

Let's Go Care Ltd

Caremark (Colchester)

Inspection report

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13 September 2022

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Caremark Colchester is a domiciliary care service providing the regulated activity of personal care. The service provides support to people in their own houses, flats or specialist housing accommodation. At the time of our inspection there were 22 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 absence of effective quality assurance and governance arrangements at Caremark Colchester provided no assurance the service was well led and regulatory requirements were being met. Quality assurance systems had not identified the shortfalls found during this inspection. No information was available or recorded to demonstrate the provider had effective arrangements in place to recognise where improvements were needed and lessons learned. The absence of the provider and a registered manager since September 2021, had a detrimental effect on the overall running of the service.

Where safeguarding concerns were raised, internal investigations were not commenced or completed in response to the allegation of harm. The incidence of safeguarding concerns was not recorded and the Care Quality Commission had not been notified of all safeguarding concerns. Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. Improvements were required to medicines management. The provider did not ensure staff were suitable to work with people using the service. Variable comments were raised with the Local Authority relating to the timing of calls by staff. The provider did not ensure all staff employed at the domiciliary care service had received appropriate training or an induction.

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, most staff had not received training on the principles of the MCA. Not all staff spoken with had a good understanding of the MCA and its impact on people using the service.

Staff confirmed they had enough supplies of Personal Protective Equipment [PPE] available to ensure safe infection, prevention and control practices. Staff supported people as needed with the provision of meals, snacks and drinks. People had access to health professionals as required.

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 April 2020]

Why we inspected

The inspection was prompted in part due to concerns about a lack of engagement by the provider with the Local Authority and Care Quality Commission. The most recent audit conducted by the Local Authority in June 2022, recorded an overall score of 'Poor'. A decision was made for us to inspect and examine those risks.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the provider's governance arrangements, staff training and induction at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Caremark (Colchester)

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 completed by one inspector.

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

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 7 September 2022 and ended on 16 September 2022. We visited the location's office on 7 September 2022.

What we did before the inspection

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 sought feedback from the Local Authority who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with the provider and an office administrator. We reviewed five members of staff recruitment records, including evidence of training, induction, supervision and 'spot visits.' We looked at a sample of the service's quality assurance systems, safeguarding and complaint management records.

Following the visit to the domiciliary care office, the provider forwarded us five people's care plans and daily care records, information relating to medicines and safeguarding management. We spoke with a further three members of staff. The Local Authority forwarded us a summary of discussions held with 18 people using the service and those acting on their behalf. This enabled us to gain an understanding of their experience of Caremark Colchester.

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 Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding concerns were raised, internal investigations were not commenced or completed in response to the allegation of harm to ensure lessons were learned and improvements made when things went wrong. As recorded within the Well-Led section of this report, not all safeguarding concerns were notified to the Care Quality Commission.
- An incident occurred in June 2022 whereby a member of staff continued to work in the community despite testing positive for COVID-19. Although a safeguarding alert was raised with the Local Authority, an internal investigation was not commenced or completed to ensure lessons were learned. One person using the service sustained a significant skin tear injury to their lower right leg whilst being hoisted by staff. No information was recorded detailing the action taken to review the incident which occurred and to reduce the risk of reoccurrence to people using the service.
- Staff demonstrated a basic understanding of what to do to make sure people were protected from harm or abuse. Staff were able to tell us about the different types of abuse and what actions they would take to safeguard people. Not all staff knew which external agencies to contact, such as the Local Authority or Care Quality Commission if abuse was suspected.
- The incidence of safeguarding concerns raised by or against Caremark Colchester was not recorded. This did not give assurance that the provider was aware of safeguarding concerns to carry out any follow up analysis.

Internal safeguarding investigations were not completed and not all safeguarding concerns were raised with the Care Quality Commission. This was a failure to safeguard people from abuse and avoidable harm. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- No people or those acting on people's behalf raised concerns about theirs or their family member's safety and wellbeing when contacted by the Local Authority.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks for people were identified and recorded in relation to their care and support needs to ensure their safety and wellbeing. Where risks were highlighted, information did not include how the risk to the person was to be mitigated and reduced. Not all risks had been reviewed in line with expected timeframes.
- The risk management assessment for one person relating to their skin integrity recorded they were at high risk. No information was recorded detailing the specific risk to the person and how this was to be mitigated.

The risk assessment had not been reviewed since March 2022.

- Risks presented by the pandemic had not been identified for people using the service or staff at the domiciliary care service. This meant people or staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including people and staff from black, Asian and ethnic minority groups were not identified.
- Medication Administration Records [MAR] for one person showed there were occasions whereby some of their medication was unavailable. Daily care records for the same person showed there were occasions whereby their medication could not be administered because the calls by staff were too close together. This meant the person using the service missed their prescribed medication. The daily care notes for another person recorded their topical cream could not be administered as it could not be found or had not been administered as the tube of topical cream had not been opened.
- None of the care plans viewed recorded people's medication support needs as part of the overall assessment. This meant it was not clear whether staff were to administer, assist or prompt people with their medication. The person's preferred method of taking their medication or confirmation of their level of compliance when taking their medicines was not recorded.
- Medication audits were not being undertaken to make sure Medication Administration Records [MAR] were accurate and lessons learned when things go wrong, or errors identified.

Effective arrangements were not in place to ensure risk management and medication arrangements were safe. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not ensure staff were suitable to work with people using the service prior to them commencing in post and this placed people at potential risk.
- The employment contract for one member of staff demonstrated they commenced in post on 4 October 2021. The application form was mostly blank except for their personal data. One written reference only had been sought. Written references for two member's of staff were not from their most recent employer and were received after they commenced in post.
- To verify the prospective employees' identity, a digital identity Disclosure and Barring Service [DBS] 'UCheck' background report was completed for two people but these were received after they commenced in post. A risk assessment was not completed or considered to assess and manage the risks relating to them commencing employment prior to receiving the outcome of their DBS status.
- The provider used an electronic monitoring system that enabled them to monitor people's call times. An analysis of the data showed almost 50% of scheduled calls had no planned travel time for staff and indicated call cramming. This refers to the practice where staff are routinely given many visits too close together, leading to people finding themselves not getting the service they are entitled to and staff either rushing their work or leaving early.
- The analysis also found a fifth of calls were less than half of the planned time was delivered. This implied people were not receiving their commissioned hours which were identified by either themselves or the Local Authority.
- Variable comments were raised with the Local Authority relating to the timing of calls by staff. Where comments were positive, people or those acting on their behalf stated they had regular staff and staff always turned up on time and never let them down. This contrasted with negative comments. These referred to not all call times were set and this meant people had to wait for staff to attend before they could go out and sometimes staff did not stay for the allocated time.

The provider had not familiarised themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents

required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- No people or those acting on their behalf raised concerns about missed calls with the Local Authority.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff spoken with confirmed there were enough supplies of Personal Protective Equipment [PPE] available to ensure safe infection, prevention and control practices when supporting people with their personal care needs.
- However, as already stated within this report, a member of staff continued to work in the community despite testing positive for COVID-19. Supervision records identified not all staff were found to wear appropriate PPE when supporting people. No actions were recorded detailing how this was to be monitored and lessons learned.
- Most staff had completed infection, prevention and control training, but not all staff could confirm if this included COVID-19 or 'donning and doffing' training. The latter refers to the correct way and sequence to the putting on and the taking off of PPE without contaminating your clothes or skin. Not all staff were able to describe how to do this correctly.

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.

Staff support: induction, training, skills and experience

- The provider did not ensure all staff employed at the domiciliary care service had received appropriate training or an induction.
- Evidence of robust induction arrangements were not in place for four members of staff. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited experience in a care setting, staff had not commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This meant there was a risk staff were not enabled or supported to understand the organisation, their role and ways of working.
- The provider told us it was their expectation that all staff employed at the domiciliary care service completed mandatory training every 12 months.
- Staff training attendance sheets showed two staff had attained compulsory training in January 2020 and between March and April 2021. There was no evidence available to show updated training had been considered or completed in 2022. Where a question and answer quiz had been undertaken after each training course to demonstrate learning outcomes, these were not marked to demonstrate staff's level of competence and understanding.
- Staff received formal supervision and 'spot check visits.' The latter enables the provider to observe the member of staff and check they are meeting the organisation's standards and expectations. Although a record was maintained, where areas for improvement were highlighted, information detailing the actions taken were not recorded. For example, one staff member's 'spot check' noted whilst undertaking a visit to a person's home they had not worn appropriate PPE. No actions were recorded detailing the actions taken and lessons learned.

Effective arrangements were not in place to ensure staff received appropriate training or a robust induction. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed prior to the commencement of the service being provided by the domiciliary care service. The assessments were robust.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and

ethnicity were identified as part of their need's assessment.

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

- People's daily care records demonstrated staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their nutritional and hydration needs were met.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the office or the registered manager for escalation and action.

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.

- Evidence was available to demonstrate people or those acting on their behalf had consented to the information recorded within their care plan.
- People's capacity and ability to make decisions was not assessed and recorded.
- Most staff had not received training on the principles of the MCA. Not all staff spoken with had a good understanding of the MCA and its impact on people using the service.

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 Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Effective arrangements were not in place to assess and monitor the quality and safety of the service provided and to ensure compliance with regulatory requirements through the provider's internal and external auditing systems and arrangements. No internal audits had been completed since May 2021. This was confirmed as accurate by the provider.
- The franchise 'Caremark' undertakes periodic quality audits to its franchisee's. A quality audit was undertaken by 'Caremark' in May 2022. Many areas of the audit relating to staff recruitment and peoples' files were highlighted in red, indicating actions were required by the provider to ensure identified shortfalls were addressed. The provider did not complete an action plan demonstrating what they had done or were going to do to rectify the shortfalls identified.
- The Local Authority completed an audit of Caremark Colchester in June 2022 as part of their arrangements to assess the quality of care delivered by providers of adult social care services. As a rating of poor was awarded by the Local Authority, the provider was required to complete and submit an action plan. The provider confirmed this had not been completed. The provider told us they had no intention to complete an action plan.
- The provider did not work or engage with the Local Authority and Care Quality Commission. For example, the provider did not always respond to telephone calls, emails or requests for information. The provider was not open about the struggles and challenges faced by them and did not seek support and assistance at the earliest opportunity.
- The provider did not notify us about certain changes, events and incidents that affected the service or the people who used it [Statutory Notifications]. This included but was not limited to, absence of a registered individual for 28 days or more, allegations of abuse [safeguarding] and serious injury to a person using the service.
- As highlighted within the 'Safe' section of this report, the provider did not maintain records as are necessary to be kept in relation to people employed at the domiciliary care service.

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

- The provider confirmed the domiciliary care service had been without a registered manager since September 2021. In the interim, the provider appointed a training manager and they managed the service until they left in August 2022. The training manager had not received formal supervision and this had not been picked up by the provider's governance arrangements.
- Since January 2022, the provider had been absent from the domiciliary care service office for long periods of time. The provider confirmed no contingency plan had been put in place to outline how they intended and planned to keep the domiciliary care service operational with minimal disruption for people using the service and staff or the day to day management arrangements in their absence. In the absence of a manager, office staff had attempted to manage the service but this had proved demanding and stressful. In September 2022, the Local Authority provided management cover to ensure the service was safe.

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

- No arrangements were in place to actively encourage feedback from people using the service and those acting on their behalf about the quality of care and service provided by the domiciliary care service. This meant there were no systems in place to continually evaluate the service and ensure lessons learned and improvements made where shortfalls were identified.
- The provider did not act on written feedback from staff or where appropriate, complete workplace adjustments to ensure staff were supported to undertake their role and responsibilities to the best of their ability.

Robust arrangements were not in place to assess and monitor the quality of care provided, to ensure compliance with regulations. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment Effective arrangements were not in place to ensure risk management and medication arrangements were safe.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Internal safeguarding investigations were not completed and not all safeguarding concerns were raised with the Care Quality Commission.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider must familiarise themselves with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.