

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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremark West Berkshire and Reading is a home care service providing personal and nursing care to 30 people aged 65 and over, living in their own homes.

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

Medicines were not always managed safely. Medicines audits were not always used effectively to identify and address omissions and errors. People's medicines administration records were not completed correctly. Important details such as names of medicines, allergies and details of people's GPs had not been recorded in people's care documents.

Risk assessments in people's care plans contained contradictory information. Guidance for staff about how to manage risks for people did not contain enough detail.

Staff recruitment files did not contain evidence of all the necessary checks, in line with legislation.

We made recommendations that the provider review their systems and processes, and regulatory requirements, to ensure all records in relation to medicines management, risk assessments and staff recruitment were accurate and up to date, in line with legislation.

There were systems and processes for managing quality and safety in the service. However, these were not always effective as they had failed to identify the errors and omissions in people's medicine's administration records. These systems had also failed to identify the insufficient guidance and contradictory information in people's risk assessments. In addition, quality assurance processes had not been used effectively as the provider had not identified the omissions in staff recruitment records.

After the inspection the manager put an action plan in place to address these issues.

People were protected from the risk of harm and abuse. There were enough suitably skilled and qualified staff to support people and meet their needs. People were supported by skilled staff with the right knowledge and training.

Staff had developed caring bonds with people and upheld their privacy, dignity and independence. People's care and support met their needs and reflected their preferences. Staff upheld people's human rights.

There was a positive, empowering culture in the service. Staff were clear about their roles and

responsibilities and felt well supported by the registered manager and senior team.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was last inspected on 21 March 2017 and was rated good. At this inspection the service was rated requires improvement.

Why we inspected

This was a planned inspection in line with our published inspection timeframes.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We identified one breach of regulation 17 (good governance.) You can see what action we have asked the provider to take at the end of this full report.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

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

The inspection was completed by an inspector and an assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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

We gave the registered manager four days' notice of the inspection visit to ensure the manager and senior staff were available to speak with us. We visited the office location on 2 September 2019. Inspection activity started on 2 September 2019 and ended on 13 September 2019.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We contacted 20 people who used the service. We received responses from eight people who used the service and three relatives about their experience of care provided. We spoke with five members of staff including the manager, the operations manager, the two service directors and one member of care staff.

We reviewed a range of records. This included 10 people's care records and three people's medicines administration records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures, the provider's complaints and compliments file, team meeting minutes, the staff roster system and the provider's business continuity plan. We reviewed care and support documents for five people. This included three people's medicines administration records.

After the inspection

We reviewed further evidence sent to us by the provider. This included evidence of the provider's recruitment checks, medication audits, staff training records, staff's medicines competency observations and spot checks. We contacted 13 members of staff. We received responses from four members of staff. We contacted two social care professionals. We did not receive any responses.

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 good. At this inspection this key question has been rated as 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.

Using medicines safely

- Medicines were not always managed safely.
- We reviewed medicines administration records (MARs) for three people. They contained several errors and omissions.
- None of the MARs we reviewed contained names of people's prescribed medicines. This meant records did not evidence which medicines people had received. This had not been identified in the provider's audits.
- In addition, some MARs did not contain important details including people's names, GPs or allergies.
- The provider had completed audits of the MARs in people's care records. Audits for all three people's MARs showed gaps where staff had not signed to say they had given people medicines had been identified. However, audits did not identify missing information such as names of medicines, people's GPs and people's dates of birth. We found no evidence that people had experienced harm because of this.

We recommend the provider review their auditing processes to ensure all errors and omissions in people's medicines administration records are identified and rectified.

- During the inspection the provider agreed to review people's medicines administration records to identify and rectify all errors and omissions. After the inspection the provider sent us evidence of quality assurance checks which identified all errors and omissions in people's records. In addition they sent us an action plan detailing planned improvements to quality assurance processes.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and documented in their care plans. However, some assessments did not specifically state risks to people or contained misleading information.
- For example, one person's care plan stated they were unable to move independently and required help from two staff. In the same person's "Falls Prevention" risk assessment it stated there were "no risks identified". This information was contradictory and misleading.
- In another example the person's skin integrity risk assessment stated that staff had "no input" with monitoring the condition of the person's skin. However, in the same risk assessment it later stated, "carers are to monitor pressure areas and report to [relative] any concerns." This information was contradictory and lacking sufficient or accurate guidance for staff. We found no evidence that people had experienced harm because of this.

We recommend the provider consider current best practice for assessing, monitoring and managing risks to protect the health and safety of people using the service.

- During the inspection the provider agreed to review people's care records to ensure appropriate risk assessments and guidance for staff were in place. After the inspection the registered manager sent us evidence which detailed actions they intended to take to ensure risks to people were fully documented in their care plans.

- The provider's business continuity plan detailed guidance for staff to cover a range of scenarios and emergencies. This included arrangements for providing care in adverse weather conditions.

Staffing and recruitment

- The registered manager ensured people received consistent care from the same staff wherever possible. They used an electronic rostering system to schedule people's care visits.
- There were enough staff to provide individualised support to people.
- The provider used recruitment checks and processes to ensure only staff suitable for the role were employed. However, records showed the provider had not retained all the required information about staff members.
- We reviewed five staff recruitment files. Each file had gaps in employment history which were unexplained.

- Recruitment files contained records that police checks had been carried out by the Disclosure and Barring Service (DBS). However, the provider had not retained copies of staff's certificates.

We shared our findings with the registered manager who was unaware that the appropriate information had not been retained in line with schedule three of the Health and Social Care Act (2008). We signposted the provider to relevant guidance relating to meeting these regulatory requirements. We found no evidence that people had experienced harm because of this.

We recommend the provider review their regulatory responsibility to maintain complete and accurate records of recruitment checks made in line with schedule three of the Health and Social Care Act (2008).

- After the inspection the provider sent us evidence to show they had obtained copies of staff's DBS certificates. In addition, they sent us explanations for gaps in employment history for each of the five staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care from staff.
- The provider had a safeguarding policy in place and all staff had completed safeguarding training.
- Staff understood which actions they should take to protect people from harm.
- The manager understood and upheld their duty to report any safeguarding concerns to local authority safeguarding teams and to CQC.

Preventing and controlling infection

- People were protected from the risk of infection
- Staff used protective equipment such as gloves and aprons when giving care and support.
- The provider had a policy in place for infection control.

Learning lessons when things go wrong

- The registered manager maintained a record of incidents and accidents. These showed staff had taken appropriate actions to prevent further incidents and improve care for people.

Is the service effective?

Our findings

At the last inspection this key question was rated good. At this inspection this key question remains the same; good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, choices and preferences had been assessed and documented, in line with evidence-based guidance.
- People's care records contained detailed information about they wished to receive care and support.
- Records showed care and support documents were reviewed regularly and any necessary updates were documented.
- Support given to people by staff was recorded in their daily log sheets which were kept in people's care files.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their role.
- Staff completed the provider's induction before starting work, which was based on the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This included the mandatory training modules in areas such as moving and handling, safeguarding and infection control.
- Staff told us they felt well prepared to do their jobs as they had completed an in-depth induction and had access to relevant training and support.
- The provider supported staff through a structured programme of regular supervisions, appraisals and competency checks.

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

- Staff supported people to eat and drink enough to maintain a healthy diet.
- If people were at risk of malnutrition or dehydration, this was recorded in their care and support plans. Staff used food and fluid monitoring charts to check people's dietary intake and encouraged people to eat and drink well.

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

- People received support from staff to access health care support. One person told us, "They always ask me if I want to see a doctor if I'm not well."
- Staff collaborated with health professionals including GPs and district nurses to ensure people received appropriate healthcare 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 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

- Staff had completed training in the Mental Capacity Act. They understood how to apply its principles and gave examples of how they had done this when providing care and support for people.
- Care records contained consent forms which had been signed by people, showing their permission had been sought before staff commenced a care package.
- The registered manager maintained a record of those people who had legally appointed representatives to make decisions on their behalf. Care records included evidence of appropriate communication between the provider and people's legal representatives.

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.

At the last inspection this key question was rated good. At this inspection this key question remains the same; good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff provided sensitive, compassionate care and respected and upheld people's human rights.
- People benefitted from having caring relationships with staff. One person said, "caring is fantastic, the care staff are very good. The willingness of the staff, attitudes, I can't fault them."
- Staff talked about how they had developed caring relationships with the people they supported and ensured they empathised with people to give them individualised support.

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

- People were involved in making decisions about their care and support and their feedback on care provided was sought.
- The provider used a system of regular reviews and quality assurance calls and annual surveys to check people were happy with the care and support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and protected their dignity and privacy. People were supported to do as much for themselves as possible. Care and support documents contained guidance for staff to support people to maintain their independence.
- Staff understood the importance of making people feel comfortable and of protecting their privacy when providing care and support. This included keeping curtains and doors closed when giving personal care and making sure people had privacy as and when they wanted it. Staff also described how information in people's care plans was kept secure.
- The provider held people's confidential information securely both on their electronic and paper recording systems.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question is rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned care in partnership with people. Care plans included detailed information about how and when people wished to receive care and support.
- People told us the service was responsive to their changing needs. One person said, "We are very happy with the care they provide, they are just fantastic carers we've got." A relative told us "The care staff know what to do, on the whole we are pleased with the care".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard.
- The registered manager gave us examples of how staff supported people with specific communication needs. In one example, for a person who was blind and deaf, staff used appropriate touch as a means of communication. This included staff gently tapping the person to let them know they had arrived.
- In another example, for a person who was deaf, staff would ensure they always faced the person and spoke clearly to enable the person to lip read.

Improving care quality in response to complaints or concerns

- The provider's complaints policy laid out actions for staff to take if complaints were raised.
- The registered manager sent us evidence to show these complaints had been investigated and resolved promptly.

End of life care and support

- At the time of our inspection the service was not supporting anyone with end of life care, however, the registered manager told us appropriate plans would be put in place if people needed care at the end of their lives.
- The registered manager told us they had been working with a consultant to develop assessments and documents to support end of life care planning for people.

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 good. At this inspection this key question has been rated as 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

- The manager used a system of audits to monitor quality and safety within the service, however, these systems were not always effective. For example, the provider's audits had failed to identify the errors and omissions we found in people's medicines administration records, detailed in the safe section of this report.
- The provider's audits had also failed to identify the lack of clear or sufficiently detailed information in people's risk assessments, also detailed in the safe section of this report.
- In addition, these audits had failed to identify the gaps in employment history in staff files and the lack of copies of staff's DBS certificates.

The provider had not ensured appropriate and 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 of the Health and Social Care Act 2008 (Regulated Activities) 2014, good governance.

After the inspection the registered manager sent us an action plan which detailed their plans to improve quality assurance processes to effectively assess, monitor and improve quality and safety in the service.

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

- The provider sought regular feedback from people to identify ways to improve the service. The provider completed quality assurance surveys and acted on feedback received to drive service improvements.
- The provider held regular meetings with staff. However, there was a lack of evidence to show how staff have been included and involved in developments in the service and how their feedback has been used to drive improvements.

We recommend the provider review their processes to ensure staff are engaged and involved in the service

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

- The registered manager was committed to delivering individualised care which met people's needs.
- Staff commented that the registered manager and senior team were supportive and always available when needed. They felt there was an open, positive culture in the service and that the needs of people were put first.

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 registered manager was clear in their understanding of the duty of candour and knew the actions to take should something go wrong. For example, records showed when complaints were made, the registered manager made apologies and offered alternative arrangements for care and support visits as needed.

Continuous learning and improving care

- Staff recorded incidents and accidents and reflected on these to drive improvements.
- Staff's competency in different areas was regularly assessed and areas for development were identified.

Working in partnership with others

- Staff worked collaboratively with health and social care professionals to provide individualised care and support.
- Staff worked alongside health and social care professionals including speech and language therapists, occupational therapists, physiotherapists and social workers to meet people's health and wellbeing needs.
- For example, staff supported one person to improve their mobility and independence through working with professionals to provide specialised equipment and support.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured appropriate and effective quality assurance processes were in place to assess, monitor and improve the quality and safety of the services provided.</p>