for this agency to ensure their suitability for their care worker role.
- We received some mixed comments from people about staff time keeping. Some said staff punctuality was poor, although most told us staff usually arrived on time for their scheduled call visits and the provider was good at letting them know when care staff would be late. For example, one person said, "It's been a problem with my care workers in the past, but now they come on time or the office phone us when the carers know they are running late." A second person added, "Care workers timing can be a bit hit and miss at times, but overall I would say it's getting better. Sometimes they're are 20 minutes late, but to be fair to the office they do keep me informed about when this is going to happen."
- The manager confirmed from their own quality monitoring checks they had recently conducted that staff were more than 15 minutes late for approximately 25% of all their scheduled calls. This represented an improvement on last year's staff punctuality performance, but still fell well short of the providers own expectations regarding staff time keeping.
- At our last inspection we discussed the providers electronic call monitoring (ECM) system, which was not fully operational at the time. At this inspection we saw this ECM system was now fully operational and being effectively used by the new manager to closely monitor staffs time keeping on their scheduled call visits. This was because the system electronically logs the exact times staff arrived and left their calls, and

automatically notified the office-based managers and staff if staff were late, left early or missed a call all together.

- The manager also told us since our last inspection staff scheduled to attend calls that needed two staff to safely use a mobile hoist were now required to travel together to minimise the risk of staff turning up at different times. Furthermore, the provider had purchased a company vehicle that they used to drive staff to their calls and reduce the risk of them being late.
- Staff rotas we looked at reflected the dates and times staff were scheduled to carry out their call visits. The office-based managers and staff routinely contacted people using the service by telephone or in-person during a home monitoring visit to check if their care staff were arriving and leaving on time and were not missing their scheduled calls.
- People told us staff never missed their scheduled calls and were usually on time. One person said, "I've never had a missed call", while a relative added, "I don't recall care workers missing any visits".
- People also told us they received consistently good personal care from a core group of staff who were familiar with their needs and preferences. One person said, "We always have the same two care workers." A relative added, "We do get the same team of staff coming in, which is good for my [family member]. They know what she needs doing and likes."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected against the risk of avoidable harm. This was because of the way they assessed and managed risks people might face. This represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw enough improvement had been made by the provider at this inspection in relation to the way they assessed and managed risk. This meant they were no longer in breach of regulation 12.

- People were now supported to stay safe while their rights were respected.
- People's care plans contained up to date risk assessments and management plans that covered their personal and health care needs. They included risks associated with people's home environment, infection control and COVID-19, managing medicines, moving and handling and preventing falls, food and nutrition, dementia awareness and pressure sore prevention. This meant staff now had access to detailed guidance about the actions they needed to take to keep people safe.
- The risk assessments and management plans were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face. One person said, "My care workers follow my care plan and do their job properly." A second person remarked, "They [staff] use the mobile hoist safely to help me transfer and know how I like to be moved".

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely, specifically how medicines records were maintained. This represented a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw enough improvement had been made by the provider at this inspection in relation to the way staff now managed medicines records. This meant they were no longer in breach of regulation 12.

- Medicines records staff were expected to keep were now well-maintained, and people continued to receive their prescribed medicines safely.
- People's care plans now included detailed information about their prescribed medicines and how they needed and preferred them to be administered.

- Medicines administration records (MAR) sheets we looked at had no recording errors or omissions.
- MAR sheets were now regularly checked and audited by the office-based managers and staff during their regular monitoring checks. The audits were routinely carried out during staffs spot checks calls and when completed MAR sheets were returned to the providers offices each month.
- Staff received safe management of medicines training and their competency was routinely assessed and refreshed.
- People told us they received their medicines as and when they should.

Systems and processes to safeguard people from the risk of abuse

- The provider continued to have robust systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. One person said, "I always feel safe with all the care workers that visit me at home." A relative added, "My [family member] feels safe with the care worker. I am also very satisfied with the service we receive."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it.
- The manager understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and take appropriate action to minimise the risk of similar incidents reoccurring.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us care staff who visited them at home always wore PPE. One person said, "My care workers were very careful with their masks and gloves and always put them on before they come into my house."
- The provider gave staff up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers to identify issues, learn lessons and take appropriate action to improve the safety of the service. This included a process where any required learning would be identified and used to improve the safety and quality of support provided to people. For example, since our last inspection the provider has introduced a number of new electronic systems, including a call monitoring one, to help the office check staffs scheduled visit time keeping.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were always properly supervised and supported. This represented a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider now supervised and supported staff they employed. This meant they were no longer in breach of regulation 18.

- People received personal care at home from staff who had the right levels of support and training to deliver it safely and effectively.
- Staff now had ongoing opportunities to reflect on their working practices and professional development. This included regular individual and group supervision meetings between staff and the office-based managers and staff, annual appraisals of staffs' overall work performance over the past 12 months, and routine monitoring visits conducted by office-based managers and staff during care workers scheduled calls.
- People continued to receive personal care from staff who had the right mix of knowledge and skills to deliver it safely and effectively. People described staff who provided them with personal care as competent and kind. People told us their regular care workers were very skilled and helpful ensuring they received all the personal care they needed. One person remarked, "First class, well trained care workers. Totally reliable."
- Records showed staff training was routinely refreshed at regular intervals or more frequently if staff required it. We saw all staff had refreshed their mandatory training in food hygiene, fire safety, infection control, safeguarding, moving and handling, and safe management of medicines in the last 12 months. All new staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to 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 health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service from this provider.

- Staff were aware of people's individual support needs and preferences, which was reflected in people's care and risk management plan guidance they were expected to follow.

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 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.

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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care.
- The manager understood their responsibilities regarding mental capacity and staff had received MCA training.
- Care plans clearly described what decisions people could make for themselves. The provider's needs assessment process addressed any specific issues around mental capacity so staff had all the information they needed to care for the person.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing meals people told us they were satisfied with the quality and choice of the meals and drinks they were offered.
- Care plans included nutritional risk assessments about people's dietary needs and preferences.
- Staff had received up to date basic food hygiene training.

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

- People were supported to stay healthy and well.
- People's care plans detailed their health care needs and the action staff needed to take to keep people fit and well.
- People told us they were confident staff would call the doctor or emergency services if they were required. One person told us, "My care workers would always call the doctor if I needed one", while a relative added, "They [staff] are very good at spotting anything not quite right and letting me and the nurses know".
- Systems were in place for staff to alert the office if they became concerned for a person's health. Staff said the manager supported them effectively to take appropriate action and ensure the person's safety.
- Maintaining good working relationships with external healthcare services, including GPs, district nurses, and the NHS continuing health care team, enabled the manager and staff to support people to keep healthy and receive ongoing health care support.

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 requires improvement. At this inspection this key question has changed to 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; and Continuous learning and improving care

At our last inspection the provider had failed to ensure the quality and safety of the home care service people received properly monitored because their governance systems were not always effectively operated. In addition, records they were expected to keep were not always appropriately maintained or made immediately accessible on request. This represented a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw enough improvement had been made by the provider at this inspection in relation to the way they now operated their governance systems and kept records. This meant the provider was no longer in breach of regulation 17.

- The provider now effectively operated their established quality monitoring systems and understood about how to continuously learn and improve the service people received from them.
- The provider had completed a time specific action plan and had made all the improvements they said they would to address all the outstanding issues we identified at their last inspection. For example, their electronic call monitoring system was now fully operational, which enabled the office-based managers and staff to closely monitor staff's call arrival and leaving times. Furthermore, the provider had introduced an electronic monitoring system that automatically flagged up when staff training needed refreshing.
- Medicines records maintained by staff were now routinely checked onsite in people's homes and in the providers offices at least monthly. The manager also told us they now audited peoples' care plans at regularly intervals to check risk assessments and management plans for staff to follow remained up to date and relevant.
- In the last 12 months additional internal quality monitoring audits had also been conducted by one of the providers regional managers and an external one by representatives from the local authority. The outcome of these audits indicated these social care professionals and bodies were now satisfied with the way this home care agency was being managed.
- The outcome of all the new audits and checks described above were now routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided.
- People spoke positively about the way the service was now managed and the leadership approach of the new manager and the office-based staff. A relative told us, "We used to have lots of problems with this agency, but now the new manager is here, things have got so much better. [name of the manager] is doing an excellent job."
- The provider understood their responsibilities with regards to the Health and Social Care Act 2008 and

what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and relatively new care manager worked well together and had a clear vision that she shared with staff. The care manager told us they routinely used in-person and virtual meetings, training and supervisions to continually remind staff about the organisation's underlying core values and principles.
- The care manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The way the provider gathered people's views about what the agency did well or might do better had improved since our last inspection. The office-based managers and staff were now in regular contact with the people they supported through telephone and in-person home monitoring visits. A care coordinator told us at home monitoring visits they would observe staff's working practices and how they interacted with the people they were supporting, check their time keeping and how they maintained records they were expected to keep.
- People told us the office-based staff were in regular contact with them and routinely asked them for their views about how the agency was run, what they did well and what they could do better. One person said, "Staff from the office will often ring me up and ask me how everything is." A relative added, "They [office-based staff] do check up on me all the time when they call me on the phone or come and visit me at home. I know I can phone the office at any time."
- The provider also valued and listened to the views of staff. Staff stayed in regular contact with the office-based managers and staff through routine telephone calls and in-person visits, which included individual and group supervision meetings and via an online social media WhatsApp group, recently created by the care manager.

Working in partnership with others

- The provider worked well with other agencies and bodies.
- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, NHS continuing care teams, GP's and district nurses.
- The care manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. They also added that since their last inspection they have introduced a joint partnership file to record all communication between the agency and other community health and social professionals and bodies.