

D&D Porter Limited

# Caremark (Guildford & Woking)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.
- Not everyone using this 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 our inspection 20 people were receiving support from the service.

People's experience of using this service:

- People found staff to be caring and compassionate, whilst feeling supported to be as independent as they could be.
- The service took steps to keep people safe, and ensured they received their medicines in a timely manner.
- Risks to people were appropriately assessed, and people were supported by regular staff and received consistency in their care.
- Staff received regular training and supervision support to enable them to be competent in their roles.
- People received personalised care that reflected their preferences and choices.
- People, relatives and staff were positive about the management team and how they supported the service.

Rating at last inspection:

- At our last inspection of 22 July 2016 the service was rated 'Good'.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Caremark (Guildford & Woking)

## **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 conducted by one inspector.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.
- Following our inspection the new care manager was successfully registered with the Care Quality Commission as a registered manager. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Inspection site visit activity started on 27 March 2019 and ended on 01 April 2019. We visited the office location on 27 March 2019 to see the manager and office staff; and to review care records and policies and procedures. We called people and their relatives on 01 April 2019.

What we did:

- Prior to the inspection we reviewed the information we held about the service, including information shared with us by the local authority and members of the public. We also reviewed statutory notifications

sent to us by the provider. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

- We reviewed a range of policy and procedure documents as well as quality assurance records. We also looked at the care files for three people, and three staff files. We spoke with the director, the care manager, a supervisor and five care workers. Following the inspection we contacted three people and two relatives. We received feedback from one professional.

# 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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us "I feel very safe, the way they are makes me feel safe and I have no complaints whatsoever" and "I do feel safe, very safe. I live on my own and the [staff] come and give me a hand."
- Staff were clear on the steps to take to ensure people were protected from potential risks. One staff member said, "I need to ensure the safety of my clients, as well as my own. To report anything that might cause harm, for example abuse. I can go to my field supervisor or straight to my manager."
- Where potential safeguarding incidents were reported, records showed that action was taken to manage and investigate these promptly.

Assessing risk, safety monitoring and management

- Potential risks to people were accurately identified and managed. The provider had already identified that risk assessments would benefit from further personalisation. We will review their progress with this at our next inspection.
- Risk assessments that we reviewed clearly identified any potential risks in areas such as mobility, nutrition and falls. Steps were in place to guide staff as to how to support people safely. A relative told us "I can see them in the folder, we have gone through them."
- Environmental risks within the home had been considered to ensure that both people and staff were kept safe.

Staffing and recruitment

- Recruitment processes were safe in ensuring that staff were suitable to work with people. Staff had to provide a record of their employment history, previous employment references and were subject to a robust induction once they were offered their role.
- Staff were subject to a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Staff told us that time between each of their visits was well planned, to ensure they had enough time to get to each person and carry out their duties. A relative said "We have consistent carers. Their schedules are variable depending on what they find in their visit beforehand. There is a good routine and they come when expected. I believe they stay the full visit."

Using medicines safely

- People received their medicines from staff that were trained, and received regular assessments to review their competency. A relative told us "Yes they help monitor that [person] is taking her medicines. There are no concerns."
- Medicines administration records (MAR) were routinely reviewed and where any errors were found these

were promptly raised with staff to ensure improvements were made.

#### Preventing and controlling infection

- Staff knew of the suitable steps to take so that the spread of infection was prevented. They told us, "We use aprons, gloves, shoe covers – depending on the type of personal care."

#### Learning lessons when things go wrong

- Any incidents and accidents were promptly reviewed as they occurred. Where this resulted in a change to people's needs, records were updated.
- The manager reviewed each incident and escalated accordingly so that matters could be resolved. Immediate actions were clearly recorded so that it was clear what the provider had done to mitigate future incidents reoccurring.

# 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 consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them commencing the service. This then resulted in a comprehensive care plan and risk assessments to address all areas of need.

Staff support: induction, training, skills and experience

- People were supported by staff that received regular training that equipped them with the required skills to carry out their role. A relative said, "They seem well trained and experienced. Carer is very aware of sensitives, that you need to work up slowly to build a relationship."
- Records showed, and staff told us that they were subject to a robust induction prior to commencing their roles. Comments included, "I've used everything that I've trained for" and "I had two days of induction in the office, Caremark introduce you to clients before you go there. It's nice for the client to know who we are."
- Staff felt well supported in their roles, receiving regular supervision and appraisal from the management team. They told us, "We get training offered at every supervision, I'm half way through end of life and done dementia" and "It was really nice to have a one to one with [manager] when she started."

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

- People were well supported with their nutritional needs and preferences. The director used innovative ways to train staff in food hygiene to encourage staff to reflect on how they needed to engage with people to ensure foods were prepared to their liking. This included preparing sandwiches for other staff members simulating a sensory impairment so that staff could be aware of how to communicate with people.
- Records showed people's food preferences, and that staff had accommodated these when supporting people. A relative said "They prepare the meals, and they give us feedback on what goes down well."

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

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

- The provider worked with other agencies to ensure that people's needs were effectively met.
- People and their relatives told us, "The carers have reported to the office when [person] is unwell and the office will contact us. The staff communicate if there are any concerns" and "We all have our role and they know to come to me in the first instance. There has been one occasion and they took initiative and were proactive in relation to medicine."
- Staff knew how to highlight a change in people's needs to ensure that they were referred to other healthcare professionals in a timely manner.
- On the day of inspection one person needed support with maintenance issues in the home. Both the carer at the home and office staff worked efficiently to find a positive resolution for the issue.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Staff were aware as to how the principles of the Act applied to their role. They told us, "You always assume someone has capacity to make decisions, give people choices with no restrictions" and "Everybody has full capacity unless proven otherwise."
- One person said "Oh yes, they will ask my permission before doing things" and a relative told us, "They write copious notes saying that they have sought permission."
- Staff told us how they supported people to make choices, such as dressing appropriately for the weather and keeping safe out in the community.

# 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 and their relatives said, "They are always very pleasant and efficient, they do have time to speak with me during the visit. I can't fault any of them", "Yes, they are very pleasant to have here. I certainly would recommend them to anyone that needs care and they always ask if there's anything else I would like done" and "Generally very pleased with them."
- Staff were passionate about their work and expressed to us positive comments about their jobs. Comments included, " You need to put yourself in their [peoples] shoes and how you'd like to be treated", "It's nice to be able to help people live in their own home" and "Absolutely love it, I get up every morning and actually look forward to it [work]."
- At the time of inspection there were no people being supported with any cultural or religious preferences. However, staff told us they would accommodate people's needs as they requested.

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

- A staff member said, "Even if I don't have enough time I make time. I feel you need to bond with people, it's a very important part of it."
- People told us they were involved in their care with comments including "I have seen my care plan and we talked about it when they first started coming. One of the managers comes and sees if everything is okay" and "They regularly review my care plan with me, they came recently. If I think I wasn't happy with it, they would make the changes."
- Care plan records reflected people's needs and how they preferred to be supported. For example, one person preferred for staff to sit with them when having their breakfast, and staff told us of another person who wanted breakfast in bed whilst reading the paper.
- A professional told us, "[Caremark] are very engaging and settle in very quickly knowing the people very well and setting up achievement and goals for the people they look after."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of the importance of making sure people's dignity was maintained, especially when receiving personal care. Comments included, "I do the bottom half, cover private areas, have curtains and blinds closed. I make sure the other half is dressed, it's about respecting people's ways."
- Records clearly detailed people's preferences in relation to their personal care, including the tasks they required support with and what they were able to do for themselves.
- People were supported to be as independent as they could be. A staff member said, "You can't take everything away from them [people] because it makes your life easier. People need to remain independent for as long as they can."
- Staff were able to give us examples of the tasks people could do for themselves in order to maintain their

independence.

# 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

- Care plans were personalised to ensure that staff had the right guidance to enable people to be cared for in line with their preferences. A staff member said, "We're allocated to regular people for continuity, we can spot any deterioration. If there's a change in need I would report it to my field supervisor and I'd tell the family."
- Staff told us of the importance of planning people's care. One said, "Their [people's] details are in their care plan. We read about their lives. If I read their notes I can understand their care, what they like doing, what they're like so we don't say the wrong thing."
- Care plans clearly defined people's communication needs. This ensured people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One person who was partially sighted had their newspaper read to them by a care worker.
- The provider had made efforts to meet people's interests and held events regularly. This included a Christmas carol concert and tea parties in the warmer months. The Director told us of plans to introduce seaside trips in the future, as well as reintroduction of a client newsletter.

Improving care quality in response to complaints or concerns

- The provider had received one complaint since our last inspection. This had been promptly resolved with a positive resolution.
- People and relatives told us they understood how to complain. Comments included "There offices are ¼ mile from where we are. We have regular email contact with the person who does the rota. And we would contact them if there was a concern" and "I have got everything I need to do written down if I need to complain."
- Staff knew how to respond to people's concerns with one telling us, "I'd speak to a member of management and record it as an incident report."

End of life care and support

- At the time of inspection no one receiving the regulated activity was being supported with end of life care. However, where people had DNAR (Do Not Attempt Resuscitation) orders people's care plans reflected where these were kept within the home.
- The care manager told us that they were prepared to discuss people's preferences in relation to end of life care and understood a sensitive approach was needed to allow people to express their wishes.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of inspection the care manager was awaiting their interview to become a CQC registered manager. They were successfully registered with the CQC following our inspection. They were able to talk to us about their understanding of the important incidents they were required to notify CQC about.
- The care manager was relatively new in post and had ensured quality performance was continually reviewed to drive improvement. This included regular spot checks of staff practice, review of people's care records and ensuring staff training was up to date.
- People and relatives told us "The management is very good, they seem to communicate tightly on everything and they update the staff" and "I think she's called [care manager], I could talk to her about anything but I haven't really had to."

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

- The care manager told us that they were visiting all people using the service so that they were familiar with management and office staff. The Director told us that people had often reported they didn't know who office staff were so photographs had now been added to email correspondence.
- We received positive feedback from staff in relation to management. Comments included, "They're very supportive, just on the phone [if you need management]", "There's always an open door if I'm worried about anything" and "They're all very good. It's a family orientated place, they're understanding and willing to help us out. A brilliant company to work for."

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

- People and their relatives were regularly contacted to provide feedback through quality assurance visits or phone calls. Surveys were sent to people annually so that the provider could assess how satisfied they were with the service they received.
- Staff had been consulted prior to the recruitment of the new care manager, commenting on the qualities they had felt they should possess. This had then been used to inform the recruitment process.
- Staff felt engaged with the provider telling us that were well supported and encouraged to engage socially with their peers. This included social events and annual staff awards where positive contributions were recognised.

Continuous learning and improving care

- The service had taken on feedback from staff as to improvements that could be made. For example, branded bags had been purchased to allow staff to transport paperwork more securely as well as holding any equipment they might need to support people.
- The use of technology systems was being reviewed to support improvements in the recording of interactions with people and to aid communications.

#### Working in partnership with others

- The provider worked with other agencies to help meet people's needs, such as ensuring occupational therapists were contacted to assess people's abilities, and enable staff to access appropriate guidance.
- A relative said "There's a good flow of communication. I'm grateful of their team support and we have a long journey with [person] and I feel we are in good hands and can stride into the future as a team nicely. It's reassuring knowing they are there."