M&C Care Services Limited

Caremark Barking and Dagenham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Caremark Barking and Dagenham is a domiciliary care service providing support with personal care to people. The service provides support to older people, most of who required support with end of life care. At the time of our inspection there were seven people using the service, but only four of them received support with personal care. 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.

People's experience of using this service and what we found
People and relatives spoke positively about the service. A relative told us, "I would give them five stars, if that is the top rating."

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Medicines were managed in a safe way. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

Initial assessments were carried out of people's needs before they started using the service to see if the provider could meet them. Staff received training and supervision to support them in their role. The provider worked with other agencies to meet people's health care needs. People were able to make choices about what they ate and drank.

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 and relatives told us that staff were kind and caring and treated people well. People were supported to have control and choice over their daily lives. People's privacy was respected, and staff understood the importance of maintaining confidentiality.

Care plans were in place which set out how to meet the individual needs of people. People and relatives were involved in developing these plans, which meant they were able to reflect people's needs and preferences. People's communication needs were met. People and relatives told us they had confidence that any complaints raised would be addressed. People's end of life care need were being met.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

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
At the last inspection the service was not rated (Report published 15 January 2021). At this inspection the service has been rated as Good.

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?

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 Barking and Dagenham

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 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.

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 not a registered manager in post. The service was being managed by the nominated individual. They told us they were in the process of applying to become the registered manager with the Care Quality Commission and records confirmed this. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection
We gave the service 24 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 inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 nominated individual. We reviewed a range of records. This included two people's care records and one person's medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed, such as training data and various policies and procedures. We spoke with one person who used the service and one relative. We spoke with two members of staff, both care assistants.

Good

Is the service safe?

Our findings

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

At our last inspection this key question was inspected but not rated. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The provider had policies to guide staff on safeguarding adults and whistle blowing. The registered manager told us there had been one allegation of abuse since the last inspection, and records showed this was dealt with in line with their safeguarding policy.
- Staff had undertaken training about safeguarding adults and were aware of their responsibility to report any allegations of abuse. One member of staff told us, "I would speak to my manager (if they suspected abuse) or do a whistle blow."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and how to mitigate those risks. They were subject to review, which meant they were able to reflect risks as they changed over time.
- Staff were aware of the risk's individuals faced and how to support people safely. People and relatives told us they felt safe using the service. A person said, "Yes, definitely" when asked if they felt safe. A relative said, "Oh yes, (person) is safe. I don't think there is any risk."

Staffing and recruitment

- People and relatives told us staff were usually punctual, although they could be a few minutes late on occasions. They said this was not a problem and they always stayed for the full amount of time they were paid for. A person told us, "They are generally on time. They may be a little late sometimes, but its only by 10 minutes, and (manager) rings to tell us."
- The manager said as there were currently only four people using the service, it was easy to monitor staff punctuality and reliability as they were in regular contact with people. They said they were planning on introducing an electronic monitoring system if the business grew sufficiently.
- Checks were carried out on prospective staff to see if they were suitable to work in the care sector. These included employment references, proof of right to work in the UK and criminal records checks.

Using medicines safely

- The provider had a policy in place to provide guidance about the safe management of medicines. One person was supported with taking medicines at the time of inspection.
- Staff had received training about the safe administration of medicines. Medicine administration records were maintained so there was a clear record of when medicines were given. Records showed that medicines were being administered as prescribed. These records were audited by the registered manager.

Preventing and controlling infection

● The provider had an infection prevention and control policy in place. Staff understood how to reduce the risk of the spread of infection and had undertaken training about this.
● Staff were expected to wear PPE when providing support with personal care, and they told us they had a plentiful supply of required PPE.

Learning lessons when things go wrong
● The manager told us there had not been any significant accidents or incidents since our last inspection. There was a policy in place which stated that significant incidents should be recorded and monitored for any trends. This would enable lessons to be learned from accidents and incidents.

Good

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 this key question was inspected but not rated. 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

- People's needs were assessed by the provider to determine what they were, and if the service could meet the needs. Assessments covered needs in relation to personal care, moving and handling, eating and drinking and medicines.
- Assessments were developed by the manager, with the input of people, relatives and professionals who had worked with the person. Assessments were focussed on what was important to the person in terms of the support to be provided.
- People and relatives told us the service was responsive to them. A relative said, "All it takes is for me to ring (manager) and it will be sorted. (Manager) doesn't need to be told twice, they will deal with it straight away."

Staff support: induction, training, skills and experience

- Staff undertook training to provide them with skills and experience to help them in their role. New staff completed the Care Certificate as part of their induction. 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.
- Staff undertook annual refresher training in core subjects, including manual handling, safeguarding adults, health and safety and medicines. Staff also had one to one supervision meetings with a senior member of staff. This gave both parties the chance to raise issues of importance to them.

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

- At the time of inspection, support with eating and drinking was limited to making drinks for people and heating food in microwave ovens. People were able to choose what they ate.

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

- The provider worked with other health care agencies to meet people's support needs. Most people were receiving palliative care and the service worked with the district and palliative nursing teams to meet people's needs. Where appropriate, they informed these teams if their input was needed for anything.
- The provider also worked with agencies that commissioned care to determine what support was required. The manager told us one person's needs had changed so that the level of support in place was not enough. They evidenced that they had raised this issue with the body that commissioned the person's care, in an effort to get the appropriate level of support put in place.

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.

● Most people had the capacity to make all decisions for themselves. Where people lacked capacity, they lived with their next of kin who had power of attorney, and were able to lawfully make decisions for people. The service did not play a role in making decisions on behalf of people. Staff had undertaken training about the MCA.

Good

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 this key question was inspected but not rated. At this inspection the rating has changed to 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 and relatives told us they were treated well by staff. One person said, "(Staff are) very friendly, I can't fault them at all. They try and jolly me if I have a down day."
- The manager told us they always tried to keep the same regular care staff supporting the same people so they could build up good relationships, enabling people to get to know and trust their care staff. People confirmed this was the case, and when they had a new care staff, the first time they came, it was always with another staff member that they already knew. One person told us, "Most of the time its regular carers."
- Equality and diversity was respected and covered in care plans. For example, some people had specifically requested staff be of the same gender as them were and this was provided. The provider employed staff who spoke the same languages as people.

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

- People were supported to express their views and be involved in making decisions about their care.
- Staff told us how they supported people to make choices. One staff member said, "I will give them choice, I say, 'what would you like me to do today'. (Person) might say, 'I want a full bed bath' or 'I just want my face and hands washed today'." Another member of staff told us, "I ask them to give their opinion because when I do any personal care I follow their wishes and preferences."
- Care plans included information about people's likes and preferences to help guide staff in supporting people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity. One person said, "They are very good, they help me all the time. They get me to do what I need to do." The same person added, "They try and make it that I'm involved."
- Staff understood the importance of promoting privacy. One member of staff told us, "(When supporting with personal care) no curtains are open and the door is closed."
- The provider had a policy on confidentiality which provided guidance to staff on this subject. Staff understood about keeping personal information about people private. Confidential records held by the provider were stored in locked filing cabinets and password protected electronic devices.

Good

Is the service responsive?

Our findings

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

At our last inspection this key question was inspected but not rated. At this inspection the rating has changed to 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

● Care plans were in place for people providing guidance about how to meet their needs. Care plans were person-centred around the needs of the individual and covered needs including personal care, communication and likes and preferences of the person.

● Plans were drawn up with the involvement of the person and their relatives where appropriate. They included a section on what was important to the person and what they wanted from the care provider. People and relatives confirmed they were involved in developing care plans. A relative told us, "I am engaged in discussing with (manager) about how we are getting on. We have a review (scheduled) at the end of the month."

● People told us staff understood their individual needs and how to meet them. One person said, "Oh yes, definitely (they know my needs). They help me to use commode." A relative said, "They (staff) know exactly what is needed."

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.

● The manager told us all of the service users at the time of inspection were able to speak and read English, and that information was in an accessible format to people. In the past, they had non English speaking people using the service, and had employed staff who spoke a shared language with the person to help with their communication needs.

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

● The support provided to people by the service was limited to personal care and some domestic tasks. The service did not support people to follow interests or take part in activities. However, staff told us of the importance of getting to know people and chatting with them to help build relationships. All the people using the service at the time of inspection had family and friends involved in their care.

Improving care quality in response to complaints or concerns

● Systems were in place for responding to complaints. There was a complaints procedure in place. This

included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The manager told us there had not been any formal complaints received since the last inspection and we found no evidence to contradict this.

● People and relatives told us they knew how to make a complaint if necessary, but added that so far they had not needed to.

End of life care and support

● The provider specialised in providing support to people with end of life care, although they did support people who were not at the end of lifes. Care plans covered this area of support and the provider worked closely with other agencies to meet people's needs, such as the palliative and district nursing services.

● Care plans were not in place covering after death arrangements. The manager told us this was discussed with people, and all the people using the service at the time of inspection wanted these arrangements to be made by family members rather than a care agency.

Good

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 this key question was inspected but not rated. At this inspection the rating 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an open and positive culture to help achieve good outcomes for people. Staff spoke positively about the working culture and the manager. One staff member told us, "Our manager cares about the staff, and my colleagues, they are all nice." Another member of staff said, "(Manager) is very good, easy to talk to."
- Care was person-centred, which helped to achieve good outcomes for people. Staff understood people's needs, and people and relatives were involved to help ensure care reflected people's wishes and preferences.

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 understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their roles.
- The provider understood issues relating to quality performance, and had a number of systems in place for monitoring and improving quality at the service.
- The manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

Continuous learning and improving care

- Various quality assurance processes had been established to monitor and improve care at the service. For example, the manager carried out spot checks. These were unannounced and were used to monitor how well staff were performing. Records showed they looked at staff punctuality, understanding of the needs of the person, how staff interact with people and record keeping.

● Other monitoring systems included carrying out various audits, for example, in relation to staff files and medicines records.
● This service was part of a franchise. As such, they had annual visits from the franchise organisation for the purposes of quality assurance. The most recent visit was on 19 April 2022 and involved looking at staff training, people's care records and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The manager told us they regularly visited each person 'at least once a month' to have a chat with them and see how things were going. People and relatives confirmed they had regular contact with the manager. One person said, "(Manager) always asks if everything is all right and if they need to do anything differently." A relative told us, "(Manager) comes to see me and my (relative). They ask my views. They are proactive."
● The manager also carried out phone monitoring whereby the phoned people and relatives to get their feedback. Records of compliments were kept by the provider. For example, one person had said "The care assistant who visits us is caring and conscientious, and we would have no hesitation in recommending them." A relative said, "I am very happy with (staff's) friendly support and I hope it will continue."
● Equality characteristics were considered. The provider had policies on equality and diversity to help guide staff and these areas were covered in care plans.

Working in partnership with others
● The manager told us they had good working relationships with partners in care, such as care commissioning groups and the district nursing service. They also said they attended a provider's forum run by the local authority, which gave them the opportunity to share best practice and gain knowledge about relevant topics.