

M&C Care Services Limited

Caremark Barking and Dagenham

Inspection report

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09 December 2020

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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Inspected but not rated

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Insufficient evidence to rate

Summary of findings

Overall summary

About the service

Caremark Barking and Dagenham is a domiciliary care service. The service is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, one person was using the service.

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

There were procedures for staff to report abuse to keep people safe. Staff followed infection control procedures. There were suitable numbers of staff in the service and they were recruited safely.

Staff were provided with training so they had the skills to support people. Staff received supervision to discuss their work and told us they were supported by the management team.

People were involved in decisions made about their care. People were supported to maintain their health and nutrition. The service worked in collaboration with health care professionals, to keep people in good health.

People had access to a complaints policy if they were not happy with the service. There were systems to monitor the quality and safety of the service.

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

Rating at last inspection and update

This service was registered with us on 15/02/2020 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated that there may be a higher level of risk at this service because the service did not have a registered manager and had not been inspected since registering. We needed assurance people were receiving a safe service and we made a decision to examine any risks to people. As a result, we undertook a targeted inspection to review parts of the key questions of safe, effective, caring, responsive and well-led.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Insufficient evidence to rate

Is the service effective?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Insufficient evidence to rate

Is the service caring?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Insufficient evidence to rate

Is the service well-led?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Insufficient evidence to rate

Caremark Barking and Dagenham

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 under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager had left their post and the provider was in the process of recruiting a new manager. The service was being managed by the nominated individual and care manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 9 December and ended on 10 December. We visited the office location on 9 December 2020.

What we did before the inspection

We reviewed relevant information that we had about the service. We looked at notifications of incidents the provider had sent us since registering the service. 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.

During the inspection

We spoke with the nominated individual, who was the director of the service and the care manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed care records and risk assessments. We viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with one person who used the service and with two staff, by telephone. We contacted social care professionals for their feedback about the service

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk safety monitoring and management

- There were procedures in place to minimise risks and keep people safe from harm. Risks to people were assessed and there was guidance for staff to help reduce these risks. If people were at risk of falls, pressures ulcers or incontinence, there were details of the action staff should take to prevent people coming to harm. For example, staff were required to apply creams to maintain a person's skin "to prevent sores or any discomfort on their skin."
- Risks were assessed according to their severity or seriousness; for example as low, moderate or high risk. This was so these risks could be monitored and reviewed at regular intervals. Staff told us the risk assessments provided them with enough information about people to help keep them safe.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to protect people from the risk of abuse. People told us they felt safe. One person said, "It is a very safe service."
- Staff had received training in safeguarding people and could identify different types of abuse. They knew what action to take if they had a concern about a person's safety. A staff member said, "Yes I would know how to report abuse. I would let the managers know straight away."

Staffing and recruitment

- There were enough staff in the service to ensure people received the support they required at all times. A staff member said, "Yes we have enough staff. We can cover each other when needed."
- Staff were monitored to check they had arrived for their visits through telephone calls from the office. If they were running late people were notified by the care manager. We looked at timesheet records which showed staff had arrived and completed their visits as scheduled.
- People told us staff were punctual and stayed for the length of time they needed for them to stay. One person told us, "Yes, the [staff] always come on time."
- Staff were recruited safely. Records showed criminal record background checks were carried out for new staff to determine if they were safe to work with people. Staff completed application forms, provided references and proof of their identity.

Preventing and controlling infection

- The service had procedures to prevent and control infections, including Covid-19. The provider ensured staff and people using the service were sufficiently protected from the risk of infection.
- Staff used personal protective equipment (PPE) such as disposable gloves, masks and aprons when providing personal care to people. Staff told us they washed their hands thoroughly before and after

providing personal care to help contain the spread of infection.

- Staff were contacted by the care manager to check they had adequate PPE for their work. Staff signed to confirm they had received their PPE. A staff member said, "Yes I have the necessary PPE to be able to do my job and make sure myself and the client are safe."

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

This is the first inspection for this newly registered service. This key question has not been rated. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The service mostly received referrals for people being discharged from hospital back into the community. Before people used the service, an assessment of their needs was carried out to determine if the service was suitable for them. These included assessments of their levels of mobility, their home environment and health conditions.
- The assessment also took into account any preferences the person had, such as their cultural or religious needs. These were set out in people's care plans to enable staff to get to know the person.

Staff support: induction, training, skills and experience

- People told us staff were competent and professional in their approach. One person said, "Yes they are very good, very professional." Staff received training before they started working in the service. Staff first completed an induction and training in topics such as safeguarding adults, infection control, moving and handling and equality and diversity. A member of staff told us, "I had an induction and training which were good." We were told that staff would undergo refresher training to keep their skills and knowledge up to date, when their current training had expired.
- Staff received supervision from the care manager to discuss their personal development and any issues or concerns. Staff told us they were supported by the management team. One staff member said, "The managers are really nice and supportive."

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

- People were supported to access health services such as their GP or district nurses. They were also encouraged to eat as healthily as possible to maintain their health, hydration and nutrition.
- Records showed staff and managers communicated with health professionals and other agencies to ensure people received consistent and timely care.

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.

This is the first inspection for this newly registered service. This key question has not been rated. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were respectful and caring. One person told us, "The [staff] are very friendly and caring. I am very happy with the service. The staff have a lot of empathy and we always have a little chat." A staff member told us, "I visit [person] regularly and we have got to know each other well. We get on and it is nice to visit and spend time with them."
- Staff were aware of people's protected characteristics such as race, disability, religion and sexual orientation. People were supported to make their own choices and live a private life. A staff member said, "I would always treat everyone equally and wouldn't judge them based on their race or sexuality."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff and they received care and support that was dignified. One person said, "Yes I would say I am treated with dignity and respect by the staff." A staff member said, "I respect [person's] privacy by following their wishes and completing my tasks without being intrusive."
- Staff also told us they understood the importance of confidentiality. They understood their responsibility not to share confidential information about people in the service.

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

- Records showed people retained choice and control over how their care and support was delivered, if they had capacity to do so. Where people had less capacity to make informed decisions, they were supported to make decisions that were in their best interest by their representatives.
- People consented to their care and this was set out in care and support plans. These contained detailed information about specific requests or needs. For example, if people had specific cultural requirements, the service was able to cater for them, such as supporting people to eat food from their culture.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People received care and support according to their individual needs and wishes. Care and support plans were in place that included details of people's requirements to maintain their health. People's support was reviewed when needed, such as when their needs changed.
- Staff completed daily notes for people they supported to confirm the tasks they had completed. They shared important information with other staff and managers. This ensured actions were followed up or taken in relation to each person's care and support.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people or their relatives to use if they were not happy with the service.
- People told us they knew how to make a complaint and that if they had concerns, they were confident the management team would listen to them and attempt to resolve their complaint.
- At the time of our inspection, there were no complaints about the service.

End of life care and support

- The service had supported people on end of life care, who had tested positive for Covid-19. However, at the time of the inspection, no one was receiving end of life care.
- If the service were to support people near the end of their life, systems were in place for people's end of life wishes to be recorded and acted upon. This helped to ensure people's end of life needs were met.

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.

This is the first inspection for this newly registered service. This key question has not been rated. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The was not a registered manager because the previous registered manager left their post a few months before our inspection. The care manager told us they had submitted their application to be the new registered manager. They told us they worked well with the nominated individual to run the service.
- Records showed the care manager ensured the service was safe by carrying out spot checks of staff, to assess their performance providing care and support to people in the community. They also checked care records and spoke with people who used the service. If staff did not follow procedures they were reminded of their responsibilities.
- The care manager knew to notify the CQC and other authorities of any incidents or safeguarding concerns that took place in the service.
- Staff were clear about their roles and responsibilities to keep people safe and support them according to their wishes.

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

- People's equality characteristics were considered at all times to ensure people received a consistent service. People told us they felt involved with how the service was run. Records showed they were telephoned by the service manager to discuss how they were finding the service and to provide their feedback. A person said, "I have no complaints. I am happy with the communication from the manager and the service."
- Staff were asked to complete surveys and provide their feedback about their experience working for the service, particularly during the Covid-19 pandemic. This helped reassure staff that their safety and wellbeing was being considered and for them to share any concerns.
- Records showed staff were praised for their hard work and dedication to their roles, ensuring the service provided was to the standards expected. This helped to maintain a positive culture. Staff said the management team were approachable. A staff member said, "I really like the managers; they are lovely and caring."
- Staff participated in meetings where the managers shared and distributed important information to staff and to discuss issues or concerns, for example about infection control policies, PPE and training.