

Iresuccess Care Limited

Caremark Camden

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 (Camden) is a currently small domiciliary care service, currently providing support to two people.

On this occasion we sought feedback from relatives of people using the service but unfortunately received no feedback. However, we did see feedback that the service had directly received from people using the service, where possible and relatives which was usually positive.

Everyone that used the service received personal care. The Care Quality Commission (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 supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Risks to people had been identified, assessed and were regularly reviewed. The assessments provided information about how to support people to ensure that any potential risks were minimised.

The service had enough staff to cater for the needs of people currently using the service. Pre-employment checks had been carried out. These checks helped to ensure only suitable applicants were offered work with the service.

People received their medicines safely. They were supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines safety was monitored by the provider.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff. Guidance for staff and training was provided and staff were assessed to ensure these measures were maintained.

The service completed a comprehensive assessment of each person's needs and personal wishes about how they were cared for and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents. Significant events were documented timely in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant

and good quality training in evidence-based practice.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. Staff had taken steps to make sure people's nutrition and hydration needs were met.

People's health needs were met. Staff from different disciplines worked together to make sure people had no gaps in their care.

Staff respected people's choices, including those relevant to protected characteristics due to cultural or religious preferences.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people. Audits were carried out on a range of areas vital to the effective and safe delivery 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

This service was registered with us on 13/03/2020 but had not provided a service until 20/11/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

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 Camden

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

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the 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.

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.

What we did before the inspection

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 the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at care planning and

medicines records as well as staffing and recruitment information.

We contacted six care staff and two relatives to ask about their views about the quality and safety of the service provided. We received two replies from members of the care staff team.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were, and acted to minimise any untoward event.
- One concern arose since the service began operating. We looked at further information and the provider was able to show us evidence of the action they had taken in response to the concern and what they had done to clarify their support for a person who was using the service at that time.
- Induction and training records showed all care staff had completed safeguarding training and had access to online guidance about what to do if they were unclear about how to respond if a concern emerged.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments in place. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise the risks identified.

Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Checks of criminal records (DBS), identity and references had been carried out before staff started work.
- We looked at the recruitment records for all six care staff currently working for the service, two of whom were undergoing their induction. The records showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking references and employment history.

Using medicines safely

- The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records, and these were being completed.
- Signed consent to support people with medicines and details of the medicines that people were taking were included in care records.
- Care staff had received medicines training as a part of their induction programme.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing including gloves were available.
- The service had been able to continue to provide care to people using the service during the Covid-19

pandemic without interruption.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. These were analysed for any emerging themes and learning.
- The provider acknowledged that a concern raised last year had resulted in the service looking closely at the impact of staffing levels in the service and had reviewed the ability to provide care to people who required more than one member of staff to support them at given points each day.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs had been carried out before they started to receive care and support from the service.
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well as their heritage, religion and family support.

Staff support: induction, training, skills and experience

- All care staff currently working for the service had received an induction. The care staff induction included working towards the care certificate which all, but the two newest members of staff had fully completed.
- A member of care staff told us "I was given proper training and induction and online training also. There are regular spot checks carried out to check we are working properly."
- Although no current care staff had yet required refresher training the provider had a system in place for monitoring when this would be necessary.
- A member of care staff told us "I can confirm that I am well trained in the discharge of my duties with Caremark Camden as regards my role as a carer. In addition, the company also requires all staff to undertake yearly refresher e-learning courses. Despite my experience before joining Caremark I was given two weeks induction before fully coming on board."
- A staff supervision and appraisal programme was in place and a member of care staff told us "In terms of my supervision, this is done on time and any concerns I might raise during supervision is effectively dealt with by management. Unannounced spot checks are also being carried out so that the quality of my work can be observed."

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

- People were supported by care staff to eat and drink if they needed help although this was only infrequently required for most people.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- All care staff had undertaken food hygiene training.

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

- People's care records showed that the service liaised with other professionals to ensure that people's needs were met.
- People's care plans included information about other health care professionals involved with their support.

- Care staff were provided with guidance by the registered manager to ensure that people's needs were met in liaison with the service and other professionals as required.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care needs assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA.
- People currently using the service had capacity to make most decisions for themselves. Family members had been involved in best interests' discussions about their relative's care if the person was unable to do so for themselves. This information was included in their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had access to support and care. All factors about them had been considered, including cultural and religious beliefs.
- There were practical provisions for people's differences to be respected. Appropriate staff were available to support people.
- Staff had received equality and diversity training. This training, we were told by the provider, was to ensure staff understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved as much as they could be in making decisions about their care.
- Staff supported people to express their views using their preferred method of communication. This was recorded in people's files for example, how a person expressed their needs even if they found it difficult to do so verbally at times.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people so their privacy and dignity were maintained.
- Staff maintained people's independence by supporting them to independently manage as many aspects of their care as they could.
- Privacy was upheld in the way information was handled and who this information could be shared with. The service recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing, if required, and by a secure database system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences.
- There were arrangements to make sure care staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care, which was further supported by care staff having up to date information about current and changed care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager were both aware of the importance of making information accessible to people. People's communication needs were highlighted in their support plans, so that staff knew how to best communicate with them.
- Information was presented in writing although the provider told us that alternative methods could be used, although this was not required for people using the service at the moment.

Improving care quality in response to complaints or concerns

- This is a newly registered service and at the time of the inspection the provider had not received any complaint apart from the concern referred to earlier. This had resulted in the provider looking at the ability of the service to provide specific requests for care through new referrals until staffing capacity had developed.

End of life care and support

- None of the people receiving care was on an end of life care pathway. The registered manager explained that she would ensure that all care staff received the training and support they needed to provide people with end of life care as the need arose.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were a range of formal systems to ensure people had choice and control over their care. People were visited in person by the registered manager to check on the quality of care provided and to ask people about their needs.
- The provider and registered manager demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted. A member of staff who contacted us said "I will say that the services is safe, effective, caring, responsive and well led and I think this is reflected in the satisfaction of service users and staff alike."

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 leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider had supplied CQC with notifications of any events that they were legally required to notify CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the provider, registered manager and presently six care staff. Staff were well informed of their roles and reporting structures.
- The registered manager was knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback when discussing the operation of the service and transparent about lessons learnt.
- There was a process for ongoing oversight and governance and given the currently small size of the service these processes were suitable in maintaining oversight.

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

- The service sought feedback, where possible, from people and those important to them and used the feedback to inform service quality and development.
- Due to the service still being relatively new, written surveys had not yet been carried out. However, there was information about people's views, and those of their relatives, recorded when regular spot checks were carried out.

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.

Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and their families. The provider and registered manager demonstrated they knew when to seek professional health and social care input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. There was ongoing work with people's families and a recent example was when a person using the service required occupational therapy input which the registered manager had advised and helped the person to obtain.