

Beam Bug Limited

# Caremark (Chichester)

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Caremark Chichester is a domiciliary care agency which provides support for adults in the community, including those living with Parkinson's and dementia, who require assistance with personal care. At the time of the inspection 109 people used the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 78 people were in receipt of personal care.

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

Systems and process were in place to monitor the quality of the service being delivered. These were not always robust to identify the issues we found during the inspection in relation to ensuring accurate record keeping. The provider and registered manager provided assurances of what action they would take to address this.

People were happy with the care they received and felt safe with the staff supporting them. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from staff who were trained to administer these. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with kindness and compassion and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

Care was personalised to meet people's care, social and well-being needs. Care plans provided adequate information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect.

There were high levels of satisfaction amongst people who used the service. Everyone we spoke with said they would recommend the service to others. People repeatedly told us staff had made a difference in their lives and ensured people were happy and safe.

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.

The culture of the service was positive; people and staff were complementary of the management and provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 15 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective section below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring section below

Good 

### Is the service responsive?

The service was responsive

Details are in our responsive section below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement 

# Caremark (Chichester)

## 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 undertaken by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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 with five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, recruitment manager, senior care workers and care workers. We

reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with seven people who used the service. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from seven professionals who regularly visit the service.

# 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

- Systems and processes protected people from the risk of avoidable harm. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe. Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training.
- People and their relatives told us they felt safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were assessed and managed safely. Staff had a flexible approach to risk management and people were supported to take positive risks in order to maintain their independence, such as helping to prepare their meal.
- Risk assessments provided sufficient details, so staff could support people safely. Staff assessed people's health and well-being needs and identified any associated risks. For example, one person's care plan outlined the measures staff needed to take to support the person to walk down the stairs safely. This included ensuring the person was holding onto the hand rails at all times and for staff to walk ahead providing reassurance and encouragement.
- The provider was up to date with the risks to people and staff from the recent global outbreak of Covid-19. They had ensured staff and people were being kept up to date with government advice. The provider had ensured processes were in place to mitigate the risk of infection and transmission through thorough and regular hand washing, and ensuring staff had adequate access to personal protective equipment such as gloves, hand gel and masks. The provider and registered manager were monitoring guidance and required actions on a daily basis.
- Staff had access to personal protective equipment (PPE), and gloves and aprons were used appropriately. Staff had a good understanding of infection control and were observed taking measures that would reduce the spread of infection.

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs. Call times were monitored in real time on a large screen in the office. Staff used their mobile phones to log when they arrived at a person's home and when they left. The systems flagged calls that were running late or were missed. Records showed this system had ensured

no calls had been missed over the last 12 months and this was something the provider and registered manager were very proud of.

- People and their relatives told us staff were highly reliable and call times were never cut short. Communication from the office was good and they were always contacted in advance if the staff member was delayed.

#### Using medicines safely

- People received their medicine safely. New staff received training in the administration of medicines during their induction and undertook annual refresher training. There was evidence of competency assessments and records of direct observation within staff files. This ensured staff competency to administer medicines safely was regularly assessed.

- Processes were in place to audit medicines monthly. The registered manager undertook a review of the electronic medicine administration records (eMAR) and medicine stocks held in people's homes. Processes were in place to identify and act upon errors, these were recorded in detail on a medication error form and appropriate action was taken. For example, when staff had been unable to find a person's medicines and suspected the person may have taken an accidental overdose of their prescribed medicines, staff had called 111 for advice. Guidance provided by 111 was followed. The person medicines were later found, and staff were able to ascertain that none of the medicines were missing. Following this a process was put in place to ensure medicines were stored safely.

- Medicines were administered on time and in line with requirements'. Administration of medicines was monitored in real time through an electronic recording system which alerted the office and out of hours when medicine had not been administered at the prescribed time. Processes were in place to monitor and follow up these alerts with care staff within a specified time and we observed this in practice. A care co-ordinator contacted a member of staff when the system flagged a person's medication had not been administered. This was due to the person returning home later than expected from a medical appointment and we observed the medicine was administered on their return.

#### Learning lessons when things go wrong

- Lessons were learnt when things had gone wrong. The registered manager monitored all accidents and incidents through oversight of records and weekly team meetings. This ensured robust and prompt action was taken and lessons were learnt.

- The registered manager was transparent when things went wrong and took learning from incidents. They told us when things went wrong, they spoke as a team to reflect on why the issue may have occurred and what measures could be implemented to prevent it happening again. A recent outcome from a lesson's learnt exercise led to the implementation of locked medicine boxes in people's homes who were assessed as being at risk from not following prescribed medicine requirements.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate information to enable them to support people in line with their requirements. A relative told us how their loved ones call times were changed to fit around going to Bingo. This demonstrated flexibility by the service and people's wishes were listened to and acted upon.
- Assessments and support plan's included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements. Staff understood how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care.

Staff support: induction, training, skills and experience

- People were supported by trained and knowledgeable staff. People told us they thought staff had the skills to support them. One person said, "I have no worries, they are all very competent", another person said, " they are always being trained in something, and that gives me reassurance."
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. A staff member new to care described a comprehensive induction that included shadowing experienced staff as well as training and time to feel confident in their role.
- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as dementia. One staff described how their training in dementia had led them to recognising when a person's needs were not being met. They had contacted the dementia crisis team to provide additional support to the person and their family.

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

- People received appropriate support to ensure their nutritional requirements were met. People required varying levels of support to ensure they maintained a balanced diet and support plans identified specific needs. This included support with menu planning, shopping and preparing food.
- Staff were knowledgeable about people's nutritional needs and preferences and the importance of

maintaining a good fluid intake. They knew which people needed support to remain hydrated and how to recognise the signs of dehydration and the appropriate action to take. A relative told us that staff were very good at encouraging their loved one to eat. Where support with nutrition was an assessed need, people's daily care notes recorded the nutritional support provided

- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. People were supported to retain as much independence as possible with meal preparation and were involved in planning and shopping for food.

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

- People were supported to access the health care services they needed. Staff liaised effectively with other organisations, teams and people received support from specialist health care professionals. Support plans showed people had access to routine and specialist health care appointments and professionals, including GP and hospital consultants.
- People had access to timely medical support. People were supported with daily personal care routines and to attend routine and specialist health care appointments. A relative told us staff liaised effectively with a GP when they noticed a change in their loved one's mood.
- Staff could assist people with their healthcare appointments if needed. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.

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 and they were.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests. They were aware of which people were able to provide consent and the circumstances that may cause people to have fluctuating consent.
- People told us that staff were always respectful and ask before they provide any support or assistance. One person said, "They always ask me before they provide any kind of support, they are very respectful like that." Staff described gaining consent by constantly checking in with the client and talking through what they were about to do.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 treated with kindness by caring and dedicated staff. People told us they were supported by staff who understood their needs. Staff were described as caring, kind and people did not feel rushed as staff had time to talk with them. One person said "We always have a banter, they really brighten my day" and another person told us that chatting to staff made them feel more at ease when receiving personal care, they said, "I find it takes my mind off the fact that I now need someone to help me and it makes it all the more bearable to have a friendly person to chat to."
- People and their relatives told us they were shown respect by staff who were supporting them. One person told us "They know it's my home and they are very respectful about that", other people told us staff were polite and they really looked forward to them coming.
- People told us their carers were flexible and nothing was ever too much trouble for them. Staff were described as "very nice people who always carried out the things they were asked to do", and "I call them the A team, they are superb." People told us staff showed a compassionate approach towards them and worked well together as a team.
- Relatives and people told us the reliability of the service and the care provided was very good. Sometimes calls were later than planned but they were always advised about this in advance. Everyone we spoke with told us they had never experienced a missed call. The service provided was described by people as "100% reliable, if they say they are coming they will" and "very reliable, I never have to worry, they might be a little late, but they will be here."
- People's differences were acknowledged and respected. One person told us about their very specific needs, staff really understood how to support them well and how the impact of their health affected them stating "they are empathetic and compassionate, nothing is too much trouble." Another person told us "they know how to support me right and they understand me, I feel very safe in their hands."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible, whenever possible. People described staff as enablers who knew when it was appropriate to give them a little extra support and when it was important to encourage their independence. A person said, "They never take over, they get the balance just about right."
- People were encouraged to make decisions about the level of support they wanted. Staff told us they promoted choice at every opportunity for example when choosing what to wear and what meals a person would like. This enabled people to maintain some control and independence in their lives.

- People and relatives were involved in, and contributed to, the development of their plan of care. We were provided with examples of the different types of support people received. People told us they were very much in control of their care and the additional help they required with everyday living skills. Staff told us that people want to stay living in their own homes and they make sure they encourage them to be as independent as possible within the support they provide
- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. People said staff were respectful of their dignity whilst supporting their care needs. We were told that staff ensured curtains were closed and covered their bodies in towels when assisting with their personal care.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care in line with their preferences, interests and needs. Care plans were inconsistent in accuracy and person centeredness. We have covered this in further in the well-led section of this report. People and their relatives said they had not been impacted by this and felt they received a personalised service.
- People received care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests and provided guidance for staff. For example. One person's care plan reflected their risk of falling and the need for staff to ensure their crutches were always nearby to lessen the person's risk of falls. Another person's detailed the equipment a person preferred to be used for personal care including the colour of their flannel.
- People were involved in planning and making decisions about their care. People and relatives, we spoke with said they had been involved in developing their care plans and they were consulted about their care. Care plans captured people's cultural, religious and staff gender preferences. Where people preferred to have a certain carer, this had been facilitated. One person's care plan reflected their wishes to retain their independence with their care needs and outlined the minimum support they required from staff to achieve this.
- Staff completed records of each visit. These were informative and contained detail of the support provided as well as any changes in people's needs. Through these records and feedback from staff the registered manager had identified that some people felt isolated and lonely. As a direct response to this the registered manager had recently set up a monthly companion and social club at a local village hall. This club was free and open to everyone they supported. Staff provided transport and collected people from home in their own car's. People told us they really enjoyed the social aspect of the club and looked forward to the monthly catch up.

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.

- People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- We observed that information was available to people in different formats such as large print or pictorial.

No one currently needed written information in an alternative language however the registered manager understood the requirement to make this available if the need arises in the future.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. The complaints policy was given to people when they began using the service. There was a process for responding to complaints and concerns. This ensured concerns were responded to in an open, honest and timely way.
- Staff and the management team treated people with compassion and encouraged people to speak about any matters that maybe of concern to them. People said they were confident to make a complaint about the quality of care and support they received.
- Relatives said they felt comfortable to raise any concerns with the registered manager. We observed that one concern raised by a relative had resulted in the manager making a referral to an occupational therapist. This reassured the relative that their loved one was receiving the correct support and staff were following appropriate moving and positioning techniques.

#### End of life care and support

- At the time of the inspection no one required end of life care.
- Staff received training in supporting a person at the end of their life. This enabled staff to ensure they provided appropriate support to people in line with their wishes and preferences. People's preferences about how they wished to receive their care were captured in their end of life care plans.
- The registered manager understood which health and social care professionals to contact and who would need to be involved to support people who were living with a life limiting illness.

# 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 requiring improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Issues were identified during the inspection that the quality assurance systems did not identify regarding shortfalls in the standards of record keeping. Monitoring systems had failed to identify the inconsistent recording of information across the providers operating systems. This included inconsistent recording of people's call frequency and inaccurate information contained in care plans about people's assessed needs. For example. A person who received one support call a day was recorded as having two, and their care plan incorrectly advised they required cream for a skin condition they did not have. We did not find evidence that people had been negatively affected by the inconsistencies in record keeping.
- Some care and risk management plans did not always provide personalised information about people and their preferences for how they liked to be supported. Information contained in some people's care records was not up to date. This meant people could not be assured of receiving appropriate care and support to meet their needs and preferences.
- We discussed our findings with the provider and registered manager during the inspection. The provider informed us one of the operating systems was relatively new and as a result of issues we had raised they would undertake a review of their operating systems to ensure these were cohesive. The registered manager told us they would be undertaking an immediate audit of all information for accuracy and person centeredness.
- At the previous inspection we recommended the provider reviewed their monitoring systems to ensure all incidents and allegations of abuse were reported to the local authority safeguarding team for their review to ensure all people are protected from abuse.
- At this inspection enough improvement had been made and safeguarding concerns were being reported appropriately. The provider had implemented systems and processes to monitor accidents and incidents. This included a weekly review of all accidents and incident records during the senior team meeting to identify key issues and mitigate risks. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further incidents occurring. Records showed that all safeguarding concerns had been reported to the local authority in line with their guidance.

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

- People received holistic person-centred care. The provider had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends.

- People were placed at the heart of the service and received planned, safe and effective person-centred care. Effective communication between the provider and staff team supported people to receive their preferred care and support.
- People and their families told us that they were involved in the planning of their care which meant they felt valued. We were told that communication was good, and that people could always get hold of someone in the office if they needed to.

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 promoted transparency and honesty. Staff told us communication was good and they were kept up to date. One staff said they trusted the registered manager to be honest with them. The registered manager was viewed by staff as approachable, positive and genuinely caring and honest person.
- The registered manager had an open door policy. Staff confirmed they always felt able to speak to any of the management team. We observed a pleasant and friendly atmosphere among people, the staff and managers.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

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

- The provider and registered manager worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups.
- The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.
- There was a positive workplace culture at the service. Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas. Staff provided examples of how suggestions they had made had been implemented by the provider such as paying mileage when staff are asked to attend 1-1 supervisions and appraisal meetings. Staff had access to an employee benefits scheme which rewarded staff as a valued employee. This included free coffee at a high street coffee chain and cinema tickets as well as free access to a range of benefits to enhance their well-being. Staff told us this had been appreciated and had a positive impact on the moral of the team.
- The service was active in the local community and participated in charity fund raising events for local charities. For example. The service worked with a dementia charity to arrange an information event which raised awareness of dementia and the support available to people. The service had an active partnership with a local animal charity who provide therapy dogs to people and were actively raising money to purchase a therapy dog. People who used the service and staff had recently been involved in a dog show arranged by the charity. This promoted community connections and enabled people to actively participate in community activities.