

M & T Healthcare Limited

Caremark (Chelmsford & Uttlesford)

Inspection report

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Tel: 01371872178

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Caremark is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

People's experience of using this service:

- There had been a number of changes to the way the service had been managed. A new manager had recently been appointed following the previous registered manager's resignation.
- Team meetings were not taking place with care staff. However regular meetings were held with office and senior staff.
- People and staff told us that communication between themselves and the office could be improved when changes were made.
- Some people had experienced missed or late visits and staff told us their rotas changed frequently, which made it harder to develop relationships with people. Despite these arrangements, people spoke positively about the staff that supported them and told us the staff were kind and caring.
- There were some instances where we had not always been notified when safeguarding incidents had occurred.
- People told us they were safe. The service had effective safeguarding arrangements in place to protect people from harm and abuse.
- Quality assurance arrangements enabled the management team to monitor the quality of the service provided to people. These systems covered a range of areas related to the running of the service. The registered provider was introducing a new electronic system to assist with the monitoring of visits to improve the service people received.
- People told us they were treated with dignity and respect. People and their relatives were positive about the staff and told us they had a caring attitude towards them.
- Staff had a good understanding and knowledge of people's needs and the care to be delivered. People's care and support needs were documented, and suitable arrangements were in place to manage risk and to ensure people received their medication in the right way.
- An induction was provided, and staff received appropriate training. Staff received regular supervision and appraisals of their work.
- The service ensured they worked collaboratively with others and people were supported to access healthcare services when needed.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: This service was last rated Good. (1 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Caremark (Chelmsford & Uttlesford)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, and assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience of this type of service.

Service and service type: The service did not have a manager registered with the Care Quality Commission, but someone had been recruited to take over the legal responsibilities.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit. The inspection site visit activity started on 25 March 2019. We visited the office location to see the manager; and to review care records and policies and procedures.

What we did before the inspection: Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

As part of this inspection We spoke with six people, and two relatives about their experience of the care provided. We also spoke with six members of staff, and the registered provider and the manager.

We looked at five care plans, and six staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. Some of this information was received, following the inspection visit. When commissioners or visiting health

professionals have provided feedback, we have included this within our report.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm.

Staffing and recruitment

- Some people told us they had experienced a missed or late visit, but it had not caused them any concerns. The registered provider confirmed that they were aware of the concerns and were taking action to remedy the issue. One person said, "They have been late sometimes, but they usually have a good reason. Mostly, they let me know. There isn't an impact because they do come." Another said, "I haven't experienced a late visit recently. I did not use to know who was coming and when. Once they never turned up at all, now I have regular staff and they come at regular times. It is so much better."
- People gave mixed feedback when they were asked if the staff stayed for the agreed duration. The registered provider told us they had been informally monitoring this and had recently introduced a new electronic system. The system would assist with staff rotas and would help with the monitoring of visits that were being scheduled. One person said, "They have recruited a lot more staff after going through a sticky phase. I have had no problems lately."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person said, "Yes I find them very good, I am very pleased with them, I don't feel threatened by them." Another said, "I have no problems. They are very kind and very good."
- The service had effective safeguarding arrangements in place to protect people from harm and abuse. The registered provider and manager were aware of their responsibilities to safeguard people from harm.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse, and staff had up-to-date safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people were assessed and supported people to receive care in their own homes safely. These related to people's manual handling needs, medication and environmental risks to ensure people's and staff's safety.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration, and disposal of medicines.
- People told us they got their medicines on time and in the right way. One person said, "They prepare them for me. I have to take them as a liquid and yes, I get them on time." Another said, "They give me medication in the morning and in the afternoon, I have never had any problems."
- Staff highlighted that there had been a concern around some staff not recording when people's creams had been administered. We spoke with the registered provider about this. Shortly after the inspection, they

confirmed they had reviewed this area and made changes.

Preventing and controlling infection

- Staff had access to protective equipment, and people told us staff used this when they were supporting them. One person said, "Oh yes, they wear gloves. They have an apron on too." Another said, "They bring their aprons and gloves in with them."

Learning lessons when things go wrong

- The registered provider was open and analytical when things had gone wrong. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.

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

Good: People's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills, and experience

- People told us they felt staff had the correct skills and knowledge to support them in a safe and competent way. One person said, "I certainly feel safe when they use the hoist. They know what they are doing." Another person said, "For me yes, the staff always do what they are supposed to do. They treat me fine."
- Staff received a programme of training that enabled them to understand and meet the needs of people who used the service. Staff had been given regular training in mandatory subjects. This included, safeguarding, manual handling, safe handling of medicines and infection control, health and safety, fire safety, and emergency first aid.
- Supervisions were completed on a regular basis allowing staff the time to express their views and reflect on their practice. These included face-to-face meetings and 'spot check visits.' A spot check is where the provider's representative calls at a person's home, so they can observe the member of staff as they carry out their job and check they are meeting the organisation's standards and expectations.

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

- Detailed assessments were carried out with people prior to care being delivered. Assessments were regularly reviewed and considered a range of topics, including people's physical, mental health, and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of the needs assessment.
- Staff knew about people's individual characteristics.

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

- People were supported to have meals of their choice, in line with their assessed needs, and care plans recorded their preferences. One person said, "They do our meals for us, we tell them what we want. They expect us to tell them." Another person said, "They make my sandwich for lunch, they do let me choose what I want in it."
- Care plans allowed for personal choice over what people wanted to eat and drink.
- At the time of the inspection, no one required a textured diet or were at risk of choking.

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

- People told us staff proactively supported them to meet their health needs. One person said, "If they think anywhere looks a bit red they put cream on it. If they think we need to call the district nurse they tell us." A relative said, "They point things out if things are not quite right."

Adapting service, design, decoration to meet people's needs

- The registered provider had a domiciliary care office, with a training facility on site.

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

- People had access to health professionals as needed. If staff were concerned about a person's health and wellbeing they would relay these concerns to the care co-ordinator or the new manager for escalation and action.

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

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."

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the Mental Capacity Act 2005 (MCA) had been properly followed in regard to obtaining consent to care. Where people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan. Everyone told us the staff asked their consent before carrying out personal care.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well and knew their routines and how they wanted to be supported. One person said, "If we want something done a certain way we tell them, I prefer a lady for personal care, and they send ladies." Another person said, "There is a routine which is how I like things done."

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

- Staff were patient with people and did not rush them. One person said, "They have never been impatient with me."
- People told us they had good relationships with the staff. One person said, "We often have a good laugh." Another said, "We talk about current affairs."
- People were aware of their care plans and had been involved in reviews of their care. One person said, "There is a big notebook with everything in. October was the last review."

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

- People told us they were supported by kind staff who treated them in a dignified and respectful way. One person said, "All of them are kind, because of their attitude towards us. They are friendly. Another person said, "They are very nice people."
- Staff delivered care to people in a way that protected their dignity. One person explained, "The staff wraps me in my towel from the bathroom to the bedroom."
- People told us that staff did not take over and encouraged them to do the things they could for themselves. One person said, "The staff member washes my back and lower parts. I do the rest."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan, which contained information about the person. Information included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements.
- Care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. These had been reviewed with people on a regular basis or when their needs had changed.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded, and highlighted in care plans.

Improving care quality in response to complaints or concerns

- People who used the service, family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place.
- People told us that when they had complained this had been resolved for them. One person said, "When they didn't turn up, we complained by phone. I am happy now." Another person said, "We talk to them occasionally and if it isn't right, they put it right."
- Compliments about the service had been received. One said, "We wanted to express gratitude for all your kindness and support over the last 7 months. You enabled [Name] to fulfil their wish and remain independent in their own home until the very end."

End of life care and support

- At the time of the inspection, the registered provider was not giving care to anyone who was at the end of their life. Previously, where people required end of life care support, the domiciliary care service worked with healthcare professionals, to provide a dignified and pain-free death that was as comfortable as possible.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- People and staff told us communication between themselves and the office could be improved when changes were made because this had not always been effective. The registered provider was aware of this issue and had been looking at ways this could be resolved. They said, "Communication needs to improve. It can be difficult to see what is going on, so I am keen to get the electronic monitoring system in place as soon as possible. Communication could be improved, not all our staff are happy."

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

- Mixed feedback was received from staff. A new manager had recently been appointed. Some staff told us there had been a number of changes to the management structure and they had not always felt supported when changes had occurred.
- There were some instances where we had not always received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The registered provider sent these to us following the inspection.
- Staff had a mixed response when asked about their morale. Some spoke very positively about the way the service had been managed, whilst other staff told us that morale could be better. One staff member said, "We have a new manager, they have a lot on their plate. We have been without one for a while. I would like to speak with them, but they are very busy." Another staff member said, "I am confident in my abilities. I have an interest in dementia I would like to develop. However, I don't think I will get this support." The registered provider told us they supported staff to develop their skills and interests and would review this feedback following the inspection.

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

- The new manager told us they were getting in touch with people to introduce themselves. Most people had met the new manager. One person said, "I have met [name of new manager] once and they were nice."
- Staff meetings were not taking place. One staff member said, "We don't really have staff meetings. It's hard to get the staff together." The registered provider told us they would introducing team meetings following the inspection.
- People told us they would recommend this company to their family or friends. One person said, "I would recommend them, it is a very good service." Another person said, "I am so pleased they have pulled their

socks up. At one time I was considering changing but now I am quite happy with the service."

- Arrangements were in place for gathering people's views of the service they received, and those of people acting on their behalf and staff employed at the service.
- The registered provider completed 'spot checks' on their staff to ensure they were following policies and procedures and providing appropriate care and support.
- An on-call number was available, but some people felt this was not always answered when they had tried to use it. One family member said, "At times I have tried to contact the office and there hasn't been anyone there."

Continuous learning and improving care; Working in partnership with others

- The registered provider conducted regular audits around a range of areas relating to service delivery.
- People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. People had the opportunity to express their views at review meetings. The registered provider analysed any feedback received, to look for any areas of the service that could be improved.