

Dcapital Ltd

Caremark (West Berkshire and Reading)

Inspection report

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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 (West Berkshire and Reading) is a domiciliary care agency providing care and support to people living in their own homes. It provides a service to older adults, younger adults, people living with dementia, physical disability, learning disability, sensory impairments, eating disorders, mental health diagnoses and substance misuse. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 40 people were receiving personal care delivered by 22 staff.

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

People were protected from the risk of avoidable harm by staff, who understood how to safeguard people from discrimination, neglect, and abuse. Enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs. Staff assessed risks to people's health and well-being, which were managed effectively. People mostly experienced good continuity and consistency of care from regular staff who knew them well and how they wished their care to be delivered. Staff had been recruited safely in accordance with regulations. People received prescribed medicines safely from staff who had their competency to do so regularly assessed. Staff had raised concerns and reported incidents, to protect people from similar events in the future. We were assured that staff followed good infection control and safe food hygiene practices.

The service was well managed by the registered manager who had developed the field care supervisors and care coordinator into an effective management team that worked well together. The management team supported staff to deliver care based on best practice through a system of competency checks, supervision, appraisal and staff meetings. The registered manager understood their legal responsibility to be open and honest with people when something goes wrong. The management team successfully operated systems to review the quality and safety of the service. The registered manager encouraged feedback from people and staff to drive continuous improvement in the service. Staff had developed positive working relationships with community health care professionals, which ensured people's changing needs were met with the appropriate care and treatment.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do to improve and by when. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced responsive inspection of this service on 8 and 9 December 2020. Three breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and their compliance with their duty of candour.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-Led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (West Berkshire and Reading) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 finding below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Caremark (West Berkshire and Reading)

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 2008.

Inspection Team

This inspection was carried out by one inspector 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 living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 August 2022 with our site visit, followed by a telephone survey by the Expert by Experience of people who used the service, completed on 22 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We contacted 23 people and spoke with five people who use the service and ten relatives about their experience of the care provided. We spoke with 12 members of staff, including the registered manager, two field care supervisors, an office administrator and eight care support workers.

We reviewed a range of records. This included nine people's care records, medication records and daily notes. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures, quality assurance audits and field care supervisor's planners. We also examined staff training, supervision and competency records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four community professionals who visit the service and two other relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not reviewed and updated 60% of people's care plans and risk assessment. This meant the provider could not be assured they had done all that was reasonably practicable to mitigate risks associated with people's care and support. This failure to robustly assess the risks to the health, safety and welfare of people receiving care was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since our last inspection, each person's care plan and risk assessments had been reviewed and updated by the registered manager, field care supervisors and the provider's head of operations.
- Care plans contained clear explanations of the control measures for staff to follow to keep people safe. Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.
- Staff worked with people and their families to understand how best to manage their risks in the least restrictive way, to give them choice and control, and involved them in developing their risk management plans.
- People and their relatives consistently told us they felt confident their loved ones were safe. For example, one person told us, "[Staff member] knows what she is doing. I have a hospital bed and she lowers it and I sit on the edge of the bed and then she lifts my feet up, it's perfect." Another person who was supported using a stand aid to promote their mobility, told us, "The girls [staff] know exactly what they are doing, I've no worries" and "I love the girls [staff], they are super, lovely girls and they keep me safe". A relative said, "[Family member] is hoisted and has two carers and it's very safe, I would soon know if there was a problem. The carers [staff] are very good and on the ball, and they will phone me if there is any problem at all."

Systems and processes to safeguard people from the risk of abuse

- Staff were well trained and vigilant to signs of abuse. Staff understood different signs of abuse, such as bruising or changes in behaviours. People's individual risks and vulnerabilities were considered when assessing their needs.
- People knew about the service's safeguarding policy. They knew what to do and felt comfortable raising concerns about their safety.
- Any concerns were appropriately reported to relevant authorities and were investigated by the service. Staff felt confident to report any concerns they had and felt well supported to do so. Staff consistently told

us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

Staffing and recruitment

- There were enough staff, with the right mix of skills, to support people safely in accordance with their support plans. The registered manager completed a staffing needs analysis before taking on new care packages and were focussed on delivering quality care.
- The registered manager refused to compromise on the quality and safety of people's care. Since our last inspection had declined further care packages, to ensure the service had enough staff to meet people's needs safely.
- People consistently told us they had not experienced any missed calls, for example one relative told us, "We have never had a missed call, never no matter what has happened, they [staff] have never not come and [person] is absolutely safe, the carers [staff] are very good".
- The registered manager was working with local authority commissioning to ensure people received care at their preferred times to support risk management.
- The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people. The provider had engaged in the government Health and Care Worker sponsorship scheme, allowing care professionals to work in adult social care in the UK. At the time of inspection, the provider was waiting for the applications of 14 new prospective care support workers to be approved.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's preferences and abilities to safely manage their medicines were assessed and the service supported them appropriately in accordance with their wishes.
- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed annually by the management team.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely. The registered manager and field care supervisor completed quarterly observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The management team completed monthly audits to check staff administered medicines safely and clearly identified any issues or actions to be taken.
- Staff understood the action to take if a medicine error occurred, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- People's support plans included guidance with regard to risks and needs for infection control, personal care, as well as eating and drinking.
- Staff had training and understood infection control procedures. People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support. This included the correct use and disposal of personal protective equipment.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food. Staff had completed relevant training in relation to food safety.

Learning lessons when things go wrong

- The registered manager encouraged staff to report incidents and events that occurred, and these were considered learning opportunities. Staff told us they got feedback from incidents. For example, one staff told us, "When we raise things, we always hear what has happened on the [social media platform] or team meetings and if we need to do things differently."
- Staff told us they felt confident to report any concerns and there was an open culture within the team.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the management team analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff.
- People's risk assessments and care plans had been reviewed and updated as required, in relation to accidents and incidents. For example, if people were identified to be at increased risk of falling or developing pressure areas. Appropriate referrals had been made to healthcare professionals in relation to reported incidents and where necessary additional supportive equipment had been arranged.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had not operated systems to ensure compliance with the regulations and effective quality assurance processes to assess, monitor and improve the quality and safety of the services provided. This was a continued breach of Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection the provider had failed to take action to improve care plans, risk assessments and staff recruitment files by 9 September 2021, in accordance with their action plan. At this inspection we found people's care plans and risk assessments had been reviewed and updated, in line with their latest action plan. Care plans and risk assessments had also been subject to quarterly audits by the management team and the regional support manager. Staff files had also been updated as required.
- After the last inspection, the head of operations and registered manager had created a comprehensive action plan, focussed on driving required improvements, which they had implemented effectively.
- The leadership, management and governance of the organisation assured the delivery of good quality and individualised care.
- The registered manager had established effective processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.
- The management team completed audits and reviews of care records and completed action plans which addressed identified areas for improvement. Action plans clearly identified which staff members were responsible for delivering the required improvements and by when.
- There was a clear structure of regular reviews to support staff performance and training requirements, including quarterly supervisions, observed competency assessments and annual appraisals.
- The registered manager had the skills, knowledge, and experience to lead effectively.
- The registered manager fulfilled their regulatory responsibilities. For example, they ensured timely notification of incidents that could affect the running of the service and people's health and safety.
- The service had an effective emergency plan in place for any major incident or adverse weather.

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

- At our last inspection we reviewed circumstances which met the criteria of a notifiable safety incident. The registered manager had not provided an accurate account of all the facts about the incident at the date of the notification. They had not advised the relevant person what further enquiries into the incident the registered person believed were appropriate, had not offered a verbal apology, followed by a written apology, and had not kept a written record of the actions taken which showed their compliance with the regulation. The registered manager had not complied with their duty of candour in relation to this notifiable safety incident. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- The provider's policy detailed the action required by the registered manager and staff in response to events where the duty of candour applied.
- The registered manager and staff understood their responsibilities and the importance of being transparent when investigating circumstances where something had gone wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall people experienced good care from a stable staff team who were committed to delivering personalised care tailored to meet their individual needs. For example, one person told us, "The carers [staff] are very careful [person] has swollen legs and they will phone us straight away if there is a problem".
- The registered manager and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised.
- Staff were passionate about working at the service and delivering the best possible care to enrich the quality of people's lives. For example, one field care supervisor told us, "We [staff] strive to continuously improve our service and to ensure that we are always delivering the best person centered care. I particularly enjoy working in the field side by side with all the carers [staff]. I also enjoy spending time with the customers and their families when attending care calls and reviews. I always like listening and gathering any feedback positive or not so that i can act upon this and share with management, all changes are made as quickly as possible."
- Staff told us they felt well supported and respected by the registered manager and management team, who valued their opinions and experience. For example, one care support worker told us, "The management team in my personal opinion is fantastic, {Registered manager} is always there when you need her, if you have any concerns, doubts or questions." Another told us, "I am so grateful to be working with a gentleman who is 101 years old. This has been the most beautiful and challenging assignment because he is very happy and grateful to have us as his care service" and "I hope to continue delivering care to this wonderful generation of older people, we owe them a lot."
- Staff told us they felt able to raise any concerns and were confident the management team would take action.

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

- People and relatives consistently told us they felt involved in care decisions.
- Most people had a positive experience communicating with the service, although one person had found it

difficult. We informed the registered manager who agreed to address this concern. Another person told us, "If I had a complaint I would go to [office administrator] in the office because she is good, and my problem would be instantly solved." A relative told us, "If we need to change anything for an appointment, I just phone the office and they [staff] sort it out." Another relative explained that "[Staff member] is very flexible and so I will ask them first and then I will phone the office and they will change the arrangement."

- Staff told us the registered manager valued their opinions, which they were encouraged to share during team meetings, supervisions and care reviews.
- Staff felt they were involved in developing support plans and ideas for the service. Staff shared ideas which worked in supporting people and these were reflected in support plans.
- Staff were inspired by the management team, who delivered care to people regularly, which enabled them to spend meaningful time with people and complete staff competency assessments.
- Staff undertook quarterly reviews of people's care with them and their relatives, where appropriate, to gain their views of the care and make any required changes.

Continuous learning and improving care

- The service had a clear plan of continuous improvement and staff were encouraged and supported to be involved in implementing positive change.
- The registered manager had developed relationships between people, family members and staff and actively encouraged feedback from people to help improve the service.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies to ensure people received high quality, well-coordinated and consistent care.
- The service worked closely with commissioners who consistently provided positive feedback.