Daya Care Group Ltd

Caremark (Dartford & Gravesham)

Inspection report

41 Harmer Street
Gravesend
DA12 2AP

Tel: 01474320411
Website: www.caremark.co.uk/locations/dartford-and-gravesham

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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

The announced inspection took place on 15 January and 01 February 2019.

This service is a domiciliary care agency. It provides personal care to adults who require care and support who live with their family or in their own houses and flats in the community. Not everyone using Caremark (Dartford & Gravesham) service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, 27 adults were receiving personal care in their own homes.

The provider employed a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had an initial assessment before they received a service and the assessment was used to produce a care plan personalised to them. Documentation in the care plans was fully completed. A person-centred approach had been taken in the care planning process to promote the importance of staff accessing individual information about people, which was documented.

An assessment of risks took place for each person and risk control measures were put into place to help keep people safe and prevent harm. Environmental risks inside and outside people's homes were documented to minimise the risk from potential hazards.

Risk management systems included minimising the risks of infection. Staff received training about infection control and were provided with the personal protective equipment they needed for their roles. For example, disposable gloves.

Accidents and incidents were recorded by staff, logged on a computerised monitoring system and investigated. Lessons learnt approach was taken following up on incidents to identify themes and prevent future occurrences.

Medicines administration was monitored and overseen by the registered manager. Staff received training and followed an up to date policy so that people received their medicines in a safe way. Care plans, medicines administration records and daily records showed current information about people's medicines.

A safeguarding policy with the information staff would need to follow if they had concerns about people was available. People told us they felt safe and knew who they would talk to if they did not.

People did not require the assistance of staff to manage their health care needs as they either took care of

this themselves or had a relative or friend to help. When assistance was required, staff knew who to contact to get people the help they needed. For example, the GP.

People were supported with their nutrition and hydration needs where necessary. People's relatives took responsibility for this for most people. However, where people did require this support from staff, people and their relatives told us they were happy with the support.

The provider and registered manager followed safe recruitment practices to recruit suitable staff. Enough staff were available to be able to run an effective service and be responsive to people's needs. Staff had a suitable induction period when they were new where they were introduced to people before they started to support them. People had regular staff to support them who were on time when visiting and supported them for the time they were allocated.

Staff training was planned and monitored. A range of statutory and specialised training was available to staff based on people's needs.

Staff had one to one supervision meetings, staff had been regularly observed while carrying out their duties to ensure they continued to provide safe care and follow good practice. Staff were informed about current practice through staff meetings and by being updated with organisational information and new health and social care guidance.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

End of life care was provided as part of a joint working approach with other organisations delivering end of life care to people in the community.

The registered provider had a set of values the staff understood and included protecting people's human rights. The provider also provided funding and support for local community groups where people could meet others.

The caring approach of staff was evidenced by people and their relatives making positive comments about the staff who supported them. People told us they had regular staff providing their care and support who had got to know them well, creating confidence and trust. People were given a service user guide at the commencement of their care and support with the information they would need about the service they should expect.

The provider had an up to date complaints procedure and people and their relatives told us they would know how to make a complaint if they needed to.

The registered provider and registered manager used a range of auditing systems to monitor the quality and safety of the service, these were used effectively to identify where improvements were needed and what actions to take to reduce risks.

Quality auditing processes included asking people who used the service for their views. The registered manager and provider effectively used their quality audit system to plan improvement to the service. The management benefited from learning and meeting with other managers within the organisation.

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.

The registered manager operated systems to manage and minimise risk. Infection control risks were minimised by staff.

The registered manager and staff understood their responsibilities in preventing abuse.

Medicines were administered by staff who were trained and competent.

Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good

The service was effective.

Prior to and during the care being delivered assessments of people's needs were completed with people and/or their relatives.

Staff delivered people's care in line with their assessed needs.

Where required, staff encouraged people to eat and drink to assist them to stay healthy. Staff understood the need to report concerns they may have about people's health.

Staff met with their managers to discuss their development and work performance. The training for staff gave them the skills they required to carry out their role.

The principals of the Mental Capacity Act 2005 were understood and staff received training about this.

Is the service caring?

Good

The service was caring.

People told us that staff were kind, caring and respectful.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

People or their relatives were involved in making decisions about their care. Staff took account of people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People were provided with a care plan based on their individual care needs.

Staff communicated with and provided care to people as individuals, which included, when needed planned end of life care.

Information about people was updated and with their involvement so that staff only provided care that was up to date.

People were informed about the complaints process should they want to raise any issues about their care.

Is the service well-led?

Good

The service was well led.

The aims and values of the organisation were shared by staff.

People were asked about the quality of the service they experienced.

The registered manager operated systems and policies that were focused on the quality of service delivery.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered.

The service worked with other organisations to manage people's care.

Caremark (Dartford & Gravesham)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection at the provider's office in Gravesend, taking place on 15 January 2019. We continued the inspection on 01 February 2019 we analysed information people had sent to us in feedback questionnaires. The inspection was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to be available to interview at the office. We also needed to gather some pre-inspection information to confirm which people had consented to us contacting them.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We received feedback about the service from six people. We spoke with six staff including the registered provider, the registered manager, and four members of staff who gave us their views about the service. We contacted two external health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at a five people's care files, five staff files, the staff training programme and medicine records.

The service had been registered with us since 22 March 2018. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Good

Is the service safe?

Our findings

People were protected from the risks of potential abuse. One person said, "I feel safe, everyone (staff) has been very helpful and I have no concerns at all. I look forward to seeing the girls, it breaks up my day. I know they will do whatever I need." The provider had a safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted abuse.

Staff received training in safeguarding. Staff told us they understood how abuse could occur and how they should report abuse. For example, if staff noticed bruising or changes in people's behaviours they would report their concerns.

There were no safeguarding concerns about this service at the time of this inspection. People had confidence they were safe with the staff. One person said, "The carers are professional, well managed and document their actions." The registered manager knew how to protect people by reporting concerns to the local authority. A safeguarding referral log was kept which the registered manager used to make sure that incidents or concerns that may be potential safeguarding issues were appropriately reported to the local authorities.

Policies about dealing with incidents and accidents were in place to minimise harm. Incidents and accidents were recorded, investigated and responded to. For example, where people had reported falling at home additional calls by staff were made to check people were safe. The registered manager explained their full understanding of the policy which included logging incidents onto a computer system, so that these could be monitored by the registered provider. Staff received training about how to report accidents and incidents to the registered manager.

The registered provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them. The provider had a policy that was current with legislation and good practice for the recruitment of social care staff. Staff had been through an interview, selection and system of checks before they were offered a position. Applicants for jobs had completed application forms and had been interviewed for roles within the service and processes in place for checking gaps in an applicant's employment history.

All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff confirmed the had been recruited in line with the registered providers policy.

The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. One person said, "The staff are consistent and a familiar face is welcome." Where moving and handling of people was required, staff had received training in how to use equipment safely. A computerised rota system was used to allocate the correct staff to calls. To minimise the risks of missed calls staff used technology to log into and out of care calls. If staff did not log in, the duty manager in the office received an

alert so that they could contact people make sure their care call went ahead.

Staff administered medicines safely. Not all the people receiving care from the staff required them to administer medicines. The way in which people would receive their medicines was recorded in people's care plans. For example, the care plan stated if the person themselves, a family member or staff were responsible for administering medicines. Where it was stated in a care plan that staff were involved in the administration of medicines, this was fully risk assessed. A relative said, "Mum's care plan at home includes risks assessments." The registered manager checked that staff followed the providers medicines policy and that staff remained competent in their knowledge and practice when they administered medicine's. The policy followed current guidance about managing medicines for adults receiving social care in the community. Medicine audits were carried out. Staff we spoke with understood their responsibility to record the administration of medicines. The system of medicines administration records (MAR) allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. The MAR sheets were returned to the office and were being audited for correct completion by the registered manager.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Risk assessments were comprehensive and included falls prevention, mobility and nutrition. Risk scores indicated how the control measures reduced risk levels. Environmental risks and potential hazards in people's homes were assessed. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters. People were protected from potential cross infection. Staff received infection control training. Staff had access to personal protective equipment when appropriate, such as disposable gloves and aprons. A member of staff said, "We always wear gloves, aprons and wash our hands so that there is no cross contamination."

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. Secure computerised records were backed up and stored on systems that could be accessed away from the office. For example, if the management could not get to the office during severe weather conditions, critical information could still be accessed in relation to people's care and staff deployment. There was a system of management 'on call' which operated 24/7 for people to contact in an emergency. This protected people's safety and continuity of care.

Good

Is the service effective?

Our findings

Staff understood people's needs, they followed people's care choices and were trained for their roles. A relative said, "Yes the care received is exactly what was discussed and agreed." People were asked about their ethnicity, sexuality, religion and lifestyle preferences as part of the assessment process.

Staff understood the care they should be providing to individual people as they followed detailed needs assessments. Staff described to us in detail how they met people's needs. This matched what was recorded on people's assessments. For example, how to move people safely. The care people received was recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

People's health and wellbeing was protected by staff who reported concerns they may have about people's health. The registered manager and staff worked closely with other services providing care to the same people. For example, district nurses and the NHS health care teams. Staff gave us examples of occasions where they assisted people who felt unwell to seek medical advice from their GP's or call the emergency services. People did not need the assistance of staff to support them with their day to day healthcare needs, such as making and attending appointments as they managed this themselves.

There were relatives at home with people that took care of their hydration and nutritional needs. In cases where people needed support to eat and drink, this was recorded in people's assessments. Staff received food hygiene training where they supported people by making sandwiches, light meals and drinks. A relative said, "Staff are trying to help X to prepare vegetables in small stages." This assisted people to maintain their nutritional health and independence.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. A member of staff said, "We assume capacity, help people make choices, they can make unwise decisions, but you can advise."

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care.

Formal induction and on-going training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. Staff induction included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff confirmed to us that they had started with an induction. Staff then started to work through the training to

Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised.

Staff supervisions were well managed for effective care delivery. New staff received support to achieve the required performance standards as part of their work probation. The registered manager checked how staff were performing through an established programme of regular supervision (one to one meeting), an annual appraisal and checks on staff when they delivered care.

The staff told us they had received training to carry out their roles. One member of staff said, "We get lots of training when we start." One person said, "Staff appear to have been trained well, they know what they are doing." Training included, infection prevention and control, first aid and moving and handling people.

Staff received additional specialised training, for example in the management of medical conditions like diabetes, epilepsy and for the management of catheters. Staff told us they benefited from face to face training as they could ask questions to clarify their learning.

Good

Is the service caring?

Our findings

People described the care that they received very positively. One person said, "I like the general attitude of staff, they treat me like part of the family."

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with told us how they delivered care respectfully. There were examples of people's cultural needs being matched with staff from the same cultural background. For example, a care package had been put in place to meet the language and cultural needs of a person from the Punjabi community.

People told us that staff were caring. One relative commented, "Mum's carer has been lovely, kind, genial and caring." Another relative said, "The carers who come to my (partner) were genuinely caring and highly supportive."

Staff were tested on their attitude to care when they applied to work at the service. People had experienced compassionate care. One person said, "Staff have been first class, really caring." One relative said, "They are polite and my mother is very happy with all her carers." We spoke with the registered manager, their approach to care was compassionate and caring.

All of the staff we spoke with displayed a caring attitude. One member of staff said of their colleagues, "They are a really good bunch, very conscientious, we work well, communicate as team and share responsibly." We found that people were supported by caring staff that were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care.

Where people received assistance with washing and dressing staff had a good understanding of how to protect their privacy and dignity. Staff told us how they made sure people were covered, not in view of others, staff spoke to people about the care they were delivering and made sure that people remained comfortable. One member of staff said, "We always cover the parts of the body we are not washing, we always knock on bathroom or toilet doors before entering and we talk to people to reassure them." One person said, "The staff are calm and respectful when dealing with personal care matters."

People and their relatives had full control over the care they received and how it would be delivered. Records showed that people had been asked their views about their care. People had been fully involved in the care planning process and in the reviews of those plans. A relative said, "My mother is involved in decisions." Another relative said, "They (staff) are listening to our care plan suggestions. For example, X looks after medicines on her own, this is acknowledged (by staff)."

Reviews of the care plan could be completed at any time if the person's needs changed. Care plan reviews had taken place as planned and these had been recorded. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff

skills and experience. The registered manager asked people about their care when they visited staff during care calls.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Information was managed within the law.

Good

Is the service responsive?

Our findings

People were involved in planning their care. A relative said, "Staff went through the care plan with us." Care plans were systematically checked to make sure they matched people's current needs. The registered manager communicated with people to check their needs were being met. For example, if people have short periods of hospital admissions, the care plan is updated with the discharge information. All the staff we spoke with confirmed there were detailed, up to date care plans to follow. For example, one member of staff said, "If the person has been visited by a community nurse, the care plan is updated." Staff protected people's health and welfare by alerting the persons main carer if they had any concerns.

Caremark Dartford and Gravesham provided care and support to people to enable them to maintain their independence and live in their own homes. One relative said, "Staff have encouraged X with their mobility, X is also eating better." Staff told us how they supported people with dementia, for example, by giving them time to make decisions, repeating choices and reminding people of what decisions they had made. Another relative told us how staff assisted their relative to be independent. They said, "The carers have been very accommodating for example they make sure X has the cutlery she likes, they make sure they put things in the right places where she likes them. For example, its documented in her care plan where the bins go and how to have things in the right place in the bathroom for X to reach."

End of life care was not being provided at the time of this inspection. There was a policy in place that gave guidance to staff about how end of life care would be delivered should it be required. The registered manager advised us that end of life care had been provided by them in the recent past and that they worked with the specialist community nursing team and received support from a hospice when delivering this.

At this inspection effective complaints systems were in place. How to make a complaint was clearly set out in a complaints policy that provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the policy and where people could go externally if they were not satisfied with how their complaint was handled. There was regular contact between people using the service and the management team. People and their relatives knew how to complain. One relative said, A relative said, "Our experience has been that two way communication has been very good. Caremark have been easy to contact and reply promptly."

There had been three complaints. These had been recorded and resolved in line with the providers complaints policy.

Good

Is the service well-led?

Our findings

The provider employed a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was continuing their professional qualifications and other members of the management team were being provided with enhanced management training. For example, National Vocational Training or Diplomas in management. Enhancing their management skills demonstrated a learning culture within the service.

The registered manager regularly met with other managers from other Caremark locations to talk about quality improvement and business development. For example, the business plan included an effective text messaging service for keeping in touch with staff and the use of enhanced encryption technology to give staff secure access to records.

The service had been set up by the provider using an established set of quality values based on the Caremark brand of services. The registered manager and the staff use the organisational values to underpin their work. People told us that the management had the right attitude, they were not defensive, had a quality focus and were caring. One person said, "The registered manager provides me with confidence, the communication is excellent. The caring and open culture at Caremark is set by the leaders." A relative said, "I feel they (managers) have a shared vision which they have instilled into their staff practice."

The provider had made contributions towards funding community groups that supported the elderly in Dartford and Gravesham. The community groups provided activities for older people to reduce social isolation. For example, this enabled one person the service supported to attend a community singing group. The provider told us, "We regularly visit these community groups, build relationships with the organisers and recommend these groups to our clients."

Staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. Staff team meetings took place so that staff could keep themselves updated with the service and developments in social care. Staff told us that the values and culture of Caremark Dartford and Gravesham were shared by staff and at the heart of the care they provided.

Staff spoke to us about how open and approachable the registered manager and provider were. We found that the registered manager was committed to supporting staff to provide the best quality care they could. For example, staff received paid travel time between calls, they were offered paid time to support with team meetings, regular training and supervision. Schemes to acknowledge staff performance were in place, for example, employee recognition was displayed for notable work. A member of staff said, "Managers have been supportive from the start, they are like family, they are very approachable."

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. People were sent copies of the staffing rota for their care. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. The provider contributed towards charitable events that people could attend to promote inclusion. For example, they had provided a donation to a local volunteer group to put on afternoon teas for the over 50's.

People benefitted from a quality of service that was driven by the provider and staff's commitment to monitor and improve their performance. Regular audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed. Quality audits were effective. Actions required following audits were dealt with quickly. For example, staff were offered additional management support if they had not maintained the required standard of work.

Systems were in place which continuously assessed risks and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents.

People told us they were regularly asked to give feedback about the service. One person said, "They have asked for feedback of the service in the form of a review. Full marks were given, I have also made a referral. I feel the communication with management is 10/10."

There were a range of policies and procedures governing how the service needed to be run. The registered manager used the policies and procedures effectively for the management of care, health and safety, information technology and employment law issues. Policies and procedures governing the standards of care in the service were kept up to date, taking into account new legislation. For example, Medicines policies followed guidance issued by the National Institute for Health and Care Excellence.

Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

The registered manager continued to work closely with social workers, referral officers, and other health professionals. The registered manager was aware of when notifications had to be sent to the Care Quality Commission (CQC). These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal obligations.