

Monark Limited

# Caremark (Harrogate)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Caremark (Harrogate) is registered to provide personal care and support to people of all ages.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 17 older people who were receiving a service, 10 of whom received personal care calls.

### People's experience of using this service and what we found

People told us they felt safe and trusted staff who supported them. People felt that staff had good knowledge of how to protect people from the risk of harm and abuse. People and their relatives told us they were supported to access health care appointments when required.

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 told us staff promoted their independence, choices and protected their dignity. Staff could describe people's diverse needs and how they supported them.

Risk assessments were in place to guide staff on how to manage identified risks to people considering least restrictive options.

The provider had made improvements to their recruitment processes to ensure staff were recruited safely, and employment checks completed before they started working alone with vulnerable people.

Staff completed an induction but did not always have sufficient time shadowing other staff to ensure they were competent and confident before working alone. Staff received regular training, although the provider was unable to evidence PEG training had been completed for some staff. We identified that supervisions were not held in line with the provider's policy and not all staff employed over 12 months had received an annual appraisal. The manager had not always completed checks to ensure staff were competent in their role.

On regular occasions the provider had been unable to staff some calls. There was some reliance on agency staff to ensure some calls were covered. Since the inspection the provider has been working with other agencies to improve the service delivery.

Medicines management was not always robust. The provider had failed to ensure recommendations made by the pharmacist in December 2018 were actioned. This was an area of focus and the local authority and other agencies are working with the provider to ensure improvements are made.

Staff knew how to support people to eat a healthy diet and maintain good hydration.

Care plans had been reviewed and people and/or their relatives had been involved in this process. These had a person-centred focus and described people's preferences and routines. There was no-one receiving end of life care at the time of the inspection. However, the manager told us that any end of life care planning would be recorded when needed to ensure people's choices were respected.

Communications had improved, and people told us they received satisfaction surveys or spoke with the manager to give feedback about the service. Complaints had been recorded and investigated in line with the provider's policies.

The provider's quality monitoring system required further improvements to be made. Regular audits had not always been completed as the manager was covering other tasks that had taken up their time. Where advice and recommendations had been made by health professionals, these had not always been fully implemented.

The current registered manager was supported by another manager whom shared responsibility for the day to day running of the service, we have referred to them as the manager throughout this report. Feedback from staff, people and their relatives about the manager was positive. Staff said they could raise issues with them and found them supportive. People and their relatives found the manager approachable and effective in their management skills.

Both the registered manager and the supporting manager acknowledged further improvements were required. These were improvements in relation to the running and governance of this service which needed to be sustained and embedded over a longer period of time. The registered manager advised that they had plans to ensure the supporting manager took over their responsibility of the registered manager's role in the near future. This would enable both to focus on the oversight of the service and drive improvements to sustain a better quality of care for people.

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 last inspection and update

The last rating for this service was Inadequate (published 4 December 2018) and there were multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had been made in some areas. However, further work was required to ensure improvements were sustained and the provider was still in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service has been in Special Measures since 2 December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Caremark (Harrogate)

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors on day one and a third inspector visited people in their own homes on day two.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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. We spoke with the nominated individual (provider representative) who was also the registered manager. Another manager shared responsibility for the day to day running of the service.

#### Notice of inspection

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

Inspection activity started on 29 May 2019 and ended on 31 May 2019. We visited the office location on 29 May 2019. We spoke with additional staff by telephone on 31 May 2019 and visited three people in their own homes to gather their feedback about the service.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority and health professionals who work with the service for their views. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with two staff, the manager, one health professional and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed three people's care records and a sample of medication records. We looked at five staff recruitment files including training, supervisions and appraisals. We reviewed various records relating to the management and running of the service including; accident and incidents, safeguarding referrals and quality monitoring systems.

#### After the inspection

We continued to seek further information from the provider following the inspection to support our findings. We spoke with five additional staff, three health professionals and attended a joint meeting with both local authority and health commissioners, safeguarding and the district nursing team.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection, the provider failed to assess and manage risks relating to people's health and welfare. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvements had been made so the provider was still in breach of Regulation 12.

- Management of medicines was not always robust.
- Medicines administered for pain relief and/or to manage behaviours had not been monitored for their effectiveness. This meant that it was difficult to tell whether they had received too little or too much of these medicines.
- PRN protocols were not always in place. Relatives had been involved in the administration of people's medicines, but records were not always clear as to how much, when and why these medicines had been given. One member of staff told us they did not feel confident administering medicines, but that the family would be supporting them with this. We could not be assured people were receiving their medicines safely or in line with best practice guidance.
- Some people using the service were receiving support with medicines and nutrition through an enteral (feeding) tube. The manager told us that staff including agency staff had undertaken specialised training but was unable to show us records to confirm this had taken place. We asked the provider to ensure for all staff including agency they were able to evidence this training had been completed. Following this inspection further training had been organised to ensure staff records evidenced this training.
- When accidents and incidents occurred, these were recorded and reviewed. However, the manager could not demonstrate they were learning lessons because work to improve monitoring systems and performance was at an early stage.
- People were placed at risk of avoidable harm because they had not always received their contracted care and support. This posed a substantial risk to one person. The manager agreed to contact the authority responsible for commissioning the service so alternative strategies could be considered in the future.
- The monitoring of risk was not effective because care plans and risk assessments did not reflect people's care and support needs. For example, risk assessments were not in place for risks associated to people's health conditions, such as diabetes. The manager told us they would be updating these records. In addition,



several risks were identified in relation to one package of care. The provider had failed to put measures in place to manage these risks in relation to; staff deployment; support or training for the family to manage this person's behaviour prior to administering medicines. Following the inspection, the local authority and other agencies have become involved to ensure the right support is in place.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was managed effectively. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us that the manager shared incidents with them, so improvements were made. One said, "We receive emails or [Managers name] speaks with us in the office."
- Environmental risk assessments were in place to ensure people and staff were safe.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have systems and processes in place to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not been compliant with their own recruitment practices even though shortfalls had been identified. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the provider was no longer in breach of Regulations 13 and 19.

- Staff had completed safeguarding training and could explain what action to take to ensure people were safe and protected from harm and abuse.
- People felt safe and were positive about staff and the new manager. One person said, "I do indeed feel safe. It is nice having them there, you don't have to worry."
- Recruitment practices had improved since our last inspection and appropriate checks had been completed to ensure staff were suitable to work in a care environment.
- People told us most of their calls were on time. One person said, "Nine out of ten times, yes. If they have a hiccup or emergency, they let us know if they can. I'm not waiting hours and they're very apologetic. I call [Manager's name] and she sorts it out."

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and washed their hands regularly to promote good infection control practices.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff were adequately supported and trained to fulfil their role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 18

- People could not be confident they would receive safe, consistent care because staff competency was not routinely checked. This included competency checks for newly appointed staff before they worked alone unsupervised.
- We identified that staff did not always receive sufficient time shadowing more experienced members of staff prior to working alone. For example, one member of staff with no previous experience in care had received three and a half hours shadowing prior to working alone. They had just received PEG training and had been expected to complete these duties unsupervised during their next call.
- Annual appraisals had not been completed. The manager told us these would be scheduled.

We found no evidence that people had been harmed however, systems were not robust to ensure staff were fully supported through training, regular supervisions, competency checks and annual appraisals. This was a continued breach of Regulation 18 (Staffing) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received some supervisions and told us they could speak with the manager at any time to seek advice and guidance which made them feel supported. The provider was aware that supervisions had not been completed in line with their own policies.
- The majority of staff training had been completed. However, some had recently expired but no dates had been scheduled for refresher training. The provider advised this would be included in their future records.

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

- The manager had involved other agencies to re-assess staff deployment and develop strategies to improve service delivery; They had worked collaboratively with people and their families to ensure their needs were re-assessed and improve the quality of care.

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

- Staff knew how to support people to maintain maximum nutrition and hydration. One person told us, "They [staff] help me with breakfast and they know what I like." People's care plans supported good practice.

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

- The manager had arranged additional support from health professionals to enable staff to adopt a consistent approach.
- Records showed that staff knew when to make referrals for support from other agencies, such as district nurses.

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

- Staff supported people to access support in the community, such as hospital and GP appointments.

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 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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Records showed that mental capacity assessments and best interest decisions had been completed where people were unable to make decisions for themselves.
- Staff could describe people's preferences and how they enabled choice when making decisions relating to their health and care needs.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff told us how they ensured people received equal opportunities regardless of protected characteristics such as gender, sexuality or disabilities. One member of staff described how they supported one person's with cognitive impairment, "I use role play to encourage [name of person] to do basic things for themselves. I work with them to help and don't take skills away from people."
- Staff knew how to ensure people were well supported and could describe how people wanted to be cared for.

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

- People and their relatives were involved in decisions about their care. Relatives comments included; "We are involved in care plans and get reviews. They [managers name] come to check everything is ok. We get a questionnaire to fill in" and, "They [staff] all know what is in it [care plan]."

Respecting and promoting people's privacy, dignity and independence

- People said they were treated with compassion and dignity. One person told us, "They [Name of staff] treat me with respect and dignity. They have a great sense of humour, very straight talking, treat me well and kind to me. I would say if not, [name of staff] goes the extra mile. They care about me and say I am like part of their family."
- Staff told us how they respected people's dignity. For example, closing curtains when providing personal cares. One person told us, "They [staff] do their best to protect my dignity."
- Staff could describe how they promoted people's independence. One member of staff told us, "I role play to encourage them to do basic things such as, washing their face and dressing. I adapt to them to help rather than taking their skills away."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to follow their own complaints procedures to record, investigate and conclude complaints that had been raised. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 16.

- People told us they knew how to complain and felt confident that the manager would respond professionally and appropriately to resolve their concerns. One relative told us, "[Managers name] always deals with it and sorts us out. Very hands on and helpful."
- Records showed the provider had responded to complaints as outlined in their own policies.

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

- Care plans had been reviewed since our last inspection and improved. They included personalised details which had a positive impact on the quality of care delivered.
- Staff knew people well and could tell us about their preferences, whilst being mindful to listen to people's immediate needs. One person told us, "They [staff] always listen to me and what I need."

Meeting people's communication needs

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

- Communication care plans were in place. The manager told us specific information about how people expressed themselves, this was not always detailed in care plans. The manager told us they would review and update these to include more information.
- Information was available should people need to access advocacy services to support them to express their views.
- Staff knew how to support good relations between people and their relatives. They encouraged regular interactions which supported people's emotional well-being.

#### End of life care and support

- At the time of this inspection no one was being supported for end of life care. The manager explained that people's wishes, and preferences would be explored during assessment stages should they require end of life care and support. This included exploring any religious needs and preferences.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care to meet people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider failed to assess, monitor and improve the quality and safety of the service. The provider had not maintained complete and contemporaneous records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 17.

- Records were inconsistent or incomplete. These included; medicines administration records, medicine care plans and protocols to guide staff in safe administration and monitoring of some medicines. In addition, call monitoring needed to reflect reasons for missed calls and when incidents were recorded measures taken to mitigate the risk of further occurrences.
- Risk management had been improved. However, further improvements were required as we identified some risks had not been managed effectively. Appropriate actions had not been taken to manage these to mitigate future risks to both staff and people receiving a service.
- Audits had not been regularly completed to identify issues and address them. For example, medicines administration records had only just started to be audited despite concerns raised around medicines administration since 2017.
- The provider had worked alongside the local authority and other healthcare professionals to improve the service since our last inspection. However, we identified that advice and recommendations had not always been fully implemented or embedded to ensure best practice was adopted in a timely way.
- The provider had submitted an action plan following our last inspection, this detailed how they were going to make improvements and when these would be in place. Not all of these actions had been completed in the timeframes stated by the provider.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance and management of this service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had been covering absences and other roles whilst driving some improvements in the service. Moving forward we discussed the need for the provider to demonstrate they can identify and sustain improvements necessary over a longer period of time. This has been reflected in our rating of this service.
- The manager had made appropriate notifications to CQC detailing when families had been informed of incidents that had occurred.

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

- Feedback from people and their relatives was positive. They felt that the manager had made an impact on the consistency of services delivered and had built trusting relationships with people and their families.
- People receiving services had noticed marked improvement since the new manager had been in post. Comments included; "[Manager's name] has an awful lot to deal with and she copes, lucky to have her, marked improvement in support since she started" and "[Managers name] has done a very good job. She is naturally caring, glad she is there, puts us at ease."
- Staff had told us that training and support in general had improved since the last inspection. They felt supported by the manager and confident that they could ask for support and it would be there for them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us that the manager addressed their concerns immediately and they were confident that families were informed in an open and transparent manner. Families told us they were confident the manager dealt with their concerns appropriately.
- The manager was aware of their responsibilities under the duty of candour.

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

- The provider had sought feedback from people and their relatives to drive improvements in the service. People told us they completed annual satisfaction surveys and had met the new manager as they had visited people and their families to review and discuss their services.
- Assessments considered people's diverse needs and promoted equal opportunities. Staff described how they supported people to ensure everyone had the same opportunities to learn new skills and maintain existing life skills.
- The manager had a positive and caring approach, the impact of this was evident when speaking with staff and people receiving services. They were motivated to make a difference and improve the care people received.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the safe and proper management of medicines; identify risks to the health and safety of service users and take all reasonable steps to mitigate any such risks; ensuring persons providing care to service users have the competence, skills and experience to do so safely and where responsibility for care is shared with, or transferred to other persons, working with them to ensure timely care planning takes place to ensure the health, safety and welfare of the service users.</p> <p>Regulation 12(1)(2)(a)(b)(c)(g)(i)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to consistently assess, monitor and improve the quality and safety of the service. The provider had not always maintained complete and contemporaneous records.</p> <p>Regulation 17(2)(a)(b)(c)(e)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to deploy sufficient numbers of staff to always meet people's care needs. Staff were not always fully supported to fulfil their roles effectively. Staff had not</p>

received sufficient shadowing of experienced staff, supervision, appraisals, and competency assessments to support them in their role.  
Regulation 18(1) (2)(a)