

Hatwel Limited

Caremark (Hatfield & Welwyn)

Inspection report

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22 March 2019
03 April 2019
09 April 2019

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18 April 2019

Ratings

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

Summary of findings

Overall summary

About the service: Caremark (Hatfield & Welwyn) is a domiciliary care service that is registered to provide personal care to people living in their own homes in the community. At the time of our inspection 48 people were being supported with personal care.

People's experience of using this service:

People were very happy with the support they received. They felt safe and well supported by staff who were kind and caring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were aware of the Mental Capacity Act (MCA) and how it related to people who used the service.

Relatives told us the service was reliable and delivered the support needed for people to live in their own homes.

Care plans were developed and gave guidance for staff in how people wanted their needs met and what their likes and dislikes were.

People told us they had confidence in staff and the management to raise any issues and these were listened to. The service was flexible and accommodated people's changing needs.

The registered manager developed good working relationships with other health and social care professionals so when people's needs changed there was effective communication between all involved.

Staff told us they had training and support to understand how to carry out their roles effectively. They knew their responsibilities in regard to safeguarding and confidently described the reporting process internally and externally to local safeguarding authorities.

The registered manager and provider closely monitored the quality of the service provided. They carried out audits and surveys to ensure people were happy with the support they received.

Rating at last inspection: This was the first inspection of this service since registering with the Care Quality Commission on 16 March 2018.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 (Hatfield & Welwyn)

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:

The inspection was carried out by one inspector.

Service and service type:

Caremark (Hatfield & Welwyn) is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Caremark (Hatfield & Welwyn) provides care and support to adults some of whom may live with dementia and or a disability. Not everyone using a domiciliary care agency receives the regulated activity of personal care. 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. There were 48 people receiving the regulated activity of personal care at the time of the inspection.

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:

Inspection site visit activity started on 22 March 2019 and ended on 09 April 2019. We visited the office location on 22 March 2019 to see the manager and staff; and to review care records and policies and procedures. We spoke with people and relatives on 03 and 09 April 2019 to ask for feedback about the service people received.

What we did:

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three staff members, the registered manager and the provider. We spoke with three people using the service and two relatives. We also asked feedback from commissioners about the service. We looked at four care plans and reviewed records relating to the management of the service, audits and quality assurance reports.

Is the service safe?

Our findings

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

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 they felt safe and comfortable in staff`s presence. One person told us, "I do feel safe and comfortable with the carers that come through my door." Another person said, "I am safe and very happy with them [staff]."
- Staff received training in safeguarding procedures and were confident in describing signs and symptoms they would monitor to establish if people were at risk of harm. They knew how to report their concerns internally and externally to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people`s health and well-being. Risk assessments were developed and included guidance for staff on how to mitigate risk.
- People were involved in developing their risk assessment and consented to management plans in place to mitigate risks. Risk assessments were developed for areas like skin integrity, mobility, medicines and nutrition.
- In addition, there were environmental safety checks which addressed areas like fire safety and environment.
- Staff reported to management where they identified any other risks to people so these could be assessed and measures could be put in place to mitigate risks.

Staffing and recruitment

- There were enough staff to ensure support to people was provided.
- People told us they had arrangements in place which detailed the time when staff were arriving and if they were late more than 30 minutes they received a call from the office to let them know. People were happy with this arrangement and told us if they wanted anything changed then the service was flexible to do so. One person said, "We agreed on the times of visits. Carers would arrive within plus or minus thirty minutes of the agreed time and on the odd occasions that a carer do not come within the agreed time window, then I would be notified. Caremark sends me a weekly rota which gives the names of the carers and the times of their visits."
- All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Using medicines safely

- Medicines were managed safely by staff who were appropriately trained and had their competencies checked before they could administer medicines to people. Where staff had to prompt people to take their medicines they reported back to their managers if they found people struggling to open medicine packages.

For example, a person was struggling to take their own medicines, staff reported this and the registered manager liaised with the funding authority so that the administration of medicines could be taken over by staff.

- Staff and managers were regularly auditing medicines they administered to ensure people received these as intended by the prescriber.

Preventing and controlling infection

- Staff told us they had been provided with personal protective clothing like gloves and aprons which they wore when providing personal care to people.

Learning lessons when things go wrong

- Staff told us lessons were learned in staff meetings where the managers shared any complaints or concerns raised by people and relatives. Positive changes were implemented following these for example allocating regular staff to support people.

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
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 of them using the service. Staff told us they read the care plans and ensured the care they delivered was in line with what people wanted and needed.
- Care plans contained specific details which indicated that all aspects of people's care were discussed with them. For example, people's care plans described how they liked their personal care to be delivered, if they wanted a flannel used to wash their face and also if they liked staff to be chatty whilst they were there.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction prior to starting work. This included learning about the company's values, a review of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone. One staff member told us, "I never worked in care before and I had to learn everything. Training is good and the support from managers is amazing. I really like what I am doing."
- In addition to the induction training staff received annual refresher training in safeguarding, manual handling, infection control and others.
- Every staff member told us they were well supported through one to one meetings with their line manager and regular staff meetings.
- People and relatives told us staff were knowledgeable and delivered care and support in an effective and safe way.

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

- Care plans were specific and gave staff clear guidance in how to support people with their nutritional and hydration needs. Staff told us they received training and knew how to safely prepare food for people if this was required.
- One person said, "They are so good. They ask me what I want for breakfast and they do it."

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

- Where needed staff helped people to make appointments and this was clearly documented in people's care plans. Every staff member we spoke with knew what procedure they had to follow in case they found that people's health needs changed. They told us they alerted the office staff who then contacted relatives and people's GP if it was needed. They told us they called for emergency services if there was a need for it.
- The registered manager communicated effectively with health and social care practitioners involved in people's care to ensure people's health care needs were met and they could continue to live in their own homes.

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. We checked whether the service was working within the principles of the MCA.
- People consented to the care and support they received. Care plans were detailed with information which clearly recorded what and how people wanted staff to help them with.
- Mental capacity assessments were carried out where needed, and staff told us they always offered choices to people and supported them to be involved in decisions about how they wanted their care delivered.

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

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 told us staff were kind and caring. They said the agency matched staff to their personalities and requests and this made them feel comfortable and at ease. One person told us, "Caremark has matched me with appropriate carers, and now I have a core group of carers that visit me frequently, this is important to me, especially in situations such as dressing, washing, and showering." Another person said, "I am very happy. The staff are so friendly, thoughtful, extremely nice and kind."
- People told us they were very satisfied with staff and they were the reason why they were able to stay in their own homes. One person said, "They always turn up and I can rely on them. They are so cheerful and we have a laugh. They are the reason why I can still live in my own house and I am grateful."

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

- People told us they were involved in their care and consented to the support they received. One person said, "I was consulted and I agreed to the care. If I need anything changed I will contact the office and they sort things out. Very good service."
- Relatives told us staff were keeping them up to date if anything happened. One relative said, "They will let me know what is going on."
- Staff respected people's wishes and decisions. For example, a person had a fall before staff arrived at their home. They refused to be seen by emergency services and staff before they left made sure they were feeling well. Staff returned to the person after they finished their shift to make sure the person was still feeling well and there was no need for medical attention.

Respecting and promoting people's privacy, dignity and independence

- People told us that care workers were respectful, treated them with dignity and respected their privacy. One person said, "I am very comfortable with staff. They are so good to me and they are respectful."
- Staff told us how they made sure people were washed and dressed in private if there were family members around.

Is the service responsive?

Our findings

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

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

- People told us staff knew what they liked and they received care and support in a personalised way. One person said, "All of them are nice and know what I like. My main carer is brilliant and we have such fun. I call her [name] as they give me a nice massage."
- Care plans were personalised to reflect people`s likes, dislikes, preferences and personalities.
- Staff knew people very well and they told us how much they liked supporting them.
- Staff encouraged and enabled people to remain independent. One person told us, "The support from Caremark has enabled me to live more independently, and I am happy with the service they provide."

Improving care quality in response to complaints or concerns

- People and relatives told us the management team was very receptive to any concerns they raised and worked hard to resolve these. One person said, "Caremark request monthly paper feedback from me about the service that they provide, in addition [name of managers] meet with me in my house on a regular basis to monitor how things are going, I think there is plenty opportunities to raise concerns if I have any." One relative said, "I am confident in raising anything with the management. They are very responsive and try to sort things out."

End of life care and support

- The service had not provided end of life care at the time of the inspection.

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

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

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

- People told us they trusted the management of the service. One person said, "It is very good that the managers come out regularly to shadow staff. This is caring and we get to know them. They are very approachable." Another person said, "I know the [registered] manager. They are coming regularly."
- Staff told us they were happy working for the provider and the registered manager. They told us it was made clear to them from when they started working that people were in the centre of their care. One staff member said, "I am never stressed. The visits are planned out nicely so we don't rush and give people plenty of time."
- There were regular audits done by the registered manager and other members of the management team to ensure that the quality of the service was monitored. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff's care practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- There were regular staff meetings and staff told us these were meaningful and attended by the provider as well. This gave them an opportunity to discuss any issues with them not just the registered manager.
- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles.
- Staff were clear about their roles and responsibilities.

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

- People were involved in the management of the service. Their feedback about the service they received directly impacted on what improvements were made. For example, following feedback from people, the registered manager re-organised their staffing so that people had a core staff group supporting them. This ensured continuity of care and also gave people the opportunity to form trusting relationships with staff.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care.