

Aperta Care Limited

Caremark (Rotherham)

Inspection report

Unit 26
Fusion At Magna, Magna Way
Rotherham
South Yorkshire
S60 1FE

Tel: 01709789340

Date of inspection visit:
10 June 2019
11 June 2019
27 June 2019

Date of publication:
26 July 2019

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Caremark Rotherham is a domiciliary care agency providing care and support to people in their own homes in the community. The service provides support to predominantly children and adults with physical disabilities.

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.

On the day of our inspection 35 people were using the service.

People's experience of using this service:

At the time of our inspection the provider was actively recruiting staff to ensure adequate staff were employed to meet people's needs. Many staff told us they were covering numerous shifts due to shortages and at times felt pressured to cover and this caused them concern. Recruitment process was followed however, we found there was not always a full employment history.

Medication systems were in place however, these were not always followed, and it was not possible to evidence from documentation that medicines were given as prescribed. The provider and registered manager commenced actions to address this at the time of our inspection.

Risk assessments were in place and an overview assessment. Some detailed people's risk management however, some lacked detail to be able to manage the risk safely. These were being reviewed at the time of the visit.

Most staff were knowledgeable about people's needs and training was mostly up to date or booked to ensure staff were updated. However, due to the complex care needs of people who used the service the training of staff took time to ensure they were competent.

Most staff we spoke with felt unsupported by the field care supervisors and did not feel they received effective supervision. Although staff did say they felt the registered manager was supportive when they contacted them. Staff told us on many occasions they could not get hold of managers or other office staff so felt isolated.

Staff, people who used the service and health care professionals we spoke with told us the communication could be improved as the communication with the office at times was poor. We were told that when issues were raised they were not passed to the correct person to deal with. Therefore, we had mixed feedback from people and relatives we spoke with, some felt listened to and said complaints were appropriately dealt with and resolved. However, others said they were not listened to and were very frustrated. Although one person

said, "When I got to speak with the manager things did get sorted."

People told us staff made them feel safe. No one we spoke with raised any concerns regarding safety. One person said, "The staff make me feel safe."

Staff we spoke with understood safeguarding procedures and how to whistle blow if required to ensure any safeguarding concerns were reported. The registered manager monitored accidents and incidents to try to ensure lessons learnt. People were protected by the prevention and control of infection. People who required support with their diet had their needs met by staff that understood their dietary requirements. We saw people had access to health care professionals.

Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of The Mental Capacity Act. The Registered manager was currently working with health care professionals updating capacity assessments at the time of our inspection.

The registered manager tried to ensure all people they provided a service to have the same group of staff supporting them to ensure consistency. However, due to staff shortages this was not always possible. People told us their care staff were kind and caring, respected them and maintained their dignity. People received personalised care. Care plans were being improved at the time of our inspection to ensure management of needs was fully detailed.

The home had a registered manager who conducted a range of audits in areas such as, medicine management, health and safety, care plans and daily records documentation. However, we found the monitoring was not always effective. For example, it had not identified the issues we found in medicines management. We discussed this with the provider who agreed the audits could be improved and told us this would be addressed.

More information in Detailed Findings below.

Rating at last inspection:

At the last inspection the service was rated Good (report published March 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about care and support provided, lack of experienced staff, staff not supervised, poor office management, a Lack of detailed care plans for staff to follow and a number of safeguarding concerns raised by the local authority. A decision was made for us to inspect and examine those risks.

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 not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Caremark (Rotherham)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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:

Caremark (Rotherham) is a domiciliary care agency, providing care and support to people in their own homes. They provide care to predominantly children and younger adults with a physical disability. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

Notice of inspection:

The inspection was unannounced.

Inspection site visit activity started on 10 June 2019 and ended on 27 June 2019.

What we did:

Prior to the inspection visit we reviewed information we had received about the service since the last inspection. 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 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.

We visited one person in their home, we discussed their care plan and medication procedures and systems. We observed staff interactions. We spoke with a further two people over the telephone to obtain their feedback. We also spoke with eleven relatives on the telephone, one advocate and three health care professionals.

We spoke with eighteen staff including eleven care support workers, the care co-ordinator, the finance administrator, the recruitment officer, the clinical lead, the nominated individual, the director and the registered manager. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

After the inspection:

We continued to seek clarification from the provider, who sent us updated care plans, improved medication systems and examples of improvements to audits.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Care plans we looked at contained assessments of risk to people. However, risk management did not contain adequate detail for staff to be able to manage risk safely. For example, peoples moving, and handling risk assessments did not contain enough detail to guide staff. Since our inspection the registered manager has updated the identified risk assessments and added all the required information.
- People we spoke with said predominantly staff were good, supported them appropriately, took their time and respected their decisions.

Using medicines safely

- Medicines were not always managed safely. We looked at medicine management in one person's home and documentation in the office for two other people. Staff were able to tell us how they managed people's medicines, which evidenced people did receive their medicines. However, the documentation did not support this and needed to be improved. It was not clear from the documentation available if people had received their medicines as prescribed. There was no record of medicines in the person home, medicines were not always signed for when given and there were no protocols in place to guide staff when to give medicines. The registered manager since our inspection has sent us improved documentation and intends to further improve the processes and embed them into practice.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. However, a number of staff who had transferred to Caremark had not received medication competency and staff told us, "We got one visit to go through new systems, but no one has been back out to check and this is all new to us." This is being addressed by the registered manager.
- Audits of medicines were carried out. However, the nominated individual acknowledged that the audits were not suitable for the service they provided and they needed to be in more detail to ensure the issues we identified during inspection were picked up.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this. However not all files contained a full employment history and gaps in employment were not explained. The provider agreed to rectify this for future recruitment.
- At the time of our inspection the provider was actively recruiting staff to ensure adequate staff were employed to support the care packages. At present staff were covering shifts to meet people's needs. This meant at times staff were working long hours each week. Staff told us they felt pressured to cover shifts, two members of staff told us when a member of the management team had called to request if they could cover a shift they were very rude on the phone and unprofessional. People we spoke with told us they mostly

received care and support from the same group of staff; the staff were always on time and staff stayed the correct time and did not rush. Many packages provided care and support twenty-four hours a day. One person said, "They [the staff] are always prompt and on time, there's been a couple of occasions where they may have been a little late, but I've been informed why." Another person said, "Staff work long hours covering shifts but always ensure there is enough staff to meet my needs."

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- People we spoke with confirmed staff wore aprons and gloves when delivering personal care, washed hands and followed infection, prevention and control practices. One person said, "The staff bring their own gloves and aprons, and they wear all that protective stuff. I thought I'd have to provide it, but they make sure they have all their own stuff that they need."
- Staff told us they always had a good supply of personal protective equipment with them including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The provider and registered manager had identified prior to our visit the need to change the management structure to further improve communication with people and staff. They had identified the previous arrangements had not worked and were working to remedy so lessons were learnt.

Systems and processes to safeguard people from the risk of abuse

- All people we spoke with told us the staff made them feel safe. One person said, "My regular staff make me feel safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding including whistleblowing. This is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

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

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- When people received support from healthcare professionals we found the professionals did not always feel the service worked with them to ensure coordinated care and support. Some professionals told us they had raised numerous concerns but had not been listened to. Some had raised safeguarding referrals with the local authority as they felt the management team were not ensuring effective safe care and support. At the time of our inspection there had been some management changes and many of the issues raised by professionals were being resolved. One professional told us, "I am now being listened to and we have started to work together, it is definitely improving." Another said, "Communication has improved and staff are now following advice, there is a way to go, new ways of working need embedding into practice with all staff."

Staff skills, knowledge and experience

- Staff were predominantly trained to be able to provide effective care. Staff told us the training was good. However, we identified some staff had not received moving and handling training and were supporting people to use a hoist. The registered manager has addressed this, and training had been arranged. Professionals told us staff were trained but felt staff could be better trained in complex brain injury to understand people better and be able to meet their needs. A relative we spoke with also said, "It might help if more bespoke individualised training could be available for staff members."
- Most People we spoke told us the staff supported them well and understood their needs. One relative said, "When they came to see us in the beginning, they sat down with us and they asked about how things worked, and they wrote the support plan, all based around our experiences and how we did things." Although another relative told us, "I feel staff don't listen to me, we have had no care plan for a year, we have one now, but it shouldn't take that long."
- We had very mixed feedback from staff regarding support. Some staff told us they felt very supported however, others felt unsupported. The registered manager did explain staff supervision and said that although supervision had been up to date, since the staffing issues this had lapsed and was not up to date. They acknowledged some staff may feel unsupervised.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met by the agency. People we spoke with predominantly told us staff were very good. From talking with staff and people who used the service it was obvious people's main care staff knew the people they supported very well and understood their needs. Care and support were provided in line with their needs. However, staff

told us at times this was difficult due to staff shortages and working with inexperienced staff who due to complexities of care and support took time to train and ensure they were competent.

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. Staff supported people with meals where required and ensured any concerns were highlighted and advice sought.

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

- Staff worked well with other organisations to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals, including district nurses, GP's and occupational therapists, this ensured people's needs were met. However, some professionals we spoke with felt advice was not always followed, although they acknowledged this was improving.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes; therefore, the design and decoration were not relevant to this service as CQC do not regulate the accommodation.
- Staff ensured any specialist equipment used when supporting people was available and appropriately maintained to deliver safe, effective care and support.

Ensuring consent to care and treatment in line with law and guidance

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

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection. The Court of Protection make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made.

- We checked whether the service was working within the principles of the MCA. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- There had been one safeguarding raised regarding staff not respecting people's choices and decisions. However, the registered manager was doing some additional work on mental capacity assessments at the time of our inspection to ensure this did not occur again.

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

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

Ensuring people are well treated and supported; equality and diversity

- We observed staff were kind and caring. Staff spoke about people with compassion and respect. Staff we spoke with wanted to provide the best possible care and support.
- People told us staff respected them. We saw staff knew how to communicate effectively to meet people's communication needs. One relative said, "The staff are very respectful towards [relative], they interact with them when supporting them and you can hear them from the other room making lots of happy noise with the staff."
- Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. All staff attended equality and diversity training and understood the importance of understanding people's needs.

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

- Staff supported people to make decisions about their care. People and relatives we spoke with had told us their regular staff asked for their consent before supporting them. One relative said, "They [the staff] predominantly follow my lead, they watch what I'm doing, and we work together as a team. They listen to the way I model my support and use the same techniques." The relative was explaining how the staff listened and provided support in the way the person preferred.

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a caring way. One relative said, "The staff are amazing one goes above and beyond, they are honest, caring and passionate and they absolutely love what they are doing. They are the best carer I ever had, and I don't want them to leave."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Requires improvement: This meant people's needs were not always met.

Personalised care

- People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the person to ensure their choices were recorded. However, we identified care plans could contain more information to ensure care was delivered in line with people's wishes and professionals' advice to ensure people's needs were met. Following our inspection, the registered manager confirmed she had updated the two care plans we had identified with more information to ensure staff had all the information required to deliver care and support. They also confirmed that they were working with professionals to update other care plans that were required. This would ensure plans of care contained the required information for staff to be able to meet people's needs.
- We received mixed feedback from people and their relatives regarding care plans. Some people told us they were involved in developing their care plan and their choices had been respected. However, others told us they were not involved, and one person said they had not had a care plan for over a year, although one was being developed at the time of our call.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People's communication needs were known and understood by staff. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with staff. We received mixed feedback regarding the effectiveness of the procedures. Some relatives we spoke with felt listened to and were confident their concerns would be dealt with, whereas other relatives and some people we spoke with felt they were not listened to and one said, "I have raised things numerous times with a field care supervisor and nothing has been done." They did however, add when they spoke with the registered manager things did get sorted. The nominated individual told us they were improving the management structure to ensure effective communication and were introducing team leaders into some packages of care where it was a large team of staff supporting an individual with complex needs.
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service. The registered manager was aware that communication required improving and the changes being made to the structure would facilitate this.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us

they would support people to make decisions about their preferences for end of life care if they wished.

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

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, person-centred care.

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

- The registered manager and the nominated individual told us the ethos of the service was to ensure people received high quality care delivered by the same small group of staff. There had been some staffing issues, which were being resolved to ensure all staff shared this ethos.
- The quality assurance systems which were in place to monitor the service had not always been effective. They had not identified the issues we found during inspection. For example, medication procedures not followed, and care plans not containing adequate detail. The nominated individual acknowledged that the audits required reviewing to ensure they covered all areas to ensure any shortfalls were identified and addressed. They told us this would be rectified immediately.
- The service was not always well run. Although the management team were committed to providing high quality, person-centred care the changes and staff shortfalls meant this had impacted on the leadership. Most people and their relatives could not find fault with the regular care staff who supported them but felt the office staff were not effective.

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

- There was a registered manager. There had been some changes to the staff who supported them. There had been some staffing issues and a new care co-ordinator was in post at the time of the inspection. However, there were vacancies for field care supervisors and as such the care co-ordinator and the registered manager were covering roles. The nominated individual explained the staffing issues had caused some communication breakdown. They assured us they were committed to putting this right with a new structure. This included team leader posts to further support staff.
- We received very mixed views from people who used the service and their relatives. Some told us they received good quality person centred care, while others were very frustrated and disappointed with the standard of support provided and did not feel they were listened to.
- Staff we spoke with also had differing view about the service. Some staff were extremely happy in their role and felt very supported. However, others felt under pressure to cover shifts, felt unsupported and told us communication was very poor. All staff we spoke with were passionate about providing high quality care. A consistent approach was required to ensure all staff were supported and well led.
- There was not always an open and honest culture in the service. Some people, relatives and staff felt it was open and honest while others felt lack of communication meant it was not an open culture. Most people we spoke with knew the management team and felt confident to talk with them if required. However, we had some negative feedback. One person said, "It can be a little hit and miss regarding the office staff, I'm not

always sure that messages get passed on, or that they're just not getting back to you."

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about their support.
- The provider sent out quality monitoring questionnaires. People we spoke with told us they had completed surveys. This ensured people views were sought and acted on. Although some people told us the communication could improve. Following concerns raised as part of the inspection process the nominated individual sent out further questionnaires to seek views to drive improvements.
- Staff meetings were held to get their views and to share information. Some staff told us meetings were held regularly and were effective, others said meetings were not regularly held and did not feel involved in the service.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received. Changes to the staffing teams was being considered and implemented to improve the service at the time of our inspection.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. The registered manager and nominated individual were working with professionals at the time of our inspection to ensure partnership working would meet people's needs collectively. One professional told us, "We have meeting now, and staff are following advice to ensure a clear message comes across."