

Carlcare Limited

# Caremark (Kingston)

## Inspection report

Second Floor  
5-7 Kingston Hill  
Kingston Upon Thames  
Surrey  
KT2 7PW

Tel: 02085497201

Date of inspection visit:  
13 October 2023

Date of publication:  
09 November 2023

### 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

Caremark (Kingston) is a domiciliary care agency providing care and support to people in their own homes and flats.

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. At the time of the inspection 65 people were receiving a personal care.

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

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 this practice.

People were provided with a safe service and staff had a safe environment to work in. There were suitable numbers of appropriately recruited staff employed to meet people's needs. This meant people were supported to enjoy their lives and live safely. Risks to people were assessed, monitored, and recorded by the registered manager and staff who updated records when required. Accidents, incidents, and safeguarding concerns were reported, investigated, and recorded appropriately. People were supported and prompted to take their medicines, by staff as needed. Infection control procedures were followed.

People and their relatives told us that effective care was provided, they had not experienced discrimination and their equality and diversity needs were met. Staff were well-trained and supervised. People said staff provided good, focused care that met their needs, and they were encouraged to discuss their health needs. Any changes to them or concerns were passed on to appropriate community-based health care professionals. This included any required transitioning of services if the people's needs changed. People were protected by staff, from nutrition and hydration risks, and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes, and preferences.

People said staff provided care and support in a friendly manner, paying attention to small details which made all the difference. Staff acknowledged people's rights to privacy, dignity, confidentiality, and people felt respected. They were encouraged and supported to be independent and do things for themselves, wherever possible. This improved their quality of life and promoted their self-worth. Staff were compassionate, cared about people, and passionate about the person to whom they provided a service.

The provider responded to the people's needs and assessed, reviewed, and appropriately adjusted their care plans as required. This included any communication needs. People were provided with person-centred care, given choices, and encouraged to follow their routines, interests and maintain contact with friends and relatives so that social isolation was minimised. They received enough information about the service to make their own decisions regarding whether they wished to use it. Complaints were recorded and

investigated.

The service was well-led. The provider's culture was positive, open, and there was a clearly identified leadership and management structure. The provider had a vision and values that staff understood, followed and they were aware of their responsibilities and accountability. Staff said they were happy to raise any concerns they may have with the provider and take responsibility. The quality of the service was regularly reviewed, and any required changes made to improve the care and support people received. This was in a way that suited people best. There were well established effective working partnerships that promoted the needs of people being met outside the provider's remit. Registration requirements were met.

#### Why we inspected

The last rating for this service was Good (published 24 August 2018).

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

The overall rating for the service has remained 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 (Kingston) 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.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Caremark (Kingston)

## 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 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats. This includes older people, and people with dementia.

#### 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

This inspection was announced. The service was given 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 8 October and ended on 31 October 2023. We visited the provider's office on 13 October 2023.

#### What we did before the inspection

We reviewed all the information we had received about the service since the last inspection. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return

(PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke in person with the director as the registered manager was on leave. We contacted and spoke with 8 people using the service, 2 relatives, 4 healthcare professionals and 10 staff to get their experience and views about the care provided. We reviewed a range of records. This included 6 people's care and medicines records. We looked at 5 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including audits, policies, and procedures. 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 special initiatives unique to the provider, employment information, training matrix 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 told us the service they received was safe. A relative said, "Mum is very safe with them [Care workers]." A staff member commented, "We create a safe environment. Keeping people safe is what we do." Healthcare professionals told us they thought the service was safe for people to use.
- Staff received training that enabled them to identify possible abuse of people and the action to take, if encountered. They were aware of how and when to raise a safeguarding alert. There was no safeguarding activity at the time of the inspection. Staff were given access to safeguarding and prevention and protection of people from abuse policies and procedures.
- Staff supported and encouraged people to keep safe. Any specific concerns about people's safety were recorded in their care plan.
- The provider gave staff health and safety information and training that included general responsibilities, and safety in people's homes.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed.
- People were supported by staff following their risk assessments and care plans. This meant they were able to take acceptable risks and enjoy their lives safely. A staff member told us, "I feel the service provided is safe for people to use and me to work for."
- People's risk assessments were incorporated in their care plans and covered areas that were important to them such as health, activities, and daily living. The risk assessments were regularly reviewed, and updated as needs changed. Staff knew people's routines, preferences, and identified situations in which they may be at risk and acted to minimise those risks.
- The provider policies and procedures explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were familiar with the lone working policy regarding keeping themselves safe.

Staffing and recruitment

- The provider employed appropriate numbers of suitably recruited staff.
- The recruitment procedure was thorough. After shortlisting 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 starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions. There was a probationary period of 3 months with reviews and a thorough introduction to people using the service before commencing work. People said that the provider met their needs flexibly by providing back up trained staff, if required.

- Staff files demonstrated that the recruitment process, probationary period, and training were completed. The provider gave staff information that explained the provider's expectations of them and their responsibilities.
- Discussions were facilitated by the provider that identified best outcomes for the person, including things that didn't work well.
- Staff records showed that staff received 4 monthly supervision and an annual appraisal. Staff confirmed that they received regular supervision.

#### Using medicines safely

- People received their medicines safely.
- People had their medicines administered, and were prompted and supported to take their medicines safely.
- People's medicine records were regularly audited, fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated.

#### Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (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 said was reflected their working practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons.
- Regular 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.
- Accidents and incidents were reviewed to ensure emerging themes had been identified and any necessary action taken. If there were safeguarding concerns they would also be reviewed.



# 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 our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to 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

- The provider assessed people's needs, gave them choices, and delivered care in line with standards, guidance, and the law.
- The provider received new referrals from local authorities, their website, and by telephone. When a new enquiry was received, an appointment was made to visit people and their relatives at their home for an assessment. The assessment was carried out at a pace and of a duration that suited people and their needs.
- People had their physical, mental, and social needs were comprehensively assessed, and their care, treatment and support were delivered in line with legislation, standards, and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence and other expert professional bodies, to achieve effective outcomes. The provider provided easily understandable written information for people and their families. A staff member said, "We are fully briefed about people and their needs before we go in."

Staff support: induction, training, skills and experience

- Staff were well supported, skilled, experienced, and trained.
- Staff received training that was consistently in line with the provider's training and induction policy.
- Staff received good quality induction and mandatory training that enabled them to support people and meet their needs. Staff said the quality of the training provided enabled them to carry out their roles and make a difference to people. People liked the way staff performed their duties and said staff were professional, and competent. One person told us, "They are a really good bunch of carers, who know what they are doing." A relative commented, "Very professional and also very kind." A member of staff told us, "The training provided enables me to carry out my role and provide a good quality service. I did receive suitable induction regarding the people I will provide a service for before starting."
- Staff were aware of how important clear communication was and this was impressed upon them during induction training. It was also revisited during staff meetings, further training, and supervision. Health care professionals said the service was very effective, particularly with communication with them.
- Before providing a service staff had introductory meetings with people and their relatives. This increased staff knowledge of people, their routines, preferences, and surroundings. It also meant people felt more relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.
- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.

- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling, food hygiene, lone working, safeguarding, medicine administration, first aid, and health and safety. There was also specialised training focussed on people's individual needs with guidance and plans. This included dementia care, and continence support.

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

- As required, staff supported people to eat, drink, and maintain a balanced diet. When needed they were assisted with oral feeding, and staff monitored food and fluid intake.
- People's care plans included health, nutrition, and diet information with a health care action plan. Nutritional assessments were regularly updated and there were fluid charts, as required. This was to ensure the person drank enough to remain hydrated. If staff had concerns, they were passed on to the registered manager, who alerted appropriate health care professionals.
- If people required dietary support, staff observed and recorded the type of meals they ate and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff ensured people still had the meals they enjoyed.

#### Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff were able to support people to keep healthy and receive ongoing healthcare support. This was by maintaining good working relationships with external healthcare services.
- People were sign posted to other organisations that may be able to meet needs outside the service remit, such as preventing and minimising social isolation. This helped to improve people's quality of life and promote their social inclusion.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access community-based health care professionals, such as district nurses and to refer themselves to health care services, including their GP.
- Staff reported any health care concerns to the management team who alerted appropriate health care professionals. A staff member said, "If I have any concerns I report them to the office."
- Any changes to people's health and medical conditions were recorded in their care plans.

#### Ensuring consent to care and treatment in line with law and guidance

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 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 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.

- The provider was familiar with the MCA, its requirements, and their responsibilities.
- The initial care needs assessment included a capacity to make decisions section and consent to provide support.
- People also signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services which included details of any Lasting Powers of Attorney (LPA).
- The provider shared this information appropriately, as required, with GPs and local authority teams.

# 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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- People were respected by staff, well treated, and had their rights to equality and diversity recognised.
- People said they found staff caring, supportive, and they liked and were relaxed in the company of the staff. One person said, "My carer is lovely and does what I need." Another person commented, "Seeing them [Carers] cheers me up no end." A relative told us, "The carers are very good, lovely people."
- Staff received equality and diversity training that enabled them to treat people equally, and fairly whilst recognising and respecting their differences. People told us that staff treated them respectfully.

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

- People were supported and able to express their views and be involved in decision-making about their care which was recorded in their care plans.
- The provider frequently contacted the people to determine if they were receiving the care and support, they wanted and needed.

Respecting and promoting people's privacy, dignity and independence

- A relative said that staff's knowledge of people meant they were able to understand what words and gestures meant if the person using the service had difficulty communicating. This meant staff were able to support people appropriately, without compromising their dignity. They also understood that this was someone's home, and they must act accordingly and in a respectful manner. A relative told us, "They [Carers] are brilliant, superb and very caring."
- Staff were trained by the provider to respect people's rights and treat them with dignity and respect. People and their relatives said staff treated them with kindness, dignity, and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction, on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- People received person centred care that meant they had choice; control and their needs and preferences were met.
- A thorough need's assessment was carried out with people and their relatives to identify what their needs were and how they would like them met. This included what they wished to gain from the services provided and desired outcomes. A relative said, "We had everything explained to us and were fully involved."
- People and their relatives agreed a person-centred care and support plan with the provider, based on the initial assessment. Once the service started, people and their relatives were regularly contacted to establish if the support provided was working and their needs were being met. A relative said, "They [Staff] keep us fully updated, especially the [Registered] manager." A staff member told us, "I receive an agreed client care plan for a new client prior to meeting this client."
- Staff supported people and their relatives to make decisions about the care and way it was delivered. The registered manager and management team were available to people and their relatives to discuss any wishes or concerns they might have. A staff member said, "I have access to the registered manager if I have a problem and they are responsive." Staff made sure people understood what they were saying to them, the choices they had and that they understood the people's responses.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. The daily logs entries were reviewed, and any concerns highlighted.
- People's care and support needs were regularly reviewed, and the care plans were updated to meet changing needs with new objectives set. The provider and staff supported the people to take ownership of their care plans and they contributed to it as much or as little as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People's communication needs were met by the provider giving staff information about any communication preferences, within their care plans and guidance on how best to communicate with them.
- A relative said staff communicated clearly with the person which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording, and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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's culture was open, inclusive, and positive. People and their relatives said they found the registered manager and staff approachable, attentive, and felt they were listened to, and staff did their best to meet the people's needs. One person said, "I can always get hold of the office if I have a problem." A relative commented, "They [Carers and management team] are always making suggestions to help me." A member of staff told us, "I've been here 12 years and that says it all. Very supportive, we are like 1 big family."
- People and their relatives had the services provided explained to them so that they were clear about what they could and could not expect from the provider, registered manager, and staff. This was repeated in the statement of purpose and guide for people using the service that set out the organisation's vision and values. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for. The statement of purpose was regularly reviewed.
- The vision and values were explained to staff at induction training, and revisited during mandatory training. Staff understood them, and people said they were reflected in the staff working practices.
- Staff told us the management team supported them and they supported each other, as a team. A staff member said, "I feel well supported by the registered manager."
- There were clear lines of communication and staff had specific areas of responsibility regarding record keeping explained to them.

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 made themselves available for support to the people using the service, relatives and care staff. A relative commented, "The agency is so open and honest. We used to get an evening call, as well as during the day. They said that it was a bit of a waste of our money as all that was required was making a cup of tea."

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

- The management team and staff understood their roles and its importance. A staff member said, "I feel the organisation is well-led and treats me fairly."
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as

required.

- The provider had a system which stored people's details, and identified that daily notes and care plans were completed on time. Data collected was collated and used to update and improve the service provided.
- The management team regularly contacted care workers to provide support, and this enabled staff to provide the person with the service that they needed. Staff welfare checks were carried out as part of supervision, and there were regular staff meetings, where issues that arose and other information was discussed. A staff member said, "They [Management team] are always available and very supportive."
- 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. Any areas needing improvement were then addressed. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily notes, care plans, risk assessments, MARR charts, complaints, and staff files. Staff files and the data base contained recruitment, training, performance, and development information.
- The provider worked with people, their relatives and healthcare professionals such as GPs and district nurses to identify areas that required improvement. This was to progress the quality of services people received, to better meet needs and priorities. Feedback from organisations was integrated and used to ensure the support provided was what people wanted and needed. This was with their consent.

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, 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, visits, and regular observational spot checks. There were feedback questionnaires and surveys provided for people, their relatives, and staff.
- 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's equality and diversity policy gave a commitment to ensure that people using the service and staff with any of the legally defined 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.
- The provider's policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as with district nurses, GPs, and other health care professionals.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The service supported people and their relatives to contact organisations who provided services outside their remit, to enhance their quality of life.
- People, their relatives, and staff were kept informed, by the provider, of updated practical information such as keeping safe.
- The provider audits identified any performance shortfalls that required attention and recorded progress made towards addressing them.
- 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.

- Staff meetings were partly used as lessons learnt sessions and procedures identified for discussion.