

# Jim and Chris Homecare Limited

# Caremark Lambeth

## Inspection report

Unit 43  
Eurolink Business Centre, 49 Effra Road  
London  
SW2 1BZ

Tel: 02033932877

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

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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 Lambeth is a home care agency that was providing personal care to people living in their own homes in the community.
- The agency supports people who are living with dementia, have physical disabilities or a learning disability.
- At the time of our inspection four people aged 50 and over received a home care service from this agency.

People's experience of using this service:

- People receiving a home care service from this newly registered Care Quality Commission (CQC) agency consistently received good outcomes.
- The service meets the characteristics of a good service and therefore we have rated them 'Good' overall and for all five key questions, 'Is the service safe, effective, caring, responsive and well-led?'
- People told us they were happy with the overall standard of care and support provided by this home care agency. The following quote we received from a relative of someone who used the service sums up how most people felt about this home care agency, "My [family member] and I have both been very happy with the home care service Caremark (Lambeth) have given us since we joined them... It's the best home care agency we've used."
- People received a home care service from staff who were in the main suitably trained and supported to meet their personal care needs.
- However, staff who supported a person with autism had not received any specific autistic spectrum disorder awareness training, which the manager agreed staff would benefit from completing. We have made a recommendation about staff receiving learning disabilities or autistic spectrum disorder awareness training.
- People were protected from avoidable harm, discrimination and abuse.
- Risks to people had been assessed and was regularly reviewed to ensure people's needs were safely met.
- Staff were usually punctual and never missed their scheduled visits.
- Appropriate recruitment checks took place before staff started working for the service.
- The agency had procedures in place to reduce the risk of the spread of infection.
- Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.
- Where people needed assistance with taking their prescribed medicines this was monitored and safely managed in line with best practice guidance.
- Staff routinely sought the consent of the people they supported.
- Managers and staff were knowledgeable about and adhered to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- People were supported to maintain a balanced diet where staff were reasonable for this.
- People received the support they needed to stay healthy and to access health care services as and when

required.

- People received support from staff who were kind and compassionate.
- Staff treated people they supported with dignity and respect.
- Staff ensured people's privacy was always maintained particularly when they supported people with their personal care needs.
- People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.
- People needs and wishes were assessed and planned for.
- People, and where appropriate their relatives and professional representatives, were involved in discussions and decisions about how the home care service they would receive from this agency.
- People's care plans were personalised and routinely reviewed to ensure they remained up to date.
- People's concerns and complaints were dealt with by the provider in an appropriate and timely way.
- No one receiving a home care service required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The provider had effective systems in place to assess and monitor the quality of the home care service people received.
- The service was well-led and management support was always available for staff when they needed it.
- There was an open and transparent and person-centred culture.
- People, their relatives, professional health and social care representatives and staff were all asked to share their feedback about the service action was taken in response.
- The provider worked in partnership with other health and social care professional and agencies to plan and deliver an effective home care service.

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

Rating at the last inspection:

- This service was newly registered with the CQC in February 2018 and therefore this inspection represents the first time they will have been rated by us.

Why we inspected:

- This was a planned comprehensive inspection since we inspect new services within 12 months of them being registered by us.

Follow up:

- The next scheduled inspection of the service will be within two and a half years of the published date of this report in keeping with our inspection methodology.
- We will continue to monitor information we receive from and about the service and if any concerning information is received we may inspect the service sooner.

## 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 Lambeth

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- One inspector was involved in carrying out this inspection.

Service and service type:

- This service is a home care agency. It provides personal care to older people living with dementia or disabled adults who are living in their own homes.
- The service does not have a registered manager in post. The person who has been in day-to-day charge of the service since October 2018 has submitted their registered manager application to us. This service must have a manager registered with the CQC because 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 visit because it is small and the managers might be 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 the 24 January 2019 to meet the manager and a co-owner/company director; and to review care records and policies and procedures.

What we did:

- Before our inspection, we reviewed all the information we held about this service. This included notifications the provider is required by law to send us about events that happen within the service. We used

information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- During our inspection we spoke in-person, or over the telephone, or through email contact with; two people receiving a service from this agency, four relatives, the manager, a co-owner/company director and four care staff. Records we looked at included; four people's care plans, four staff files and a range of documents relating to medicines, accidents, incidents and complaints, satisfaction surveys completed by people who used the service and their relatives and quality assurance reports.

# Is the service safe?

## Our findings

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

We found that people were safe and protected from avoidable harm. This was confirmed by feedback we received from people receiving a service from this home care agency, their relatives and staff. Legal requirements were met.

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

- People told us the service was safe. Typical feedback we received included, "I know my [family member] is safe with most of their regular carers, but I'm not so sure about a few of the newer ones", "My [family member] is kept safe by the excellent carers who visit us at home" and "I have peace of mind knowing the carers will be visiting my [family member]."
- The service had effective safeguarding policies and procedures in place.
- Managers and staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and action they should take to immediately report safeguarding incidents to the relevant local authority and the CQC.
- No safeguarding concerns had been raised about or by this provider in the first 12 months they had been operational.

Assessing risk, safety monitoring and management:

- People's relatives told us staff knew the risks their family member's might face and how to manage them.
- The service assessed risks to people's safety and well-being. Care plans included risk assessments associated with people's health care conditions, mobility and nutritional needs, taking their prescribed medicines and the health and safety of their home environment. Risk management plans were also in place that ensured staff knew what action they needed to take to keep people safe from avoidable harm. This meant staff were familiar with the risks people might face and how to prevent or manage those identified risks.
- Specialist medical equipment used by staff on scheduled visits, such as mobile hoists, were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment:

- People told us staff were usually punctual and never missed their scheduled visits. Typical comments we received included, "Punctuality is generally very good and staff are usually on time. If there is any delay they always contact my [family member] to inform them", "Carers arrive on time and let us know if their running late" and "Most of the time our carers turn up when they're meant too. The office will ring to tell us if they're going to be late."
- People also told us they received continuity of care from the same designated individual or group of care workers who were familiar with their needs and strengths. Typical feedback included, "They [the provider] aim to keep the same carers whenever this is possible", "We generally tend to get the same group of carers, but appreciate people can go off sick sometimes" and "We've had a few problems initially with my [family

members] carers being constantly changed, but things have got better lately." Several people also told us they had built up good working relationships with their regular care workers and felt the provider had done a good job 'matching' them or their loved ones with care workers they got on well with.

- The manager told us visits were arranged according to people's needs and wishes, geographical locations and staff availability. The manager also told us they were always available to cover staff short falls and could give us several examples of when they had been required to do this at short notice.
- Staff felt their visits were well-coordinated by the manager. There was also an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.
- The provider operated robust staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Using medicines safely:

- Where people were being supported by staff to take their prescribed medicines, this was managed safely.
- People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. Medicines administration records (MARs) were appropriately maintained by staff and we found no gaps or omissions in recording.
- Staff had received training about managing medicines safely.
- Audits were routinely carried out by the provider to check medicines were being managed in the right way.

Preventing and controlling infection:

- People's relatives told us staff who handled and stored food on their loved ones' behalf did so in a hygienic and safe way.
- The provider had an infection control policy in place.
- All staff had received up to date infection control training. Staff told us that personal protective clothing such as disposal gloves, aprons and shoe covers were available to them when they needed them.

Learning lessons when things go wrong:

- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.
- Staff understood the importance of reporting and recording accidents and incidents.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience:

- People told us staff were good at their job. One relative said, "My impression is that staff are well-trained and aware of their responsibilities."
- Staff had the right mix of knowledge, skills and experience required to meet people's needs. Records indicated staff had completed training that was relevant to their role. All staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Mandatory training also included dementia awareness. In addition, specialist training in epilepsy and stroke awareness was also available for staff who supported people with these health conditions.
- Staff told us they felt supported by the managers. They received regular one-to-one supervision meetings with the manager and group meetings with their co-workers. This enabled them to give feedback about their work performance and discuss any concerns they might have and training needs.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff spoke positively about the training they had received and felt it was always relevant to their role. One member of staff told us, "The training has been excellent", while another remarked, "We get a lot of training...It's always really useful."

However, the positive comments described above about staff training and support notwithstanding; we found staff who supported a person with autism had not received any learning disability or autistic spectrum disorder awareness training. The manager and several staff told us they felt the team would benefit from receiving learning disability or autistic spectrum disorder awareness training.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people with learning disabilities or autistic spectrum disorder.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- We checked whether the service was working within the principles of the MCA.
- Staff had completed MCA and Deprivation of Liberty Safeguards (DoLS) training. They told us they always

sought consent from people when supporting them and they respected people's decisions.

- The manager demonstrated a good understanding of the MCA and DoLS.

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

- People told us the manager had visited them at home to assess their personal care needs and discussed how they wanted their home care to be provided. This assessment was used to draw up people's personalised care plan that detailed a person's needs, abilities and choices.
- Staff demonstrated good awareness of people's personal care needs and preferences. They told us care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet people's needs and wishes.
- Care plans and risk assessments had been kept under regular review and updated accordingly.

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

- People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this.
- The level of support people required with this varied and was based on people's specific health care needs and preferences. People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.
- Staff had received basic food hygiene training.

Staff supported people to live healthier lives, access healthcare services and support, and provided consistent, effective and timely care within and across organisations:

- People told us staff supported them to stay healthy and well. A relative said, "Caremark have been very good at liaising quickly with other health professionals on behalf of my [family member] to discuss changes in their support needs." Another relative remarked, "Staff were so observant to notice my [family member] was feeling discomfort in their chest one time and were prompt to call the GP. I will be eternally grateful to the staff for acting so swiftly."
- Staff told us if they had any concerns about a person's health and wellbeing they would immediately notify the manager so that appropriate support and assistance could be sought from the relevant health care professionals.
- Staff maintained records about people's health and well-being following each scheduled visit. This meant others involved in the person's care and support had access to essential information about their health and wellbeing.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about this home care agency and the way they or their family members were treated by them. Feedback included, "So far we have been happy with the service Caremark provide... The carers we have been allocated are all nice and treat us well", "Our regular carers are enthusiastic and proactive" and "The staff are very caring toward my [family member] and she always looks so happy to see them whenever they turn up."
- Information about people's spiritual and cultural needs and wishes were included in their care plan. The provider had equality and diversity policies and procedures in place.
- Staff had received equality and diversity awareness training. Staff demonstrated a good understanding of people's personal histories, cultural heritage and spiritual needs and wishes. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

Respecting and promoting people's privacy, dignity and independence:

- People's relatives told us staff treated their family members with respect and promoted their privacy and dignity. One relative said, "The staff who visit my mother have established a good relationship with my [family member] and always treat her with respect."
- Staff spoke about people they supported in a respectful and positive way. Several staff gave us examples of how they upheld the privacy and dignity of people they supported. This included always using a towel to keep a person covered and ensuring bathroom and bedrooms doors were closed when they provided people with any intimate personal care.
- The provider had a confidentiality policy in place that helped protect people's privacy. Confidentiality training was mandatory for all staff to complete as part of their induction and guidance on the provider's confidentiality policy was included in the employee handbook.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. People's care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently.

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

- People, or those acting on their behalf, were involved in helping plan the package of personal home care and support they received. A relative told us, "They [the provider] have been very responsive in discussing changes to my [family members] support needs."
- Care plans included people's views about how they wished to be supported.
- People told us they had been given a guide about the standards of care and support they could expect to receive from this agency before they started receiving a home care service from them.

- People's care plans included information about people's specific communication needs and what support they required from staff to ensure they were involved in planning their care.
- We saw the service had developed an easy to read pictorial version of their care plan format which they had specifically developed for people with learning disabilities.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support which was responsive to their needs and wishes. Care plans were person-centred and contained detailed information about people's life histories, strengths, likes and dislikes, and preferences for how they wanted their home care support to be provided.
- If people's needs and wishes changed their care plan was reviewed and updated accordingly to reflect this.
- People were supported to make informed decisions and choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the home care and support they received. Several relatives confirmed they had chosen the gender of the staff who provided their family members personal care.
- Care plans contained detailed information about the personal care choices people were routinely offered by staff.
- Staff told us they respected people's right to make an informed decision about the care and support they received and gave us examples of how they promoted choice. One member of staff explained how they actively encouraged a person they supported to decide what they wore by always showing them a selection of clothing to choose between every morning.

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint about the service if needed. Comments we received from relatives included, "The service was very prompt in contacting me about concerns I've had in the past about my [family member's] care", "The managing director is always quick to resolve any issues I might have" and "I've had to make one complaint, to be fair to the provider they took on board what I was concerned about and resolved the matter quickly." Another relative also gave us an example of prompt action the provider had taken to satisfactorily resolve an issue they had raised about inadequate supplies of personal protection equipment for staff.
- The provider had a complaints procedure that was included in the service user's guide, which set out how they would deal with people's concerns and complaints.
- The complaints procedure was available in an easy to read pictorial format that people with learning disabilities or autism could understand.
- A process was in place for the manager to log and investigate any complaints received, which included recording any actions taken to resolve any issues that had been raised.
- Records indicated the one formal complaint the provider had received in the first year of operation had been dealt with to the satisfaction of the person who raised it.

End of life care and support:

- None of the people currently receiving a home care service from this agency required support with end of life care.
- People's care plans included a section relating to their end of life care wishes.

## 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.

The service was consistently managed and well-led. The culture they created promoted good quality person-centred care.

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

- People spoke positively about the way the service was managed. People told us the manager and co-director were easy to get hold of and talk to. Comments we received from relatives included, "I know I can just pick up the phone and speak to the managers whenever I need too, which is very reassuring", "I've always found the management of Caremark to be very approachable and helpful" and "I get on well with the managers who are both very approachable and easy to talk to."
- The manager and co-director were both knowledgeable about their responsibilities about the Health and Social Care Act 2014 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send us notifications about changes or incidents that affected people they supported.
- The service was well-organised. There were clear management and staffing structures in place. The manager was supported by a co-owner/director of the service who were both jointly responsible for the day-to-day running of this home care agency. Staff told us they felt valued and well-supported by the management team, and were confident in their ability to run the agency well. They also told us there was good communication maintained between the managers and staff team.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals.
- People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family member received.
- They used a range of methods to gather people's views which included regular telephone contact, care plan reviews, observing staff working practices during scheduled visits and satisfaction surveys. Satisfaction surveys people had completed in the service's first year of operation were mainly positive about the standard of home care support people received from this agency.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what this home care agency did well and what they could do better. This was through regular face-to-face contact with the managers, which included individual and group meetings. Staff said they liked working for this home care agency and felt the managers listened to what they had to say. One member of staff said, "This is the best home care provider I've worked for", while another member of staff told us, "The management are very supportive and do take on board what we have to say at meetings."

Continuous learning and improving care:

- There was clear oversight and scrutiny of the service.
- The management team carried out a rolling programme of audits to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes managers routinely carried out 'spot checks' on staff during their scheduled visits. During these checks managers would assess staff's punctuality, interaction with the person they were supporting and their record keeping. They also used an electronic system to monitor when care plans and risk assessments needed to be reviewed and staff employment checks, training and supervision meetings required updating. In addition, managers looked at medicines administration records (MAR) every month to check they were being appropriately maintained by staff.
- The manager told us they used the checks to identify an issue and learn lessons to enable them to develop an improvement action plan to mitigate the risk of similar incidents reoccurring. For example, the provider had taken appropriate action to remind staff to always sign MAR sheets after administering medicines. Medicines records we looked at indicated this action had resulted in a significant decrease in the number of medicines recording errors.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had a clear vision and person-centred culture that was shared by managers and staff. The manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles. This helped the manager gauge staff's understanding of the provider's values, share information on 'best practice' and monitor how well staff were following guidance.
- Managers followed up the occurrence of any accidents, incidents or near misses involving people receiving a home care service and had taken appropriate action to minimise the risk of them reoccurring. The manager gave us a good example of how they had increased the frequency of direct observations they carried out on some staff during their scheduled visits after it was found they were not always wearing their identity badges or uniforms.

Working in partnership with others:

- The provider worked closely with various local authorities and community health and social care professionals to ensure staff followed best practice. The manager told us they were in regular contact with people's GP's, occupational therapists, social workers and district nurses and they welcomed their views on service delivery. They also said information about people's changing needs and best practice ideas were often shared with the agencies described above. This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.
- In addition, the provider had good links with other resources and organisations in the local community including, the learning disability support team, the disability advice team regarding direct payments and Age UK.