Caremark Limited

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Inspection report

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05 October 2020
06 October 2020
12 October 2020
26 November 2020

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Caremark Limited is a domiciliary care agency (DCA) that provides personal care to children 0-18 years of age, people who misuse drugs and alcohol and older people living in their own homes some of who were living with dementia. At the time of the inspection 118 people were using the service. 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.

Caremark Limited had chosen to take part in a pilot where DCAs were inspected virtually without a site visit. During the initial inspection we identified shortfalls in relation to people's risk assessments, the management of medicines and quality assurance processes. As a result, the virtual DCA pilot was stopped and a focused inspection including a site visit was completed. An action plan had already been developed following the initial feedback and changes had been made to improve the service people received.

People's experience of using this service and what we found
General feedback from people was positive about the service they received. One person said, "I wouldn't change the care staff, they are great." Another person said, "The staff are very caring and understanding and know me well."

People's care records had been reviewed and updated, they were person centred and outlined what people's specific health needs were. Risk assessments had been reviewed to include people's specific choices, and, potential risks of becoming seriously ill if they contracted Covid-19.

People's needs had been assessed in relation to their medicines support. Staff followed specific guidance and had been trained in the administration of medicines.

Quality assurance systems had been reviewed and additional training had been given to the management team that were completing the spot checks and carrying out the audits. Feedback from people had been sought and acted on to improve the quality of the service they received. Communication between the management team, people and staff had been improved.

Staff understood their role to keep people safe and understood how to report any concerns they had. Staff knew the potential signs of abuse and action had been taken when concerns had been identified. Accidents and incidents were monitored to identify potential patterns or trends. Action was then taken to reduce the risk of reoccurrence.

Staff had been recruited safely following checks to ensure they were safe to work with people who required care. People and relatives told us staff wore personal protective equipment (PPE) during the care calls. Staff understood how to reduce the risk of infection and reduce the potential spread of infection. Potential risks

posed to staff within people's own homes had been reduced where required.

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. People were given choices about all aspects of their care such as what they wanted to wear and eat.

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

Rating at last inspection
The last rating for this service was Good published (5 December 2017).

Why we inspected
This focused inspection was prompted in part due to concerns that had been identified during the DCA pilot, which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk considering the Covid-19 pandemic. We identified concerns in relation to the assessment of risks, medicines and quality assurance processes. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark Limited on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

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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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors, a pharmacist specialist, an assistant inspector who made calls to staff and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission however, they had decided to step down from their post following the initial inspection. 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. The area operations manager had taken on the role of the day to day management of the service until a newly recruited manager was due to start.

Notice of inspection
We gave the service four days' notice of the inspection. This was because we needed to gain consent from people to receive a telephone call to give their feedback and arrange for the required documentation to be sent across electronically

Inspection activity started on 5 October 2020 and ended on 26 November 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. We used all this information to plan our inspection. 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 11 people who used the service and 10 relatives about their experience of the care provided. We spoke with 13 members of staff including the area operations manager, registered manager and 11 care staff.

We viewed a range of records. This included ten people's care records and medicine records. We looked at three staff files in relation to recruitment, staff supervision and training data. A variety of records relating to the management of the service, including policies and procedures, quality assurance checks and audits.

After the inspection
We continued to seek clarification from the management team to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Risks to people were assessed and plans were in place to reduce risk. Since the first day of our inspection, care records had been reviewed and updated where necessary. Risk assessments were now personalised and reflected people's specific health needs.

● The Coronavirus risk assessments in place for people had been reviewed, to ensure risks were mitigated for people deemed at higher risk of becoming seriously ill if they caught the virus. For example, one person's health condition detailed the potential risks to the immune system and the potential symptoms.

● Potential risks posed to people and others within their property had been assessed and mitigated.

Using medicines safely

● People's needs were assessed for the support they required to take their medicines safely. However, it had been identified on the first day of our inspection that these were not always updated when changes occurred. Following this, that the service had decided to implement a process where medicines care plans were updated monthly to reflect Medicine Administration Records (MAR).

● Medicines profiles had been reviewed, updated and was detailed in its guidance and information for staff. The profiles guided care staff on what specific medicines were being provided, and, any specific contraindications or adverse reactions to the medicines.

● Staff received appropriate medicines training and followed a medicines policy that reflected national guidance.

● The local management team had recently completed additional training relating to medicines audits during spot checks and observations of care staff.

Staffing and recruitment

● People and relatives told us they did not have a problem with late or missed calls. Systems were in place to monitor any calls that were running late. The senior staff within the office would be alerted if the care staff had not logged into the care call. The office would then contact the care staff to find out if there was a problem.

● Staff told us that they felt they did not get enough travel time between calls and this had also been highlighted in their annual survey from June 2020. Action had been taken by the management team to work with care staff when planning routes and travel times between calls.

● Staff were recruited safely. Records contained full employment history of staff and Criminal record checks with the Disclosure and Barring Service (DBS) had been completed.

● An induction was in place for new staff which included completing mandatory training and working alongside experienced care staff before providing care on their own.

Systems and processes to safeguard people from the risk of abuse

● People felt safe. One person said, "Carers have good knowledge and are trained to keep me safe from future falls." A relative said, "My loved one feels safe and is well known by the carers, who understand their needs to be able to cater accordingly."

● Staff knew the potential signs of abuse and the action they should take if they had any concerns.

● Staff had been trained in safeguarding adults and had access to the Local Authorities policy and protocol.

● The management team had notified the appropriate authorities when there were concerns about a person's safety. Safeguarding referrals had been sent to the Local Authority and discussed with the safeguarding team. The area operations manager monitored the actions required.

Preventing and controlling infection

● The providers observations on staff identified two different staff members who did not wash their hands during care calls. The observation also highlighted two different staff members not having access to the appropriate personal protective equipment (PPE). A senior staff member addressed the infection control concerns at the time of the observations.

● People and their relatives told us that staff wore PPE during care calls.

● Staff had been trained in infection control and the area manager told us that staff had received additional training in relation to the Corona virus.

Learning lessons when things go wrong

● Accidents and incidents were recorded and monitored. Steps were put into place to reduce a reoccurrence for example, concerns were raised regarding a member of staff's conduct and as a result, additional monitoring checks were made. Another example, a member of care staff reported a person acting out of character to the office, this was reported further to the local authority and district nursing team. As a result, this the person received the healthcare support they needed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; Continuous learning and improving care

- During the first day of our inspection there were shortfalls identified in the monitoring and evaluating of the service. Following this feedback, the quality assurance checks had been reviewed and amended. Records showed that action had been promptly taken when concerns had been raised or identified.
- Audits were completed to monitor the quality of the service people received. When concerns had been raised action was taken to rectify these. For example, one person had requested an earlier call time which had been acted on. Another example was a person requested their rota in a larger print to enable them to see which members of staff were completing their call; this had been actioned for the person.
- Communication between the management team, people, staff and health care professionals had improved following the first day of our inspection. Recent communication had been sent out to people informing them of the management changes and reassurances about the infection control measures being taken to reduce the spread of infection.

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

- Annual surveys were sent to people and staff to give an opportunity to provide feedback about the service they received as a customer, and, their role as a member of staff. However, concerns and issues that had been raised during these surveys were still raised during this inspection. For example, people reported a high staff turnover and some people were unclear who the 'care manager' (registered manager) was. Following the inspection, action had been taken to address these concerns such as, updated communication sent out to people and staff.
- People were given the opportunity to provide feedback during care review meetings and telephone monitoring reviews. Following the recent inspection, a new survey had been sent out to people to gather their views and suggestions.
- Staff told us they enjoyed their job however, some did not always feel that their concerns were listened to and acted on. Staff when interviewed, spoke about a continued lack of adequate travel time between care calls. This had also been highlighted in the staff survey from June 2020. Following the first day of our inspection action had been taken to address the concerns. The coordinator staff planning the care calls had worked alongside care staff to plan routes.

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

● Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The management team understood their role and responsibilities and had met their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.
● It is a legal requirement that the rating is on display at the service and on the provider's website. The rating was clearly displayed on the provider's website.

Working in partnership with others
● Staff worked alongside health care professionals to support people to remain as healthy as possible. One person told us staff knew how to contact the health care professionals involved in their care if they needed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The management team were clear regarding their responsibilities under the duty of candour. They were open and transparent when things went wrong and took the necessary action. The provider's policy and procedure would be followed in this event.