

Caremaid Services Limited

Caremaid Services Hampshire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caremaid Services Hampshire is a domiciliary care service providing personal care to people in their own homes. They were providing the regulated activity of personal care to 27 people on the day of the site visit.

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 and their relatives provided positive feedback about the service. Their comments included, "The agency does really well at providing kind and helpful carers" and "The agency does really well at sending the same carers."

The provider had effective recruitment processes, to ensure only suitable staff were recruited and all records of pre-employment checks were available. The provider had systems and processes in place to protect people from the risk of abuse. Potential risks to people had been assessed and processes were in place to manage them safely. The provider ensured people received their medicines safely from trained and competent staff. People were protected from the risk of acquiring an infection.

Staff treated people kindly and compassionately and respected their privacy and dignity. People were supported to be involved in making decisions about their care.

There was increased monitoring of the culture of the service to ensure all staff displayed the values and behaviours the provider expected. The provider ensured the quality of the service was monitored and action was taken to address any issues identified. Learning from incidents was shared with staff. The provider regularly sought the views of people and staff about the care provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 September 2021).

At our last inspection we recommended the provider review closed culture guidance. At this inspection we found the provider had taken action to improve the culture of the service.

Why we inspected

We carried out an announced comprehensive inspection of this service on 19 July 2021. A breach of legal requirements was found related to fit and proper persons employed. The provider completed an action plan

after the last inspection to show what they would do and by when to meet the regulation.

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, Caring and Well-led.

For those key questions not inspected, we used the ratings awarded at the last 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 Caremaid Services Hampshire 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caremaid Services Hampshire

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.

Inspection team

The inspection was completed 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 houses and flats.

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

We gave the service 24 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 21 March 2022 and ended on 24 March 2022. We visited the location's office on 21 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and reviewed notifications the provider had submitted about events within the service. We used all this information to plan our inspection.

During the inspection

We spoke with both the registered manager who was also the provider, and the nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. These included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We spoke with seven people who use the service, four relatives and four care staff. We also reviewed records related to the management 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.

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.

Staffing and recruitment

At our last inspection the provider had failed to carry out appropriate pre-employment checks. This was a breach of regulation 19 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 19.

- The provider operated safe and effective recruitment procedures. The provider now had a designated member of staff who oversaw the safe recruitment of staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider ensured staff's DBS check was completed prior to their start date, this meant they could review the outcome to see if there was any information they needed to consider. Staff files contained complete information about their full employment history and details of any health condition.
- The registered manager told us staffing had been challenging in recent months, however, there were sufficient staff to provide people's care. People told us, "I have a team of regular carers." The provider had been able to use the government's health and care workers sponsorship visa scheme to recruit some staff from outside of the UK.
- All staff had completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Some staff had also completed a professional qualification in health and social care. Staff employed had the appropriate qualifications and skills.
- Processes were in place to monitor the duration of people's care calls. A couple of people said sometimes carers left their care call early having checked they did not need anything else. A couple of people said they would like their evening call to be later. We raised this with the provider who was able to demonstrate daily monitoring of call times took place and changes were made where required, if a person did not require the call duration commissioned. They also advised people's call times were agreed with them at the start of their care and reviewed regularly. When people expressed a wish to change them, the provider arranged this where possible.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider review guidance on the risks to people from the

development of closed cultures. The provider had improved the culture of the service since the last inspection.

- The provider had taken action to ensure all staff fully understood their role, duties and responsibilities. Where required, staff had received additional training in relation to their role and extra supervisions. New staff initially worked alongside more qualified and experienced staff to enable them to learn about their role. The provider had also recruited staff from different ethnic backgrounds, which had increased the diversity of the workforce.
- The provider had systems and processes in place to safeguard people from the risk of abuse. Staff completed safeguarding training which they updated annually and had online access to the provider's safeguarding policy. Staff also completed training in equality, diversity and anti-discrimination. Staff spoken with understood their role and responsibilities to safeguard people and the actions they should take. A staff member told us they would "report any concerns immediately." A relative confirmed, "I feel my relative is safe with the carers and I trust them."
- Where people had been assessed as being particularly vulnerable, this had been assessed and guidance provided for staff about what to be aware of and the actions they should take to safeguard the person.
- One safeguarding issue had been identified since the last inspection and relevant actions had been taken. Learning had also taken place, to reduce the risk of repetition.

Assessing risk, safety monitoring and management

- The provider ensured risks to people's safety were assessed and managed, to support people to stay safe. Staff discussed with people how they wanted identified risks to them to be managed and provided relevant information. A relative said, "The agency does really well at listing who is who with their numbers in the folder." The provider shared information about risks with relevant professionals where required and people's risk assessments reflected professional guidance.
- The provider ensured staff completed relevant safety training for their role. Staff completed the provider's moving and handling training during their induction and had their competence assessed. A person told us, "I feel safe when the carers use the ceiling hoists; there are always two carers for hoisting." People had falls risk assessments where required and staff had completed falls prevention training.
- If people lived with health conditions which required staff to undertake additional training for example from a nurse, in order to be able to support the person, this was arranged. Staff completed training to enable them to support people living with diabetes, dementia or epilepsy. Staff had access to written guidance about how to support people with their mental state, where required. A professional told us, "They [the provider] are good at picking up clients with complex needs."

Using medicines safely

- People had medicines care plans which outlined whether people wished to manage their own medicines or required staff support. There was guidance for staff about who was responsible for obtaining people's medicines and from where.
- Staff had completed relevant training, had their competency assessed and had access to the provider's medicines guidance. People confirmed staff administered their medicines safely.
- Staff recorded the administration of people's medicines on an electronic medicines administration records (MAR). There was evidence when people took medicines which required additional monitoring, such as anticoagulants used to thin the blood. Staff liaised with health care professionals to ensure they were aware of the person's current dose.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely.

- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns. Staff had guidance in people's care plans about what risks they should monitor and report. They were also reminded regularly of the importance of reporting at staff meetings. The care coordinator for the location also rung the staff twice a week to check if there were any issues which needed to be addressed.
- Processes were in place to enable the registered manager to review any incidents and to identify any changes required. They then shared any learning points with the staff.

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 requires improvement. At this inspection the rating has changed to 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 their relatives told us staff treated them with kindness and compassion. Their feedback included, "I am pleased with the carers; they do a good job; they are definitely kind and caring and do what they are supposed to do" and "The carers are very approachable and look after my relative well."
- A staff member said, "We communicate with them [people] - build trust, when they see you provide their care properly, they are happy and have confidence." People experienced positive relationships with staff, a person said, "The agency does really well at providing carers of the right temperament that chat and don't rush me."
- Staff told us how they read people's care plans initially in order to get to know them. They contained information about the person's background, family, sexual identity, ethnicity, religion and occupation. Where people experienced changes in their mental state or pain which could impact their mood and well-being, this was noted. For example, one person's care plan encouraged staff to talk to them about what was impacting their mood, if it was low.
- The registered manager identified people's communication needs and ensured these were met. For example, a person was supported whose first language was not English. Staff who had a level of understanding of the person's culture and the required language skills to speak with them, were allocated to support them. There was written guidance for staff about how to support another person whose verbal communication was impacted by their disability across the course of their day.

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

- Staff recognised and understood when people needed support to enable them to be involved in decisions about their care. They engaged with one person's support network and alerted commissioners the person required additional support to make decisions which they arranged.
- Staff received the training required to enable them to provide care and support compassionately. Staff told us they received training in dementia care. A staff member said when working with people with dementia, "Non-verbal communication is vital, so I smile" and "I am friendly and involve them in the activity. If I am washing them, I consult them about what I am doing." People confirmed staff consulted them about their care. A person said, "The carers hold up nighties and cardigans for me to choose from and also give me choices of food and drinks."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Their feedback included, "The carers draw the curtains when giving me a bed wash and cover me with a towel to help with privacy."

- People's rights were set out in the provider's service user guide and staff completed training in equality, diversity, dignity and respect.
- Staff supported people to be independent. People's care plans stated what they could do for themselves and what they required assistance with. One person used assistive technology to support them. Their care plan contained guidance for staff on how they used this.

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.

Continuous learning and improving care

At our last inspection the provider had failed to assess and mitigate risks to people's safety from staff recruitment or to ensure all records relating to people employed were available for review. This was a breach of regulation 19(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 19.

- Following the last inspection, the provider had made changes to ensure there was now robust governance of staff recruitment and all staff recruitment records were readily available. The recruitment manager had overall responsibility for ensuring staff were suitable for their role and there was written evidence for all of the pre-employment checks completed. The care co-ordinator for the location and the registered manager also had oversight of staff recruitment.
- The provider had auditing processes in place to monitor the quality of the service provided. These included daily monitoring of people's medicines administration records (MARs), call times and daily logs. The monitoring of people's daily logs had enabled them to identify issues such as a staff member, who required additional support and training in their role. In addition, processes such as people's reviews, quality calls, staff's induction, competency assessments, spot checks and supervisions were used to monitor staff's performance.
- The registered manager also monitored the service through their 'dashboard,' which continually evaluated the service against criteria such as safeguarding, complaints, missed calls, medication issues and a log of any issues raised and the actions taken to rectify the issue.
- The registered manager told us following the last inspection, they had downsized their business, in order to focus their efforts on the quality of the service at their two locations.
- The provider had sufficient resources to support the staff team. They had 'pool' cars in case a carer's car broke down. They also supported the well-being of those staff employed from outside the UK, by renting accommodation for them.

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

- The registered manager, who was also the provider, was aware of and monitored the day to day culture within the service. They were able to demonstrate the actions they had taken following the previous

inspection, to ensure all staff understood their responsibilities and what was expected of them. This included additional staff training, supervisions and spot checks as required. They had also increased the regularity with which they sought feedback from people to monthly.

- The provider had processes in place to monitor and evaluate the diversity of their workforce. This ensured they recruited a mix of staff in relation to gender, age, ethnicity and religion. Staff were all provided with opportunities to learn and develop. Staff told us they also received bonus rewards for good work.
- People were happy with the service which they felt was well-led. A relative said, "I think the service is well managed, they are very good if I ring them because they sort out any queries quickly."
- Staff provided positive feedback about working for the provider and felt well supported in their role. Their feedback included, "Management are very supportive" and "I like working for them."

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 provider understood their legal duties in relation to the duty of candour and had a policy in place to guide and inform staff.

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

- The registered manager understood their legal responsibilities and were supported by the Nominated Individual and the senior staff to deliver the service. They had ensured staff employed at all levels knew and understood what was expected of them. Staff were motivated in their work.
- Management systems were in place to identify and address any risks to the quality of the service. The provider had robust arrangements to ensure the security of data and records.

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

- People's views on the service they received was sought regularly through monthly calls, reviews of their care and spot checks. A relative said, "They [the provider] phone for feedback perhaps monthly, and visit twice a year; we have also received a survey form."
- A couple of people reported they would like a copy of the staffing roster. We spoke with the provider about this who explained people and their relatives could already access this information via the electronic care planning system they had access to.
- The registered manager told us, they had found staff recruitment had become easier since they had re-located the office, away from the business park where they were located, to their new building which was near the town centre. It was more central and easily accessible. The new building was also accessible for people with a physical disability if they wanted to go in and speak with office staff.
- Staff's views were sought at their supervisions, staff meetings and regular calls from the care co-ordinator. Staff were supported to question practice and told us they felt able to raise any issues with the registered manager or with external agencies if required.

Working in partnership with others

- The service was open with external stakeholders and agencies. A professional told us, "They raise issues when they happen." We saw from people's records staff, raised issues with partner organisations, to support the provision of people's care.