

Hallcare South Limited

Caremark Poole & East Dorset

Inspection report

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Date of inspection visit:
11 December 2017
13 December 2017
14 December 2017
18 December 2017

Date of publication:
01 March 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11, 13, 14 and 18 December 2017. The inspection was unannounced because we had received information of concern about the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Caremark Poole and East Dorset receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we, also take into account any wider social care provided.

At the time of the inspection Caremark Poole and East Dorset was supporting around 60 people living in Poole and Bournemouth and providing 470 hours of care per week.

Caremark Poole and East Dorset had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The last inspection of Caremark Poole and East Dorset was carried out in July 2015. There were no breaches of regulation found at that inspection but we did suggest that some improvements were made in the management and administration of medicines.

The registered manager had joined Caremark Poole and East Dorset in June 2017. Prior to this, the service had been without a registered manager for more than six months. In addition to the registered manager, the usual staffing for the service included a care coordinator who was responsible for planning all visits to people receiving care and scheduling the staff to make the visits, and two field care supervisors who were responsible for day to day supervision and support of staff and maintenance of care records. At the time of the inspection, the service had been without a care coordinator for a number of weeks, one of the field care supervisors was on long term leave and the other had resigned. This meant that the registered manager was trying to cover these roles and provide on call/out of hours support themselves with the help of administration staff and care staff who were also stepping into roles to help out, for which they had not been trained.

People told us their care and support needs were mostly met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. This meant that people may not always receive their medicines as they were prescribed.

The service did not always assess the risks to the health and safety of the people they provided care to. Where risk assessments had been completed, some identified hazards but no action had been taken to reduce or manage the hazard and some were in need of review because situations had changed.

People were supported to access healthcare as necessary and to eat and drink where this was part of their support needs.

Staff knew people well and understood their needs. However, care plans were not always sufficiently detailed and up to date to provide information for staff if they did not already know the person they were supporting.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them.

Staff understood how to protect people from possible abuse and how to whistleblow.

There were systems in place to monitor and assess the quality and safety of the service provided. These systems had not been fully implemented and the audits that had been completed were not always effective at identifying shortfalls in the service. However, the registered manager was aware of these weaknesses and had developed an action plan to address these.

Records were not always up to date and some contained inaccuracies or inconsistencies or lacked detail. Other records were not dated, timed or signed.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely and risk assessments were not carried out to ensure that people and staff were protected from avoidable harm.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Care workers were recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive supervision to monitor staff performance and provide support and additional training if required.

Staff had undertaken training in essential areas such as moving and handling and health and safety. .

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs were met but care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy and complaints were listened to although there was not always any evidence of investigation or learning.

Is the service well-led?

The service had not always been well led.

There were systems in place to monitor and assess the quality and safety of the service provided. Some of the audits were not fully effective as this had not highlighted shortfalls in medicines management, risk assessment and care planning identified during this inspection. However, the registered manager was aware of weaknesses in the service and had developed an action plan to address these.

Record keeping required improvement and notification to CQC of incidents and events had not been made.

Requires Improvement 

Caremark Poole & East Dorset

Detailed findings

Background to this inspection

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

This inspection took place on 11,13,14 and 18 December 2017. One inspector undertook the inspection and support was provided by an Expert by experience who made telephone calls to people using the service and some relatives of people using the service.

Before the inspection we received information of concern alleging that there were poor staffing levels and this was leading records and care plans being out of date and people not having their needs fully met. The inspection was brought forward from the original planned date in order to look at these concerns.

Inspection site visit activity started on 11 December 2017 and ended on 18 December 2017. It included visits and telephone calls with people who use the service and interviews with staff. We visited the office location to meet with the registered manager and staff and to review records, policies and procedures.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also looked at the information we had received from notifications made to us by the service. Additionally, we contacted the local authority safeguarding and commissioning teams to obtain their views of the service.

We visited 2 people who received support from the service and met 2 relatives and 2 members of staff. We spoke with the nominated individual for the provider and the registered manager. We looked at six people's

care and medicine records and records about how the service was managed. This included five staff recruitment, training and supervision records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

People who received care and support from the service told us that they felt safe with the staff who supported them.

We received varying responses from people with regard to whether staff arrived on time: Three people said that staff often arrived up to an hour late. Others said that there were occasions when staff were late, usually due to heavy traffic, but they were mostly advised that this was the case. . People also told us that staff stayed for the correct amount of time but others then went on to say that some staff were quicker than others and did leave between 10 and 15 minutes before the scheduled end of the visit. They confirmed that staff did complete everything they were supposed to do during the call.

Four people reported that they had experienced staff failing to arrive for a call. We discussed this with the registered manager who was aware of an incident which had led to three of the calls being missed in the same day. This had not been reported to CQC.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. Two people were having prescribed topical creams applied to their skin by staff. We found that there was no assessment or plan of care relating to the skin condition for either of these people. There was no guidance in place to ensure that the creams were applied in accordance with the prescriber's instructions. Not all of the creams had been recorded on the Medicines Administration Record (MAR). This meant that people may not have received some of their medicines as prescribed.

MAR charts were created from care records held in the office, printed and sent to each person's home in time for staff to use from the beginning of each month. Some of the records we checked showed that people had been prescribed additional medicines part way through the month. In this situation, staff had handwritten the new medicine onto the MAR chart. We found that they had not always recorded the full name and strength of the medicine or the times it should be administered and that the entry had not been checked and signed by the originator and a second member of staff to ensure that the correct instructions were being followed.

Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked annually. The competency assessment that was used by Caremark Poole and East Dorset lacked detail and we could not be certain that the level of competence that staff met was in accordance with National Guidelines. The registered manager agreed to check this and amend the checks if this was necessary.

Completed MAR's were returned to the office at the end of each month and a sample of these was audited. The registered manager advised that they had already identified that medicines management and administration for the service required improvements and had included this in their action plan for the service.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

Some people had items of equipment such as bed rails and oxygen condensers to support their needs. The service had not carried out risk assessments to ensure the equipment was fitted correctly and worked safely and that any risks either to the person or staff were identified and managed. There was also no information about action to take if any of the equipment failed. One person received help with a shower. They had received support from the service for a number of years and their mobility had decreased over this time. Their care plan and risk assessment for support with a shower did not reflect the changes in their needs and the greater risk they were at as their mobility had decreased. This meant that there was no system in place to protect either the person or the staff.

Some people lived with health issues which meant they had very specific needs that they required support with: these included the need to use oxygen at all times, support to prevent skin from breaking down and creating pressure sores, reduced immunity, mental health needs, pain management or risk of choking. There were no risk assessments or care plans in place to ensure that people's needs were supported safely.

Some people lived with diabetes. There were no risk assessments or care plans in place to ensure that people's needs were supported safely. The possible complications, signs that staff should be observing if people's blood sugar became too high or too low and the action to take in these circumstances had not been assessed. This meant that there was a risk that staff may not recognise when a person was showing signs of becoming unwell or their needs were not being met and that they may not seek suitable support from relevant professionals such as paramedics.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Care and treatment was not provided in a safe way because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

The service had satisfactory policies and procedures in place to protect people from abuse. Staff received regular training in safeguarding people from possible harm and abuse. Staff knew the different signs and symptoms of abuse and told us they were confident about how to report any concerns they might have.

There were systems in place to enable the service to respond to emergencies. For example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves. There was an out of hour's on-call system in place so that people who used the service and staff could contact the service in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had the occasion to call the out of hours service.

The registered manager told us that a number of staff had recently left the service, were on holiday or were on long term leave. As a consequence they explained that all required support visits were made to people but that sometimes they could not arrange the visits at people's preferred times or with their preferred staff. They said that when changes were made to the rota after it had been sent to people, they always endeavoured to advise people in advance but were aware that this did not always happen.

Rotas for people who used the service during the week of our inspection showed that everyone had a

named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Caremark Poole and East Dorset and there was no reliance on agency staff. The people and relatives we spoke with all confirmed that this was the case.

The service had a satisfactory system in place to ensure that recruitment practices were safe and this made sure that people were protected as far as possible from individuals who were known to be unsuitable. Records for people who had been recently recruited to work for the service were checked. We found that procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. References of people's character and conduct had not always been verified. This was an area for improvement.

Is the service effective?

Our findings

People told us that they had confidence in the staff because they were kind and caring and understood their needs. They said things such as "Yes, I am very happy with what they do for me", and "I feel quite confident with the carers". One person said, "Some seem to and others don't - I have to tell new carers what to do".

Everyone we spoke with was happy with the service but did comment that the recent changes in staff had meant some late calls and some staff seemed to be more rushed than usual. The registered manager told us that new staff had been recruited and were due to start training in the next few weeks. They said that this should help ease the staffing situation that they had been experiencing. They also confirmed that all new carers would complete shifts shadowing experienced carers on calls before they worked on their own to ensure they were competent in their role.

Staff told us that there was sufficient time to travel between calls. Rotas for the week of the inspection showed that there were occasions where there was no travel time allocated between calls or less than five minutes was allowed between addresses that would take longer to travel between. However, there were some calls where longer than five minutes had been allocated.

The registered manager confirmed that they had recently become aware of instances where calls were being cut short and this was being addressed with the staff concerned. They also stated that some of the issues with the rota were probably due to the fact that the service was without a coordinator whose main role was to plan and manage the allocation of visits. The registered manager confirmed that they had recruited someone to take this role and they were undertaking training.

The registered manager confirmed that they were aware of the need for staff to receive regular supervision either through spot checks, one to one meetings and staff meetings in the office, as well as an annual appraisal. The recent staff changes meant that senior staff who should complete many of the supervisions and spot checks were no longer in post and therefore staff had not always received the support they required. Staff told us that they always felt able to request support and training and that the registered manager had an "open door" approach which meant they always felt they could call into the office or telephone if they had concerns or queries.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there was not always enough staff to meet people's needs and they were not supported with regular supervision and monitoring of their practice.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid.

Staff had been trained in the Mental Capacity Act (MCA) 2005. The registered manager advised that all of the

people they provided a service to had capacity to make their own decisions but confirmed that assessments and best interest decisions would be undertaken if the need arose.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists; GP's and district nurses being contacted by staff on their behalf when they requested it or when their care worker identified a concern.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals. Some people commented that not all staff were able to prepare and cook some basic dishes. The registered manager agreed to investigate this and take action if this was possible.

Is the service caring?

Our findings

People told us that they received personalised care from staff who were caring and kind. They told us that the service was usually good at providing regular staff so that they almost always knew the staff who were coming to see them which they found reassuring.

People told us they were treated with respect, and that their privacy and dignity were preserved during their care. The staff we spoke with recognised the importance of this and gave examples such as keeping people covered with towels or ensuring curtains were drawn and doors were closed before commencing personal care.

Discussions with the registered manager and staff evidenced that they were aware of people's needs, likes and dislikes. They described in detail how they provided the care to suit the individual. Care plans did not always include this information.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care.

Staff confirmed that they knew about requirements to keep people's personal information confidential. One person told us that they had concerns because one member of staff often spoke about people they supported and what their needs were. The person was concerned that this member of staff would also speak about them to other people. We raised this with the registered manager who took immediate action to address this with the staff member concerned. This is an area for improvement.

Is the service responsive?

Our findings

One person had written in a survey, "They are a very good company and very good carers. They really look after me". Another person had sent a letter of thanks to the staff because they had responded quickly to an emergency situation that the person had experienced.

People told us that they received schedules once a week telling them when staff would arrive and who they could expect. They also confirmed that they were mostly, but not always, informed of any changes to the rota.

People's care needs were not always fully assessed and planned for. For example, people with mental health conditions, diabetes, specialist continence needs and those with sensory loss did not have care plans outlining what the condition meant to the person, how it affected them, how it may progress and any risks or possible complications that may occur. Two people were living with life limiting conditions but there was no information about this or their wishes for care and treatment should they become more unwell.

All the care plans and risk assessments that we checked were in need of review due to changes in people's needs. For example, people had different continence needs or emergency arrangements to that recorded and risk assessed in their care plans. We also found staff were helping people with social activities such as swimming and social activities which were not assessed and planned for. Discussions with staff confirmed that they were aware of the changes and worked in accordance with people's current needs.

The registered manager had already identified that care plans required improvement and had included this in their action plan for the service. They had reviewed and updated care plans for two people and used them as an example to demonstrate the standard that care plans would reach once staffing levels allowed them to concentrate on this area of work..

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a system in place for receiving, investigating and responding to complaints. We looked at two recent complaints. The complaints system had not been followed. Notes and correspondence showed that some work had been done to look at the issues raised. However, there was no evidence to demonstrate that complaints had been investigated in accordance with the Caremark Poole and East Dorset policy; for example, within given timescales, the methods of investigation were not clear and there was no evidence that any learning from the complaints was shared as necessary. This was an area for improvement.

Is the service well-led?

Our findings

The service was still in a period of transition because of a change in management. This was reflected in people's feedback. The provider and registered manager were confident that the actions they were taking to recruit and support staff, as well as ensure that people's needs were fully assessed and planned for, meant that the service would soon be fully effective.

The registered manager had joined Caremark Poole and East Dorset in June 2017. Prior to this, the service had been without a registered manager for more than six months. In addition to the registered manager, the usual staffing for the service included a care coordinator who was responsible for planning all visits to people receiving care and scheduling the staff to make the visits, and two field care supervisors who were responsible for day to day supervision and support of staff and maintenance of care records. At the time of the inspection, the service had been without a care coordinator for a number of weeks, one of the field care supervisors was on long term sick leave and the other had resigned. This meant that the registered manager was trying to fill these roles and provide on call/out of hours support themselves with the help of administration staff and care staff who were also stepping into roles to help out for which they had not been trained.

The culture and atmosphere in the office during the inspection was optimistic: staff were supportive of the registered manager and hopeful that the vacant posts would soon be filled. The registered manager was aware of the areas of weakness in the service and confident that they could address these and make improvements once there were enough staff to fill the vacant posts.

Staff confirmed that they felt supported and able to raise any issues or concerns with the registered manager. All of the staff we spoke with knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

There were systems in place to monitor the quality and safety of the service provided. However, these were not fully effective. There were audits of various areas including medication, infection prevention and control, care plans and complaints. Recent audits had not identified the shortfalls highlighted during this inspection. The registered manager's action plan identified that audits were not robust and included plans to review the way in which audits were completed.

Other quality assurance processes, including staff meetings, probation checks, supervision and spot checks, had not been completed.

Customer satisfaction surveys were sent annually to people who used the service. The most recent had been undertaken in August 2017. A detailed analysis of the responses had been carried out and a report summarising the findings together with an action plan to address the issues that were raised had been produced. A letter had also been sent out to everyone who used the service explaining the results of the survey and the actions the service would take to address the issues raised.

During the inspection a number of different records were examined. These included care plans, daily records, medicines records and staff records. Some records were not dated, timed or signed. Some records were illegible. This meant that staff may not be able to read important information or know who to ask if they had queries about the entries that had been made.

Other records contained inaccuracies and inconsistencies or lacked detail. They had not been updated to include current information. For example, one person was no longer independently mobile but their care plan instructed staff that the person could walk to the bathroom. Another person had developed swallowing difficulties and was prescribed a powder to thicken their drinks. There were no instructions to staff about how they should use the thickener or the consistency that the drink should be thickened to. It was not always clear that the person was receiving thickened fluids as required.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and accurate records were not maintained.

We had not received any notifications from the service. Prior to the inspection we were aware of safeguarding concerns that were being investigated by the local authority and should have been notified to CQC by the provider. During the inspection we found incidents and events such as an alleged theft from a service user which should have been reported.

This was breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 because reports of notifiable incidents had not been made.

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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 18 Registration Regulations 2009 Notifications of other incidents Reports of notifiable incidents had not been made.
Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and use of medicines. The risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and accurate records were not maintained.

Regulated activity	Regulation
Personal care	<p data-bbox="837 168 1492 212">Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p data-bbox="837 235 1492 392">There was not always enough staff to meet people's needs and they were not supported with regular supervision and monitoring of their practice</p>