McCallum Care Limited

Caremark (Wandsworth)

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

We inspected Caremark (Wandsworth) on 5 September 2018. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

At the last inspection which took place on 9 February 2016, the service was rated Good.

At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. There were 34 people using the service at the time of the inspection. The service supports people with a range of care needs including, people living with dementia, mental health needs, sensory impairment and physical disability.

There was 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.

Feedback from people and their relatives was overwhelmingly positive. Care workers were praised for their caring and friendly attitude. People said they felt safe and at ease in the presence of care workers. They were reassured because they received regular care workers who were familiar with their needs. Many of the care workers had been employed for a long time and this helped to foster valued relationships with people.

Staff received comprehensive training which helped them in carrying out their duties appropriately. They supported people with their medicines, personal care and their general health and well-being. They completed records which demonstrated the care they had delivered. Quality assurance checks such as the competency of care workers and checking their record keeping were carried out on a regular basis which helped to maintain good practice.

Care plans were completed with the consent of people and their relatives. These were reviewed on a regular basis to ensure the people received the care that they needed.

There was an open culture at the service. incident report procedures were clear and care workers were familiar with them. People and their relatives were invited to provide feedback about the quality of service they received. When complaints were raised, the provider acted swiftly to investigate these. Action was taken to improve the service if needed.

The registered manager was aware of her responsibilities and the provider worked in partnership with other organisations to support the provision of care to people. We received positive feedback from health and social care professionals about the good working relationship they had with the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Caremark (Wandsworth)

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.

We gave the service 48 hours' notice of the inspection visit because it provides a domiciliary care service to people in their own homes and we needed to be sure that they would be in. Inspection site visit activity started on 5 September 2018 and ended on 13 September 2018. We visited the office location on 5 September 2018 to see the registered manager and office staff; and to review care records and policies and procedures. An expert by experience contacted people and their relatives over the phone after this. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection, their area of expertise was care in the community.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. 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.

During the inspection we spoke with staff, including the owner, the registered manager, the field care supervisor, the care coordinator and five care workers. After the inspection, we contacted four people using the service, five relatives and received feedback from four health and social care professionals about their views of the service.

We reviewed a range of documents and records including; nine care records for people who used the service, six staff records, as well as other records related to the management of the service such as complaints and audits.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe and secure when receiving care. They said they knew which care workers were coming to visit them and at what times and this familiarity made them feel at ease and safe. Comments included, "I feel safe. I have the same regular carers. They tell me who's coming", "Every week the same people. I have full trust in them" and "I know they are always safe to let in, and we have regular rota of carers, it's never someone who hasn't been before. [My family member] is as safe as they could be with anyone."
There were enough staff employed to meet people's individual needs. An electronic rostering system was used to plan the rotas which were sent out to people using the service so they were aware of which care workers would be visiting them.

The provider had thorough recruitment checks which helped to ensure only suitable care workers were employed. A staff file checklist was used to confirm that all appropriate recruitment checks such as the application and interview form, identity and right to work checks, references and Disclosure and Barring Service (DBS) checks were completed. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

Training records showed that care workers received yearly refresher training in safeguarding. Care workers were confident when discussing what safeguarding meant and how they would act if they suspected people were at risk of harm or abuse. They said, "Safeguarding is ensuring the safety of the service user in terms of any abuse", "You need to flag any concerns to the manager or the office" and "Safeguarding is protecting the client from danger from themselves or from somebody else. We have to report any concerns to Caremark or social services."

Care workers received training in risk management and demonstrated a good understating of risks to people and how they could be reduced. They also completed scenario based questions around incident reporting and were familiar with the reporting procedures within the organisation if any incidents or accidents took place.

Care plans included risks in relation to the external environment such as access to the property, fire safety and equipment. Risks in relation to people's care needs such as mobility, medicines and skin integrity were assessed and reviewed regularly which helped to keep people safe. Risk management plans were in place which evidenced how the risk was reduced. One person had a separate behaviour management plan due to challenging behaviour and risk of self neglect and harm. The management plan was comprehensive and included early behavioural indicators, post crisis interventions/coping strategies and a monitoring form for recording incidents.

People and their relatives were satisfied with the help they received in relation to their medicines. They told us, "They remind me to do it. They sort things out with the pharmacy", "Yes, they do the medicine for [my family member]. Yes, they do record it" and "They give [my family member] medication in the mornings and eye drops which is complicated. They have a system for it. They always put it on the chart so that I can

check."

Medicines management within the service was safe. If people required support with medicines, this was assessed and an agreement made regarding the level of support required, either prompting or administration. In both cases, Medicine Administration Record (MAR) charts were completed by care workers. These were checked periodically which meant that any errors could be identified. Care workers received medicines training as part of their annual refresher training and were also observed by a field care supervisor administering medicines in people's homes.

Feedback received from people and their relatives was that care workers followed infection control practices and wore appropriate clothing. They said, "They use an apron when they give me my shower", "When they help me in the shower, they use gloves and aprons", "Yes, they use gloves, aprons, shoes" and "They wear protective clothing."

Good

Is the service effective?

Our findings

People using the service and their relatives said that care workers were competent in carrying out their duties. They told us, "In the main, they are good at their jobs. They seem to know what they're doing", "They certainly do know their jobs", "Yes, I think they are good at their jobs" and "Yes, they know how to help [family member], use the hoist etc. they have been shown by the occupational therapist (OT)."

Care worker training was delivered by the registered manager and the field care supervisor who were both qualified to do so. They delivered both the induction and refresher training. Induction training included an introduction to the organisation and the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Topics covered as part of the training included moving and handling, medicines, safeguarding, first aid and food hygiene. Training consisted of practical sessions and observation of practice which helped to ensure care workers were competent in carrying out their duties.

Care workers received supervision, both office based and 'in the field'. Observations that took place in people's homes consisted of professional conduct, timekeeping, record keeping, discussions around the safety and wellbeing of people that were being supported and the views of people about their care and support. Office based supervisions reflected how care staff were feeling, any staffing issues, training and business updates.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and where appropriate, their relatives were involved in the planning and delivery of their care. They said, "Yes, they always do something I've asked them to do", "They do ask permission before they do things" and "They follow instructions, they talk to me first."

Consent to care was taken and agreed with people and their relatives, if needed. Identified support needs were agreed by all parties which were then transferred onto care plans which were kept in people's homes. Care plans were signed by people and/or their relatives to indicate their consent. A staff member said, "We need to have a multi team approach to ensure we do what's best for them" and "We involve family members or Power of Attorney (POA) but we still need to include clients at every step."

People's needs were assessed before they began to use the service. when a new referral came to the service, the registered manager or the field care supervisor visited people in their homes to carry out a thorough assessment. This included asking people what support they needed and an assessment of any risk. People were given the opportunity to ask questions about the service and were given time to decide about whether they wanted to proceed. A person said, "They were really good at the start, the supervisor and manager

came on the first day to see us."

Some people received support with meal preparation and they told us they were happy with the help provided. They said, "I get [meal delivery] or something from [supermarket] and they heat it up" and "Sometimes they do food for me. It's normally a hot meal, and it's ok. They always check that I have eaten."

Care records included a nutrition and hydration care and support plan which gave details about any nutritional needs. We saw one for a person with diabetes and it gave guidance to care workers about the signs of hyperglycaemia (high blood sugar), its symptoms and how it can be prevented and treated. One care worker said, "[Person] is diabetic and we have to follow their prescribed diet. We have to be careful about their sugar levels."

Another section of the records was a 'my health and wellbeing' care plan that included details of any health conditions that care workers needed to be aware of and any support needed in that area. Relevant correspondence from social workers and other services were seen, for example behaviour management plans. There was evidence of collaborative working with community teams such as therapists to support people. Care workers gave us examples where they supported people to follow guidance from specialists, such as physiotherapy exercises. A social care professional said, "The carers are proactive and feedback any concerns regarding changes in client's health and needs. The agency works in collaboration with social services to provide emergency support should client be discharged from hospital."

Good

Is the service caring?

Our findings

Comments from people and their relatives was overwhelmingly positive. They all told us the care workers were friendly, kind and caring. Comments included, "They are kind, understanding and very flexible", "We're like a family. They are kind", "If ever I need something, they do it. Even if it is just sitting in the garden and chatting. They really are special people. I feel blessed", "I would say they are kind and caring. All very sweet. It is a happy time when they are there, and it doesn't feel like they are watching the clock" and "They do it to earn a living, but they go further. They do it for you as well."

Care workers demonstrated real empathy towards people they cared for and in many cases, had supported people for a long time which helped to foster friendly relationships, built on trust and a good understanding of their needs. Care workers encouraged people to maintain their independence by gently encouraging them and building their confidence. People said "They ask me how I want things done. They take me to appointments, and help because I am not steady on my feet", "Yes, they have helped me a lot, like with meals. I am gradually rewiring myself" and "Yes, [my family member] is supported to be independent"

The provider had a process in place that matched people to care workers with a similar background or interests which helped to promote better relationships. Care records included person centred information such as any relevant background information, personal history/interests and previous employment which helped with the matching process. One care worker with a background in arts was part of a core team that supported a person from a similar background. The care coordinator said one of their main responsibilities was, "Making sure the right carer is with the client, match them and make sure they are happy together." This was done through arranging follow up meetings to see how the placement was progressing.

Care workers received training in Human Rights principles such as respect, equality and dignity. This helped them to appreciate and respect people. Their understanding of these principles was observed through regular spot checks that took place. One person said, "One of the carers wears a long dress and head-dress, we've talked about our religious differences." Another said, "They do know [my family member] is Catholic, and always make sure they have their rosary beads at all times. The carers are often from other religions, but they understand her needs as much as they can", "We're Christians. [my family member] has church stuff on the computer. They chat and talk about it" and "We have been going to Church now for about two months, we have coffee afterwards, and the carer joins in."

Privacy and dignity were respected by staff. People said, "Yes, they are very good. And would give me privacy when needed", "They go at my pace, and talk to me", "Yes, like when [my family member] is on the commode, they put a towel over her. They are always aware of those things", "Very, very professional. If ever he has guests, they close the door."

Good

Is the service responsive?

Our findings

People were satisfied that if they were to raise concerns, then they would be listened to and had confidence that the provider would make things right. Comments included, "I would ring them. I have the number to call. But I have no concerns to raise", "I would feel comfortable to complain. I know them in the office by name", "We always know someone will sort it out", "If I had a concern, I would ring up the office and they would sort it out", "Yes, I would ring [the registered manager]. Only had one concern in two years, the carer wasn't a good cook. They didn't send her again."

The provider was proactive in exploring concerns and complaints and if these were received, acted upon them promptly, with investigations taking place.

Regular spot checks took place and feedback sought from people and their relatives during which they were asked if they had any concerns or complaints. There had been some complaints received over the past year. Each complaint was overseen by either the registered manager or the owner who conducted thorough enquiries, such as scrutinising records and speaking with any relevant people or staff. Where it was found that the complaint had been upheld, the provider was open and transparent in acknowledging these and acted to try and prevent these from taking place in future.

People using the service told us they were regularly contacted by the service to see if they were happy with the care and support they received. They said, "They ring monthly to check. And we have a monthly meeting with the manager. They make changes as necessary" and "They do send someone to visit, and call. The guy who owns the company came also."

Care records included individual care and support agreements with details of visit times and tasks, and the outcomes that people wanted to achieve. Support plans were in place to help people achieve these outcomes, for example in relation to their mobility, medicines, personal care, nutrition and hydration and accessing the community. These outcomes were reviewed regularly and any changes were agreed. One relative said, "Yes, they come down to review, especially when things change. We meet up to discuss things. They were brilliant when she was ill", Quality assurance checks helped to ensure any records such as medicines records, daily log sheets and any other monitoring forms were being completed correctly by care workers.

The provider was meeting the Accessible Information Standard by identifying, recording and meeting the communication needs of people with a disability, impairment or sensory loss. One relative said, "[My family member] has a whiteboard and is deaf so they can write things up there. They are good like that."

The communication needs of a person were identified during the initial assessment and steps taken to see how they could be supported. For example, care workers used a white board and basic sign language or gestures to communicate with a deaf person. People who preferred to be contacted through family members, on their mobile phone instead of a landline or via email had their wishes respected. Another person with an acquired brain injury and who was not able to communicate verbally used a lightwriter (text

to speech device) to communicate.

Good

Is the service well-led?

Our findings

The feedback we received from people and their relatives was that the service was well managed. They told us, "Overall, very good", "[The registered manager] and [the field care supervisor] are very good when there is a problem", "It is exceptionally well managed", "Very well managed", "Team is fantastic. Nothing bad. Very professional", "Caremark are brilliant. Have been incredibly flexible. It is a community of care in the home."

We received equally positive feedback from staff about the service and the support they received. One staff said, "Absolutely a good company to work for. They look out for the carers. [The owner] is very helpful if you have problems. He is easy to talk to. If you are unsure about anything we can ask him or [registered manager]." Separate office staff team and care worker team meetings took place. Staff were given information and were able to discuss a variety of topics such as rotas, changes in legislation such as General Data Protection Regulation (GDPR), good practice and the values of the company during these meetings.

The provider sought feedback from people and their relatives and acted where necessary to make improvements. This was done through regular care plan reviews, quality assurance visits in people's homes and over the phone, spot checks and monitoring of care workers competency. Quality assurance visits looked at the quality of record keeping such as medicines records, daily notes and other care records. Spot checks were done to monitor time keeping of care workers, and their competency in relation to safe medicines administration and manual handling techniques.

Surveys for both people and staff were sent out in June 2018. There was a good response rate to the client survey of 50% and the analysis of the results showed that people were satisfied with the quality of care worker, the communication from the office and the information they were given. The results of the care worker surveys were still being analysed at the time of the inspection. All the feedback received was incorporated into an action plan to drive improvements in the service.

The registered manager was aware of her statutory responsibilities and the importance of keeping up to date with industry best practice. This was done through a variety of sources including websites such as Social Care Institute for Excellence (SCIE), The National Institute for Health and Care Excellence (NICE) pathways and quality standards and had memberships with both United Kingdom Homecare Association (UKHCA) and Skills for Care.

The service was collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision and service development. They had recently established a partnership with a support service for people with learning disabilities and those on the Autistic Spectrum Disorders to assist with accessing the community, healthcare, education, employment and social opportunities. They had also worked with a local further education college to support care workers to gain recognised qualifications in medicines or mental health. A not-for-profit organisation dedicated to supporting people interested in a career in care with an introduction to the care sector, offered help with interviews and the application form. Caremark was a partner employer linked to this organisation.