

Caremax Ltd

# Caremax Ltd

## Inspection report

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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

Caremax is a domiciliary care agency. It provides personal care and support to older people living in their own homes. There were five people using the service at the time of the inspection.

### People's experience of using this service

There were safeguarding adults' procedures in place to guide staff. The registered manager and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's care and support needs. Where required people received safe support from staff to take their medicines. The provider and staff were following government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE). The service had business continuity and COVID 19 contingency plans in place that made provisions for safe care in the event of an emergency.

People's care and support needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training and support relevant to people's needs. Where required people received support from staff to maintain a balanced diet. 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 support this practice.

Relatives and friends told us their loved ones were treated in a caring and respectful manner and they had been consulted about their loved one's care needs. They knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to monitor the quality of service that people received. Staff said they received good support from the registered manager. The registered manager took people and their relatives views into account through satisfaction surveys and telephone monitoring calls and feedback was used to improve the service. The registered manager and staff worked with health care providers to plan and deliver an effective service.

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 (and update)

This service was registered with us on 04/07/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection to assess if the provider was complying with our regulations.

### Follow-up

We will continue to monitor information we receive about the service in line with our monitoring activity, which will inform when we next inspect the service.



## 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 ●

# Caremax Ltd

## 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

A single inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 28 October 2021 and ended on 29 October 2021. We visited the office location on 28 October 2021.

#### What we did before the inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relating to staff training, medicines management, quality assurance and infection control. We sought feedback from professionals who work with the service. We used 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 one person's relative and another person's friend about the person's experience of the care provided. We spoke with two care staff, the deputy manager and the registered manager. We reviewed a range of records. This included two people's care and medicines records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust arrangements to help protect people from abuse. A relative told us, "I feel that my loved one is safe. They have had the same main staff member for over two years. They have been there all the way through and know my loved one well. They have helped to teach other staff about my loved one's needs and the consistency in care has been very beneficial."
- Staff had received training on safeguarding adults. Staff told us they would report any suspicions of abuse to the registered manager and they were confident they would make a referral to the local authority safeguarding team. They also said they knew how to report safeguarding concerns to the CQC and social services if they needed to.
- Staff also told us the provider had a whistle blowing procedure. They said they would use the procedure to report any poor practice to the registered manager.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included risk for people in areas such as moving and handling, pressure area care, medicines and personal care tasks.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, where a person had been assessed as requiring support with moving around their home, we saw guidance had been provided to staff on how to support the person by using hoisting equipment to move the person around safely.
- Risk assessments had also been carried out in people's homes relating to health and safety and the environment to protect people and staff who provided care.

Staffing and recruitment

- There was enough staff available to support people's needs. The registered manager showed us a rota that confirmed the staffing hours provided to each person. A relative told us, "We get a staff rota every week, so I know exactly who is coming to support my loved one. Staff are very rarely late, but I have a direct line number to call the registered manager if there are problems with timing." Another person's friend told us, "We are happy with the staff timings, we have never had a missed call."
- A care worker told us, "I have enough time to get between calls. We have an application on our phones that calculates how long it will take to get to the call. I live near to the people I support."
- Robust recruitment procedures were in place. Staff recruitment records included evidence relating the applicant's employment history, references, confirmation that a criminal record checks had been carried

out, health declarations, right to work in the UK and proof of identification.

#### Using medicines safely

- People received support from staff to take their medicines safely. Some people or their relatives managed their medicines and some people required support from staff with their medicines. Where people required support to take their medicines this was recorded in their care plans.
- A relative told us, "I manage my loved one's medicines. I administer them in the evening and the staff administer my loved one's medicines in the morning and at lunch time. We split the task between us, and it works well. The staff fill in medicines records. The medicines are monitored and my loved one always receives their medicines on time."
- We looked at people's medicines administration records (MARs) that were returned to the office and saw they had been completed in full.
- The registered manager audited the MARs on a monthly basis to make sure people were receiving their medicines as prescribed.
- Training records confirmed that staff had received training on the administration of medicines and their competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

#### Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. The provider was accessing regular COVID 19 testing for staff. The registered manager told us if staff showed symptoms of COVID 19 they could not attend work and were required to complete a period of self-isolation.
- Staff had received training on infection control, COVID 19, they were using PPE effectively and safely and they told us they were abiding by shielding and social distancing rules. The providers infection control policy was up to date.
- A relative told us, "The staff wear gloves, masks and aprons. We have a stockpile here at our home for staff to use. Another person's friend told us, "The staff have a pack with them that includes gloves, masks and aprons and they always wear them."

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Records showed that when the registered manager or staff had identified concerns, accidents and incidents they had taken appropriate action to address them.

# 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

- The provider carried out assessments of people's needs to consider if the service could support them safely. These assessments covered all aspects of people's care and were used to draw-up care plans and risk assessments. We saw care plans and risk assessments were kept under regular review.
- People, their relatives and appropriate health care professionals had contributed to these assessments to ensure the person's individual needs were considered and addressed. For example, a relative told us, "An occupational therapist trained staff with using the hoist when my loved one started using the service. We have consistent staff attending each day and they are all confident with supporting my loved one with their hoisting equipment."

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. They completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. The registered manager told us new care workers shadowed experienced care workers on their first calls, so they got to know the people they supported.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, moving and handling, first aid, infection control and the Mental Capacity Act 2005 (MCA). During the inspection the deputy manager told us they had enrolled care workers on health and safety, food hygiene and equality and diversity training.
- A staff member told us, "The support and training we receive from the provider is very good. I am up to date with all my training and I have been enrolled on food hygiene training this week. I also receive regular supervision and a six-monthly work-related performance appraisal from the managers."

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

- People received support to maintain a balanced diet. Where people required support with eating and drinking, this was recorded in their care records.
- A relative told us, "I do the shopping and prepare my loved one's evening meals. I make provision for breakfast and lunch and the staff provide these to my loved one."
- A staff member told us, "I don't cook any meals for the person I support. I offer the person various options at breakfast time for example toast or cereals. Main meals are prepared for the person by a family member and I heat them up."

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

- People received support to maintain good health. The registered manager told us they and staff worked in partnership with health care professionals, for example district nurses, speech and language and occupational therapists to plan and deliver an effective service for the people they cared for.
- A relative told us, "A district nurse supports my loved one when needed, we also have a private physiotherapist. The staff follow the advice the physiotherapist has given in order to support my loved one with their needs."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting. A staff member told us, "I always check with the person I support that they are happy to partake in any activities of personal care tasks. If they didn't want to do something, then I would respect their wishes."
- People's capacity to make decisions was assessed where required and these were recorded and retained in their care plans. Best interest decisions were made and followed by staff where necessary and documented appropriately.

# 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

- People were well treated and supported. A relative commented, "The nice thing is that my loved one has had the same main staff member from the beginning and other consistent staff have come on board. They have a personal connection with my loved one." Another person's friend told us, "My friend really likes their care staff. My friend is very happy when they come, I hear them joking and laughing. It's a real tonic."
- A relative told us that a staff member supported them to attend hospital appointments with their loved one. They said, "The staff member knows my loved one very well and their support in these circumstances is invaluable."
- People's care records included sections that referred to their diverse backgrounds. The registered manager and deputy manager explained how they respected people's diverse needs, religions and cultures when they supported them in their home's. A staff member told us, "I am aware that we support people from different backgrounds, and they have different outlooks on things. It's these differences that makes us who we are. I am more than happy to respect peoples wishes and support them, where I can with whatever they want to do."

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

- People and their relatives had been consulted about the care and support they received.
- A relative told us, "I am involved in planning for my loved one's care needs. I work with the staff and health care professionals and we make sure everything is in the care plan."
- A staff member told us, "The person I support can make their own choices about what they would like to wear, what they want to eat, where they want to sit and anything they would like to do. I am always there to offer them any support they need to make choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "My [loved one] is absolutely treated with respect and dignity. Their privacy is fully respected too. The staff make sure, doors are closed, and the curtains are drawn when they support my loved one with personal care."
- People's independence was promoted. A staff member told us, "The person I support is encouraged to do as much as they can for themselves. Maintaining the person's dignity is very important, I always make sure everything is private when I offer personal 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 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

- Care and support was planned and delivered to meet individual needs. People's care plans described their health care and support needs. They contained information for staff on supporting people with their medicines, eating and drinking, personal care and moving and handling.
- Care records showed that people's needs had been discussed with them and their relatives to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, staff told us how they supported people using hoisting equipment, with their medicines and with eating and drinking.

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.

- When people started to use the service, their communication needs were assessed and recorded in their care plans.
- The registered manager told us that people currently using the service did not have any specific need around the AIS. However, if people required information in large print or a different language this would be made available to them.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people could understand.
- A relative told us they knew how to make a complaint, but they had never needed to.
- The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would follow their complaints policy and procedure to ensure the complainant was satisfied with the actions taken.

End of life care and support

- The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and local hospices to provide people with appropriate care and support when required.

- People were supported to make decisions about their preferences for end of life care if they so choose and these were retained in their care records.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a registered manager in post. They demonstrated a good knowledge of people's needs and the needs of the staffing team.
- Staff were positive about how the service was run and about the support they received from the registered manager and deputy manager. One staff member told us, "Teamwork is very good. We all feel like we are part of a big family. We are well connected, constantly communicating and supporting each other."
- The registered manager and deputy manager told us they were always available for staff to contact them out of hours or when needed. One member of staff commented, "The registered manager is always available, we can call the office or the registered manager's personal number at evenings and weekends if we need any help."

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 registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, transparent and took responsibility when things went wrong.

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

- The provider recognised the importance of regularly monitoring the quality of the service. They undertook regular quality monitoring audits. These audits covered areas such as medicines, care records, incidents and accidents and complaints.
- The provider had a business continuity plan in place for managing the service in an emergency or in case of a COVID 19 outbreak. The registered manager told us they kept up to date with Government COVID 19 guidance and they shared this with staff and people using the service and their relatives when it was appropriate.
- The registered manager carried out unannounced 'spot checks' on staff to make sure that care was provided to people appropriately and safely. Records showed they checked if staff turned up on time, carried their identification badge, provided care and support to people appropriately and if they were using PPE correctly. They also spoke with the people using the service and their relatives to check if they had any concerns.
- The registered manager carried out a customer satisfaction survey in October 2021. They told us the

feedback they received from people using the service and their relatives was positive and there were no suggested areas for improvement. We saw positive feedback from relative's following recent telephone monitoring calls and a letter from a relative complimenting a staff member for the support they provided to their loved one.

#### Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed these professionals' views on service delivery.
- The registered manager told us they recently attended a provider forum run by the local authority. They told us the forum considered and advised providers about managing care services during the pandemic. They said they found the forum helpful and informative.