

Hallcare South Limited

# Caremark Poole & East Dorset

## Inspection report

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07 February 2019

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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

What life is like for people using this service:

- The registered manager had implemented several new processes which had resulted in safer practice.
- Medication Administration Records were being monitored on a weekly basis to ensure any gaps or errors were identified and action taken.
- The majority of people felt safe and well cared for by staff. We informed the registered manager of comments which suggested certain staff conduct was not as the person expected. The registered manager took immediate action to investigate.
- All care plans had been reviewed to ensure they reflected the person's needs.
- A system for assessing people's risk in an event which effects the service from running had been introduced.
- People and their relatives were fully involved in assessing and planning the care and support they received. People were referred to health care professionals as required.
- People's privacy was protected and they were treated with dignity and respect.
- New staff had been recruited and there was a clear management structure in place.
- Staff received regular training and felt supported by their line manager.
- People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.
- People and staff expressed confidence in the management team and felt the service was well led.

Rating at last inspection:

Requires Improvement (The date last report published was 3 March 2018).

About the service: Caremark Poole & East Dorset is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Caremark Poole and East Dorset receives a 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.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved and was rated Good in all areas, therefore rated Good overall..

Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

## 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 Safe findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Safe findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Safe findings below.

Good ●

### Is the service well-led?

The service was well led

Details are in our Safe findings below.

Good ●

# Caremark Poole & East Dorset

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

#### Service and service type

Caremark Poole & East Dorset is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. This means that they 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. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection site visit activity started on 24 January 2019 and ended on 7 February 2019. We visited the office location on 4 February 2019 to see the registered manager and staff. We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the

recruitment records of care workers.

#### What we did

We 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We spoke with two staff people during our visit.

An expert by experience spoke with 11 people and one relative by telephone on the 24 and 25 January 2019.

We requested further information from the registered manager related to the service, this was provided promptly.

# Is the service safe?

## Our findings

During the last inspection, we identified shortfalls related to the management of medicines and the staff team.

The registered manager submitted an action plan as requested, which was updated just prior to this inspection. The action plan stated 'MAR (medicine administration record) charts are checked monthly and have been re designed to be clearer. Recruitment procedures had improved.

During this inspection we found improvements had been made regarding management of medicines and staffing levels.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- The majority of people told us staff prompted them to take their medication when they needed it, and recorded what they had done.
- The registered manager had implemented weekly audits of MAR charts. This was to ensure any errors, for example in recording, were identified and appropriate action was taken.

### Staffing levels

- New staff had been recruited and opportunities for staff promotion resulted in a clear management structure in place.
- Staff were positive about the improvements to the service management structure and were "confident" in the registered manager's abilities.
- Recruitment practices continued to be safe. The relevant checks had been completed before staff worked with people in their homes.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training on the safeguarding of adults, and those of whom we spoke with understood their role and responsibilities in protecting people from abuse.
- The registered manager had a good knowledge of safeguarding; and had raised issues with the Local Authority when concerns had been identified.

### Assessing risk, safety monitoring and management

- There was a contingency plan in place in case of events which effected the service running safely such as adverse weather. People's needs had been assessed to identify anyone who was deemed a visit was essential, or whether family could help in extreme situations.
- Assessments identified any risks to people and to the staff supporting them. Staff said they had received training in the equipment they needed to use in order to move people safely. Risks in people's homes and any risks in relation to the care and support needs of the person had been assessed and measures were in place to minimise the chance of harm occurring to people or staff

### Preventing and controlling infection

- Staff were provided with personal protective equipment for use to prevent the spread of infections. People said staff wore gloves when doing personal care. Staff told us they could get more such equipment from the office whenever they needed. Records showed staff had received training in infection control.

### Learning lessons when things go wrong

- Where there had been gaps made with recording of medicines; these were quickly found and measures put in place to address with the staff member and keep people safe.
- The service had implemented a more robust system to monitor and learn from incidents and accidents. Records showed any themes or patterns were identified and that the registered manager had taken preventative actions where necessary.

# Is the service effective?

## Our findings

During the last inspection, we identified shortfalls related to lack of staff monitoring and training. The registered manager submitted an action plan as requested, which was updated just prior to this inspection. The action plan stated; 'all supervision and appraisals complete and spot checks are scheduled on system and report generated to ensure they occur'.

During this inspection we found improvements had been made regarding staff monitoring and training.

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

Staff support: induction, training, skills and experience

- Peoples' opinions differed regarding whether staff arrived on time, and if they had regular staff visit them. Comments made included "Not very often no and rota often is incorrect," and "Yes they do (arrive when expected). I get a rota." And "No I don't get regular carers, and "Yes always."
- Staff told us and records showed, staff were well supported with regular supervision sessions and annual appraisals. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.
- Training was delivered in a variety of different ways, such as online eLearning and classroom training delivered by an independent training provider. Practical face to face training was provided for how to mobilise people safely. Staff told us they enjoyed the training and found it helpful.

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

- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments, individual care and development plans were individualised for each person and reflected their preferences and wishes.
- Care and support plans were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.

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

- People told us staff supported them to eat and drink, and care plans reflected the support people needed.

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

- If required, referrals were made to appropriate health professionals for further advice and guidance.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

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

- People had the equipment they needed to promote their independence in their own homes. Staff were aware of their responsibility in ensuring equipment was safe before being used.

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

- There were systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare. Records reflected this was the case for ongoing or emerging health issues.

#### 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.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

# Is the service caring?

## Our findings

Good: 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

- We spoke with people and relatives about their views on the care provided. Overall people reported an improvement, and were mostly positive about their experiences. Comments made included; "The carers treat me well. Or most of them do." And "They are good carers and I trust them." And "All carers are very kind and we get on well."
- The management team visited people often. This was to ensure that support plans were reviewed and updated with people.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- People's care and support records reflected their cultural and religious beliefs and staff respected their views.

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- People we contacted confirmed they had originally discussed their care and support needed with the registered manager before a care package was offered.
- There was evidence of people and relative's involvement in the care planning and review process.
- People were supported by staff to make decisions about their care; and knew when people wanted help and support from their relatives. External professionals were contacted when help was needed to support people with decision making.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity and staff were aware of their responsibilities to ensure this was prompted.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

## Is the service responsive?

### Our findings

During the last inspection, we identified shortfalls related to care plans and risk assessments. The registered manager submitted an action plan as requested, which was updated just prior to this inspection. The action plan stated; '50% care plans have been reviewed. Risk assessments are reviewed. RAG rating system in place to ensure people received the care, treatment and support they required to meet their needs.

During this inspection we found improvements had been made to care plans and risk assessments.

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

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

- Each person's care plan had been reviewed recently to ensure it reflected the care and support needs of the person.
- Staffing levels had increased and the service tried hard to provide consistent carers to people. Staff had built good relationships with people and had developed a good understanding of people wants and preferences.
- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People were given information about the service, including their support plan, out of hours contact arrangements and a copy of the complaints procedure.
- The complaints procedure explained how to make a complaint and set out how they could expect any concerns or complaints to be handled.
- People were encouraged to express their views and make comments about things during their review.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- People's wishes regarding their end of life care was documented. This would ensure people received care and support in the way they wanted at this time of their life.

# Is the service well-led?

## Our findings

During the last inspection, we identified shortfalls related to Ineffective monitoring and quality of the service. Record keeping needed improving and we had not been notified of incidents and events as required. The registered manager submitted an action plan as requested, which was updated just prior to this inspection. The action plan stated; the quality monitoring system had been improved. Although not mentioned in the action plan, we have received notifications of incidents and events as required.

During this inspection we found improvements had been made to monitoring quality, record keeping and notifying incidents.

Good: 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

- Each person had a file kept within their own home. This contained various information such as the contact details of the service, complaints procedure and a copy of people's individual support plan.
- The provider had a duty of candour policy in place, which the registered manager referred to when dealing with complaints, incidents and when things went wrong.

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

- The service had a motivated staff team who spoke passionately about their roles. Staff told us they felt very well supported in all areas of their employment by a management team who were approachable, friendly, open and professional.
- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The service had a staff recognition scheme in place, which staff said made them feel "Valued and appreciated."
- There was a schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified and acted upon.
- Notifications to CQC as required by the regulations had been appropriately made.

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

- There was a positive workplace culture at the service, staff said they worked well together. Staff said since the recruitment of new staff and the implementation of the management structure, they would recommend the service.

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to pass on praise to staff.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- Regular staff meetings were held to keep staff up to date with changes and developments. Meeting minutes were clear, detailed and made available for all staff. This ensured any staff that had been unable to attend had chance to read what had been discussed.

Continuous learning and improving care. Working in partnership with others

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- The registered manager told us the provider would shortly be implementing an electronic system for planning the delivery of care. This would coordinate people's visits to the staff available and ensure care and support plans would be more easily maintained and updated immediately. This could allow staff more time to spend with people.
- The service had made positive connections with professionals that could benefit people who used the service.
- The registered manager was given the opportunity to meet regularly with their peers within their provider network. This allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.
- In the event of bad weather or a major incident the provider had a contingency plan in place.