

SPDS Care Limited

Caremark East

Hertfordshire and

Broxbourne

### Inspection report

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### Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

About the service:

Caremark East Hertfordshire and Broxbourne is a domiciliary care agency that provides personal care to adults with physical disabilities and older people in the local area. 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 our inspection 26 people were receiving the service.

People's experience of using this service:

People received outstanding care and support by a staff team that were committed, passionate and knowledgeable. Staff provided people's care in a very person-centred way. Staff were creative in helping people to express their views and people were consulted about all aspects of their care and support.

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Potential risks to people were assessed and minimised and people received their medicines at the right times. Staff had the time to ensure people's needs were met safely, and in a way that suited them. People received care from a small team of staff who were well trained and exceptionally well supported. Staff worked well together and with external care professionals to ensure people received the care and support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff referred people to external advocates.

Staff were genuinely interested in and knew people extremely well. People's care plans were detailed and provided staff with comprehensive guidance on how to meet people's needs. Staff were skilled at supporting people while minimising triggers that may cause people anxiety. Where it was part of the planned care, staff supported people to access the community, such as shop, churches and restaurants.

Staff were caring, compassionate and thoughtful, which reflected the provider's values of person-centred care. Staff treated people with the utmost respect and had embedded privacy and dignity into their working practice. There was a strong recognition that people were individuals. Staff spoke passionately about providing people with excellent, person-centred care and showed real empathy for people.

The provider and registered manager were experienced, skilled leaders who were committed to involving people, relatives, staff and other stakeholders in the development of the service. Audits, quality monitoring checks helped drive forward further improvements in the service. We received positive feedback about the way the service was managed. Everyone said the provider, registered manager and staff were approachable

and accessible.

The service had developed strong links with the local community and looked for ways to increase people's awareness of care and related topics such as dementia. The provider and registered manager looked for ways to continuously improve and develop the service. Staff were proud to work for the service and worked in partnership with external professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: This service was registered with us on 24 May 2018 and this is the first inspection.

Why we inspected: This was a planned inspection based on the date of the provider's registration 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 exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

# Caremark East Hertfordshire and Broxbourne

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

One inspector and an inspection manager carried out this inspection.

### Service and service type

Caremark East Hertfordshire and Broxbourne 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 told the provider the two days before our office visit that we would be inspecting. We did this because we wanted to contact people who used the service for feedback on the service provided before we visited the office. We also wanted to make sure that the registered manager was available to speak with us.

### 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke over the telephone with two people who used the service about their experience of the care provided. We received emails about the quality of the service from another person, four relatives and six external care professionals. These included two commissioners of the service, a social worker, a senior social worker and a representative of a local authority contracts monitoring team.

During our visit to the service's office we spoke with two care workers, a field care supervisor, 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 also spoke with a regional manager for Caremark.

We reviewed a range of records. This included sampling seven people's care records. We looked at two staff files in relation to recruitment, supervision and training. 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.

#### After the inspection

Following our visit, the nominated individual sent us further information about the service provided, and feedback they had received.

# 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 of this service. At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they, or their family member felt safe receiving the service. One relative said, "All [the] support workers are just brilliant. Their kindness and caring is helping [my family member] get through each day happily and safely. They said this gave them "peace of mind" knowing that the staff "are all looking out for" their family member.
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm.
- An external care professional told us staff had been "proactive" in raising concerns with them to help safeguard a person.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments and guidance in place to support people and 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 to move safely, including assessing a person's capabilities each day.
- Where people could become upset or anxious, staff knew how to respond to help reduce any distress or risk of injury to themselves or others. They followed guidelines which detailed an appropriate person-centred response, including the person's preferences for support in these circumstances and the strategies to use.
- Staff carried out checks and ensured equipment was safe to use and well maintained. Emergency plans were in place. For example, to ensure people were appropriately supported in the event of a fire in their homes.
- Staff reported all incidents and accidents. The registered manager assessed for trends to check if any improvements could be made.
- The service provided staff with a "starter pack" that included all the equipment they needed to help them keep people safe. This included, for example, thermometers to test the water temperature before bathing people.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff and records confirmed the registered manager followed these processes and carried out checks before staff worked with people.
- There were enough staff to meet people's needs. Staff rosters were planned to ensure they had enough time to travel between calls and provide the care the person required. One relative said, "I have always found the service to be reliable. Timekeeping is good... They always stay as long as necessary to provide the

care my [family member] requires and, if they finish the care before the allotted time, they will ask if there is anything else they can do to help." A staff member told us, "The timings are good. They keep to them. They don't overload you."

- People received care from a small staff team. This meant staff got to know people, their needs and preferences, well.

#### Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines. People told us they received their medicines as prescribed. One relative said, "They give all medication when required and at the correct times."
- Staff maintained accurate records of administered medicines. Staff were trained and their competency to administer medicines was regularly assessed.
- Staff quickly identified and informed the registered manager of any changes in people's medicines and ensured information was communicated to other people quickly and appropriately. This included other care workers, relatives, and / or health care professionals.
- One person had been assessed as lacking the mental capacity to understand why they needed to take one of their medicines. We saw clear records that showed the person's relative, GP, and mental health professionals had been consulted, and agreed, it was in the person's best interest to give them this medicine without their knowledge. Staff followed clear directions for administering this medicine and were clear other medicines, such as antibiotics, were only given with the person's consent.
- Senior staff audited medicine records regularly to ensure that medicines were administered to people as prescribed.

#### Preventing and controlling infection

- Staff completed training in infection control.
- There were effective processes in place to reduce the spread of infection.
- Staff had access to, and used, disposable protective equipment such as gloves.

#### Learning lessons when things go wrong

- Staff were aware that they had to report all accidents and incidents. The registered manager reviewed these, and monitored them, for any themes or trends.
- Any learning from incidents and accidents was shared with the staff team. This included as appropriate, retraining staff and / or via an 'app' on staff telephones. Electronic record-keeping and communication meant that people's records were updated in "real time" and information was shared quickly to help people stay 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 of this service. At this inspection this key question was rated as 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 assessed each person to ensure that they understood, and could meet, their needs. One person told us, "The company performed a home assessment before any support started."
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and enthusiastic about working at the service. They felt very well supported because of good team working, regular supervision, training and management support.
- The registered manager and nominated individual understood the importance of continuously developing staff members' skills and sharing best practice.
- New staff received comprehensive training and induction into their roles. One staff member told us they received training from other care companies, but described the training from this provider as, "Really good." They said, "I was really impressed with their training and what they go through." They are very thorough." They said their induction consisted of shadowing experienced members of staff, receiving training in a wide range of topics, and having regular supervision.
- As well as received training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. For example, dementia care.
- Staff felt very well supported, both formally through supervision sessions, and more informally. One staff member told us, "They are so supportive, not just through work, but also outside of work. If you've got a problem, you can go to them. They have been brilliant."

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

- People were supported to have enough to eat and drink. The level of support people needed was clearly documented in their support plans and met people's needs. One person told us, "I have [staff] in the mornings when they prepare breakfast and fill flasks for the rest of the day. They come in the evening and heat the meals for me."
- Staff knew people's dietary needs and preferences.

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

- People and relatives were confident staff shared information with each other and external professionals,

such as GPs and community nurses. One relative told us, "The carers liaise with each other about all issues of [my family member's] care."

- Relatives were confident that people's health care needs were met. A relative said they had "confidence in" the staff because they had identified their family member had an infection and contacted the appropriate healthcare professional for advice and treatment.
- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing.
- External care professionals made positive comments about the care staff provided, and how staff worked with them. One external professional told us, "They are quick to contact us if there are issues or concerns. They've taken on quite complex work."

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 with appropriate legal authority. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of 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.
- Where people lacked the mental capacity to make certain decisions, the registered manager saw the appropriate legal authorisations before allowing other to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

## 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 of this service. At this inspection this key question was rated as outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people extremely well and displayed genuine fondness and real empathy towards them. Relatives gave us several examples of where staff went 'the extra mile' for their family members. A relative told us a staff member went shopping in their own time for their family member; another picked up a prescription for a person after their shift had finished; and a third visited a person in hospital. They said staff also went 'over and above' what would normally be expected during care calls. One relative said staff, "Couldn't do enough" for them and their family member. For example, offering to put away their family member's shopping. This meant people got the care they needed to continue living in their own homes.
- The service was very caring and staff promoted a strong person-centred culture. The registered manager and staff introduced new staff to people before they provided care, to help build trust. They also let people know who would be providing their care. One person told us, "They tell me who's coming in next time. I know them all now."
- Staff were very skilled at identifying what was important to each person and matching staff best suited to provide their care. As part of the assessment process, staff found out about people's personal histories and interests as well as their care needs. For example, the registered manager identified a person who came from a county that one of the care workers had family links with, meaning there was instantly a topic of conversation between them. A relative told us of the manager's decision to introduce, first a senior care worker who got to know their family member's needs very well, and then slowly introduce a very small team of four care workers, had worked exceptionally well. They said their family member had been distressed when a previous service provided lots of different care workers. However, their family member's positive response to, and accepting care from, Caremark staff, showed their family member was "very comfortable" with them.
- Staff were very focused on improving people's well-being. Three external care professionals told us how well the registered manager and staff worked with people who were resistant to accepting help with personal care. One care professional said staff were "extremely sympathetic towards [the person] and worked slowly with [them] to gain [their] trust and to build up a rapport." This resulted in the person regularly accepting help with their personal care. They told us the person's family "have also built a good relationship with the carer and are incredibly happy with the support provided."
- External care professionals also praised the staff's extremely caring approach and said staff were very aware of, and respected, people's equality and diversity. One external professional told us, "They don't take things at face value, they go out and meet the person. They are very understanding of people's ... difficulties and look for positive risk taking."
- Staff worked consistently to improve the quality of people's lives and help people live in their own homes

for as long as possible. They worked with people, and got really good results, even when other agencies had not been able to. One professional said the staff had "given people a chance when other care agencies haven't." They explained how staff were "very empathic" and understanding when people's behaviour challenged them. They said staff worked hard to build good, honest relationships with people and gain people's confidence.

- People and their relatives made very positive comments about the overall service provided and the impact this had on them and their family members. One relative told us that all staff were "considerate, cheerful, listening, friendly, and caring." They put this down to the provider's good staff selection methods. Another relative said, "[Staff] are a very positive and happy group and my [family member] responds well to this, often laughing and singing." Another relative said staff provided care in a "consistently caring and thoughtful way."
- An independent website showed six reviews in the last year. All the comments were very positive, and included, 'The care given ... has been absolutely first class. Their caring commitment has been outstanding.' And, 'We are beyond happy with the high level of care provided by both manager and all of the carers. The team go above and beyond to ensure all our needs are met.' Another commented that all staff were, 'Very friendly and helpful.'
- Staff were extremely thoughtful and took action to ensure people's comfort. For example, staff identified that a person's rings were becoming very tight and helped the person remove them, preventing further discomfort.
- All staff told us they would be happy for a family member to be cared for by the service. They explained this was because people received continuity in care from a small staff team, and staff had time to "sit down and see how [the person's] day's been and have that companionship."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There was a strong emphasis on, and people were fully involved in, decisions about their care, from the first contact with the service. Staff supported people to access information that enabled them to make fully informed choices about the best care for them, even though this may be at a detriment to the service. The registered manager told us in the PIR, 'Our office staff, when receiving a private enquiry for care, always encourages them to speak to several providers, read reports and reviews and also have assessments with several providers to help them pick the service that is right for them.'
- People were fully involved in making decisions about their daily lives, which staff respected. People told us that staff really listened to them. One relative told us that staff "ask rather than dictate." Another told us, "They certainly listen and will not insist on personal care if my [family member] isn't amenable to it."
- Respect and dignity were at the heart of this service. People and staff were treated with the utmost respect and staff had fully embedded privacy and dignity into their working practice. One person said, "The carers have a key box to let themselves in, but they still knock and treat my privacy with total respect... I cannot praise Caremark highly enough. All staff are very professional and carry out their tasks with a smile and expertise." A relative said, "The staff always treat my [family member] with respect. My [family member's] privacy and dignity are always of concern to the carers. They will ensure that curtains are drawn when appropriate or that my [family member's] lap is covered when on the commode."
- Staff were exceptional at supporting each person to express their preferences and the ways in which they wanted staff to deliver their care. They explained they had the time to support people to make truly informed decisions about their day to day lives and their care. A staff member told us, I feel everyone can make choices of some kind even if only very simple choices. And there are ways... you can write it or show a picture." They went on to tell us about one person who found it difficult to make decisions. They said, "I know what [person] likes and dislikes and can support [them]... But it's what [they] want [that matters]."
- Staff recognised that people needed to feel in control of their lives and told us how they involved people

with their record keeping. One staff member told us, "I do the notes in front of the client and talk to them about it." People, and where appropriate their relatives, were involved in care plans and reviews.

- Staff worked with those who knew people well to ensure the best outcomes possible were reached for each person. A relative told us how staff explored with them possible reasons why their family member was refusing personal care. They then tried different strategies and worked towards, and achieved, the person accepting the help they needed whilst respecting their wishes.
- The nominated individual told us that the use of digital care records made information easier to access and quicker to share. This also reduced the number of times people had to give information or repeat themselves.
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.
- Staff were mindful of treating people with respect when they were in the community. For example, using an 'app' on their mobile phones to type in very large font to communicate with people who were deaf, rather than raising their voices and risking other people's overhearing.
- People's care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet, and their preference for the gender of the care workers that supported them. Relatives told us staff followed this information when providing care.

## 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 of this service. At this inspection this key question was rated as outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's lives were changed for the better because of the care they received from the service. Staff invested time getting to know people really well and how best to meet their needs. Relatives spoke of the extremely positive effect the service had on their family members and on them. One relative told us, "The service has changed my [family member's] life immeasurably for the better. [My family member] is so much happier, and [my family member] loves each of [their] carers. Caremark has been life-changing for [my family member] and I am so relieved at the pressure it has taken off me as I was so worried." Another relative spoke of how their family member's "physical health and demeanour / mood has improved since receiving the care" and that they were "much more motivated and has put on weight."

- People received exceptionally personalised care that was responsive to their needs and preferences. Without exception, people and relatives praised the service they received. One person told us, "I have had the most wonderful service. All the staff/carers are so supportive, caring and attentive to every detail of my care." A relative said, "It is difficult to see how the service offered could be improved. My main wish is that what we have now can be maintained."

- External care professionals told us that staff provided very person-centred care that was extremely responsive to people's differing needs and preferences. They provided us with examples of how staff had worked successfully with people other services refused to work with. Care professionals talked about staff members "dedication" and "complete professionalism". One care professional told us, "They have actually gone above and beyond what I would expect of a care agency and have made me feel totally reassured that the care the [person] is getting is more than meeting [their] and [their] family's needs." Another external professional told us how the staff supported them very quickly in a situation when a person didn't have any care. This meant the person could continue to be cared for in their own home as they wished.

- Small teams of staff working with people meant they recognised people's changing needs very quickly and sought professional help and advice where necessary. One relative said, "They are very good at noting and making me aware if they detect any change in my [family member's] condition." Another relative told us how a staff member enabled their family member to quickly start a new medicine by collecting the prescription at the end of their shift. They also informed the relative, and the person's district nurse, so they were aware of the change. The relative said, "What incredible service and genuine kindness. I ... really appreciated all she did for my [family member]."

- Staff were very conscious of how they communicated with people, varying their approach depending on the person's needs and preferences. A staff member told us, "If there is any problem or concern, I try to talk it over and if necessary change the way I am with that client. One client asked me not to be so bubbly." They explained they were much quieter and less chatty with the person as this was what they preferred.

- Assessment and care planning records showed that staff considered all aspects of a person's needs. Staff

drew up detailed care plans, fully involving the person being supported and / or their relative, or those who held the legal powers to make decisions on the person's behalf. This meant the care plans that staff followed, accurately reflected the person's wishes and needs.

- The registered manager took time to get to know people during the assessment process and considered people's personalities, interests and needs in order to 'match' staff with people. A staff member told us, "[The nominated individual and the registered manager] look at our experience and knowledge, they don't just drop you in it. I like working with [people] with dementia. I'm dementia trained and been doing it for years." The registered manager said, "This is of benefit to us as we will get to know [people] better and will reduce hospital admissions."
- Staff recognised people's differing needs and their rights and choices. People made their own decisions and staff listened to, and respected, them.
- Staff supported people to express their feelings and emotions. Staff knew when people wanted to spend time with them and when they wished to be left alone. Care plans contained clear guidance which staff followed on how to recognise, and respond to, known triggers for anxiety. For example, one person was known to dislike technology. Therefore, the first prompt for staff was to leave their mobile phones (which they used for recording care notes) in the kitchen to reduce the triggers for anxiety.

#### 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 had access to information in easy-read and large-type formats to help them understand the information. This included care plans and the complaints procedure. The nominated individual told us information could also be translated into other languages as the need arose.
- Staff had an 'app' on their mobile phones that enabled them to type in very large font. This helped staff communicate more effectively with people who were deaf. One staff member told us, "I've got two clients who react really well with it. All carers have downloaded it who work with those people."
- Staff changed their position to make sure people could hear and understand them. A relative told us, "I have seen them get down on the floor next to my [family member's] chair to ask questions to make it easier for [them] to hear and focus."

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

- Where it was part of people's agreed care, people gained a sense of well-being from staff supporting them to be a part of the local community. For example, accessing local shops, church services, and eating out.

#### Improving care quality in response to complaints or concerns

- Staff actively encouraged people to talk and share their feelings. A relative said the very positive relationships staff had developed with them and their family member meant that any problems "could be dealt with early, before they might need to be dealt with as formal complaints." Staff members' positive response to any concerns or suggestions people made, meant any issues were resolved at an early stage, without the need to progress to complaint. A relative told us that the staff "took on board" their concern that their family member should be told in advance, before they were introduced to a new staff member. The registered manager told us they had not received any complaints.
- The provider had systems in place, including a complaints procedure, to deal with any concerns or complaints. People and their relatives had access to information on how to make a complaint. A relative told us, "I have been provided with information on how to make a complaint or suggestion but, so far, have

not needed to do either."

#### End of life care and support

- No-one was being supported with end of life care at the time of our inspection. However, staff encouraged people to discuss and review their end of life wishes during the initial assessment, and at review meetings. They then recorded these wishes in people's care plans.
- A relative told us staff had sought to understand their relative's end of life wishes and had contacted them when the person was unwell.
- Staff received training to enable them to meet people's end of life care needs with the support of external healthcare professionals, for example, community or specialist nurses. The nominated individual told us they would access additional training for staff if the need arose.

## 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 of this service. At this inspection this key question was rated as outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives, without exception, made very positive comments about the service. A person said, "Marks out of 10? Nine and a half. There's got to be a gap somewhere, but I don't know where." A relative said how pleased they were with the service their family member received. They wrote, 'It really is first class ... it really has improved [my family member's] quality of life.' Another relative wrote, 'Switching to Caremark (East Hertfordshire & Broxbourne) was the best move we could have made... The team go above and beyond to ensure all our needs are met. In short, we have nothing but praise. They are fantastic people.'
- Six people and or relatives had registered their feedback about the service on an independent website in the last year. They all scored the service the maximum five out of five in all areas which were: overall standard; care / support; treated with dignity; staff; management; and value for money. One relative commented on the website, 'The care given by the carers has been absolutely first class. Their caring commitment has been outstanding. Caremark (East Hertfordshire & Broxbourne) as a company has shown compassion, trust and extremely well organised.'
- The registered manager was constantly looking for ways to further develop person-centred care at the service. For example, they had invested in and recently introduced an electronic record keeping system. Although initially apprehensive, staff made very positive comments about how it saved them time, made records easier to access, and how easy it was for them to communicate with management using the system. The registered manager also praised the new system. They told us, "I love the electronic records" and explained it reduced the time staff spent writing reports which meant they spent more time with people. They also said that because the records could be read instantly, managers picked up errors more quickly, reducing the risk of harm or disruption to people. The system was secure, and staff could only see records relating to people they worked with.
- Staff consistently put people at the centre of the service and reflected the provider's values. One staff member said, "I worked in a previous care company that didn't have the care and ambitions they have here. It's a case of being there and being with the client and making sure everything's done, and if there's any additional tasks we can do like loading the dishwasher, we'll do it." Staff valued people's views and encouraged us to talk with as many people as we could during our inspection so we heard their views.
- Staff knew people well and their commitment and enthusiasm for providing a high-quality service was evident throughout our inspection and by the positive feedback we received from them and people and relatives. One staff member told us, "I trust in the company. I've recommended two people to this company. I've never recommended a company I worked for before."
- Communication with people, their relatives, and professionals was open and transparent. The week

before our inspection they had launched a 'friends and family app'. With the person's consent, their friends or relatives were able to access, in real time, information about the care the person had received. This provided them with reassurance of the support their family member received, and therefore reducing unnecessary worries. The registered manager told us, "We haven't rolled it out as quick as we wanted too, but we have to get it right." This showed they thought carefully about the consequences on people before launching any new systems.

- People's records were well organised and the senior team regularly checked to ensure that information was up to date and accurate. This ensured people received appropriate care that met their needs.

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

- People's views influenced how the service was provided. The registered manager told us, "We have such good contact with service users, carers, family members, so we haven't sought formal feedback yet. We are quite small and have in-depth contact." People and relatives' comments supported this view. One relative told us, "The [registered] manager and all office staff are approachable and where comments on the service have been requested this has been done verbally and I have replied in the same manner." People's records showed the feedback was very positive. The nominated individual planned to send out surveys to people and other stakeholders in June: 12 months after the service started.

- Staff were immensely proud to work for the service and told us the provider and registered manager asked for their views both informally and more formally through supervision, spot checks, meetings and audits. The registered manager told us in the PIR, 'We encourage our staff to provide feedback and ideas for innovation to help improve our service' and staff confirmed this was the case.

- Staff were very well supported by, and praised, the nominated individual, the registered manager, and each other. The nominated individual told us, "If I build that trust with them, they will trust me." This clearly had a positive effect on staff and motivated them to be as flexible as possible, ensuring all care calls were covered in the way people wanted. One staff member told us, "As a carer if you get that support you are more willing to help out. I will always try to help them because they are good at helping me." Staff described the support they received as being "like a family" and said they felt "loyal" to the service.

- The nominated individual told us, "I came into this industry to care. It's just as important for me to care for staff as they will give a great service. Everyone in my business is truly caring." We found this to be the case. Staff were very motivated to provide excellent, person-centred care. They knew the people they worked with very well and told us how much they enjoyed working at the service and making a difference to people living in the community. A staff member said, "I can't praise this company enough. I have never been as happy in a job. They've built my confidence up so much. I'm appreciated. It's the fact they look out for the staff as well as the clients."

Continuous learning and improving care

- Throughout our inspection the nominated individual and the registered manager demonstrated a passion to continuously improve the service to people, which they had clearly cascaded to staff. For example, the 'friends and family app' providing reassurance to relatives about their family member's care. The nominated individual told us they were exploring ways to further develop this and for relatives to communicate with them through the app.

- They also told us how they were developing a 'Time to Talk' service to help address the loneliness some people face. They had asked for expressions of interest, initially from people using the service, who would like a care worker to telephone them weekly for a 15-minute chat. Staff were aware of this and were clearly looking forward to being involved in the project. The nominated individual told us that once this service was running successfully they planned to open it to other people living in the local community.

- The nominated individual was part of the Caremark (the franchise organisation) consultative group and

was instrumental in driving changes. For example, to the provider's medicines policy to enable care workers to support people with a wider range of prescribed medicines, meeting a greater number of people's needs.

- The nominated individual and registered manager recognised and celebrated success in the organisation and encouraged people and relatives to nominate staff members for an employee of the month award. A gift voucher was presented in recognition for particularly good pieces of work. One relative told us they had "been involved in a new scheme to nominate individual carers for special recognition."

- The provider was part of a franchise network, attended local authority forums, and was a member of various professional organisations including Hertfordshire Care Providers Association (HCPA), the United Kingdom Home Care Association (UKHCA) and Skills for Care. They told us they also accessed information from the Social Care Institute for Excellence (SCIE). These all helped them keep up to date and deliver care in line with current good practice.

#### Working in partnership with others

- The service worked in partnership with a range of external professionals to provide care that met people's needs. A social care professional told us they had found the registered manager and staff to be "extremely professional, highly sympathetic to individuals' needs, and happy to support me with any queries I may have." They said their colleagues spoke "very highly" of the service, that staff communicated well with them. Another professional told us, "The registered manager is really approachable with communication. She is very helpful." This meant external care professionals received up to date and accurate information about people and enabled them to provide appropriate guidance for staff, improving people's overall outcomes.

- The service played an active role in the community and had links with a variety of resources. The service supported staff to contribute to the local community. For example, a staff member was a member of Ware Town Council and the provider fully sponsored an annual event for the over 65s with Ware Town Council.

- The nominated individual had built strong links with a local college. They had presented to students on career pathways and developed opportunities within the service for students to expand on their studies. For example, they supported people and their relatives to contribute to a short film, produced by students, to explain what it's like to receive care. Other students were involved in developing the electronic records management system.

- The provider looked for ways to raise awareness of dementia within the local community including supporting staff to become Dementia Friends and holding awareness sessions at the local supermarket. Dementia Friends are people who encourage others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia and advising on what help is available.

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

- The provider and registered manager were experienced, skilled leaders who were committed to involving people, relatives, staff and other stakeholders in achieving a high-quality service. The registered manager had completed a level five diploma in Leadership and Management in Health and Social Care. She had also worked as a training manager and was passionate in providing staff with the good training to equip them to effectively meet people's needs. She told us, "E-learning isn't for everyone. We are flexible to people's learning styles. It's about adjusting your style to their needs." This meant people received care from a well-trained and knowledgeable staff team.

- The provider and registered manager had embedded governance systems into the running of the service. There was a strong framework of accountability to monitor performance and risk, which led to continuous improvement in the service. The franchise company also monitored the service annually. The regional manager for Caremark told us the service had "Good compliance. They go over and above what they need to do...[The] areas for improvement are very minor."

- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.