

Mycare Services Ltd

# Caremark (Mid Sussex and Crawley)

## Inspection report

JYW House  
Bridge Road  
Haywards Heath  
West Sussex  
RH16 1UA

Tel: 01444455800

Website: [www.caremark.co.uk](http://www.caremark.co.uk)

Date of inspection visit:

27 March 2018

11 April 2018

Date of publication:

26 June 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on the 27 March and 11 April 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. This service was previously inspected on 27 October 2015 and was rated as 'good' in all five 'key question' domains of 'safe, effective, caring, responsive and well-led'.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to people with varying levels of need, including older people, younger adults, people living with dementia and mental health, eating disorders, substance misuse problems, learning disability, physical disability and sensory impairment.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also one of two registered providers for this service.

Caremark (Mid Sussex and Crawley) provides personal care services to people living in the Haywards Heath, Burgess Hill and Crawley areas. Companionship and domestic support can also be provided. Not everyone using this Caremark service received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 147 people received a service from the agency.

This agency provided an extremely personalised and innovative service to people living in their own homes in the community. As well as the more traditional care at home service provided to people, the local social services department had funded a six month pilot for a new responsive model of care called 'Patch Care'. This new model of care had been created and designed by the Caremark Franchise and taken to the local social services department to fund the pilot project. This service provided an innovative and exciting new model of care with a more tailored approach to care than most traditional care at home services. People and staff included within the new pilot enjoyed the benefits of a more flexible service that responded to individual needs at variable times when people really needed and wanted the support. People were actively engaged and involved in shaping the service provided by this agency and the new 'Patch Care' pilot involved people and aimed to tackle the issue of loneliness and social isolation for people.

The agency was engaged very proactively and positively with community organisations in support of people and their relatives living with Parkinson's Disease. On World Parkinson's Day the agency worked closely with local Parkinson's Society representatives to organise a community event which was attended by over 25 people and their relatives, as well as staff and the management of the agency. We also attended this event

and observed the positive benefits for people.

People were supported by a very caring staff and management team who demonstrated kindness and compassion towards people, their relatives and their colleagues alike. Staff were reported to have helped people to maintain their independence and also supported a person to regain their confidence to walk again with staff support, dedication and positive encouragement. There was a very evident person-centred culture throughout the agency with staff who demonstrated real passion and dedication towards people and towards each other. People and their relatives were without exception extremely positive and happy with the service they received and people told us that staff were very caring and that they were treated with dignity and respect. A relative told us, "The care they [staff] give is 100% and more. They do a fantastic job."

People were safeguarded from abuse and harm with safe systems and practices. Staff knew how to report safeguarding concerns and received training to enable to do so effectively. People received a personalised service with their needs and risks being assessed by competent staff. Corrective actions were taken to minimise and reduce risks as required. There were enough staff to meet the needs of people safely. Technology was used effectively to schedule visits to people in their homes and people received copies of the staff rota so they knew which staff would visit them.

Staff knew people very well and people received care from staff who had undertaken training to be able to meet their individual needs and preferences, which included having enough to eat and drink. People and their appropriate representatives were involved in the care they received. Healthcare was accessed by staff in a timely manner when people required access to healthcare professionals. Staff were recruited safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People received medicines in a safe way from suitably trained and competent staff who were regularly supervised and observed in practice which ensured their continued safety to manage medicines safely. Red medicines folders held within people's homes provided a clear system for those who received medicines support from staff to have this need met safely. Staff protected people from the risk of infections by using personal protective equipment. Staff had a good supply of protective equipment which they could obtain from the main office, as they needed it. People told us that staff always used the protective equipment appropriately.

At the time of this inspection, the agency did not actively support people at the end of their lives. Records for people demonstrated that their wishes or best interests decisions had been recorded which ensured that people would receive appropriate staff support and intervention at the end of their lives.

Systems and processes were used effectively to monitor the quality and safety of the service. People and their relatives knew how to make a complaint should they need to. Complaints were addressed and handled appropriately and promptly to the satisfaction of the complainant.

The service was exceptionally well managed with an open, approachable, passionate and friendly management team who were all dedicated to working towards providing positive outcomes for people and their relatives as well providing compassionate and team support to their colleagues. The management team were very proactive in their approach and continuously strived to better the service by working with external agencies and commissioners and by maintaining their knowledge of industry best practice initiatives through attendance and involvement at external events. The registered provider, one of whom was also the registered manager for this service had been awarded 'The Mark of Excellence' from the Chief Executive Officer (CEO) of the Caremark franchise group, in January 2018. This award stands for excellence

demonstrated across the board, which included the quality of service, recruitment and support of staff. The CEO stated that the service's registered providers had demonstrated that, "with a can-do and highly positive attitude they [registered providers] have built a care team who share their vision. They are champions for the care sector at large". There were clear aims and objectives of the service with an understanding and management attention to the overall strategy and running of the business.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People received their medicines safely by suitably skilled and competent staff.

Risks to people were assessed and mitigated. People were protected from the spread of infection. Staff used personal protective equipment safely and appropriately.

People were protected by safe staff recruitment practices which meant that staff were of good character.

Lessons were learned when things went wrong and the management team responded quickly to concerns raised to ensure people remained safe.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed by staff knew them well and had the knowledge and skills to meet their needs effectively. This included support to eat and drink enough when this support was required by people.

Staff received regular training with a training facility situated in the main office. Staff were appropriately supported in their roles and their performance was monitored by management.

Staff had an understanding of the Mental Capacity Act and promoted choice and independence whenever possible. Consent was sought before staff provided support and interventions for and with people.

Staff worked positively with healthcare and other external professionals which supported people to access healthcare services as they needed them.

### Is the service caring?

Good 

The service had a very caring culture and ethos that was seen through the entire organisation.

People's dignity and privacy was understood and maintained by staff and people and their relatives told us that staff were very caring and compassionate.

Staff had enough time to care for people and new models of innovative care models were delivered which enabled staff to provide an individually tailored and flexible service to meet people's needs and choices when they wanted the support. People were involved with decisions about their care and were given the information they needed.

### **Is the service responsive?**

**Outstanding** 

The service was extremely responsive to people's needs.

People received a service that responded to their individual needs by staff and a management team who cared about people's quality of life being improved. The agency worked in partnership with the local social services department to provide a new imaginative and innovative service which was responsive and tailored to meet people's individual needs.

The agency supported people living with Parkinson's Disease to engage in community events that provided people with positive opportunities to engage in the wider community in which they lived.

People and their representatives, as appropriate, were involved in the planning of their care and their views and wishes were listened to and acted on.

The complaints process was understood and people and their relatives knew how to make a complaint or raise a concern. Complaints were thoroughly investigated and learned from. People did not have significant concerns about the service they received.

Staff supported people and their families surrounding all aspects of care and support provided to and with them. People's end of life wishes were known by staff who knew them and their families well.

### **Is the service well-led?**

**Outstanding** 

The service was exceptionally well-led by a professional, dedicated and caring team.

People and their relatives told us that the service was well managed and efficient.

There were very clear aims and objectives of the service with a management and staff team that worked well together and understood the values and overall vision of the service provided to people.

Staff enjoyed their roles and worked well together as a team to provide an 'exceptional' level of care to people. People and staff views were listened to.

People received a service from a well-led organisation with systems and processes completed that supported the quality and safety of the service.

The management culture was open and transparent with a clear willingness to learn and work in partnership with external agencies to continual improve and drive the quality and safety of the service positively using innovative new ways of delivering care to people in their homes.

# Caremark (Mid Sussex and Crawley)

## **Detailed findings**

### Background to this 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.

This inspection took place on 27 March 2018 and ended on 11 April 2018. It included visits to people's homes on 11 April 2018 where we observed the care provided to people and the records held in their home. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on two separate days, the 27 March and 11 April 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We also attended a community event coordinated by Caremark (Mid Sussex and Crawley) to raise awareness of people living with Parkinson's Disease on 11 April 2018.

The inspection team consisted of 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 and of people living with dementia. The expert made telephone calls to the relatives of five people who received services from Caremark (Mid Sussex and Crawley) to seek their views of the service. These people chose not to speak directly with the expert and were happy for their relatives to speak on their behalf. The expert also spoke with five people who received care and support from this agency.

We spoke with the registered manager who was also one of the registered providers for this service. We also spoke with the second registered provider, the newly appointed community relations and marketing co-ordinator, a field care manager and a field care supervisor, the recruitment and retention manager and three office based co-coordinators each allocated to covering one of the areas where care is provided to people which included, Crawley, Burgess Hill and Haywards Heath. Four care and support worker staff were spoken

with. We spoke with people and their relatives who attended a community Parkinson's awareness event provided by the agency.

Records were reviewed for four staff and four people using the service.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also spoke with a medical and a healthcare professional, and social services representatives views of the service were obtained as part of the inspection process.

## Is the service safe?

### Our findings

People and their relatives told us that they felt very safe which made people feel confident about the care they received. One person said, [I feel] "Completely safe I never give it a thought. I've never had any reason to feel unsafe." A person's relative told us that they believed their relative was, "Very safe, they look after him [person] well." Another relative said, "Very safe, they give him [person] independence to stand on his own, they guide and prompt him." A person told us that they felt, "Very safe, I have trouble with standing and when I move they're [staff] always within arm's reach which gives me confidence." A person's relative told us, "She [person] is very safe with them [staff] because they go a little bit further [to help the person]. Mum rolled off her bed and the carers were amazing. They walked in and never left her side. They called the paramedics, then they called me. They waited even though the paramedics were there, until I got there. A person said they felt, "Very safe, they're [staff] really excellent. I'm very happy with everything."

Systems and process protected people from the risks of harm or abuse. These systems included safeguarding policies and procedures. Staff were suitably trained and skilled and understood how to report concerns for people appropriately to their management team or outside of the agency if required. A member of staff told us how they had reported a safeguarding concern to the registered manager. Records showed that this incident had been reported and monitored with appropriate actions taken to keep people safe. People felt that staff managed their money safely when this support was required. A person said, "If I do send them [staff] for a bottle of milk or something, they come back to me with the change and a receipt." The registered manager provided evidence that showed that they understood safe practices to follow when a staff member did not act in a safe way in accordance with organisational expectations or policies and procedures. The member of staff was referred to the Disclosure and Barring Service (DBS). This ensured that staff who may not be safe to work with vulnerable people are prevented from doing so in future.

Safe recruitment practices were also followed. Staff recruitment folders contained the relevant checks in accordance with regulatory requirements which included an enhanced DBS check for all staff, a recent photograph, employment history and evidence of satisfactory conduct in previous employment. This showed that systems were effective and staff and people understood how to keep people safe from abuse.

Risks to people and staff were assessed and monitored. People felt safe with the service they received. There was a current Business Continuity Plan for the service which addressed how the service ensured that people received their care in challenging circumstances which included severe and adverse weather conditions, traffic delays and high levels of staff sickness. Procedures were in place to mitigate and minimise any negative impact of such events to people who received a service from the agency. An open and transparent culture within the organisation enabled staff to openly discuss any concerns they may have with the management team. The management team, which included field care supervisors, held regular meetings with staff to discuss matters which included how people's care would be delivered with as much continuity as possible during times of high staff absence due to school holidays for example.

Records for people contained assessments of various areas of risk which included risks within the environment which may impact upon them and staff who visited people's homes. Records for people also

showed assessments that had been completed by the local social services department for people who received services funded by them and provided by the agency. These assessments were available for staff to access and one record contained reference to a person's previous history which included some behaviour that may challenge. The person did not currently display these behaviours and staff knew the person very well and were not concerned about their safety when they provided care and support to the person. Risks were identified and risks were mitigated for people and staff. A person told us that they felt, "Very safe, they're [staff] really excellent. I'm very happy with everything. I have no problems with any of them."

Sufficient numbers of suitably skilled staff were provided to support people appropriately in their homes. This included people choosing the staff who supported them with new carers being introduced to them before they received care. People and their relatives were asked if they received a rota and consistent care from the agency and if staff were introduced to them before they received care from them. A person said, "Yes we do, it's very good. There is a rota, a core of about six to eight [staff], the carers are all good. They [staff] come with another one of the carers [introduced]." A person's relative told us, "They [staff] are very good they never let me down. I did ask could I have a man as it would be good for him [person] to have another man to talk to. I've got one man and they try to provide male carers." The registered manager told us about the staffing levels for the new 'Patch Care' pilot service for people. This was staffed appropriately to provide the required level of support for the ten people using each of the patch areas. Staff who worked on the Patch pilot were paid a contracted regular salaried wage for set weekly hours worked, instead of an hourly rate, which provided more assurance that staff would be available to cover the hours required to meet people's individual needs.

People were given their medicines safely by staff who were suitably trained and skilled to do so. One person's relative told us, "I do have respite days, they [staff] have a red book for medication when I'm not there. It's all properly documented. They have a blue folder and a red one for medication." One person received support with their medication when their relative was at work. The relative said, "We [person] do have a medicine call when I'm at work. They [staff] come in, dispense the drug - that works well. Its Parkinson medication, you would know if it hadn't been given. It's documented, absolutely, I've watched them, and they pick up the bottle, check it's the right one, write it on the sheet, and then dispense it."

People were protected by staff who were aware of safe infection control measures. Staff received infection control training and were seen wearing appropriate protective equipment which included gloves and aprons when supporting people with personal care. Sufficient supplies of protective equipment were available for staff to obtain from the agency's main office, as they required this. Staff safe use of gloves and aprons was also monitored during regular spot checks of their practice. A person's relative told us, "Sometimes I just turn up and they [staff] don't know I'm coming. I've never walked into a situation where they don't know what they are doing." Hygiene, "All of them [staff] wear gloves and put footy things on (plastic shoe covers)." Effective systems and processes protected people from the risks of infection.

Lessons were learned and improvements to people's care were made when reviews showed that things needed to change for them. An example of this was provided to us by the registered manager. This example showed that a person had required more time during their morning care visits to receive the support they needed. The person felt that the new timings were working "better" for them and the review record noted that they no longer felt "anxiety" or "rushed" by not having enough time for their morning care. This had now been positively addressed and changed to suit their needs and preferences with positive outcomes achieved for the person.

## Is the service effective?

### Our findings

People told us that they received an effective service from well-trained competent staff. We asked people and their relatives if the staff were well trained to provide care and support to them. A person told us, "Yes not only that but they are very observant, they [staff] noticed I had red marks on my legs and they pointed it out. I mentioned it to the doctor and he gave me antibiotics." Another person said, "Yes they're [staff] extremely well trained."

People's needs were assessed to include their physical, mental health, social needs, choices and preferences. Records demonstrated that people and their representatives, as appropriate, were involved in the assessment of people's care needs and choices. People were asked by staff for their consent to care and treatment. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We spoke with staff who demonstrated an understanding of the principles of the MCA and of how to support people in least restrictive ways. Staff asked people for their consent before they provided any care or support for and with them. We reviewed records for people and saw examples of signed consent being sought from people to demonstrate their involvement in their care. Staff received training in relation to the MCA as part of the induction process.

Staff knew people and their relatives very well and relatives told us they were appropriately involved in the care and support of their relative when this was required. For example, a person who held relevant legal powers of a Lasting Power of Attorney (LPoA) told us that they were fully involved in the care and support of their loved one. An LPoA is a person who can make legal decisions for or with a person regarding their health and welfare and/or their financial and property affairs when a person may lack the mental capacity to make these decisions for themselves.

People received an effective service from well trained staff who knew people and their individual needs well with effective methods used to monitor the on-going abilities of staff in their roles. Staff received training which was provided using different methods. Staff completed written learning assessments and also completed practical training sessions for areas of practice which included moving and handling and first aid. Staff received on-going spot check supervisions of their practice which ensured that staff interacted with people in their homes as people wished and that they followed safe and expected practices of work as indicated in the agency's policies and procedures. A training matrix was completed by each care coordinator for the staff that worked in each of their geographical areas. A Training Matrix is a tool that can be used to track training and skill levels within an organisation. A training matrix has a variety of uses from identifying gaps in training and monitoring staff required and actual knowledge levels and also tracking competency levels. Staff received annual appraisals which valued their individual contributions to their work and the agency. We reviewed records that showed staff received effective induction training which took place over three days before they were permitted to work with people in their own homes. New staff also

completed the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff undertook a period of shadowing when they worked alongside an experienced staff member and were introduced to people they would visit. Equality and diversity training was provided to staff as part of the care certificate. Staff confirmed they had received this training. The training provided was effective. Staff were observed to treat people with respect and provided equal access to care and support to people regardless of any disability, age or other protected characteristic. The registered manager had sourced specialist epilepsy training for staff and staff were involved with a World Parkinson's Day community event organised by the agency which invited people from the wider community to come together to share their experiences but also to seek support and advice from the Parkinson's Society expert volunteer who attended the session. The staff were also able to speak with this volunteer to gain their expert guidance. We saw that staff received appraisals from their line managers. Staff were observed in practice during 'spot check' visits from senior staff, with records maintained of the outcomes and any actions taken at these meetings. We were shown an example of a spot check visit where a member of staff was not wearing correct footwear for their role. This was addressed in the records for the spot check.

People and their relatives told us staff knew their loved ones well and they were confident with the competence of staff and training they received. One relative said, "Yes, [staff names] have looked after Mum for a couple of years, they know Mum well. They know they have to give time and have to handle her delicately or else she will hurt."

People were supported to eat and drink enough to meet their needs. We saw staff provided personalised support to people during meal times and checked for the person's preferences. We observed one staff member bringing individual foods into the person's lounge to show them what choices were available to them from which they could choose. The person's appetite was low, but the staff member positively encouraged them to have a meal of their choice which they told us they enjoyed. The staff also offered to "come back later, when [person] may be feeling hungrier or make something now" which the person was thankful for, but declined. The new 'Patch Care' system allowed for this degree of flexibility in the way services were provided to people. This person was at risk of developing infections if they didn't drink well. The staff member also prompted them to drink and ensured they had enough water and all that they needed before they left the person's home. This showed that staff knew the person's likes and dislikes which supported the person to eat well. We also observed a staff member who supported a person to maintain their nutrition and hydration when they were feeling unwell. The member of staff also offered to go to the shops for the person and purchase their favourite dessert to encourage their appetite during the period of ill health.

People were supported to access timely healthcare when they needed it and staff ensured that appropriate representatives were aware if their relatives had become unwell or if people's health needs had changed. We observed a staff member working in partnership with a General Practitioner who visited a person in their home. The staff member agreed to collect the person's prescription from a local pharmacy which ensured that the person's access to treatment required was not delayed. A relative told us, "They [staff] keep me informed and I do the same. When mum has been poorly it's noted down, they [staff] contact me and vice versa." A person said, "They'll [staff] always say 'phone the doctor, or don't think you look that good. Actually one [staff] phoned for me and passed the phone to me." A person's relative told us that staff supported people with their healthcare needs., They said, "Yes. They [staff] contact the district nurse, if anything untoward with her bag or catheter they call the district nurses."

## Is the service caring?

### Our findings

People and their relatives told us that the staff were exceptionally kind and caring and that they were always treated with compassion which was very important to the people who received care and support from Caremark (Mid Sussex and Crawley) and their relatives. Staff demonstrated empathy and always respected people and maintained their privacy and dignity. We asked people and their relatives if they felt staff treated them with respect and kindness and maintained people's privacy and dignity. A person's relative told us, "I've seen it [staff kindness and compassion]. If Mum is feeling down [staff name] sits down beside her, takes her hand and chats with her. She is like a daughter to her." One person told us, "They [staff] are very, very good." "They're the epitome of homecare". "They are human angels". Another person said, "It gives you confidence [to have staff there], you see someone with a smile every morning. It motivates you." A person's relative said, "It [agency] respects my wife's dignity. There is a huge psychological aspect to illness which the NHS doesn't understand, the care situation does appreciate that. They're almost like family, they are so nice." A relative told us, "They [staff] have been working with me to help Mum get to her goal to help her be independent. They help her retain her independence."

There was an extremely caring ethos throughout the service. People's individuality, dignity, independence and personal identity was respected, promoted and maintained by very caring staff. People's dignity was consistently at the core of all that the staff did for and with them. We saw and staff told us how they treated people as they would want to be treated themselves. Staff developed meaningful positive relationships that were valued by people and their loved ones. Staff demonstrated extremely caring, compassionate approaches to people when they most needed it. A person's relative said, "It's the way they [staff] go about things, they put Mum at ease. [Staff name] she's had from the beginning, they have a laugh and I've walked into that. They make sure her clothes co-ordinate which is important to her as she's always been particular and smart. What I set in place, they follow on with." Another relative told us, "It's just their [staff] professionalism. They are not patronising, they treat him [person] as an individual. They care what they do." A person said, "What I do like is that they never condescend, that they treat me as an equal." Staff were also very caring and supportive towards each other. We were told of an example of the staff's caring attitudes when one staff member was unable to work due to an injury. Staff supported them by buying gifts for their children at Christmas and completed household chores, which included taking their dog for walks, preparing meals and taking their children to school, all carried out during their free time. We saw that the staff member had said how they, "felt so incredibly humbled by all the kindness, love and support the children and I have been given and shown by Caremark." This demonstrated that the care support workers were genuinely caring people who helped and supported others which included their colleagues as well as people living in the community, with a compassionate and considerate approach.

Staff were often reported to have provided additional support to help people with their daily activities in their 'own time' due to their caring approach and desire to help people to live the lives they choose to. We heard from a person how staff were able to support them through their 'bad days'. The person said, "I get my bad days and they [staff] are absolutely first class. I had a bad day they say 'let's sit down and have a cup of coffee'. They are very considerate, I can't complain on that score." We also observed that staff provided emotional support to a person's relative who was unwell. The relative told us, "They [staff] are all very good

and very caring." Another person said, "I think the main thing is attention to detail. Let's say a whole lot of shirts were ironed and put away. She [staff] knows I'm going out and will get a shirt out for me and re-iron it."

Staff had sufficient time to care for people as recommended in the national guidance set out by the National Institute for Clinical Excellence (NICE). NICE recommends that commissioners ensure that home care workers should be given enough time to do their job without being rushed or compromising the dignity of the person who uses services. This includes having enough time to talk to the person and their carer, and adequate travel time in between people they support in their homes. At Caremark (Mid Sussex and Crawley), each standard visit to people was no less than 30 minutes long. This meant that people had time to build positive relationships with the staff which was important to both the staff and the people they supported. However, the newly developed 'Patch Care' pilot enabled people to have unlimited time with staff throughout the day as staff were able to flexibly 'pop back' to see people as they needed support. We were told by a member of staff how the new Patch project had enabled them to have the time to visit a person in hospital which had made a positive difference to that person whom we were told was, "happy to see the staff." People told us they were not rushed by staff. A person said, "I'm never ever rushed, they [staff] say 'take your time'." The agency told us of an example of how staff had been able to provide sensitive support to two people during a challenging time. The staff member had arrived while two people were finding it difficult to cope with their situation. The staff member, under the 'Patch Care' scheme, was able to take one person out to lunch, after they ensured the other person was safe. This enabled the situation to deescalate which reduced the stress and upset to the people who lived together. This additional time spent with the staff also reduced the level of support required, with regular respite opportunities being provided.

People and their relatives felt listened to and we were told that staff always communicated positively with people despite any communication difficulties people may have. We were told by the agency how they have used technology which included supporting a person to use the internet to video call relatives to maintain positive relationships and avoid social isolation. One person's relative told us, "They [staff] chat with him [person]. It's not easy to speak with [person's name] he can't form his words very well. You can't hold a conversation with him for long. They ask him questions, listen to him and talk to him all the while they're working. They have a laugh with him."

People's right to confidentiality was protected. Records were held securely for people and staff in the agency office. Within people's homes, we saw records were kept where staff could access them and people were happy with where the notes were kept.

## Is the service responsive?

### Our findings

People were actively supported to engage in positive activities that enabled them to live more fulfilled lives with improved confidence. The registered manager told us how a staff member had provided dedicated support for a person which resulted in them being able to feel enough confidence to walk for the first time in three years. The person is reported to have said that they could not have achieved this or have walked again without the "care and encouragement" of the member of staff and they were now working towards the goal of cooking lunch for their husband in "the next few months". We saw photographs of the person with the staff member supporting them to walk around their home. The person appeared to look very happy, smiling as they walked from their bedroom to their sitting room with the member of staff and their walking aid.

The service was responsive and met people's needs in a very personalised way. Records showed that people and their representatives were involved in the care plan and review process. This included involvement from those who hold relevant legal powers to act on a person's behalf if they lacked the mental capacity to make decisions for themselves. We asked people and their representatives if they were appropriately involved by the agency staff with their care plans. One person's relative told us, "I know what the care plan is, if we needed anything I would contact them [agency]. I was involved from the beginning, Mums timings are right." A person said, "Yes very much so. An assessor [staff] came around and looked at my needs. I had a review last week." Another person said, "I remember them [staff] saying 'is there anything else you can think of or need? The supervisor phoned to say, 'we want to make sure everything is as you want it'."

The agency provided a personalised service to people that was innovative and strived to deliver a new model of care to give people a personalised service. The Franchise Group 'Caremark' had designed a new model of care and this service worked in partnership with West Sussex County Council to pilot a new way of working more flexibly with people in the community called 'Patch Care'. This pilot project enabled care and support to be provided to people when they wanted it, in the way they wished to receive it which meant that people were actively involved in planning their own care whilst maintaining their independence. The Patch Care model focused on groups of ten people with care staff who were allocated to meet the needs of only those people in their 'patch'. No fixed times for care visits were followed unless people preferred to have set times for their visits. People were visited flexibly by the dedicated staff team and the patch approach enabled care staff to spend more time with people in their homes. There was a positive focus upon avoidance of social isolation and the pilot project encouraged and supported people to meet up with other people in their 'Patch' as and when they may chose or want to. As part of this project the care staff would support people to meet up with others or speak on the telephone to make and maintain social contacts. There was also the opportunity for people to host social activities in their homes if they wished to with support and risk assessments completed by the care staff which ensured that people remained safe. We spoke to the social services allocated social worker for this pilot who said the project was, "very exciting" and that it provided a more "person-centred approach" for people. This allocated worker would work closely with the agency and monitor and review the effectiveness of the project for the six month period of time. We observed staff who delivered the care to people as part of the 'Patch' team during this inspection. People were seen to be happy that staff were enabled to visit them flexibly, rather than only at set pre-agreed times throughout the day which is usual practice for care at home services. A person told us how

they were supported to complete other activities of daily living with staff support. They said, "I used the communal laundry and the washing machine was giving trouble, it took a long time to wash. She [staff] came and said the washing wasn't dry and she would come back. In her own time the carer came back, took it out of the machine, folded it and put it away." A staff member told us, "I love it [Patch Care]." They told us of how they were able to "pop back" to a person who felt unwell that day to check "their health, that it hadn't got worse" and to "help [person] to use the commode when they wanted to." We visited this person in their home with the member of staff and saw that a doctor had been called to visit them. The staff member was not rushed and took their time to provide support to the person that they needed. The person told us that staff had also brought them some flowers "to brighten up the room." The member of staff was heard to offer their support to the doctor by collecting the medicines required for the person from the local pharmacy. This enabled the person to receive timely healthcare intervention when they needed it.

People were proactively supported to develop and maintain relationships and community networks to minimise social isolation, with support from the agency. We attended a community event which the agency had organised in partnership with local Parkinson's Society volunteers. The newly appointed community relations and marketing co-ordinator for Caremark (Mid Sussex and Crawley) had proactively contacted Parkinson's Society to run this joint community event with the aim of providing support and raising awareness for people living with Parkinson's Disease. The local Mayor also attended, along with over 25 people and their relatives. This event was held on World Parkinson's Day which demonstrated the agency's knowledge and understanding of national initiatives used to raise awareness of conditions such as Parkinson's Disease. We spoke to four people, their relatives and the six of the staff and four of their relatives who supported this event. Some of the people spoken to were supported by Caremark (Mid Sussex and Crawley) but others were members of the wider public and community who had been invited to attend this social networking event with the aim of increased awareness of this disease but also to provide opportunity for people to come together to reduce social isolation and loneliness. A person told us how they and their relative had, "Really enjoyed it [Parkinson's event]." A volunteer of the Parkinson's Society praised Caremark (Mid Sussex and Crawley) and said that the, "People had really appreciated it [event]." One person and their relative also approached the agency to request that they met with them to discuss receiving care in their home. This event also enabled people and their relatives to feel confident to approach the organisation and seek help and support that was required to meet their needs.

People were listened to and their feedback was used to improve the service received for people. People told us that they felt confident to contact the agency if they wished to raise any concerns or complaints or to request changes to the service they received. People had copies of the organisation's complaints policy within their folders in their homes which enabled them to access the contact numbers for appropriate agencies to whom they could complain to if they wished to make a complaint outside of the organisation. Copies of the complaint process were also provided in 'easy read' versions to support people's understanding of the processes if they should require this additional support due to a disability which may include those people living with dementia. Complaints were handled by the registered manager and responded to in writing. An example of this was seen when a person raised a complaint which was responded to in writing, with an apology offered by the registered manager. There was also a complaints audit to monitor any trends in relation to complaints received. At the time of this inspection there was one formal complaint noted. A person said, "If I needed to [complain], I think I have got the paperwork on it. I'd ask for a form. I've had no need to make a complaint." A person told us that the service responded openly to any changes they required. They said, "Very much so, when I only had five days a week visits, I would phone and say would it be possible to get someone to come on Sunday if I was going out. They'd say 'certainly, what time', they did it without any bother." Another person said, "I can't say anything negative at all. I think they should be a model for other agencies."

People were not being actively supported at the end of their lives at the time of this inspection so we were not able to inspect the agency's response to this on this occasion. However, we did see evidence that people's care plan folders contained information about those people who had appropriate documentation to instruct staff and healthcare professionals not to commence 'CPR' (Cardiopulmonary Resuscitation) should this be required. The form was a 'DNACPR'. This enabled people to have choice at the end of their lives which was either decided by them or in their best interests, with the support and agreement of an appropriate medical professional. A person also shared their experience of how the agency had supported their wife at the end of their life. They told us that they had received the service for a year following the death of their wife. He further explained his wife had a very extensive service from this agency prior to her death one year ago.

## Is the service well-led?

### Our findings

There was a very clear management structure that passionately promoted a person-centred culture for people and staff alike. The management team ensured that the service demonstrated their organisational values of, 'Collaboration, Co-operation, Community, Caring and supporting, Openness and transparency, Listening without judgement, Trusting and Friendship and fun'. This was reflected in the feedback we received back from people, their relatives and the staff. People and their relatives told us that the service was well-led and one relative said the service was managed to an 'exceptional' standard. A person's relative told us that they thought the management of the service was, "Ten out of Ten. I've never had a call they haven't answered or come back in 10 minutes or so." A person told us, "I've never had a problem at all even at the weekend. On the weekend if something happens one of the carer's answers." Another person who received a service from Caremark (Mid Sussex and Crawley) said, "It's wonderful, they [office staff] always answer the phone. They're [staff] very good." Care staff told us that they really enjoyed working for the agency and it was evident from the genuine caring nature displayed between colleagues and towards people and their relatives that those employed by this service demonstrated the organisational values. Care staff told us that Caremark (Mid Sussex and Crawley) were the, "best company to work for" and that the management team were, "very approachable", "fair", "family working environment." Another staff member said, "The manager's door is always open." The registered manager told us, "My staff are wonderful." The Chief Executive Officer (CEO) for the Caremark franchise told us, "[registered provider name] and [registered manager name] have built an outstanding care service which I feel truly represents the Caremark brand and all we stand for: compassion, professionalism and integrity."

Staff across the franchise were positively valued and rewarded for their contributions to the agency and people they supported in the community. Staff who had worked for a period of five years with the agency received acknowledgement of their length of service which was publicly recognised across the franchise. Staff also had opportunities to develop in their professional roles with a number of the management team who had worked previously as care staff for the agency. With this wealth of first-hand experience, the management team really understood the challenges faced by care staff 'on the ground' and worked positively with the teams of staff in the three designated areas of Haywards Heath, Burgess Hill and Crawley to deliver care to people. We observed a member of staff who delivered moving and handling training to staff at the main office location for this service. The staff who attended the session were very complimentary towards the trainer and found the session to be engaging and useful. Staff previously received a 'carer of the month' award, which had since been replaced with a newly devised 'hero award' which aimed to recognise exceptional contributions from staff in their roles. We asked the registered manager what staff would be required to demonstrate to achieve this award. The registered manager spoke of staff showing commitment to their role and to people and gave an example of a member of staff who had dedicated their time and compassionate support to a person which had given them the confidence to walk again within and around their home. This had had a significantly positive impact for the person.

The management team were working to create more ways of recognising the exceptional contribution of their staff team. We saw that this service had been given the award, 'Mark of Excellence' for their, 'consistent quality of service' throughout 2017. The registered manager told us how the Chief Executive Officer (CEO) for

the franchise group presented the award to them and the registered provider with the CEO stating that both had a, 'can do and highly positive attitude.' We saw a newspaper article on the wall of the office which showed the award being presented to the registered providers, one of whom is also the registered manager for this franchise location. The CEO also said, "[registered provider name] and [registered manager name] truly believe in caring for their staff as well as their clients. This has translated into them being pro-active through mentoring and coaching their staff and investing in their development. In fact, [registered manager name] was [registered providers name] first care worker whom she brought on through the business, upskilling her at every opportunity to take on more key roles in the operation. Today [registered manager name] is now a Director and has shares in the business – a great example of [registered providers name] believing in people, caring about their development and growth and being an effective leader." The registered provider passionately drives the service and told us of how they are, "passionate about the importance of engagement, both within my own team and that of the wider franchise [Caremark] network. I have spoken on this topic at various events. I also speak at the Caremark Conference to inspire other franchisees."

This agency was an important part of the local community with links made and support offered to external organisations which included the local Parkinson's Society and close partnership working with local social services commissioners to source new care solutions that worked for people and met their needs. The Caremark Franchise had designed and created the new 'Patch Care' model and with close relationships with local commissioners had developed this model of care into a pilot project funded for six months by the local social services department. The service was innovative and worked in partnership with external agencies for the benefit of people who used the service and staff working for the agency. The management team were open, transparent and willing to take on new ideas and continue to develop the service with a real passion and dedication for always striving to achieve the most positive outcomes possible for people and the staff employed by them. The newly implemented 'Patch Care' pilot approach to service delivery was a clear example of how the service continually looked for new ways of providing a personalised and flexible service to people. The project was commissioned by the local social services department for a six month period. The project was described by the agency as 'a revolutionary system' with a key aim of being able to, 'take the care home into the community.' This new model of care delivery also worked well for the care staff who were taking part in pilot project. The 'Patch Care' pilot provided staff with stable hours and a contracted salaried pay structure instead of an hourly rate which the carers involved with this new way of working told us they were happy with. This resulted in staff that felt valued and appreciated and provided an extremely valuable new approach to service delivery to people in their homes to aim to positively tackle loneliness and social isolation.

The agency told us of how they had invited the Head of Adult Social Care and Principal Social Worker to visit their offices and to meet people who used the service provided by Caremark (Mid Sussex and Crawley). This supported professionals to keep 'in touch' with the needs of people living in the community who required care in their own homes. The visit was published by a local newspaper. The article stated that the Head of Adult Social Care and Principal Social Worker had said that, "It was great to see first-hand the excellent work that staff were doing and to see what a difference this makes to people's lives." A person told social services during the visit to their home, "I've realised it's the little things which make all the difference when caring and they [staff] have always helped me keep my dignity." This further demonstrated the positively open and welcoming culture of the agency.

People and staff were listened to and their views used to shape the service provided. The management team collected the views of people who used the service and collated the results gathered. These were shared with the staff and people who used the service. Staff were asked for their views and were able to express their opinions and new ideas during staff meetings and supervisions which staff told us happened regularly.

A new 'mentoring' role had been introduced following the feedback from a member of staff. This staff member was now one of the leading staff who was now able to positively mentor new staff in their roles. We spoke with this staff member who was evidently passionate and enthusiastic about the support they were able to give to new staff and they told us how the role was created by the management team "due to my input." New care staff received a period of shadowing with experienced staff and then completed their induction training. Then the mentor continued to guide and support new staff, contacting them as often as required which may even be on a daily basis if desired. The registered manager told us how the new care staff "love it" [mentor role]. In addition to the new mentor role, the registered manager told us that they were recruiting to another new post of 'compliance' role to monitor and support the on-going quality improvements and developments of the service. This enabled people to receive the support they needed from staff who were confident and very well supported in their roles.

There was a strong management focus upon an approach that supported the agency to continuously improve with well managed systems and processes that monitored the quality and safety of the service. Audits were used to monitor medicines given to people, safeguarding referrals that the registered manager had raised with appropriate external agencies and complaints and compliments. Staff and people completed surveys to seek their views of the service provided and staff received 'memos' that provided them with regular updated information about the service. A newsletter was sent to staff and people, which was colourful and contained photographs of staff achievements and good news stories. Technology was used to promote the service and recognise the achievements of both staff and people alike. People consented to their images being used for social media purposes. The registered manager told us of how one person had said that they were "excited" about "being famous" with their images and positive news story displayed on the agencies social media.