

# Medicare Home Support Limited

# Caremark Norwich

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Caremark Norwich is a domiciliary care agency that offers care and support to people who may misuse drugs and alcohol, live with dementia, who are detained under the Mental Health Act, have mental health needs, who have a learning disability, who have an eating disorder and/or autistic people. The service can provide care and support to children and older people.

At the time of our inspection there were 49 people receiving support with personal care in their own homes. 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

At the time of this inspection, the location did not care for or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

#### Right Support:

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. However, whilst people told us staff stayed for the agreed amount of time and supported them in the ways they needed, they told us they did not always know which staff member was supporting them or what time they were expected to arrive. People told us, and records showed, that staff did not consistently attend at the times agreed.

#### Right Care:

Whilst people told us they received a service that was person-centred and met their needs, care records did not demonstrate this. We found that care records were not consistently accurate or complete and they could not be relied upon to evidence what care and support had been delivered. However, people told us they had confidence in the staff and that they were consistently kind, patient and encouraging. Staff were adept at maintaining people's dignity and promoting their independence.

#### Right Culture:

The systems the provider had in place to assess, monitor, and mitigate the risks to the health, safety and welfare of people who used the service had failed. For example, there were two medicines administration systems in place and neither effectively ensured people received their medicines consistently safely or in line with best practice. This placed people at risk of harm. Additionally, staff had not received all the training the provider deemed mandatory, and improvements were needed in relation to staff recruitment records. Not all feedback received on the service had been acted upon in a prompt manner.

However, people felt able to raise concerns and told us they felt listened to and engaged. Staff felt

supported and valued. The culture was positive, and people spoke highly of the registered manager telling us they were involved, accessible and communicative. The registered manager responded proactively to the concerns identified at this inspection and acknowledged that due to prioritising care calls, governance had deteriorated and required improvement. They provided us with assurances in relation to how they would address this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27 October 2017).

#### Why we inspected

We inspected this service due to the length of time since the last inspection.

#### Enforcement

We have identified breaches in relation to risk management, medicines administration and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Norwich

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of 1 inspector and 2 Expert by Experiences. 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 5 days' notice of our inspection. This was because we intended to use remote technology to undertake the assessment and needed to ensure the provider was able to facilitate this type of assessment. This included uploading documents into a secure portal and facilitating calls to people who

used the service, their relatives, staff, and health professionals.

Inspection activity started on 12 October 2023 and ended on 24 October 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. The provider was in the process of completing the provider information return (PIR) at the time of this inspection. 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. This was considered as part of this inspection.

#### During the inspection

We spoke with 12 people who used the service and 10 of their relatives. We spoke with 3 staff including the registered manager. Written feedback was received from an additional 16 staff and 3 professionals. We assessed the care plans, associated records, and medicine administration record (MAR) charts for 4 people. Several governance records were also assessed including staff recruitment records for 3 staff, quality assurance audits, training and supervision records, policies, and procedures.

This inspection was carried out without a visit to the location's office. We used telephone calls and emails to enable us to engage with people using the service, their relatives, professionals, and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 12 October 2023 and concluded on 24 October 2023 when feedback was given to the registered manager.

# 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 good. At this inspection the rating has changed to 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

- We could not be assured that people received their medicines as prescribed. Records did not evidence this, nor that best practice was followed. For example, records showed people had, at times, been overdosed on their medicines, under-dosed and/or received medicines without the appropriate amount of time left in between doses.
- The service had two systems in place to manage medicines, an electronic one and a paper-based system. Paper records were kept as the service was aware the electronic system couldn't be relied upon. Having two systems running concurrently risked error. Neither system showed medicines had been administered as prescribed nor as per best practice such as the National Institute for Health and Care Excellence (NICE)'s 'Managing medicines for adults receiving social care in the community'.
- Staff had not been provided with information to ensure medicines prescribed on an 'as required (PRN)' basis were administered safely or as required.
- Staff had received training in the electronic system. However, this had failed to ensure accurate medicines administration record charts were completed. Staff had received assessments of their competency to administer medicines however these did not identify the concerns we found at this inspection.
- Regular audits of medicines administration had been completed but these had failed to identify and/or rectify the concerns identified.

Systems were not effective at ensuring people received their medicines consistently safely or as prescribed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted promptly and appropriately to the concerns we raised regarding medicines administration and management. They submitted an action plan to show what steps they would be taking to reduce the risk and make improvements.

### Assessing risk, safety monitoring and management

- Risks to people had not been consistently identified, recorded, reviewed, or mitigated.
- Risk assessments were generic and the same for each person who used the service; they were not personalised to meet individual needs.
- For example, we identified one person who was experiencing falls on a very regular, and sometimes, daily basis and not all risk factors had been identified or considered. Despite this, the associated risk assessment had not been reviewed since May 2023 and recorded an inaccurate risk level. We could therefore not be

assured the risk was being fully managed.

- For another person who experienced mental health issues, staff were required to monitor their mental health. There were no systems in place to consistently and accurately record this and staff had not been given information on what symptoms may cause concern and what to do as a result.
- Whilst we were not aware that people had come to harm as a result, the lack of robust risk assessing placed people at risk of harm.

The provider had failed to ensure the risks in relation to people's health, safety and welfare had been fully identified, reviewed, and mitigated. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- There were mostly effective recruitment systems in place however more robust records were needed. People told us staff stayed for the allocated time, but they often did not know what staff member to expect or at what time. The registered manager told us people did not receive a rota and the records we viewed confirmed call times varied and did not consistently meet the times that had been agreed.
  - The service had completed checks on potential staff including seeking references and completing Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
  - However, we did find some gaps in employment histories and whilst we found no concerns in relation to these staff, it meant the provider could not be fully assured of the appropriateness of the potential staff member. For one staff member, the provider had not fully explored their employment history to provide themselves with assurances.
    - People who used the service, and their relatives, spoke highly of the staff that supported them and told us they met their needs consistently and stayed for the allocated amount of time. However, some people told us they did not always know which staff member was supporting them or what time to expect them. The records we viewed confirmed this.
  - One person who used the service told us, "I used to receive a rota. The company could make improvements by having a rota rather than me asking the carer each time. The timings of my calls are not what was initially agreed."

#### Learning lessons when things go wrong

- The registered manager and the staff strove to ensure people received a safe and caring service and evidence demonstrated this was being delivered at the point of care. However, the systems they used had failed to evidence this and whilst concerns with the system were being identified and reported, they remained at the time of this inspection.
- Accidents and incidents were being recorded however, due to the issues with the systems in place, we could not be assured all accidents and incidents were being recorded in an effective way that allowed full oversight and analysis.

#### Systems and processes to safeguard people from the risk of abuse

- The systems in place helped to protect people from the risk of harm or improper treatment and people told us they felt safe receiving care.
- Staff had been trained in safeguarding and could tell us what action to take should they have any concerns. They told us they felt confident these would be managed appropriately and we saw that concerns had been reported to the local authority safeguarding team as required.
- One person who used the service said, "I know most of the carers and feel totally safe in their company;



they do their best." People's relatives agreed.

#### Preventing and controlling infection

- People told us staff were good at protecting them from the risk of infection and systems were in place to ensure this.
- Staff had received training in infection prevention and control and associated policies were in place.
- Staff, the people who used the service and their relatives all told us the service had supported them well during the COVID-19 pandemic and that they supplied all the equipment needed to help keep people safe. One staff member told us about the adaptations the service had made to help keep them safe at a time when they were particularly vulnerable.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Whilst people told us the care they received was of a good quality, person-centred and met their needs, their care records did not demonstrate this.
- People's needs had not been holistically assessed and their associated care plans were not person-centred, but task focused.
- Nationally recognised risk assessment tools were not in use and the provider did not follow evidence-based guidance in relation to assessing people's needs. This meant people were at risk of receiving care that was not fully appropriate to their needs nor person-centred.

Staff support: induction, training, skills, and experience

- The people who used the service told us staff had the skills and abilities to support them in a safe and considerate manner. However, we did find some gaps in the training the provider deemed mandatory. Whilst we saw no impact on people because of this, it risked them receiving care and support from staff who did not have the skills and knowledge to meet their needs.
- Staff told us they had received an appropriate induction and felt supported. One staff member said, "Caremark Norwich support us, they listen to us, and they care not just for their service users but also their staff."
- One person who used the service said, "I have full confidence in the staff. The carers are well trained, know what they are doing and familiar with the routine; they communicate with me. When new staff start, they job shadow and I know all the team. I have been introduced to new staff."

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

- People told us their needs were met in relation to eating and drinking. However, some people told us due to care calls being too close together, they sometimes ate without appropriate space in between meals.
- Although basic, care plans gave staff information on what support people needed to eat and drink. However, more person-centred information was needed.
- Staff had received training in food hygiene and care records showed people's nutritional and hydration needs were met.

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

- The service worked with other health and social care professionals to ensure people received the care and support they needed, when they needed it.

- From the records we viewed, we saw the service made prompt and appropriate referrals to other professionals as required.
- One professional said of the service, "We are working to same aim of optimising safety and comfort for both service user and care staff in manual handling and provision of care".

#### 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.

- People told us the service included them in decisions and staff told us how they facilitated and encouraged this although not all staff had received training in MCA. One person who used the service said, "From the outset I have been involved in my care."
- The registered manager told us there were no best interests decisions in place at the time of this inspection. However, they were able to explain what action they would take and when if they doubted a person's capacity to decide.
- There were no Court of Protection authorisations in place at the time of this inspection.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Supporting people to express their views and be involved in making decisions about their care

- People consistently told us they were treated kindly and compassionately by staff and felt listened to; they told us they were treated as individuals.
- One person who used the service told us, "The carers are very kind to me, and I am satisfied. They are polite and kind and so helpful." Another said, "When I am feeling low, the staff motivate me and have my best interests at heart."
- People's relatives agreed. One told us, "Staff are kind and provide excellent care." Another said, "The carers are very knowledgeable and understanding of my loved one's condition and needs."
- Staff spoke about the people they supported with kindness and respect. One staff member said, "I feel good about what I do, visiting clients with the health issues some of them have, what I can do to help and improve their quality of life, knowing I'm making their life a bit better makes me happy and I know they are happier."
- People were involved in making decisions around the care and support they received. People, and their relatives, told us this and the care plans we viewed demonstrated this.

Respecting and promoting people's privacy, dignity, and independence

- People spoke highly and consistently of how staff respected their privacy, maintained their dignity, and encouraged their independence. Staff gave us examples of how they achieved this.
- One person who used the service said, "The carers are very respectful, especially around my dignity and they give me plenty of choice." Another person told us, "Staff treat me with dignity and respect, and I get on with them very well. They are respectful and try to make sure I remain as independent as possible."
- People's relatives agreed with one person telling us, "The carers are mindful and encourage my loved one to regain their confidence and independence which is working. With the carers help, my loved one is slowly improving, and they appear happy with the support."
- One health professional told us staff delivered care with dignity whilst another commented on how flexible the service had been in meeting a person's changing needs.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant that although people's needs were met at the point of delivery, associated care plans and records did not demonstrate this.

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

- People told us their needs were met however care plans, and associated records, did not demonstrate this nor were they consistently accurate. This placed people at risk of receiving care and support that was inappropriate to their needs.
- The care plans we viewed were task based and did not evidence the person-centred care that people told us they received. Some were not accurate and contained inconsistent information.
- Furthermore, daily notes did not provide enough information for attending staff on what care had been previously delivered. This meant staff did not have access to full and accurate information at all times to deliver consistently safe and appropriate care.
- However, people told us that at the point of delivery, the care they received was individualised and met their needs. We saw from care records, and people told us, that their needs were regularly reviewed.

End of life care and support

- There were no people on end of life care at the time of this inspection however this is a service Caremark Norwich offers as required.
- Despite this, staff had not received training in end of life care. As part of this inspection, the registered manager told us this is training they will now provide and make mandatory.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People raised no concerns in relation to how they received information, and the registered manager told us this was available in different formats.
- The registered manager gave us examples of the different and individualised communication methods they used for people and their relatives.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable raising any issues and for those people who had previously raised concerns, they told us these had been appropriately and satisfactorily managed.
- One person who used the service said, "The carers listen and act on anything and I have total confidence

they would raise any concerns and inform the office." Whilst a relative told us, "They are always responsive and if something isn't right, they make sure they rectify it."

- The registered manager kept a log of complaints to aid the identification of any trends or patterns.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant the systems in place had failed to ensure consistent and fully effective governance was in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems the provider had in place had failed to ensure care records were accurate, complete, and contemporaneous as required by regulations.
- Whilst systems were in place to audit medicines management, risk assessing and care records, these had failed to identify or rectify the concerns found at this inspection.
- The provider had failed to ensure staff were fully trained in the electronic systems in place meaning the associated records could not be relied upon.
- Staff had not consistently received the training the provider deemed mandatory and the oversight systems in place had failed to rectify this.
- Staff recruitment records did not consistently meet the associated regulation nor consistently include relevant information.
- Whilst feedback on the service had been sought, improvements had not been made without delay. In November 2022, because of seeking feedback, staff had requested staff meetings take place on a regular basis. At the time of this inspection, these were still not taking place.

Effective systems were not in place to fully assess, monitor and mitigate risks. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded proactively to the shortfalls identified at this inspection and acknowledged governance systems were not in place as required. They told us this had been due to being short-staffed and prioritising people's care.
- However, at the time of this inspection, the service had just become fully staffed and the registered manager felt confident they would now have the time to perform their role as required.
- The registered manager was informed of the findings of this inspection as it progressed which they shared with the provider. At the end of the inspection, the registered manager gave assurances that shortfalls would be addressed.

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

- Despite system-failures as described in this report, people told us that, at the point of delivery, they received a person-centred service that met their needs and made them feel safe.
- People, and their relatives, consistently told us staff supported them in a way that had a positive impact

on their lives. People told us they would recommend the service.

- Staff described a caring and supportive environment where they felt valued and listened to. They told us staff morale was good and the culture positive.
- People spoke highly of the registered manager and how the service was run. One person who used the service said, "The company is well organised and led. I can't fault them." A relative told us, "The staff excel in respect, and we have found the company's level of support reassuring."

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

- People told us the service was open and communicative including around concerns or when things went wrong. One relative said, "I have not had a reason to complain. I know the manager and can speak openly and honestly with them."
- The registered manager understood, and was able to describe, their responsibilities under this requirement.

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

- People told us they felt engaged with the service, were able to make suggestions and that communication was good.
- We saw that people were involved in the service in several ways, both formally and informally, and in line with their preferences. For example, people received reviews, were able to use different communication methods of their choosing and received annual surveys.
- The professionals who provided us with feedback told us the service engaged with them well. One told us the registered manager was able to provide information promptly and as required whilst another said, "The registered manager has always been very responsive to me as a professional, and it is always easy to reach them directly by phone or email. They always demonstrate a good understanding of each case I discuss with them, whether it be my own or a duty case, which suggests they have a good person centred approach".



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>The risks to the health, safety and welfare of service users had not been fully identified, assessed and mitigated.</p> <p>Regulation 12(1)(2)(a)(b) and (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were in place to effectively assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(a)(b)(c)(d)(e) and (f)</p>