

Mars Cheshire Limited

Caremark (Cheshire North East)

Inspection report

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11 December 2023

21 December 2023

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark (Cheshire North East) is a domiciliary care agency providing personal care and support to people living in their own homes.

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. At the time of the inspection, 56 people were receiving support with personal care.

People's experience of the service and what we found:

The provider undertook some quality assurance audits and checks, however they had not identified all the issues we found during the inspection. Records were not always sufficiently robust. This related to aspects of risk management, medicines records and to demonstrate full compliance with the MCA. Systems to improve the provider's oversight of training and staff supervisions were being further developed.

Where necessary staff reported safeguarding concerns to the local authority. However, whilst the provider was aware of the need to notify CQC about certain incidents and events, they had not fully understood all aspects of this requirement. We have made a recommendation about this.

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. However, staff had not always followed the systems/policies in place. This related to records for capacity assessments and best interest decisions. We have made a recommendation about this.

The provider ensured there were sufficient numbers of suitably trained staff, who had been recruited safely. Overall, people were supported to receive their medicines safely and risks were managed. However, the electronic recording system in relation to medicines needed to be further adapted and some records needed to be more in-depth about actions being taken. The provider was addressing this.

People told us they felt safe and were complimentary about the care provision. People's needs were met in a person centred way and the care was flexible. Systems were in place to protect people from abuse or avoidable harm.

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. People had been included in discussions about their care. Staff worked well with other agencies and acted on any changes in people's needs.

There was a positive and open culture at the service, with good communication. The provider had already devised a development plan to drive ongoing improvements in the quality of the care. The provider worked

in partnership with others and people's views and feedback were sought.

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

Rating at last inspection

The last rating for this service was Good (published 9 June 2018).

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. During the inspection we found there was a concern in relation to consent and mental capacity, so we widened the scope of the inspection to include effective.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Caremark (Cheshire North East) on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach of regulation in relation to the provider's overall governance. We have made 2 recommendations in relation to consent to care and regulatory requirements.

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Caremark (Cheshire North East)

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 team consisted of an inspector and a regulatory coordinator.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 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 9 December 2023 and ended on 21 December 2023. We visited the location's office/service on 11 December 2023.

What we did before the inspection

We reviewed the information we held about the service and contacted the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 5 staff including the managing director and care staff.

We reviewed a range of records, including 6 people's care records. We looked at 3 staff files in relation to recruitment and staff support, and a range of records relating to how the service operated and was managed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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

- Overall, people were supported to receive their medicines safely and as prescribed. However, some improvements were required in relation to records.
- A new electronic system relating to medicines administration had been implemented. However, this needed amending to fully meet the needs of the service. Temporary arrangements had been put in place to ensure administration was recorded. The provider was in the process of addressing this with the Caremark franchise.
- Whilst staff had taken action to mitigate risks in relation to the safe storage of medicines, we found 2 cases where records did not fully reflect the identified risk and/or actions being taken. The provider acted to address this.
- Records in relation to as required medicines, would benefit from more detailed information to help guide staff about when these medicines should be administered.
- Staff had been trained and their competency was checked in relation to medication administration. Managers undertook audits and had some oversight of the system.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were completed in various areas of people's health and care needs. Where concerns were identified, staff liaised with relevant health and social care professionals to address these. However, some records as noted above needed to be more robust.
- The provider had a contingency plan to minimise risks to the service running safely in the case of emergencies or unforeseen circumstances.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People felt safe and were positive about the way staff supported them. One person said, "I can't fault the care" and a relative commented, "Staff are so lovely and sweet with [name], they are so patient."
- Staff had completed training in safeguarding and understood their role in identifying and reporting any concerns.
- The provider had a safeguarding policy and had reported any safeguarding issues or concerns through appropriate procedures to the local authority. However, they had not always notified CQC as required in relation to these incidents. We have further reported on this in the well-led section of this report.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. They had a focus on the recruitment and retention of staff.□
- People confirmed staff usually arrived when they were expected and would be contacted if carer staff were occasionally running late. They told us, "It's usually the same staff, they like to keep it as consistent as possible" and "They tend to come as expected."
- The provider had a system in place to monitor care times and ensure that if in exceptional cases there were staffing shortages, people's needs would be prioritised so that people remained safe.
- The provider operated safe recruitment processes.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received up to date infection prevention and control training and had adequate supplies of personal protective equipment (PPE).

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Staff recorded any accidents or incidents and managers took action to review and prevent any further occurrences where possible.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always working in line with the MCA.
- The provider had processes for assessing people's capacity to make decisions. However, records did not always demonstrate staff had fully followed the MCA when making decisions. For example, a decision to hide medicines away to keep a person safe had been made, however, records were not robust enough to demonstrate relevant assessments had been undertaken.
- Records were also contradictory, as one person was recorded as having the capacity to make their own decisions, but some decisions had been made with the person's lasting power of attorney in their best interests.
- Staff and managers had considered people's ability to consent to care and recorded this had been obtained where possible. They also referred any issues in relation to people's capacity to make decisions to relevant professionals such as social workers.
- The manager took immediate action to review the assessment documentation available to staff and reviewed procedures for staff to follow.

We recommend that the service finds out more about training for managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

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

- People's needs were assessed. Care and support was delivered in line with current standards to achieve effective outcomes.
- Staff undertook assessments at the start of the service and people told us they had been included in discussions about their care. One relative commented, "We discussed [name's] needs before the service started."
- Staff worked well with other agencies and were responsive to any changes in people's needs.
- A relative told us staff had been flexible and had adjusted their relative's care plan when required.

Staff support: induction, training, skills and experience; supporting people to live healthier lives, access health care services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff felt well supported.
- Staff undertook induction training and ongoing refresher training. Some staff had completed the Care Certificate and further work was being undertaken to ensure all staff had completed this.
- Systems to improve the provider's oversight of training and staff supervisions were being further developed. The manager had plans to implement more regular and wider training, as well as to develop team building.
- Managers and staff ensured people had access to health care and support. A staff member said managers were responsive and would sort out any concerns about a person as quickly as possible.
- Staff worked well with other agencies and acted on any changes in people's needs. For example, they had worked with district nurses to complete specific training for staff.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Risk assessments and care plans included information about the support people required with eating and drinking.
- Staff monitored people's needs and they support sought where any concerns were identified.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent.

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

- The provider's systems did not always effectively monitor and assess the quality of care provided to drive improvements.
 - Whilst some quality assurance audits and checks were carried out, they had not identified all the issues we found during the inspection. Caremark as a franchise had been unable to conclude a recent audit of the service. The provider was awaiting further action with this.
 - Records were not always sufficiently robust. This related to aspects of risk management, medicines records and to demonstrate full compliance with the MCA.
 - Systems relating to the oversight of the service had not yet been fully developed and implemented, for example in relation to the oversight of staff supervisions.

Systems and processes to assess, monitor and improve the quality and safety of the service were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- There was no registered manager at the service. Since the last registered manager had left, the director had managed the service and had applied to register as manager until permanent arrangements were in place.
- Whilst the provider was aware of the need to notify CQC about certain incidents and events, they had not fully understood all aspects of this requirement. They had submitted some appropriate notifications to CQC previously, however 3 recent issues, identified during the inspection were submitted retrospectively, this had been an oversight by the provider.

We recommend the provider reviews processes in place, to ensure managers fully understand and comply with all regulatory requirements.

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

- There was a positive and open culture at the service.
- The provider had some systems to provide person-centred care, which achieved good outcomes for people. One person said, "They provide a very good service" and a relative commented, "They do a superb job."
- Communication was good throughout the service. Managers were approachable, would listen and were

responsive. Staff felt able to raise any concerns or issues.

- The provider had created a learning culture at the service which aimed to improve the care people received. They had created a development plan and were passionate about providing good care to people.
- The provider had implemented new electronic management and recording systems, along with an application to aid communication and therefore adapt quickly to changing circumstances. These were in progress and further work was being undertaken to adjust to these and ensure they were fully effective.

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 responsibilities under the duty of candour. The director was open and transparent throughout the inspection.

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

- People and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- Staff undertook regular reviews and surveys with people, to obtain their views and feedback about the care provision.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with the local authority, as well as with various healthcare professionals to review and support people as effectively as possible.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess, monitor and improve the quality and safety of the service were not always effective.