

R K S Domiciliary Care Ltd

Caremark - Charnwood

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 - Charnwood is a domiciliary care agency providing care and support to people living in their own homes. At the time of our inspection, there were 45 people using the service, many of whom required 2:1 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 were kept safe by staff who understood how to safeguard them from abuse, and the actions they needed to take to protect people from the risk of harm. There were sufficient numbers of staff to support people and staff were recruited safely. There were appropriate infection control practices in place and people were supported to take their medicines safely.

Staff received training, supervision and support so they could effectively perform their roles and meet people needs. People were provided with care and support that ensured they had good nutrition and hydration and access to healthcare that maintained their health and wellbeing. 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.

Staff were kind, caring and treated people with respect and dignity. People were encouraged to remain independent where possible and were supported to be at the centre in planning and developing their care.

People and those important to them were at the centre of the assessment and care planning process. People were supported to express their wishes and preferences regarding their care. Staff knew people well and used this knowledge to provide personalised care. Some care plans required further development to ensure they reflected the personalised care provided. People and relatives were confident to raise concerns and complaints if they needed to.

People, relatives and staff spoke positively about the management and leadership of the service, as being open and transparent. The provider had systems in place to monitor the quality of the service to ensure people received good care. People, relatives and staff were given the opportunity to feedback on their experience of the service and contribute to the improvement and development of the service.

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 May 2020). At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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 - Charnwood

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 Health and Social Care Act 2008.

The 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

Caremark - Charnwood is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 February 2022 and ended on 24 February 2022. We visited the location's office on 23 February 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives. We also spoke with the registered manager, the director of the franchise and five care staff. We reviewed care records for four people, including

their care and medicine plans and call logs to ensure the care provided reflected their current needs. We also looked at records in relation to the management of the service including four staff recruitment records and quality assurance systems and processes.

After the inspection

We reviewed key policies and staff training date and sought further information from the provider to validate the evidence we had found.

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 improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure medication was administered safely and risk assessments completed adequately identifying risk. This was a breach of regulation 12 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.

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- People told us staff supported them to take their medicines safely. One person told us, "Staff always remember to give medicines to me; they have sheets they have to fill in and I have never forgotten to take medicines."
- People's medicine administration records (MARs) were signed by staff and included information such as allergies, adverse effects and food or drink to avoid whilst taking the medicines.
- Staff confirmed they had received training in supporting people to take their medicines safely and this was regularly refreshed.
- The registered manager undertook regular audits on medicines and medicine records which helped to ensure people received their medicines as prescribed and records were completed accurately.
- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk.
- Staff showed a good understanding of how to manage risks to people's safety. They were able to describe how they supported people to avoid harm, and raise concerns if they felt people needed additional support.
- Some people's risk assessments had not been reviewed or transferred onto a new format which supported more comprehensive risk assessments. These risk assessments lacked the detailed information and guidance staff needed. Risks were mitigated due to people receiving consistent care staff and key information relayed directly to staff. The registered manager told us they would set a target date to review and update all risk assessments. They submitted an action plan following inspection confirming this.

Systems and processes to safeguard people from the risk of abuse:

- The provider had safeguarding systems and processes in place to protect people from the risk of abuse.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. Staff told us they would report and document concerns and were

confident these would be listened to and action taken to keep people safe.

- Staff understood how they could raise concerns with external agencies about potential malpractice in the service.

Staffing and recruitment

- Staff recruitment files contained evidence of pre-employment checks to ensure only fit and proper staff were employed.
- Recruitment checks included evidence of employment history, proof of identify and a check with the Disclosure and Barring Service (DBS)
- The provider did not have a clear policy to ensure staff remained safe to work in the service and to ensure all positive DBS checks were supported by a risk assessment. The provider implemented a policy following our inspection and undertook refresher checks where DBS were over three years.
- The registered manager strived to ensure people received care and support from a consistent team of care staff, in sufficient numbers to meet their needs. Call logs showed some staff were not staying the full duration of the visit. Although this was with the consent of people, this was not recorded in call logs to support this decision. The registered manager told us they would ensure records were fully reflective of this agreement following our inspection visit.
- Contingency plans had been implemented to ensure staffing levels remained safe during the pandemic and people experienced minimal disruption. People confirmed staff were usually on time unless in exceptional circumstances.

Learning lessons when things go wrong

- Staff completed records detailing accidents and incidents that had occurred in the service.
- These were analysed and reviewed by the registered manager to identify measures that may be required to reduce the risk of further incidents. For example, referral to other agencies or review of a care plan.

Preventing and controlling infection

- Staff told us and people confirmed staff wore Personal Protective Equipment (PPE) including gloves, face masks and aprons when supporting people and providing care. One person told us, "Staff wear the mask, aprons and gloves, wash their hands, and they have to have their hair tied back."
- Staff confirmed they had received training and information around controlling and preventing the risk of infections, including those of COVID-19. The registered manager and senior staff undertook competency checks to ensure all staff were compliant with current guidance and safe practices in protecting people from the risk of infections.
- The provider had ensured staff were vaccinated against COVID-19, pending further guidance from the government around vaccination for care 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

- People's needs were assessed prior to them using the service to ensure the care provided met their needs and wishes. This information was used to form the basis of people's care plans.
- People and relatives confirmed they had been involved in assessments and care planning. Comments included, "Before we started with the service, staff came and asked what we need, We have the file at home," and " My son helped with the care plan; we have book with all [Name] needs in."

Staff support: induction, training, skills and experience

- People and relatives felt staff had the skills and knowledge they needed to meet their needs. One person told us, "The regular staff know exactly what's what; they give me a lovely start to the day."
- Some people lacked confidence in staff who were new to them. This was due to people usually receiving calls from consistent staff who knew them very well. People found new staff unsettling as they had to explain their needs in more detail. People only received care from staff who were new to them during staff shortages and only as a last resort.
- Staff told us they had completed training which gave them the skills and knowledge they needed in their role. Training records showed staff completed training that was assessed as essential and additional training to meet people's specific needs. One staff member told us, "I completed induction training, then shadow shifts (working alongside experienced staff). I was able to say when I felt confident to start on my own. I have had several spot checks to make sure I am doing things right."
- The registered manager regularly assessed staff competency and observed working practices. They discussed training in staff meetings as part of on-going evaluation of training.
- Staff told us they felt supported in their roles and described an 'open door' culture within the service. Although some staff had not received regular, formal supervision, staff unanimously said they could and did approach the office managers at any time. This enabled staff to get the guidance and advice they needed.

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

- People's care plans included the support they needed to ensure they had sufficient amounts to eat and drink, and included their likes and dislikes.
- One person told us, "Staff do my meals most days and they make sure I have a hot meal dinnertime. if my daughter is late, they make sure I have a sandwich in case she can't get back in time. They are insistent I have something to eat."
- Staff ensured they left people with sufficient fluids in-between calls to help people maintain their hydration.

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

- People's care plans included information about their specific health conditions. Information included the impact of the health condition for the person and guidance on the actions staff should take in an emergency or decline in the person's well-being.
- Daily care records showed staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner.
- One person told us, "If I am feeling ill or have problems with [a medical aid] staff have called the community nurse, called an ambulance, and stayed with me until medical help comes."
- A second person described how they were feeling anxious as a result of hospital appointment. Staff had arranged to visit when the person returned from hospital which made the visit much easier for the person and reduced their anxiety.

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 MCA 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.

- People and relatives told us staff always sought consent and consulted with people before providing care and support.
- People's care plans included details of decisions and choices they were able to make and support available in the event they needed to make more complex decisions and choices.
- Staff had a good understanding of supporting people to make choices and decisions, respecting people's right to make unwise choices and to decline care and support.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 and relatives told us staff provided good support and were kind and caring. Comments from people included, "Staff do extra things within the company rules as to what they can and cannot do, they are very kind and caring," and "We have a very good relationship. Staff are caring and professional and gregarious and chatty; they don't make a big deal of it."
- Staff told us they usually had the time they needed to meet people's needs without rushing.
- Wherever possible, people were provided with consistent staff who got to know people, and those important to them well. This resulted in positive communication between people, staff and relatives and helped to ensure people received care that was personalised and reflected people's diversity.

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

- Care plans reflected people, and those important to them, had been involved and consulted about how they wanted their care to be provided.
- One person told us, ", Basically I explained my problem and how I needed help. I have a copy of the care plan here and staff write notes every visit."
- Most people's care plans included information about their life history, things and people who were important to them and preferences. Some care plans required further development to ensure this information was captured, though staff who were regularly allocated to people knew this information.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided care in a dignified and respectful manner and encouraged their independence. One person told us, "Staff let me do things for myself, they let me try. I want to be at home, not in hospital."
- People's care plans detailed how staff should protect people's dignity whilst providing care and support. People confirmed staff preserved their dignity. One person told us, "Staff keep me very private. When they are washing me, they put a towel over my exposed bits they are very respectful of my body."

Is the service responsive?

Our findings

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

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

- People's care and support was personalised and providing flexibility to enable them to gain the best outcomes possible.
- The registered manager developed people's care plans with them. The majority of care plans had been transcribed onto a new format and were personalised, provided detailed information about people's life histories and what was important to each person. One person told us, "Staff are into the routine. They understand my problems with [health condition] and the challenges it provides. They are very aware of all that when they are with me."
- Care plans that were not in the new format lacked personalised information. The risk that these plans did not provide detailed information to guide staff was mitigated due to people receiving care from consistent staff who knew them well. New staff were provided with detailed information prior to attending any new care call.
- The registered manager regularly reviewed the care and support people needed. People and relatives confirmed they were involved in regular reviews where their views were at the centre of discussions and they could make changes if they needed to.
- Staff told us they received information promptly if the care people needed changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager assessed people's communication needs to identify how they needed information to be provided. This was recorded in people's care records to guide staff on how to share information with them.

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 told us staff supported them to maintain communication and contact with friends and family if they needed support.
- Most people were able to be a part of their local community independently or with family support. Some people described how staff were flexible if they needed help, such as posting letters or collecting essential shopping.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable to say if they were not happy about something and were confident action would be taken to resolve their concerns.
- People told us they had had no reason to complain about their care. One relative had raised concerns and told us these concerns were quickly acted upon and resolved to their satisfaction.
- The provider had a procedure for receiving and managing complaints about the service. This provided sufficient guidance and information for people to raise concerns and complaints and understand how these would be responded to.

End of life care and support

- People's and relatives were offered the option of discussing end of life care and planning as part of their care assessments. Where people had provided this information, it was included in their care plans.
- One relative described the end of life care their family member received as 'amazing'. They described how staff spent time with their family member, ensuring their wishes for end of life were known, respected and followed. They also spent time with the family, helping them to understand end of life care, gain their thoughts and show them how to care for their family member between visits. This demonstrated end of life care that was inclusive, personalised and caring.

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 as requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's care was planned, monitored and reviewed regularly. The manager was in the process of developing care plans and records so these provided comprehensive guidance and information for staff to provide personalised care. As this work had not been completed and was raised as a concern during our last inspection in February 2020, we asked the provider to submit an action plan with timescales for this work to be finished. Following our inspection the provider submitted an action plan with clear actions and timescales.
- People and relatives told us they received care and support that was very individual to them and reflected their needs, wishes and preferences. Comments from people included, "The staff know me really well; I have chat and a laugh with them. Over the years, you get quite close to them," and "I have complex medical needs and they know if I am a bit quiet then something is wrong."
- People were able to describe the outcomes they achieved from the care and support staff provided. Comments from people included, "Staff completely help me with my needs. If it wasn't for the agency, I would spend all my time in bed," and "It is good to be in my own home and be independent and I am grateful for that. I love the continuity of care."

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

- People, relatives and staff were positive about the management and leadership of the service. One person told us, "The managers, put on the uniform and come out and help if they are short staffed. You wouldn't know they are managers as they get on and do it just like the care staff do."
- Staff felt confident and supported in their roles. They described the registered manager as being approachable and supportive. Staff appreciated the registered manager undertaking spot checks and taking action where working practices fell below expected standards.
- The registered manager undertook limited audits and checks to ensure compliance. For example, robust auditing had been introduced to ensure medicines were administered safely and records were accurate. Further developments to audits and checks would enable the registered manager to have more effective oversight and ensure improvements were made in a timely manner.
- A representative of the franchise owner undertook comprehensive audits to ensure the service provided quality care for people in line with the franchise aims and values.
- The registered manager demonstrated they were aware of the regulatory requirements, including the

requirement to notify CQC of significant events and incidents in the service. They promoted an open and honest culture which supported effective communication.

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

- People and relatives were able to share their views about the service through regular quality monitoring surveys, telephone calls or directly with the office. Records showed people were encouraged to share any concerns and comment on a range of areas around the care provided.
- Staff were supported to share their views about people's care individually and in small groups. They told us they were confident and felt encouraged to do this by the registered manager.
- The registered manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

Continuous learning and improving care

- The registered manager was constantly making improvements to the care and support provided, to achieve the best possible outcomes for people. This included working with staff to ensure they followed best practice.
- The director liaised with other care providers in the franchise to share best practice and ideas.

Working in partnership with others

- Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.