

NS CML Ltd

Caremark Liverpool

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

Caremark Liverpool is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection five 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.

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

People confirmed they received their medications and calls on time. Staff knew how to report safeguarding concerns and staff were recruited safely. People told us they felt safe receiving care from Caremark Liverpool. Comments included, "The staff are very responsible," "I feel very safe." There were comprehensive risk assessments in place which were tailored to reflect each person's assessed need.

People were supported to eat, and drink where needed, and staff were trained, supervised and appraised in line with the policy of the organisation. 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 confirmed they were involved in choices and decisions regarding their care and support, including a choice of which staff would support them. People's diverse needs were catered for. Staff treated people with kindness, compassion and dignity.

Care plans were person centred and reflected the needs of each person. Routines were discussed with people, and they had been involved in completing their care plans. Relatives confirmed communication from staff was good, and staff supported people to make healthcare appointments where needed. Complaints were investigated and responded too, and staff were trained in end of life care.

The registered manager understood their role and responsibilities and had reported all notifiable incidents to CQC. There were audits and quality checks in place, complete with action plans.

Rating at last inspection (and update)

This service was registered with CQC on 3 April 2020 and this is the first inspection.

Why we inspected

We inspected this service in line with our planned inspection regime.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caremark Liverpool

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.

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The inspection was carried out by one inspector.

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.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the office to speak with.

Inspection activity started on 28 May 2021 and ended on 1 June 2021. We visited the office location on 28 May 2021.

What we did before the inspection

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 contacted and received feedback from the local authority. We used all this information to plan our inspection and formulate our 'planning tool'.

What we did during our inspection

During the inspection, we spoke with three people using the service or their family members about their experience of care on the telephone. We also spoke with the registered manager, the responsible individual, the two members of staff. The nominated individual is responsible for supervising the management of the

service on behalf of the provider.

We looked at three people's care records and a selection of other records including quality monitoring records, recruitment and training records for all four staff.

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.

Staffing and recruitment

- Staff recruitment procedures were safely managed, all required pre-employment checks were completed and staff said their rotas were well organised.
- Staff said their call times were evenly spaced, and they did not have to 'cram calls in'.
- There were enough staff in post to provide a safe and consistent service.
- Staff said they had clear communication from the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People's needs were safely managed. Safeguarding referrals had been appropriately made by the registered manager and investigated where appropriate.
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had detailed and concise risk assessments in place for each person. People we spoke with said they felt safe using the service.
- Comments from people included, "Yes I feel very safe," and "The staff are very responsible."
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This focused on risks in the environment, such as smoking, poor lighting, and flooring.
- There were clear processes in place to learn from any incidents.

Using medicines safely

- Medication processes and systems were in place and people received their medications safely.
- Where people needed medication as and when required, often referred to as PRN medication, there was a separate plan in place.
- Medication was stored in a designated area of the person's choice. We saw that if the person lacked capacity to make the decision around where their medications were stored, this was made on their behalf following a best interest processes and in association with national guidance.

Preventing and controlling infection

- Infection control procedures were well managed. Staff had received training around COVID-19 as well as additional preventing and controlling infection training and had access to relevant guidance and information.
- People told us that staff wore appropriate PPE when carrying out hygiene and personal care duties and

had good hand washing techniques to minimise the spread of infection. One person told us, "They always look smart, and have their masks."

- Staff partook in routine COVID-19 testing and had been vaccinated.

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.

Staff support: induction, training, skills and experience

- Staff were well trained. Staff had completed training to enable them to fulfil their role which was closely monitored and audited and were regularly supervised and appraised.
- Training was monitored by the registered manager using a matrix, and staff were booked onto refreshers when needed.
- People we spoke with confirmed the staff had good skills, knowledge and experience. One person said, "They know what they have to do for me."
- Staff confirmed they were required to attend supervision, as well as spot checks and an annual appraisal. We saw dates of these documented within the training matrix.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Capacity assessments had been undertaken as part of the assessment process and this was documented in people's care plans.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were well assessed, and choice and support preferences were reflected in the

records we viewed.

- There was pre-assessment information available in people's care plans to determine their care and support needs.

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

- Care records documented when people required support with preparing food and drinks.
- Where needed, there was detailed information recorded for staff to follow which described the level of support each person required. This varied from staff making people sandwiches to helping them cook a meal.
- One person required a special diet, and there was information for staff to help them prepare this for them.

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

- People were supported by staff to access healthcare services and seek out support if they needed it.
- People told us the staff would always offer to come back to see them or call their relative if they did not feel well during a visit. One relative said, "The communication is good, we get on well."
- There was information recorded in people's care records to show staff had contacted district nurses and GP's on people's behalf when they felt unwell.

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.

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

- People had signed their own care plans where they were able to, and told us they had been involved in the completion of their care plan. For some people, family has signed on their behalf if they were legally allowed to do so.
- One person said, "I have information in my home, the staff write in my book".

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

- Care plans reflected people's choices and their diverse needs.
- People made the following comments about the caring nature of the staff. "They very nice." "Very warm and caring" and "They are like friends."
- Care plans were written in a way which focused on promoting people's dignity and independence. People told us staff knocked on their doors, announced themselves politely, and involved them in conversations while providing personal care and support. One person said, "They are top class."
- There was an emphasis on the choice of words within care plans, such as 'ask me' 'encourage me' 'chat to me.'

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.

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.

- Information, such as the service user guide, was available in different formats to support people's understanding. The registered manager and responsible individual discussed their intention to develop more accessible documentation.

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

- People were supported to contact their relatives and friends if this was something they wanted to do.
- People told us staff happily support them on appointments.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to. Any improvements to the service were implemented as part of learning after a complaint. There had only been one documented complaint.
- Everyone we spoke with said they knew how to complain. One person said, "I would call [registered managers name], they would sort it."
- There was a complaints policy in place which was available in different formats to support people's understanding.

End of life care and support

- Staff had undergone training in end of life care.
- People's preferences in regard to end of life wishes were discussed with them as part of their care plan.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person's care plan was written in a way which was meaningful for them.
- There was attention to detail recorded within the care plans that reflected people's preferences and routines. For example, one person had an adapted kitchen and liked to cook, another person required help and support with some exercises.
- Information was recorded with regard to people's likes, dislikes and their backgrounds.

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

- Managers were clear of their roles and responsibilities in accordance with reporting notifiable incidents to CQC.
- All incidents and accidents had been promptly reported to CQC, and the incident log showed that remedial action was taken to help mitigate re-occurrence.

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

- The registered manager and registered provider had ensured people's views and opinions of the service and the support they received was sought and obtained.

Continuous learning and improving care

- The registered provider was committed to ongoing investment to achieve continual improvement.
- A recent full audit of the service had identified the need for more robust references in staff records to be in place. This had been actioned and implemented.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People confirmed they knew who the manager was, and felt the service was well led. One said, "The manager comes out to see I am okay."
- The service worked in partnership with social services and other local health professionals to ensure people's support needs were met.
- When referrals to other services were needed, such as the GP, we saw these referrals were made in a timely way.
- The service had engaged in community activity, such as bag packing at the local supermarket to help promote their services and encourage good working relationships.

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 had audits and checks in place to identify areas for development and improvement. this was supported by the wider quality team at Caremark.
- Spot checks on staff practice and the support provided were undertaken regularly to ensure it was of a

good standard.

- Actions following audits were clearly documented and assigned to the appropriate person.