

Dcapital Ltd

Caremark (West Berkshire and Reading)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark (West Berkshire and Reading) is a domiciliary care agency providing care and support to people living in their own homes. It provides a service to older adults, younger adults, people living with dementia, physical disability, learning disability, sensory impairments, eating disorders, mental health diagnoses and substance misuse. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to people living in the Newbury, Thatcham and surrounding areas.

People's experience of using this service and what we found

Risks to people had been assessed and documented. However, some assessments did not specifically state risks to people or contained misleading information. Although there was no evidence to demonstrate people had experienced harm, the provider could not be assured they had done all they could to mitigate risks associated with people's care and support.

The service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care. Deficiencies identified during our last inspection had not been fully addressed and the provider had not effectively operated processes to ensure compliance with regulations. The registered manager understood the duty of candour and knew the actions to take should something go wrong. However, they had not complied with this duty in relation to a notifiable safety incident.

The provider had promoted a positive culture within the staff group, which was open and inclusive, and encouraged staff to be involved in developing and improving the service. The provider had developed an action plan, incorporating an analysis of lessons learnt to drive improvement in the service. Staff worked in collaboration with community health and social care professionals to promote people's health and well-being.

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.

Staff understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge provided people with safe care. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed to do so. People were supported to maintain high standards of cleanliness and hygiene, which reduced the risk of infection. Staff followed the required standards of food safety when preparing, serving and handling food.

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 23 October 2019) and there was a breach of regulation. At this inspection enough improvement had not been made and the provider was still in breach of regulation. The service remains requires improvement. The service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 23 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when, to reach compliance with the regulation for "Good governance".

We undertook this focused inspection to check they now met legal requirements. In addition, we had received concerns in relation to the management and safety of the service provided. For these reasons this report only covers our findings in relation to the key questions of safe and well-led, which cover those requirements and concerns.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections 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 will continue to monitor the service.

We have identified breaches in relation to the safe care and treatment of people, good governance and the registered person's duty of candour.

You can see what action we have asked the provider to take at the end of this full report.

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

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caremark (West Berkshire and Reading)

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

This 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

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection visit, which was initially scheduled on 24 October 2020. 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. Due to unforeseen circumstances, the inspection site visit was postponed until 8 December 2020.

Inspection activity started on 25 October 2020 with our telephone survey of people who use the service and finished on 22 December 2020. We visited the service offices on 8 and 9 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who

work with the service. We reviewed the provider's website. 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 used this information to plan our inspection.

During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided and endeavoured to contact a further six people without success. We spoke with 12 members of staff, including the registered manager, a field care supervisor, a care coordinator, the business development coordinator, the office administrator and six support workers. We also spoke with the nominated individual who was responsible for supervising the management of the service.

We reviewed a range of records. This included nine people's care records, medication records and daily notes. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five community professionals who visit the service.

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 as requires improvement. At this inspection this key question has now 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 that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, we found risks to people had been assessed and documented, although some assessments did not specifically state risks to people or contained contradictory information. We recommended the provider consider current best practice for assessing, monitoring and managing risks to protect the health and safety of people using the service. At this inspection we found the provider had not carried out the required improvements and was now in breach of regulation.

- At this inspection, not all care plans had been reviewed to specifically identify risks and remove contradictory information.
- Staff consistently understood the current risks and needs of people and there had been no adverse impact on people using the service. However, at this inspection, audit documents and the provider's global action plan demonstrated that 60% per cent of people's care plans and risk assessments had not been reviewed and updated, since our last inspection.
- This meant the provider could not be assured they had done all that was reasonably practicable to mitigate risks associated with people's care and support.

The provider had failed to assess the risks to the health and safety of people receiving care, which was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection we recommended the provider review their auditing processes to ensure all errors and omissions in people's medicines administration records (MAR) were identified and rectified. At this inspection we found the provider had made the required improvements.

- The provider had developed a medicine management audit tool and MAR charts were now being effectively audited on a monthly basis, to highlight any concerns. Where concerns had been identified the provider had established a process which ensured action was taken expeditiously and the outcome recorded.
- The provider had revised their MAR charts, in accordance with NICE guidelines, which staff found less confusing and easier to complete. NICE is The National Institute for Health and Care Excellence. Their role is

to improve outcomes for people using the NHS and other public health and social care services by producing evidence-based guidance and advice for health, public health and social care practitioners.

- The provider had arranged for staff to complete safe management of medicines workshops to ensure they were appropriately trained in completing the new MAR charts and the auditing process. Staff consistently told us this training had increased their knowledge and confidence in relation to completing medicine management records. Medicine management audits demonstrated a significant reduction in the level of medicine recording errors.
- Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Safe management of medicines was now a standing agenda item in all supervisions and staff meetings.
- The provider had established a new quality assurance process and designated staff had received training in relation to their role and responsibilities, to ensure medicines management was effectively assessed and monitored.
- Records demonstrated that people had received their medicines as prescribed, at the right time, in a way they preferred, in line with their medicine management plans.
- People consistently told us they were treated with dignity and respect when supported with their prescribed medicines.

Recruitment

At our last inspection we recommended the provider review their regulatory responsibility to maintain complete and accurate records of recruitment checks. At this inspection the provider had made the necessary improvements.

- Staff selection procedures were robust and enabled the safe recruitment of staff. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included photographic identification, references to evidence the applicants' conduct in their previous employment, exploration of any gaps in their employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Agency staff used to support live-in services were subject to further robust selection processes by the provider, in addition to those completed by the supplying agency. This included risk-based selection interviews, DBS confirmation, reference checks and shadow shifts with experienced care staff in the community.

Staffing

- There were enough staff to keep people safe and meet their needs. People consistently told us there were enough staff to meet their needs safely. Some people told us the consistency of their care staff was not as good during the weekends.
- Staff told us there were always enough staff and that they had time to spend providing people's care and support in a personalised way.
- Since the last inspection the service reliance on agency staff had significantly reduced, which had led to better communication and improved teamwork.
- The provider operated a system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- Staff rotas and training records demonstrated that people had their assessed needs, preferences and choices met by staff with the right qualifications, skills, knowledge and experience.

- New staff had completed an induction process that provided them with the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members to introduce them to people and demonstrate how they wished their care to be delivered.

Systems and processes to safeguard people from the risk of abuse

- People and relatives consistently told us they experienced safe care and treatment from regular staff who knew them well. One person told us, "The carers [staff] are fantastic, they are friendly, helpful and know what they're doing. I feel very safe with them." Another person told us, "I couldn't fault my regular staff. I feel very safe with them because they are gentle and are always ready to steady me if I wobble a bit in the shower." One person and another person's relative told us they were happy with the safety and quality of care delivered by regular staff but were not so reassured when agency staff visited in their place.

- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse. Staff knew the provider's and local authority procedures to report concerns. They were able to describe various forms of abuse, as well as the protocol to follow. Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns.

Preventing and controlling infection

- Staff supported people to keep their homes clean and hygienic so that people were protected from infections that could affect both staff and people using services.
- Staff adhered to the provider's infection control policy and used personal protective equipment whenever required.
- The provider implemented recognised infection prevention and control practice in relation to people visiting the service office, including temperature checks. Highly visible posters detailed questions to ensure visitors had no Covid-19 symptoms before entering.
- Staff had completed food safety training and correct procedures were followed wherever food was prepared.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns, to record safety incidents, near misses, and to report them. Staff were supported by the registered manager when things had gone wrong and referred to a 'blame free' supportive culture within the service, which empowered staff to report incidents.
- Staff consistently told us the registered manager encouraged openness and transparency when mistakes had been made, so that necessary learning could be used to improve the safety and quality of people's care.

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 as requires improvement. At this inspection this key question has remained the same.

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.

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

At our last inspection the provider had not ensured effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Prior to our last inspection an external audit identified people's risk assessments were not sufficiently detailed to mitigate identified risks and care plans were not personalised. The provider had begun updating the risk assessments and care plans prior to our last inspection but had not completed this process. The registered manager sent us an action plan on 9 September 2019 where they indicated the review of care plans and risk assessments would be completed by November 2019. At this inspection audit documents and the provider's global action plan demonstrated that 60% per cent of people's care plans and risk assessments had not been reviewed and updated. This meant the provider could not be assured that risks associated with people's care and support had been identified and/or mitigated.
- At our last inspection the provider's audits of staff files had failed to identify deficiencies in staff records. At this inspection audit documents and the provider's global action plan demonstrated that 20% per cent of staff files had not been reviewed and updated.
- Concerns had been raised to us by health and social care professionals regarding a sequence of care calls to a person who lived with dementia. The provider's records in the person's house had not been completed for three consecutive days. The registered manager told us these calls had been made but the person had declined their care visits. The registered manager said the staff had not told the office that the calls had been refused and had not recorded the refusal. The provider had no system in place to ensure the safety of people who use the service, or their staff, by alerting the office when a care call is missed. The provider's processes had not identified these circumstances, which meant they were not aware that a vulnerable person with dementia was declining visits.

The provider had not effectively operated systems and processes to ensure compliance with the regulations

and ensure peoples' safety. This was a continued breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- At our last inspection we found the registered manager was clear in their understanding of the duty of candour and knew the actions to take should something go wrong.
- At this inspection we reviewed circumstances which met the criteria of a notifiable safety incident. The registered manager had not provided an accurate account of all the facts about the incident at the date of the notification. They had not advised the relevant person what further enquiries into the incident the registered person believed were appropriate, had not offered a verbal apology, followed by a written apology, and had not kept a written record of the actions taken which showed their compliance with the regulation.

The registered manager had not complied with their duty of candour in relation to this notifiable safety incident. This was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- At our last inspection we recommended the provider review their processes to ensure staff were engaged and involved in the service. At this inspection we found the required improvements had been made.
- The provider held regular team meetings and supervisions, where staff feedback was sought and recorded in relation to their ideas to improve the service. Staff consistently told us they felt their views were encouraged by the provider, which made them feel valued and involved in developing and driving improvements within the service.

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

- Staff consistently told us they were proud of the service they provided to people and the team spirit. One staff member told us that supportive and appreciative relationships had been developed amongst the staff. Another staff member told us, "Everyone [staff] is there for each other to make sure the clients [people] are well looked after and cared for as if they were your Mum."
- People told us they had developed trusting and meaningful relationships with their regular care staff.
- Staff were confident the management team had the skills and experience needed to lead effectively.

Continuous learning and improving care

- Since our last inspection the provider had created a global action plan, in conjunction with an analysis of lessons learnt to ensure continuous learning drove improvements. For example, an administrator had been appointed in November 2020 to focus on quality assurance, assessing and monitoring the service moving forward.
- Staff competency was regularly assessed by field care supervisors through observations and supervisions.

Working in partnership with others

- Staff worked in partnership with community health and social care professionals to maintain people's health and well-being and to achieve positive outcomes for them. For example, staff had supported a person to improve their mobility, which increased their independence and enabled them to access the community, promoting their mental well-being.

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 The provider had failed to assess the risks to the health and safety of people receiving care.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not effectively operated systems and processes to ensure compliance with the regulations.
Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The registered manager had not complied with their duty of candour requirements in relation to a notifiable safety incident.