ODC Care Limited

Caremark Bath and North East Somerset

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Caremark, Bath and North East Somerset is a domiciliary care service, providing personal care to people living in and around Bath and North East Somerset. At the time of our inspection there were nine people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
The quality assurance systems in place did not effectively monitor all aspects of the service. When audits had been carried out, it was unclear if actions had been completed. When incidents were reported, it was unclear how these were investigated or resolved. There was nothing documented to show how staff were informed of quality improvement plans.

Staff spoke highly of the nominated individual and said the service was a good place to work. One staff member said, "[Nominated individual] is very proactive about us giving good support to people and wanting to give everyone really good care."

People told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Comments included, "Yes, I feel safe because of the way the staff behave" and, "I feel very happy and safe. Staff look after me and ask if I need anything more." Although there were staff vacancies, the provider told us they were recruiting more staff and monitoring capacity before taking on new packages of care. People were supported to take their medicines safely.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they were cared for by kind and compassionate staff. Staff understood the need to respect people's privacy and dignity. Comments included, "We are very happy with the service. The staff do very well, they're very caring, just brilliant" and, "The staff are caring, friendly and approachable, all very nice people. They treat us both with dignity and respect, and we laugh together a lot."

Staff were knowledgeable about people's support needs as well as people's preferences for how they were supported. One person said, "I thought I would hate having carers in our home, but it is such a relief, a way of life now." There was a complaints procedure in place and people knew how to complain if they needed

to.

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

Rating at last inspection and update
This service was registered with us on 29 October 2021 and this is the first inspection.

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

We have found evidence that the provider needs to make improvements. Please see the Well-led section of this full report.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	Good
Is the service effective? The service was effective. Details are in our effective findings below.	Good
Is the service caring? The service was caring. Details are in our caring findings below.	Good
Is the service responsive? The service was responsive. Details are in our responsive findings below.	Good
Is the service well-led? The service was well-led. Details are in our well-led findings below.	Good

Caremark Bath and North East Somerset

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post, but they were not in day to day charge of the service and had applied to deregister. The nominated individual was in day to day charge.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 June and ended on 24 June 2022. We visited the location's office on 17 June.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who use the service and two relatives. We spoke with two members of staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
- The provider had systems in place to ensure people were safeguarded from the risk of abuse. This included sharing potential safeguarding concerns with the local authority safeguarding team.
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "If I saw some bruises, I'd ask what happened, and then report it."
- People using the service told us they felt safe. One person said, "I feel very happy and safe. The staff look after me and always ask if I need anything more." Another person said, "They [staff] always check my lifeline is on before they leave."
- Staff said they felt confident to raise concerns about poor standards of care. One member of staff said, "If someone told me something, or I saw something, I would report it to [nominated individual]. I'm confident he would sort it."

Assessing risk, safety monitoring and management
- Staff assessed risks to people's health, safety and wellbeing. Relevant risks included those relating to moving and handling, medicines, the home environment, skin care and nutrition.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed and care plans contained detailed guidance for staff to follow to keep people safe. For example, plans detailed when people used aids or needed support to move around. In one person's plan it was documented, "Walk with [name] to give [them] confidence. Wishes to be as independent as possible."
- Water temperatures were checked and recorded before people were supported with a shower. This meant the risk of scalding was reduced.

Staffing and recruitment
- There was a policy in place for the safe recruitment of staff. This included checks with the DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The service consisted of a small team of staff. The nominated individual told us they were recruiting to grow the team and would not be growing the service until new staff were trained and working.
- Robust recruitment procedures were followed to ensure the right people were employed to work in the service.
- New staff shadowed more experienced staff and were introduced to people in their homes, prior to working with them.
- There was enough staff on duty to meet people's needs. However, people we spoke with and their relatives said they had concerns about the small staff team, and what would happen if staff left or were sick.

The nominated individual told us they were recruiting permanent and ad hoc staff to ensure people always had their visits.
● People and their relatives told us staff usually arrived on time. Comments included, "Staff are mostly on time" and, "Usually, the staff are on time as that is important to [relative], who gets anxious if they are not on time."

Using medicines safely
● Medicines were not always managed safely.
● There were gaps in one person's medicine administration records (MARs). The gaps showed that on six dates in March and four dates in April, one person had not received their epilepsy medicine. There were no formal medicine incident records of these events. This meant it was not easy to review how the incidents had been investigated and what actions had been taken.
● The nominated individual sent us information after the inspection to show that staff had been interviewed about these incidents and that refresher training and spot checks had been carried out.
● Although, regular audits were carried out to check that administration records had been signed and that stock balances were accurate, there was nothing documented to show what had been done when an issue was identified.
● In the one person's daily notes, a member of staff had written that the previous evening's medication had not been dispensed. Again, there was nothing documented to show what had been done about this.
● People were supported with their medicines by staff who had been trained and assessed as competent.

We recommend the provider reviews their systems in relation to the reporting and investigation of medicine incidents.

Preventing and controlling infection
● Staff confirmed they had access to enough PPE and had received infection prevention and control training.
● People confirmed staff always wore PPE during visits and changed gloves between tasks. Comments included, "They [staff] wear gloves , aprons and masks" and, "Yes, they [staff] wear PPE."
● Staff were part of a regular testing programme for COVID-19.

Learning lessons when things go wrong
● The system in place for managing incidents and accidents was not robust. Consistent, formal reporting and investigation of incidents was not always taking place. Additionally, there was a lack of management oversight or analysis taking place. This meant the provider was unable to easily assess and monitor for any trends. The nominated individual told us this was something they were looking to rectify as a matter of urgency.

Good

Is the service effective?

Our findings

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

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

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

- People's needs were assessed and regularly reviewed.
- The nominated individual said, "We carry out a home visit assessment where we fully assess people's needs and the environment. Once people come onto the service, we go back after one month to check everything is working OK and then at six weeks, we do a telephone review."
- One person said, "I get the care I expect. They are very good and have adjusted as I have got better. I am very conscious of my improvement."
- One person's relative said, "[Relative] had [their] needs assessed, and the office do check if they need to be re assessed."

Staff support: induction, training, skills and experience

- Records showed staff were provided with a wide range of training, had regular updates and unannounced spot checks of their care practices were carried out.
- Staff had regular supervisions with a line manager or supervisor.
- New staff completed an induction when joining the service, and those new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One staff member said, "I had a full induction spread out over four days. It was a mix of practical and on-line training."
- Staff said they felt well supported in their role. One staff member said, "I feel very supported, I can call [Nominated individual] and I know they will help me."

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

- Where required, people were supported to eat and drink well.
- One staff member had noted that someone looked like they had lost weight, and so with their consent had weighed them. The nominated individual said, "[Staff name] now encourages [them] to eat to put the weight back on. We keep an eye on it and if needed we would contact the GP."

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

- Staff were committed to ensuring people's healthcare needs were met. One staff member said, "I went to see one client and I just felt something wasn't quite right. I called the office and then called for an ambulance for them."

● Records showed staff supported people to access health support when needed. For example, in one person's daily notes staff had documented the person had asked them to take a photograph of a rash to send to the GP for advice. Staff had written, "GP asked [name] to send a photo through. [Name] asked if I could do this, which I did."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.
● People consented to their plan of care and the support provided by staff. Signed consent forms were in people's support plans.
● One person said, "Staff are very friendly always ask my consent." One person's relative said, "Staff are very good at asking permission before doing anything to [relative]."

Good

Is the service caring?

Our findings

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

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

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

- People who used the service and their relatives praised the ways staff interacted. Comments included, "The staff are very kind and caring. I think they are all OK and friendly" and, "The staff are very caring, friendly and approachable. They always make me giggle."
- Staff spoke about people they supported in a respectful manner and with warmth. One staff member said, "I might be the only person they see all day, so it's a bit of company for them as well. If I can help someone to do something they couldn't do, like maybe tidying someone's kitchen for them, it stops them worrying."
- The nominated individual told us staff often went "Above and beyond." They told us staff had highlighted an issue with someone's dog that needed regular exercise. Staff recognised the importance of the relationship between owner and dog and had sought help from the local authority to source a dog walking service.
- The nominated individual said, "I want the kind of staff here, who have got the caring element in them already. Everyone we have now, does have these qualities which makes my job easier, which makes my clients lives easier. It's the micro interactions between staff and client that make the experience what it is."
- Staff had undertaken training around equality and diversity to help inform their practice.

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

- People told us they were actively involved in planning and making decisions about their care. One person said, "I have a care plan in the house, written in at every visit and discussed with me." Another person's relative said, "We told them what we needed, and the staff have met [name's] needs."
- One member of staff said, "I always tell people, 'I'm led by you. I'll do whatever you want me to do and whatever you need me to do.' Everyone is an individual."
- Staff encouraged people to make decisions about their care. We saw in one person's daily records that a staff member had written, "Said had been up since 05.45 as didn't want to oversleep. I reassured [them] that if [they] ever wanted to stay in bed [they] could and not to worry about us as we use the key safe to enter and we'd prep breakfast etc, so please don't worry."

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "There is mutual respect and privacy. They all call out as they come in the front door, and then as they come up to my bedroom" and, "All the staff are very respectful. They knock the door and wait for me to call out before they come in."
- People told us staff promoted their independence. One person said, "They [staff] encourage my independence which is a very good thing, I can now shower myself."
- Staff knew how to maintain people's privacy and dignity. Staff gave examples of how they did this such as,

"I always keep people covered up. I hold a towel up so that I can't see them washing themselves and I just keep on talking so they feel relaxed with me. And I always close doors and curtains."

Good

Is the service responsive?

Our findings

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

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

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

- People told us staff met their needs. Comments included, "My care plan was discussed, and the staff help me as needed" and, "The staff just do what I need them to and encourage me." One person's relative said, "In [name's] plan we told them what we needed, and the staff have met all needs."
- People told us staff arrived on time and stayed for the allocated length of time.
- Because there was a small team, people knew all the staff and staff knew people well.
- The nominated individual told us the care planning process was being reviewed in order to ensure people's preferences and choices were fully documented.
- Some of the care plans did not provide enough information for staff on how best to support people when they were upset. For example, in one person's plan, it was written that they often swore at staff, but the plan did not inform staff how to respond to this. When people were upset, the plans did not guide staff on how to react to this or how to help people to feel better about themselves. We discussed this with the nominated individual during the inspection and they said they would ensure the plan was updated to include this information.

Meeting people's communication needs

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

- The nominated individual and staff understood about the AIS. People's communication needs were identified and recorded in their care plans.
- Documents could be provided in alternative formats if required, such as large font, easy read or other languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. No complaints had been received.
- People told us they knew how to complain but had no reason to. One person said, "I have no complaints, I would contact the office if I needed to."
- The service had received many compliments. Examples of these included, "[Staff name] is brilliant and can come and live with us if [they] want" and, "[Staff name] is amazing and [person] really reacts well to [them]. [They] are a very professional and experienced carer."

End of life care and support

● At the time of the inspection, nobody using the service was receiving end of life care. The nominated individual said, "We can offer end of life training for staff if needed and we can access the local hospice for support if needed."

Good

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

● Because of a lack of day to day manager, not all areas of the service were being robustly monitored. Although medicine administration records were audited as part of the daily record audits, it was not always clear what happened when an issue was identified. For example, records to show how unsigned MAR charts were investigated and corrected, and what steps had been taken to prevent a recurrence were not always available.

● No minutes of team meetings were available for us to review which meant we could not assess how staff were informed as a team of any areas for improvement.

● We saw audits of staff and client files. These were dated February 2022. Although actions had been identified, there was nothing documented to show the actions had been completed.

We recommend the provider reviews the quality assurance processes to ensure they are robust and fit for purpose.

● Feedback from people who used the service had been reviewed following a formal survey. We saw the results and analysis which showed people were happy with the service being provided. Comments included, "My care and support workers have transformed my life", "Staff always very considerate, kind and understanding" and, "I am incredibly happy with the level and quality of service provided."

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

● People and their relatives told us most of their support needs were met by the service. One person said, "The service is what I expect to receive; very kind people." However, some people told us they were concerned about staffing. One person's relative said, "Sadly [provider] no longer does weekends." Another person said, "We feel sorry for [provider] with the staff limits." We discussed this with the provider who told us they had three new staff going through their induction and that recruitment was ongoing.

● Staff said they understood the difficulties with recruitment. Comments included, "I think it's a general problem across the [health and social care] board. [Provider] does offer a better salary than a lot of places but it's tricky" and, "It's been a bit tough. Sometimes I have to do a double shift, but we've got new staff starting so that will help and things will settle down."

● Staff said the company was good to work for. The nominated individual told us they offered incentives for staff such as an introduce a friend scheme, and rewards such as a day off for staff on their birthdays.

● Staff were aware of the provider's ethos of care. One staff member said, "We are encouraged to provide a

really high standard of care to people and their families."
● The nominated individual said, "I'm proud of the fact we have managed to make such a positive impact on clients, and people and their families trust us to look after them. People tell us we've changed their lives."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their responsibility to be open and honest when something went wrong. They were open and transparent with us during the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The registered manager no longer worked at the service and was in the process of deregistering. The nominated individual told us they had advertised for a replacement.
● The provider had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were aware that the registered manager had left their post. They knew the nominated individual was in day to day charge and how to contact him.
● Staff said the nominated individual kept in close contact. Comments included, "I keep [nominated individual] updated with all the things I would have told the previous manager. He's easy to get hold of and always responds" and, "[Nominated individual] is great and he's communicating with me. He always says, 'any problems, please feel free to contact me' and, 'I haven't seen you for a while, so please feel free to call me.'"
● People had been asked for their feedback via formal surveys.
● Staff surveys had not been carried out. The nominated individual told us they planned to carry out staff surveys later in the year when the team had grown.

Working in partnership with others
● The nominated individual told us they worked closely with the local complex intervention team, the reablement team, and people's primary health care teams.