

# Southend Rochford Care Services Limited Caremark (Southend and Rochford)

## 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

About the service: Caremark (Southend and Rochford) Care Services Limited provides personal care and support to people who require assistance in their own home.

People's experience of using this service: People and relatives were very complimentary of the service and staff. One person said, "They are fabulous." Another person said, "I am so grateful to them they really go that extra mile."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff who had received the appropriate training

People were supported with their medication by staff who had received training to do so.

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.

People were supported to eat and drink enough to ensure they maintained a balanced diet. Referrals to other health professionals were made when required.

Staff had a good understanding of people's preferences of care, staff promoted people's independence. Care plans were reviewed on a regular basis.

People and their relatives were involved in the planning and review of their care. People were supported to follow their interests and participate in social activities. The provider investigated and responded to complaints. Support was provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good report published 24/12/2016

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

## 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 (Southend and Rochford)

## **Detailed findings**

### Background to this inspection

#### The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection Team:

The inspection was carried out by one inspector.

#### Service and service type:

Caremark is a domiciliary care agency which provides support to people in their own home or in the community. At the time of our inspection they were providing approximately 730 care hours per week. The provider was also the manager of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 1 and 2 May 2019 and was announced. We gave the service 24 hours' notice of the inspection visit as we needed to be sure that the provider would be at the offices.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people and two relatives. We spoke with the provider, field care supervisor, care co-ordinator and a care worker. We reviewed four care files, three staff files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

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

Good: 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 using the service. One person told us, "The staff are very good." Another person said, "I feel safe with them coming in."
- Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff said, "I would raise anything with my manager and an alert would be sent to the local authority."
- The provider knew how to raise concerns with the local safeguarding authority and would work with them to ensure people were kept safe.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people. A full assessment was completed of people's healthcare needs and the environment where care was received.
- Risk assessments were person centred. For example, to assist people's mobility, medication needs and to safely support their personal care and nutrition requirements.
- Staff knew how to raise the alarm if somebody they attended was unwell or if they were missing from an expected call. Staff said, "I would immediately notify the office, if I found somebody had fallen I would call an ambulance."
- One member of staff said, "If anyone was missing when we attended a call we would try telephoning them or call their relatives. If we could not trace them we would notify the emergency services for a welfare check."
- The provider had emergency contingency plans in place to use in an event such as bad weather, to ensure people's care calls were covered.

Staffing and recruitment

- The provider only took on care packages when they were sure they had the staff to cover these.
- People were supported by consistent staff teams. One person told us, "I have the same regular staff coming in to me, it only changes if they are on holiday."
- The provider had an effective recruitment process in place to ensure staff recruited were suitable for the role.

Using medicines safely

- Staff received training in supporting people with medication and their competency to give medication was checked at regular interviews.
- There were clear care plans and risk assessments in place to guide staff in how to best support people

with their medication.

- Regular medication checks were completed by the field co-ordinator and audits completed. These audits had identified some prescribing and dispensing errors which could have put people at risk. They addressed these errors immediately with the pharmacy provider to ensure people's safety.

Preventing and controlling infection

- Staff had received training in infection control and were provided with the appropriate personal protection equipment.
- Staff were monitored during spot checks to ensure they were adhering to best practice.

Learning lessons when things go wrong

- The provider acted to learn lessons when things went wrong. Learning points were discussed at meetings and shared with staff.

# 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

Good: 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 supported staff to deliver care in line with the best practice guidance and legislation. They discussed best practice with staff during meetings.
- People's needs were assessed and regularly reviewed. People's protected characteristics under the Equalities Act 2010 were identified and supported.

Staff support: induction, training, skills and experience

- People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- Staff received a mixture of face to face and on-line training. Staff new to care were enrolled on the Care Certificate. Training was regularly repeated and updated to keep staff skills fresh.
- Staff at the service were trained to deliver training. One trainer told us, "If for example, we have a care package that requires using lifting equipment we call staff in to refresh their training with the equipment before they attend the calls."
- New staff were supported with a full induction, which included training and working with more experienced staff.
- Staff were supported with supervisions, spot checks, staff meetings and had a yearly appraisal.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package. For example, we saw in one person's care plan staff were to support them, to participate in making food to maintain their independence.
- Another person's care plan detailed how they only liked fresh food and did not want reheated or microwaved food.
- Care plans instructed staff how people wished to be supported with food and fluids. If staff had concerns they knew to raise these with the provider.

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

- Staff worked in partnership with other agencies, for example they liaised with district nurses to support their prescribed treatment programs for people. This included notifying nursing staff if dressings needed renewing and applying the correct creams for people's skin care.
- Where necessary staff contacted people's GPs for appointments and helped them to attend healthcare appointments.



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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure that decisions made were in the persons best interests.

# 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

Good: 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 very complimentary of the staff and the support they received. One person told us, "The staff are very good, I feel safe with them, they are always polite." Another person told us, "I couldn't wish for a kinder lady who comes in to help me. I am very grateful to Caremark."
- People were supported consistently by the same care workers who knew them well and how best to support them. A relative told us, "The staff are very good."

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

- Before people started using the service a full assessment of their needs was completed. The field supervisor said, "I do a full assessment of what support people need, then I spend time talking to them, getting to know them and find out exactly how they wish to be supported."
- Care packages are regularly reviewed with people. One person said, "The supervisor comes in to check everything is okay or the office rings and checks every couple of weeks."
- A relative said, "Communication is very good, we are always kept informed."

Respecting and promoting people's privacy, dignity and independence

- Care plans were detailed in how to support people with their independence. One member of staff said, "I have learnt it is not my job to take over and do everything but to offer support and help when it is needed so people keep their independence."
- Staff had all the information needed to support people the way they wished to be supported. For example, care plans explained how people wished to be addressed and what help they required from staff and what they preferred to do for themselves.
- People's privacy was respected, and staff knew when to enter a person's property or when to wait to be let in. Some plans identified that some people wanted staff to call out before entering their homes so that they knew staff were there.
- Preferences were recorded if a person preferred a male or female care worker.
- Notes were regularly returned to the main office and stored securely.

## Is the service responsive?

### Our findings

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

Good: 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

- An assessment of people's care needs was undertaken and care packages planned with people's full involvement.
- The provider only agreed to take on care packages if they knew they could meet the persons needs and requests for care.
- Care plans were informative and set out people's needs and preferences. A copy was maintained in people's homes to guide staff.
- The provider also supported people with social care needs and staff offered companionship for people. One person told us, "The staff come in and make me a sandwich and we have a cup of tea and a chat."
- One member of staff said, "We support some people with days out and social activities."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and we saw if complaints had been made these were fully investigated and responded to.
- People were provided with the information they needed to make a complaint. One person told us, "I would ring and speak to [person's name]."

End of life care and support

- People were supported at the end of their life.
- Staff worked together with other healthcare professionals such as the palliative care team or district nurses to support people at the end of their life.

# 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was committed to providing high quality care.
- Support packages were planned in consultation with people and were very person centred.
- All the feedback we got from people and relatives was complimentary of the service.
- The provider fulfilled their responsibility to say when things went wrong and investigated these fully to learn from these and take steps to put right. This is known as 'duty of candour.'

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

- People benefited from a staff team that worked together and understood their roles and responsibilities.
- Staff were clear about their roles and worked within regulatory requirements.
- Staff felt very supported by the provider and management team. One member of staff said, "There is always someone available to ask advice."
- The management team had oversight of what was happening in the service, on a day to day basis.
- There was a positive management structure in place which was open and transparent.
- Staff shared the managers vision to provide good care. One member of staff told us, "We want to give the best possible care, to keep their dignity, to remain at home, keep independence and have choice and free will."

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

- The provider had a number of ways of engaging with people who used the service. There were regular reviews of care packages.
- Field co-ordinators went through care packages with people to ensure they still met people's needs.
- Office staff rang people every two weeks to ensure they were still receiving the correct level of care and support they needed.
- The provider had also developed a newsletter to keep people informed of anything that was happening at the service and to share information.
- The provider has engaged with the local parish council and local council to become involved in activities that affect the local area. For example, they were a collection point for donations for a local charity project.

Continuous learning and improving care

- The provider completed a number of audits to monitor the performance of the service.
- They were keen to develop best practice and share this with staff.
- The provider sent out an annual survey each year and analysed the feedback received to continuously improve care provided.