

In-Home Carers Limited

# Caremark (North Herts & Stevenage)

## Inspection report

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24 April 2019

25 April 2019

26 April 2019

30 April 2019

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15 May 2019

## 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

About the service: Caremark (North Herts & Stevenage) is a domiciliary care service that provides care and support to people in their homes.

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

People's experience of using this service:

People received personalised care and their preferences were met. People were supported to remain independent and in control of their care.

People's privacy and dignity was respected. People were positive about how they could make choices and do things independently.

People felt supported and the care they received was safe. Staff received training in safeguarding and understood the importance of reporting concerns internally and externally.

People received their visits on time, they also confirmed if staff were running late they were contacted. Staff confirmed there was adequate travel time between visits

Staff received regular training, supervisors completed spot checks to observe and check staff competencies. Staff received appropriate training to meet people's needs.

People and relatives were happy with the care provided by Caremark. Staff were kind and caring. People's dignity and privacy were protected.

People and relatives knew who to contact should they have concerns. We saw that any concerns were responded to in line with the providers complaint policy

Care plans were developed when people started using the service, risk assessments were in place for each identified risk to people's health and wellbeing.

Staff were responsive to people's needs and supporting them the way they wanted.

The service had policies and procedures based on current legislation and best practice guidance. Staff received updates when required to ensure lessons were learned when things went wrong. Staff understood their roles and responsibilities.

Audits and checks were in place to ensure best practice. There was evidence that improvements to the service were implemented. A new monitoring system and communication application had recently been implemented to improve the way care and support was delivered.

Rating at last inspection: Good (report published 10 August 2016).

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 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 always well-led

Details are in our Well-Led findings below.

Good ●

# Caremark (North Herts & Stevenage)

## **Detailed findings**

### Background to this 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.

Caremark (North Herts & Stevenage) is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Caremark provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. At the time of the inspection there were 42 people receiving the regulated activity of personal care.

Not everyone using Caremark receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a manager registered with the Care Quality Commission (CQC). 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 provider had a new manager starting in June, we were told they will apply with CQC to be registered for this location.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit because we needed to make sure that the manager would be available.

The inspection started on 24 April 2019 and ended on 30 April 2019. The day before we visited the office, we contacted staff and relatives by telephone to explore their experiences. We visited the office location on 2019.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection:

We spoke with the registered manager, the nominated individual, the supervisor the care coordinator and a member of the care staff. We reviewed care records and other documents relating to the service. We gathered information from three care plans which included all aspects of care and risk. We looked at other relevant documentation such as records of accidents, incidents and complaints.

Following the inspection:

We reviewed information we requested such as training documents. After the office inspection we spoke with four staff, six people and two relatives.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "I feel safe." Another person said, "I feel very comfortable in my own home."
- Staff had a good understanding of safeguarding and reporting concerns. One staff told us, "I would report any concerns to the supervisor or the manager."
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse. All staff had access to numbers such as social services and were aware of how to escalate concerns if required.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed to ensure people's changing circumstances were risk assessed. Staff received appropriate training and competency assessments to ensure people's needs were met.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people's well-being.

Staffing and recruitment

- Staffing levels met the needs of people using the service. People and relatives told us they felt there were enough staff to meet people's needs. One person said, "[Staff] always arrive on time."
- The provider recently implemented an electronic monitoring system. This enabled the registered manager to monitor visits in real time to ensure call times were being met.
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed.

Using medicines safely

- People's medicines were managed safely. We noted that medicine administration processes were completed in accordance with good practice. Medicines records were completed accurately. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines as prescribed.
- Where issues were identified, the registered manager took actions to ensure staff understood and followed best practice.

Preventing and controlling infection

- Staff received infection control training and used personal protective equipment such as gloves and good hand hygiene practice to aid infection control.

#### Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure measures in place were effective.



# 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

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

- People's needs were assessed before they started using the service.
- The registered manager confirmed, they discussed people's care and support needs to ensure these could be met. One person said, "I had a pre-assessment, they listened to my needs and they were willing to do what I asked. From feeding the cat and upwards, I am very satisfied."
- Assessments included people's choices and preferences.
- Care plans contained information about how to support people's needs, these were reviewed annually or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were positive about their induction into their role and told us that it involved lots of training and shadowing more experienced staff members. One staff member said, "Since the training and support, I feel I have the skills and confidence to do my job."
- Staff told us training included moving and handling, administration of medicines, dementia, and safeguarding people.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles.

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

- People were supported with food if appropriate. One person said, "Staff chat with me and make my breakfast."
- People were supported with their meals by staff where required to ensure people remained independent.
- Information about the care and support given was documented in people's care plans by staff appropriately.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, working with other professionals to ensure end of life care.

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 told us that they were always asked for consent before staff supported them. One person said, "Staff always check what I want."
- A relative said, "Staff always ask my [relative] what they want to do."
- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice.

# 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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One relative said, "Staff are always kind and caring, they always ask if there is anything else they can do to help."
- People told us staff were kind and caring and spoke with them in a respectful manner. One person said, "I am completely happy. The staff are friendly, polite and efficient." Another person said, "It's very good care." Another said, "I am happy with (Caremark) staff are nice, polite and kind."
- One relative said, "Staff are kind and we have a laugh and a joke."
- People's cultural and religious beliefs were respected. People's care plans gave staff information about people's cultural and religious preferences. The registered manager told us, "We respect each individual's culture and preferences."
- People's care plans were written in a person-centred way.

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

- Staff and management asked for people's views about their care. The registered manager confirmed they completed telephone calls to gain people's feedback. They also carried out spot checks in people's homes. People were asked how they felt about their care and support.
- Annual surveys were completed. However there had been no actions taken to implement an action plan.
- People and relatives told us they were involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. Staff told us they communicated what they were doing and always checked they had people's consent. One person said, "Very happy with the service." Another said, "Staff are always kind and caring."
- People told us they were supported to be independent.
- Staff told us they promoted people's independence. One staff member said, "I encourage people to be independent. Independence is a very important part of their life."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

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

- The service was responsive to people's changing needs and offered a flexible service. For example, people could change their support times with adequate notice to fit around appointments.
- Staff supported people to access the community for shopping and to attend appointments where requested.
- People told us they received care and support as they liked it. One person said, "Staff come on time and take the time to chat with me."
- Care plans detailed people's preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them.

Improving care quality in response to complaints or concerns

- Staff were responsive to any concerns people raised.
- People told us they knew how to complain if something was not right. One person said, "I know who to call, not had any problems."
- We found where people had raised issues these were responded to in line with the providers complaints policy.
- People had signed documents in their care plan acknowledging they had gone through the 'How to complain policy'.
- People had also taken the time to write and compliment the staff on the service they were providing.
- The acting service manager showed us the process for responding to complaints.

End of life care and support

- People had the opportunity to discuss their end of life wishes. Staff ensured these difficult conversations were dealt with sensitively.
- Where the service was supporting people with end of life care. There was appropriate arrangements and support in place. Staff worked with other professionals to ensure people could continue to live at their home if this was their wish.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The registered manager and care staff were passionate about the care provided. The registered manager said, "It is all about the care and how that impacts on peoples and their family's life's."
- The providers policies and procedures were kept up to date with current legislation around how to give the best care to people.
- The registered manager discussed best practice in team meetings to promote staff learning around good practice. One staff member said, "If I'm not sure about something, I will ask. The support and help are really good."
- Staff received training to ensure staff delivered person centred care that met people's needs.
- People told us staff provided care that met their needs. One person said, "Staff have the skills to do what's required."

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

- The registered manager and the staff understood their roles and had a good understanding of their responsibilities. Systems ensured staff were aware of their rota schedules. Staff monitored calls to ensure people received their support on time.
- Audits were routinely completed to ensure the quality of the service. Any issues were discussed, and actions taken to resolve.
- The registered manager reported notifiable incidents to the proper authorities.
- There were plans in place for what to do in emergency situations such as a fire.

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

- People and their relatives gave positive feedback about the registered manager and staff. One person said, "It's a fantastic service, the staff are lovely."
- Staff felt supported by the management team, one staff member said, "The [registered manager] is so supportive and will sort anything out." Another said, "We all support each other, there's good communication."
- Staff expressed their views and received updates in regular meetings held by the registered manager.
- New improvements had been made with the implementation of the electronic monitoring system.
- A new phone application had also been implemented as a way of improving communication and setting

tasks. The nominated individual was introducing a recruitment role to improve recruitment and retention.

- There was an emphasis on improving staff skills and knowledge. The registered manager said, "We ensure the staff have the right skills needed to provide good care. And we promote them to develop themselves and work towards achieving QCF qualifications level 2 and 3."

Working in partnership with others

- The registered manager worked with other professionals to achieve good outcomes for people.
- We saw evidence of involvement from health care professionals and social workers to support people's needs.