

Monark Limited

Caremark (Harrogate)

Inspection report

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Date of inspection visit:

30 December 2022

03 January 2023

04 January 2023

10 January 2023

Date of publication:

01 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

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 in and around the Harrogate area. The service was supporting 30 people at the time of our inspection.

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

Significant improvements had been made to the service since the last inspection. People told us they now received their calls at regular times and had consistency in their staff team.

Safe recruitment processes were in place and followed. New staff completed a thorough induction and all staff had received regular and appropriate training.

Improvements had been made with regards to medicine management and people told us they received their medicines as prescribed. Directions in relation to topical medicines, such as creams was not always thoroughly recorded. The registered manager took action to address this.

Staff had received safeguarding training and were aware of when to report any concerns. Accidents and incidents were recorded, and audits were in place and used to identify any themes or trends.

People told us staff were kind, caring and made them feel safe. Consent to care and support was recorded and people were encouraged and supported to make their own decisions.

Staff worked in partnership with other professionals to ensure people received the care and support they needed. Professionals reported an improvement in communication and engagement since the last inspection.

The provider had developed thorough systems and processes to monitor and improve the service. These had only been completed for the month of December and required further embedding into the service.

People, relatives and staff spoke positively of the registered manager and provider and the open, positive culture that had been created. The management team regularly engaged with people and listened and took action to address any feedback or concerns shared.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 May 2021. Breaches of legal requirements were found, and we placed conditions on the providers registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan, complied with the conditions placed on their registration and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Harrogate) on our website at www.cqc.org.uk.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by two inspectors and an Expert by Experience. One inspector visited the office location. The second inspector supported by making telephone calls to staff to ask for their feedback about the service. The Expert by Experience contacted people and their relatives via telephone to seek their views on the service and care provided. 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

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

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 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 30 December 2022 and ended on 10 January 2023. We visited the location's

office on 4 January 2023.

What we did before the inspection

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. 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 4 people who used the service, 4 people's relatives and 3 health and social care professionals about their experience of the care provided. We spoke with the nominated individual, registered manager, 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 4 people's care records and 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.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

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

At the last inspection the provider failed to take adequate steps to assess risks or do all that was reasonably practicable to mitigate risks in relation to safeguarding and accidents and incidents. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes were now in place to ensure the provider had effective oversight of any safeguarding concerns and accidents and incidents. Audits had been introduced and were used to identify any shortfalls, lessons to be learnt or trends.
- Audits had identified a low number of accidents and incident being reported by staff. Although there was no evidence accident and incidents had not been appropriately reported, the provider had plans in place to provide further staff training to ensure records were thorough and completed when required.
- Staff understood their responsibility to reporting any safeguarding concerns. They had received safeguarding training and were confident any concerns they raised would be appropriately addressed.
- People told us staff provided them with care which made them feel safe. Comments included, "Staff talk to me and make me feel comfortable. They send the same carers, so I have got to know them really well."

Assessing risk, safety monitoring and management

At the last inspection the provider failed to take adequate steps to assess risks or do all that was reasonably practicable to mitigate risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and recorded. Management plans were in place to reduce known risks wherever possible.
- Risk assessments were reviewed annually or sooner if changes occurred.
- An electronic care planning system was in place. This ensured staff had access to up to date information in relation to new risks and how they should be managed.

Using medicines safely

At the last inspection the provider failed to take adequate steps to ensure medicine were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine management systems had improved, and robust systems were now in place.
- Peoples medicine records contained clear information on how and when medicines should be administered.
- Staff had received medicines training and had their competencies in this area assessed.
- Where people were prescribed topical medicines, such as creams, it was not always clearly recorded which areas this should be applied. We discussed this with the registered manager who took action to address this.

Preventing and controlling infection

At the last inspection the provider failed to take adequate steps manage the risk of Covid 19. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Since the last inspection there had been significant changes in government guidance in relation to Covid 19 management. Current guidance was being followed by the provider and registered manager.
- People told us staff followed good infection, prevention and control measures ensuring they always washed their hands and wore PPE when needed.
- There was an ample supply of PPE available in the office which staff could access at any time. Processes were in place to ensure PPE was available in people's homes.

Staffing and recruitment

- 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.
- People and relatives told us the service had improved with regards to reliability and consistency of their staff team and the times of their support visits. Comments included, "Staff are very reliable now" and "They are usually on time but if they are running late, they let me know. It's much better now."

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements had been made to the induction program for new staff. All new staff completed the Care Certificate and shadowed more experienced members of staff before they worked alone. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.
- Training facilities were available in the office and the management team had qualifications which meant they could now deliver a range of training to staff without the need of sourcing a training provider. Any identified training shortfalls could now be addressed quickly.
- People told us staff were skilled and knowledgeable in their role. Comments included, "They (staff) all know what they are doing" and "They (staff) know me well and understand my needs."
- Staff told us they felt very well supported by the registered manager and provider. Comments included, "All the office staff are very supportive, and there is an open-door policy which is very reassuring" and "I have noticed an improvement in atmosphere under the new ownership. Staff are happier, valued and supported."

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

- People were provided with the support they needed in relation to food and drink.
- Care plans were person-centred and included information on the level of support people required including their likes, dislikes and preferences.
- People told us staff ensured they ate and drank enough. One person said, "The carers prepare and leave me a flask at night, so I always have a cuppa to hand."

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

- Care plans contained information relating to people's medical conditions and how their condition affected them. Contact details for other professionals involved in their care were recorded.
- The registered manager and provider had worked hard to build relationships with other professionals to ensure people received the support they needed. One professional said, "I can't fault them to be honest. They communicate well and I have had no concerns over the care and support they provide."
- Records did not always clearly reflect action that had been taken to seek medical support when needed. We discussed this with the provider and registered manager who agreed to address the recording shortfall.

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

- People received an assessment prior to support commencing; this ensured their needs and choices could be met.
- People were involved and led in making every day decisions and choices about how they wanted to live their lives.

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

- The principles of the MCA were followed. People were supported to make decisions regarding their care and support and signed consent was in place.
- People told us staff listened to and respected decisions they made. One person said, "The carers always ask before they do anything. They listen to what I say."

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 inadequate. At this inspection the rating has changed to requires improvement. This meant, although the service was consistently managed and well-led, improvements had not been fully embedded.

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

At the last inspection the provider failed to assess, monitor and improve the quality and safety of the service and mitigate risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The new director took over ownership of Caremark (Harrogate) in July 2022 and had made vast improvements throughout the service..
- People and staff recognised the improvements in the culture. Comments from people included, "The new owner and manager are fantastic; so approachable and show genuine care." A member of staff told us, "The whole culture has shifted. I can go into the office at any time and I am made to feel welcome. It is totally different to how it used to be. I love working here now."
- Systems and processes had been introduced and were used to monitor the quality and safety of the service provided. These were in the early stages of being implemented but it was evident they were effective in highlighting any shortfalls.
- Caremark (Harrogate) has been rated requires improvement or inadequate in the well-led domain since 2017. Although systems and processes were now in place, these had only been introduced in December 2022. Therefore, we could not be fully assured this had been fully embedded into the service.
- The provider was passionate about the service and ensuring it continuously strived to improve. Clear improvement plans were in place with timescales for when actions should be completed.

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, relatives and staff told us the provider and registered manager responded appropriately to any concerns or complaints. One person said, "The manager is on the ball. I only have to pick up the phone and any issue is dealt with straight away – it's a lot different to how it used to be."

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

- The provider, registered manager and other office staff regularly engaged with people and relatives, either in person, via telephone or email.
- Plans were in place for satisfaction surveys to be distributed to people, relatives and staff during the month of January 2023.