

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 well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Caremark (Harrogate) is a domiciliary care agency providing personal care to people living in their own homes. The service was supporting 15 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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

People received inconsistent and at times unsafe care. COVID-19 risks had not been adequately assessed and managed, increasing the risk to people who may be vulnerable.

Robust systems were not in place to safely manage people's medicines. Audits had not been completed to monitor, identify and address the concerns we found.

Whilst some people praised the kind and caring staff, there were inconsistencies in the quality of the care provided. This impacted on people's experience of using the service and meant they were not always supported to achieve good outcomes. The provider had not operated a robust system to monitor and make sure staff were suitably trained and competent.

The service was not well-led. The provider had not taken adequate steps to monitor the service and to make sustained improvements.

Audits had not been used effectively to monitor quality and safety issues. Problems with staffing levels, and failures in the provider's management, recording and monitoring of concerns, incidents and safeguarding issues put people at increased risk of harm.

The provider had begun responding to concerns and had acted to make sure enough staff were deployed. They sent us information following our site visit about the actions taken to start testing staff for COVID-19, to provide additional training and set up a system to help monitor and make sure spot checks and competency assessments had been completed. Whilst some feedback recognised recent changes, further sustained improvements were needed.

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

The last rating for this service was Requires Improvement (published 21 October 2020). At this inspection, not enough improvements had been made and the service remains rated Requires Improvement.

This service has been rated Requires Improvement or Inadequate for the last five consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff's training and the organisation and leadership of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

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 identified breaches in relation to the safety of the service and the provider's oversight and governance arrangements. Please see the action we told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# 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 was completed by three inspectors. Two inspectors visited the location offices and a third inspector supported by making telephone calls to people using the service, their relatives and staff to ask for their feedback about the service.

#### Service and service type

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

The service did not have a manager registered with the CQC. A registered manager along with the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been recruited and we were told they would be applying to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 May 2021 and ended on 6 June 2021. We visited the office location on 11 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return before 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, four people's relatives and two health and social care professionals about their experience of the care provided. We spoke with the nominated individual, care coordinator, care supervisor and four members of care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to review information from the inspection and to seek clarification from the provider to validate evidence found.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- People were at increased risk of catching COVID-19. The provider had not taken appropriate and timely action to support staff to complete COVID-19 tests before visiting people who may be vulnerable.
- COVID-19 risk assessments had not been completed for people or staff to help make sure risks had been identified and managed.
- People gave mixed feedback about staff's infection prevention control practices. Comments included, "They wash their hands and wear all the gear. They are very professional and take all their used items away with them bagged up." Other people said staff did not always wear surgical masks appropriately, increasing the risk to the people they supported.
- Competencies had not been recorded to check and make sure staff understood how to put on and take off personal protective equipment and that they followed good hand hygiene practices.
- The nominated individual told us plans were in place to address these issues, including the completion of COVID-19 risk assessments. Staff begun completing COVID-19 tests following our site visit. However, we were concerned action had not been taken sooner to keep people safe.

Using medicines safely

- People were at increased risk as robust systems were not in place to ensure the safe management of medicines.
- Records did not always provide a clear and complete account of the support provided with people's medicines. This meant we could not always be certain people's medicines had been administered as prescribed.
- Records did not evidence all staff had been suitably trained, or their competency assessed before supporting people to take their prescribed medicines.
- Audits had not been used effectively to help monitor and make sure medicines were managed safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were at increased risk, because there was not a robust system in place to record and monitor any accidents, incidents or safeguarding concerns.
- Records did not always provide a clear and complete account of how concerns were managed; the outcomes from these, actions taken, or any lessons learnt.
- Appropriate and timely action had not always been taken in response to safeguarding concerns.

The failures in the management of COVID-19 risks, people's medicines, and in monitoring and responding to

accident, incidents and safeguarding issues showed the provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- People gave mixed feedback about the reliability of staff's visits and the consistency in the timing and length of calls.
- Problems with the rotas and staffing levels had resulted in the local authority providing emergency support to cover visits and find new care providers for some people. This had impacted on people's wellbeing.
- Recruitment checks were completed to help make sure suitable staff were employed. There were some gaps in these records, and we spoke with the nominated individual about addressing these to evidence a robust process had always been followed.



# 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 Requires Improvement. At this inspection this key question has remained the same. 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; Delivering care in line with standards, guidance and the law

- People had not always received effective support; some people praised the skilled and kind care staff provided. However, inconsistencies in the support people received had impacted on some people's experience of using the service.
- People gave mixed feedback about the skills and competency of the staff who supported them. Comments included, "The staff know me well. They know my needs and care for me how I want to be cared for, but when it is new staff you have to explain things all the time, it takes up a lot of time that they should be helping me", "They've got some very good carers, but then some that aren't very good at all" and "I have [name] they are very good, excellent."
- Records of people's induction, training and shadowing did not always provide a clear account of how the provider had made sure staff were suitably trained, skilled and competent before providing care.
- Following our visit, the provider sent us updated information about new training staff had been asked to complete and a system set up to help monitor and make sure observations and competency checks had been completed.

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

- People's care plans recorded information about their health needs and how any medical conditions affected them.
- It was not always clear from the records that staff had taken appropriate action to report concerns or to support people to seek appropriate medical attention.

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

- People gave generally positive feedback about the effective care and support they received to help make sure they ate and drank enough.
- People's care plans recorded whether they needed any support with preparing meals or drinks, and staff completed daily notes to document and monitor the assistance provided with this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People made decisions about their care and generally felt staff listened to them, offered them choices and respected their decisions. Comments included, "Carers always listen to us and follow our instructions."
- Staff understood their responsibilities under the mental capacity act to support and encourage people to make decisions.

# 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 Requires Improvement. At this inspection this key question deteriorated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were at risk of harm, because audits and the provider's systems of governance were ineffective in monitoring and making sure people received consistently safe and high-quality care.
- Staff had not been adequately supervised and robust systems were not in place to monitor and make sure they were suitably trained and competent. There were inconsistencies in the quality of people's care and their experience of using the service.
- Shortfalls and concerns in relation to staffing levels and the management of the rotas, the management of people's medicines, COVID-19 risks, and the management and recording of accidents, incidents and safeguarding concerns, had not been identified or addressed by the provider's quality assurance system.
- There was limited evidence of learning from incidents and action was not consistently taken to make improvements and mitigate risks.
- People praised certain staff and the kind, effective care they provided. However, other people's care did not meet their needs or support them to achieve good outcomes.
- The service did not have a registered manager, and this was the fifth consecutive time the service had been rated Inadequate or Requires Improvement. Changes in management since the last inspection and the lack of adequate leadership and governance arrangements had impacted on service delivery.

The failure to establish effective systems to assess, monitor and improve the quality and safety of the service and mitigate risks was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had worked with the local authority following a period of crisis to make sure staffing levels were sufficient; they also made management changes. A new manager started work following our site visit and was in the process of applying to become the registered manager.
- Work was ongoing to retrain staff and make improvements in response to feedback.

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

- The provider understood their responsibility to be open and honest if things went wrong.
- People gave mixed feedback about how the service responded to issues or concerns.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was mixed feedback about the organisation and communication. Comments included, "It's haphazard to say the least, but they are trying and putting in the effort to resolve things" and "I do think it is well-led now. I think there has been a changeover of staff in the office and the staff don't seem as rushed anymore."
- Monitoring calls were made to gather feedback and to help check if people were happy with the service provided.

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 had not assessed risks to the health and safety of service users or done all that is reasonably practicable to mitigate risks; including in relation to the proper and safe management of medicines. Regulation 12(2)(a)(b)(g).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate complete and contemporaneous records. Regulation 17(2)(a)(b)(c).</p>

### **The enforcement action we took:**

We imposed conditions on the provider's registration.