

Taylor Grace Ltd

Caremark (Worthing)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 (Worthing), referred to as Caremark in this report, is a domiciliary care agency providing personal care to approximately 140 people at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

During our inspection we identified one person was at risk in relation to their swallowing. We also identified people's risk assessments and related management plans did not contain sufficient detail to give staff guidance on how to minimise risks to people. However, staff knew how best to care for people and knew people well. The registered manager took immediate action to keep the person with swallowing difficulties safe and updated people's risk assessments where needed.

People spoke highly of the service they received from Caremark. People told us they would recommend the service to others. Comments included; "I would recommend them. We've got no complaints. They are very respectful and helpful. They do everything for us", "I would recommend them. Someone asked me the other day and I gave them the phone number. They're really good to me, I wouldn't want to change them" and "I would certainly recommend them, because of the attention and help I've had and I would like other people to have the same help and care."

The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences. Staff knew people well and worked hard to enable them to share their views, make choices and live active lives as independently as possible. People were fully involved in the planning and delivery of their care.

People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. The registered manager was in the process of improving people's care plans in order to make them more person centred. Where these were in place, people's support plans contained personalised information which detailed how they wanted their care to be delivered.

The organisation was dedicated to enabling people to be part of their local community and regularly put on events for people to attend. Where people struggled with transport and were more isolated, staff organised for this to be provided for them. The service worked closely with local services, professionals and organisations to give people access to opportunities and services.

People received their medicines as prescribed by their doctor. Incidents and accidents were investigated, and actions were taken to prevent reoccurrence. Staff felt strongly supported and received training and supervision to meet the needs of the people they cared for.

People were protected from potential abuse by staff who had received training in safeguarding and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable to abuse and avoidable harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible and in their best interests. The policies and systems in the service supported this practice.

People were supported by kind and caring staff who worked hard to promote their wellbeing. Staff were proud to work for the service and treated people with respect and dignity. The service promoted equality and diversity and worked hard to meet all of people's individual needs.

There was strong leadership at the service. People and staff spoke highly of the registered manager and there was a positive culture at the service with people and staff feeling their voices were listened to.

Although we identified concerns during the inspection, there were thorough quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

We have made a recommendation about comprehensive risk assessments being in place.

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

Rating at last inspection – The last rating for this service was Good (published 22 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 (Worthing)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector. An expert by experience also supported in making telephone calls to people who used the service in order to gain their views. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave a short period notice of the inspection because we needed to ensure people had consented for us to make home visits and to be contacted by our Expert by Experience.

Inspection activity started on 10 October 2019 and ended on 11 October 2019. We visited the office location on 10 and 11 October 2019.

What we did before the inspection

Before the inspection we reviewed information we already held about the service. This included reviewing

information we had received from the provider as notifications. Notifications are information about events that providers are required by law to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with 17 people who used the service and one relative over the telephone about their experience of the care provided. We also completed three home visits to people receiving care and support. We spoke with and received feedback from eight care staff, the registered manager and the director.

We reviewed a range of records. This included reviewing 10 care records for people receiving support including their care plans, risk assessments and medicine records. We looked at six staff files in relation to recruitment and supervision and reviewed a number of other records relating to the management of the service, such as accidents and incidents, audits, company policies, complaints and staff training.

After the inspection –

We continued to seek clarification from the registered manager to validate and follow up on evidence we found. We looked at training data and quality assurance records. We received further information requested during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care needs. During our inspection we identified one person, who was at risk of choking, was not always receiving their drinks at a specific thickness that protected them from risks. This was due to staff not having appropriate guidance in place to inform them how much thickener should be used in this person's drinks. During the inspection we raised our concerns with the registered manager and immediate action was taken to ensure this person was safe and staff had the guidance they required.
- Although risks had been identified and action was being taken to minimise these, we identified staff did not always have clear guidance recorded within care plans and risk assessments on how to minimise these. Action was being taken to protect people but this was not always recorded. This could potentially pose a risk to people should new staff start working with them without having access to clear guidance.
- However, we found staff were knowledgeable about people's needs and knew how to keep them safe, which reduced the impact of the inconsistencies in people's records. The service had a good rate of staff retention and staff felt they were provided with the information they needed when they started to work with a new person.
- Following our inspection the registered manager sent us evidence that demonstrated detailed plans and risk assessments were put in place for people. This ensured staff had access to the information they needed in order to keep people safe.
- Staff knew how to identify potential risks to people and knew how to raise this with the management and healthcare professionals.
- People were fully involved in their own risk management.

We recommend the service seeks and follows best practice guidance from a reputable source in relation to care planning and creating detailed risk assessments.

Using medicines safely

- People and relatives were confident medicines were administered safely. Comments included; "I take them myself. But they do notice if I've taken them. They do ask me" and "Yes I feel comfortable with medicines. They do it as soon as they come in."
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks. Staff made comments including; "We get so much training. I'm very confident in administering medicines."
- Regular reviews of people's medicines were conducted and audits of people's medication administration records were carried out. Any issues identified were investigated and responded to appropriately.

- During our inspection we identified that staff did not have access to clear protocols with regards to 'as required' medicines. This meant staff did not have guidance on when a specific medicine should be given, what to try first or when to highlight concerns if this medicine was being requested more regularly. Staff we spoke with were confident they knew when people required these medicines as they knew people well. Records confirmed people were having their medicines when they verbally expressed the need for them. We shared our findings with the registered manager and they implemented these protocols for people immediately after the inspection.

Systems and processes to safeguard people from the risk of abuse

- The service was managed in a way that protected people from abuse. People made comments including; "They make me feel I'm living the life I want to. They make me feel safe and secure", "I feel safe with them" and "I feel safe, they treat me beautifully. I've never felt so relaxed as I have since they've started coming."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported concerns promptly.

Staffing and recruitment

- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks.
- People we spoke with told us carers attended their calls on time apart from the occasional unforeseen circumstance. Comments from people included; "Yes they arrive on time and if not I get a phone call if they're going to be late" and "Sometimes they have sickness and they have to rearrange but it's pretty good."
- The service had systems in place to monitor and audit call times to ensure people received their visits as required. Should a member of staff be running late to a call, the call system would send an alert, ensuring action could be taken. This minimised the risk of people having late, shortened or missed visits.

Preventing and controlling infection

- Staff were trained in the prevention and control of infection and had access to appropriate protective equipment when performing care tasks.
- People and relatives did not have any concerns with regards to staff following good infection control practices. Comments included; "They wear gloves. I'm happy."
- Staff took time to ensure they left people's homes clean and tidy. The details for doing this to people's satisfaction were included within their care plans so staff were aware of the expectations.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, where a medicine error had taken place, the registered manager had arranged for the person to be reviewed by their GP and all staff had been sent a memo to remind them of the protocols and reduce the risk of reoccurrence.
- The registered manager ensured they reflected when unexpected events occurred from which lessons could be learnt. The service was part of a group and learning was shared between these to ensure people received the best possible care.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and

learning as a result.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "They're marvellous. They do everything I ask. They leave me nothing to do. There's nothing bad about any of them. They help me very much", "I think Caremark are first class" and "They're very good. They do whatever I ask. Sometimes I say, 'Shouldn't you be going?' and they say, 'I'll just finish this.' It's no problem, whatever you ask. They don't go until they've done exactly what you've asked them to do."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, when a person's mobility needs changed their care plan had been updated to reflect this and staff knew how best to support them.
- People had been involved in the planning and reviewing of their care wherever possible and people's wishes were respected.
- People were supported to see external healthcare services where required. Staff regularly sought guidance from professionals on how best to care for people and referred people when concerns for their health and wellbeing were identified. People made comments including; "They notice and they ask if I want a doctor, they're good like that" and "One night I had a urine infection. I was really ill. They rang 111 and called the doctor. I spoke to him on the phone and then I saw my own doctor the following day. They're marvellous."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction into the organisation. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs. Comments from staff included; "There are frequent opportunities for training in all aspects of the job" and "I have been given more than sufficient training, I came from a care job previously where I worked for 6 years before moving. Caremark still ensured I did all of the mandatory moving and handling, health and safety, medication support and fire safety training before going out into the community."
- Staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them. Comments from people included; "They know what they're doing. There's no need for me to check on what they're doing", "They are very well trained, even the new ones" and "They seem to know exactly what you require straight away."
- Staff had the opportunity to discuss their training and development needs regularly at supervision and

yearly appraisals. Staff could request further training and this had been organised and provided.

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

- Where people needed help with cooking and eating this was provided.
- Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.
- Staff knew how to identify changes in people's eating and drinking needs. Where risks had been identified, such as weight loss, staff had sought advice and guidance in order to support people safely.

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

- The staff and management at Caremark were focussed on achieving best outcomes for people and improving their wellbeing and independence.
- Staff worked effectively with healthcare services and community groups to provide care and support to people. Best practice was sought and communicated to staff to ensure people's care was of high quality.
- People and relatives were confident that staff would respond appropriately to any changes in people's health.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.
- Staff and the registered manager had a good knowledge of the MCA framework.
- People told us staff asked for consent and explained what they were doing when supporting them. Comments included; "They always ask for permission. They're marvellous people."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 were supported by staff who knew their needs, personalities, likes and dislikes well. People made comments including; "They know all my quirks and all my little ways" and "They seem to know what I need before I know myself."
- People told us they enjoyed the company of staff with comments including; "Are they kind and caring? Yes, all staff at Caremark. Since I was introduced to Caremark, I haven't looked back", "They're really kind to me" and "They are, every one of them. They're caring and patient."
- Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People were fully involved in creating and reviewing their care plans wherever possible.
- People's views were sought, listened to and used to plan their care and improve the service.
- People's preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality were respected.
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Comments from people included; "I like to be independent. I like to shower myself and they don't interfere. They're there if I need them" and "They support me to be independent and that's nice because I was brought up to be independent, but it's also nice to have help when you need it."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. However, most care plans contained very basic information about people's life experiences, interests, likes and dislikes. The registered manager told us they were in the process of implementing new person centred plans and showed us examples of these.
- Where people's preferences included a set routine this was recorded for staff to follow to ensure people had the personalised support they needed.
- The service was responsive to people's changing needs. People made comments including; "It's a flexible, wonderful service" and "They've taken me on visits to the hospital or the surgery. They're very helpful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for people, such as large print or pictures. One person had specific communication needs and we found clear guidance for staff to follow on how best to talk to, listen and respond to this person.
- People were sent copies of their rota in their preferred method, either e-mail or paper copy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- While the provider was not specifically contracted to provide additional social support to people, they took steps to support people to be actively involved in their local communities.
- The service put on events for people in order to engage them in the wider local community. They had run charity events, coffee mornings and activities. These events were open to people using the service and to members of the public. The director told us they were in the process of purchasing a mini bus in order to support people who were more isolated to attend such events.
- The registered manager said, "As a company, we want to make a difference to the community that we live and work in. We have been working with a number of charities to raise them some much needed money and of course, to help them raise awareness."
- People's care plans included basic details of people's interests and hobbies. Where possible, staff

supported them to maintain their interests.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising complaints and most were confident these would be listened to and acted on. Comments included; "I would ring the office" and "I would speak to the office or one of the senior staff. They would come out."
- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address these. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files wherever possible.
- Staff had received training on how best to support people at the end of their lives. Staff respected people's religious beliefs and preferences.
- The service worked closely with the local hospice and had organised fundraising events in their aid. People who used the service were provided with free entry to these events and transport to attend if this was an issue for them.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of Caremark and the quality of the service they provided. People told us they would recommend the service to others. Comments included; "I would recommend them. We've got no complaints. They are very respectful and helpful. They do everything for us", "I would recommend them. Someone asked me the other day and I gave them the phone number. They're really good to me, I wouldn't want to change them" and "I would certainly recommend them, because of the attention and help I've had and I would like other people to have the same help and care."
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. All staff told us how passionate they were about providing a high quality and personalised service to people. They told us people were at the heart of the service.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality care. Staff were highly motivated and proud to work for Caremark. Comments from staff included; "Caremark as a company I find are fantastic. I absolutely love my job! The team as a whole makes the company and I am proud to be a part of it", "I truly value and lovely my job. I really like Caremark as a company. We have the same values, beliefs and attitudes to how things should be done" "Their priorities are the care of their customers and the wellbeing of their employees" and "I enjoy working for the company and I am proud to wear the uniform."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

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

- Caremark had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided.
- Staff spoke very highly of the registered manager and spoke about how supported, appreciated and included they felt. Comments included; "I have never had any concerns about feeling unsupported, just the opposite. Especially (Name of registered manager), she is always on the end of the phone and ready to deal

with any concerns or issues. She could not be more understanding or supportive."

- There was a clear management structure and all staff were clear about their roles and responsibilities. There were clear processes for staff to receive spot checks and feedback. Poor performance or issues, where highlighted, were dealt with immediately.
- There were thorough quality assurance processes in place to ensure the registered manager had the information they needed to effectively monitor the service and identify areas for improvement. There was a senior management team within the organisation who were involved in the oversight of the service. Although we found areas for improvement during our inspection and these had not been identified by the quality assurance processes, action was taken immediately to tackle the issues and ensure people received safe, high quality care. The registered manager said, "We have a clear standard and don't allow people to go beneath that."

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

- Staff told us the service's management team were caring and supportive and that everyone worked well as a team.
- The registered manager and wider management team were committed to involving people in the service. They regularly sought views from people, their relatives and external healthcare professionals.
- Regular communication took place between staff to ensure information was shared and expected standards were clear. Staff were kept up to date with any important changes and news.
- Staff were encouraged to share their ideas and these were listened to and acted on where appropriate.
- The registered manager had recently undertaken a piece of work aimed at improving staff recruitment and retention. As part of this project they had designed a specific survey for staff to complete in order to better understand the experience of working for the organisation and what areas to improve on.
- In order to improve staff retention and increase staff wellbeing, the provider was in the process of purchasing an employment benefit package. This would give staff daily discounts to high street stores, free mobile phone insurance, free coffees and cinema tickets. They had also started offering staff a yearly bonus. This had helped further improve staff morale and made them feel valued.

Continuous learning and improving care; Working in partnership with others

- Caremark was continually working towards improvements and looking for new ideas. For example, the service was working closely with local GPs with regards to socialisation prescribing, which helped people access non-clinical services in the community. The registered manager was also organising a taster session for staff for the local 'meals on wheels' delivery service. This would enable staff to be able to recommend meals to people and have direct knowledge of people's meal experiences.
- The provider and the registered manager shared learning and knowledge between all their services to ensure improvements were made.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, registered manager and staff were enthusiastic and committed to further improving the service delivered for the benefit of people using it.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined up care and ensure service development.