

Johnstones Homecare Ltd

Caremark Cambridge and South Cambridgeshire

Inspection report

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Date of inspection visit:
12 September 2019
13 September 2019
26 September 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

About the service:

Caremark Cambridge and South Cambridgeshire provides personal care to people living 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.

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

People received their medicines from staff who had been trained and competent to administer them. However, records were not always clear as to the level of support people needed to take their medicines. Senior staff had not always carried out robust and thorough audits to identify these shortfalls., However the registered manager took immediate action to review all care plans and audits.

People were protected from avoidable harm by a staff team trained to recognise and report any concerns. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

People were happy with the service and the staff who provided their care. People felt that staff knew them well and understood their needs. People had person centred care plans and had been involved in making decisions about their care.

Systems were in place to deal with any concerns or complaints. People told us that they knew how to complain, and who to talk to if they weren't happy.

People liked the staff that cared for them. People told us that staff were nice, and respectful, and they only had good things to say about them. One person told us that it was like seeing a friend rather than a carer.

The service had systems in place to make sure they only employed staff once they had checked they were suitable to work with people who used the service. There were enough staff to meet people's needs safely. People received care from staff who were trained and well supported to meet people's assessed needs.

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

Systems to monitor how well the service was running were carried out, which included asking people and staff for their views. Changes were made where issues had occurred.

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

Rating at last inspection

This service was registered with us on 27 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of the provider's registrations with the CQC.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Caremark Cambridge and South Cambridgeshire

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

Two inspectors carried out this inspection.

Service and service type

Caremark Cambridge and South Cambridgeshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We told the provider four days before our office visit that we would be inspecting. We did this because we wanted to contact people for feedback on the service provided before we visited the office. We also wanted to make sure that the nominated individual or registered manager would be in the office to support the inspection.

Inspection activity started on 12 September 2019 and ended on 26 September 2019. We visited the office location on 13 September 2019.

What we did before the inspection

We reviewed information we had received about the service since registration with the CQC. We sought feedback from the local authority and professionals who work with 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. We used all of this information to plan our inspection.

During the inspection

We spoke over the telephone with six people who used the service about their experience of the care provided. We received emails about the quality of the service from two relatives, one person who used the service and four external care professionals. During the inspection process we spoke with three care staff over the telephone.

During our visit to the service office we spoke with the care coordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included sampling six people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports and minutes of staff meetings.

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 been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff members told us that they were trained to administer people's medicines and that senior staff carried out competency checks to ensure they were following the correct protocol.
- Staff administered medicines to some people and prompted others to take them. People's care plans guided staff in the level of help each person needed to take their medicines. However, one person's care plan informed staff that they needed their medicines administering and advised to leave one medicine in a pot to take later. This had led to occasions where the person did not take their medicine. This was not immediately evident as staff were signing the medication administration record (MAR) that the medicine had been administered and handing over in daily care notes that they had been left out for the person to take later.
- Senior staff audited medicine records to check medicines were given in line with the prescriber's instructions, however there was no record of an audit for these occasions identified.
- Staff had notified the on-call manager on finding tablets still in pots, as per the on-call procedure, and this had been recorded in the on-call notes.
- The registered manager took immediate action during the inspection to address the shortfalls we found. In addition, they said that all staff would receive refresher training in medicine administration and in completing MAR records. The registered manager was going to review people's risk assessments and carry out an audit on care records.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe receiving the service. One person told us that they felt "very safe, and that staff always ask me if I am comfortable and feel safe in my sling before using the hoist."
- The service had systems in place to protect people from abuse and avoidable harm. Staff received safeguarding training during their induction. Staff were confident about the safeguarding procedure and knew who to contact to report any concerns.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe, for example to help people maintain the condition of their skin.
- The service stored people's personal information securely in their main office.
- The service provided staff with a 'starter pack' that included equipment they needed to help keep people and themselves safe. This included thermometers to test water temperature before bathing people, and panic alarms staff could use to alert for help.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work for Caremark Cambridge and South Cambridgeshire. Records showed, and staff told us, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks. The nominated individual also told us that when using temporary staff from a recruitment agency, temporary staff also had the same level of checks completed.
- People and staff told us that there were enough staff to meet people's needs.

Preventing and controlling infection

- The service had systems in place to ensure that staff practices prevented and controlled infection. Staff had received infection control and food hygiene training.
- Staff had access to and used personal protective equipment such as disposable gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and appropriate actions taken as a result.
- The registered manager discussed outcomes of incidents, complaints and lessons learnt in team meetings. Outcomes of audits were discussed at team meetings and changes to the ways of working as a result were discussed with staff.

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 been rated Good. 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 completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. One person told us that the service liaised with occupational therapists when they first started working with them to ensure their equipment was safe.
- Prompts were written into people's care plans to guide staff to support people with their personal care. For example, when someone was being supported in bed, staff were to ensure that the bed sheets were smoothed out and not applying pressure on to the person's skin.
- People's care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff had received training when they first started working for the service and this was to be updated each year. Staff were enrolled in the Care Certificate. This is a set of standards and introductory skills that health and social care workers need to complete and is a nationally recognised qualification.
- The registered manager told us that they had completed a train the trainer qualification and ran in-house training courses and practical courses for staff. This included training on medication using examples of medication prescriptions and assessing staff competence on administering medications correctly.
- Staff members received supervision at individual meetings and could also contact either the registered manager or care coordinator for support in between these meetings.

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

- People were supported to have enough to eat and drink, and this was clearly documented in people's care plans and care notes. One person needed support from staff to prepare food and eat it and was very positive about how kind and gentle staff were.
- People had care plans to support with nutrition and hydration, this guided staff to ensure that people were eating and drinking enough.

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

- One person told us that when they first started working with this care provider, staff liaised with social services and professionals on their behalf to provide much needed equipment to make them safer.
- Professionals said that staff and management provided consistent and effective care and responded appropriately to advice given and requests made.

- External medical professionals assessed staff competency to carry out specific tasks for individuals. For example, an occupational therapist told us that they had observed staff carrying out safe moving and handling practices using overhead tracking and fitting slings correctly.

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

- People were supported to attend health appointments, and a relative confirmed that when staff supported people to their appointments, they liaised effectively with relatives afterwards.
- External health care professionals were very positive about the support provided to people. One professional told us that they attended a joint assessment with the registered manager. It was a difficult situation, and the registered manager supported that person in a very practical and caring way.
- During our visit at the office, staff liaised with a GP to arrange for an urgent visit to a person they were concerned about.

Ensuring consent to care and treatment in line with law and guidance

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 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.

- Staff knew how the MCA and DoLS applied to their work. Staff had been provided with a 'handy MCA principles check list' reminder on the back of their identification card to aid as a reminder.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests. Staff understood the importance of giving people choice and respecting the choices which they made.

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 been rated Good. 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

- The staff were very caring and promoted a person-centred culture. New staff were usually introduced to people alongside regular staff to ensure that people knew who would be supporting them.
- People were comfortable in the presence of staff and enjoyed positive relationships with them. One relative told us, "We really like them, they make us laugh, they can be a little bit cheeky, we like to have a nice time with them."
- People told us that their quality of life had improved since receiving care and support from the staff. One person told us, "They are absolutely wonderful, I cannot thank them enough. I look forward to them coming. They are just lovely."

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

- Staff had enough time to support people properly and, in the way, they wanted. One person told us, "They always ask if there's anything else I'd like them to do before they leave."
- People confirmed that staff asked how they preferred their care and support provided. One person told us, "They accommodate my preferences. They are so kind and gentle, they do so well, I couldn't be without them now."
- The registered manager told us that no-one who received care was using an advocate. However, they knew how to signpost advocacy services when needed. An advocate is an independent person who helps people make choices about what is right for them.

Respecting and promoting people's privacy, dignity and independence

- People told us that the staff treated them with dignity and respect. One person said, "They are so respectful, they talk me through everything, asking me 'are you ok? Are you comfortable? Are you happy with this?'."
- Staff maintained people's confidentiality which included storing records securely in the office. Care plans included contact details for people who could be involved in discussions about their care.
- Staff were aware of treating people with respect when they were in the community. People had been given the choice about whether staff should wear uniform or not when supporting them in the community.
- People's care plans contained information about people's diverse needs and included preferences for the gender of care workers that support them. People had completed a customer feedback survey, and the results scored highly for 'my care and support workers respect my values and beliefs'.
- Staff had written information about how to maintain people's independence. One person's care plan specifically guided staff on how to ensure the persons belongings were arranged in their home, so that they could easily find them.

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 been rated Good. 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's care needs were met, and they were happy with the support they were receiving. People told us that the registered manager could be flexible if needed and would change call times when requested. For example, one person told us that staff had arrived an hour earlier that morning to ensure that they were ready on time to attend an early hospital appointment.
- People had care plans in place which were person centred and written in detail. These gave staff enough guidance on how to care for and support people safely and effectively. People told us that the staff knew them well and what was important to them.

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.

- The registered manager told us that they had offered larger print documents to people who needed it and could access easy read formats when needed. At the time of inspection, they weren't supporting anyone who required alternative formats.

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

- The nominated individual had run several social activities from the main office, encouraging people who use the service to participate. Photographs taken during these events showed that the events had been well attended, and people had enjoyed it.
- Staff supported people to access the community and be involved in activities which were important to them. One relative told us that staff also supported their family members to appointments such as with the hairdresser.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they weren't happy with the care they received. They were confident that the registered manager and / or nominated individual would resolve any concern they had. One person told us, "I have never had to complain, no concerns, no faults at all. You can't change perfection".
- The registered manager had investigated and responded to complaints appropriately. One person who had told us they had made a complaint said, "The care management went above and beyond to fix the problem. Now we don't have the problem, and everything is perfect."

End of life care and support

- Guidance was not available in people's care plans about their end of life wishes, although there were currently no people receiving end of life care at the time of our visit. However, following the inspection visit the registered manager included future planning into people's care plans and informed us that they would write to people informing them of this.
- Staff told us that they had received some end of life training during their induction and were confident that they would be able to access more training when needed.

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 been rated 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

- The registered manager and nominated individual were fully committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed, and the registered manager stepped in to support staff with providing people's care when required.
- Staff were committed to providing high-quality care and support. A staff member said, "It is like a family, the company really care about you, both staff and people. They look after us so well that we can look after the people using the service the same."
- Staff understood the importance of supporting people in the way they wanted to be supported, one member of staff said, "We cook alongside some people, as some people still want to keep that independence, not have things done for them, so we do it together."

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

- Although the registered manager audited care records and medicine administration records, they had not identified shortfalls we found during the inspection. The registered manager was extremely receptive to this feedback during the inspection and had made the necessary changes before we left the office.
- The registered manager complied with legal requirements for duty of candour; they sent notifications to us to let us know of incidents. Relatives also informed us they were confident that staff communicated information to them.
- Senior staff knew people well because they were involved in people's care from the initial assessment. One person told us that when the management went to assess them, "They gave us a life worth living again. They gave us back our dignity, our humanity, our life, our marriage. Our happiness. Everything."

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

- People and staff had completed feedback in the last 12 months which was overall very positive. A high percentage of people agreed that, 'Caremark are sensitive and responsive to my traditions, background and culture.'
- People told us that either the nominated individual or registered manager had visited them and asked for the feedback. One person told us that they had made suggestions regarding the uniform staff wear, and this had changed as a result.
- People and their relatives knew how to contact senior staff and the registered manager.

- Feedback on the provider's website, and an independent care review website displayed positive feedback, including, 'Friendly, efficient, caring, professional. Very happy with service and flexibility of support,' and, 'I can't fault these lovely people. They are fantastic. My mother is in the best hands. Thank you so much.'
- People and staff told us that they would recommend the service to their families and friends. One person told us, "I have recommended this service to two people already, and I wouldn't hesitate to do it again."

Working in partnership with others

- The nominated individual had built links with the local college and attended open days and sponsored their events. They had held coffee mornings at the main office which were open to members of the community as well as people accessing the service. The nominated individual had also attended community fetes to raise awareness of social care.
- The nominated individual look for ways of raising the profile of social care in the media. Staff had spoken on local radio, regarding a summer health guide and how to stay safe and healthy during the summer months.
- Information received from the Local Authority social services, and health professionals informed us that the service works effectively and appropriately with other services, providing a positive outcome for people.