

Oasis Care-UK Limited

Caremark (Harlow & Epping Forest)

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 (Harlow and Epping Forest) is a domiciliary care service providing personal care to adults who live in their own houses and flats. At the time of our inspection, 31 people were receiving personal care.

Not everyone who uses domiciliary care services receives 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

People's medicines were not always managed safely and the provider's processes for checking the accuracy of people's medicines records were not always robust. People's risk assessments were not updated or reviewed regularly.

Suitable arrangements were not in place to ensure all staff employed received appropriate training, a robust induction or regular supervision.

The registered managers governance arrangements did not always provide assurance the service was well led. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection.

The registered managers had been raising safeguarding alerts with the local authority however, there had been occasions whereby statutory notifications had not been sent to CQC as required. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

People did not always feel the service supported them to make complaints. We have made a recommendation about supporting people to make complaints.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of people's preference of care, staff promoted people's independence.

People and their relatives were involved in the planning and review of their care.

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

Rating at last inspection

The last rating for this service was good (published 7 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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

Enforcement and recommendations

We have identified breaches in relation to safe care and treatment, staffing and recruitment, training and supervision, good governance, and the notification of incidents. We have made a recommendation about end of life wishes and complaints.

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.

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 (Harlow & Epping Forest)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. The Expert by Experience completed telephone calls to people and their relatives. 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

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September 2023 and ended on 5 October 2023. We visited the office on 3 October 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 relatives and people about their experience of the care provided. We spoke with 7 members of staff, the registered manager and the care manager.

We reviewed a range of records. This included 5 care records and plans. We looked at 5 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question 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

- People's medicines were not always managed safely. The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, we found staff had signed that a cream had been applied to a person on 5 different days, but staff had previously recorded, the cream had not been available.
- Additional concerns were identified with a person's as required medicine (PRN). The PRN medication was not listed on the MAR chart which meant staff were unsure when to administer this medication although PRN protocols were in place.
- A person had been prescribed medication to treat high blood pressure. The MAR chart indicated the person had not taken the medicine for 18 days. Staff had previously recorded the medicine was not available. This had not been reviewed or followed up with a GP. This meant we could not be sure people had been supported to take their medicines as prescribed.
- Another person was prescribed pain relief cream as PRN and there were no instructions for staff on how to apply this cream.
- Not all staff had completed medication competency assessments before supporting people with medication. This meant people could not be assured that staff were competent to administer their medicines safely.
- Medication audit's were not being completed regularly. This meant the registered manager was not able to identify errors and take prompt action to ensure people received their medicines safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although there was limited impact for people using the service, not all risks to people's safety and wellbeing were assessed, recorded or provided enough detail as to how identified risks should be managed and mitigated.
- People who used bed rails did not have a risk assessment in place. This placed people at risk of receiving unsafe care.
- Risk assessments which had been completed to provide staff with guidance on how to keep people safe and minimise risks had not been reviewed or updated.
- Staff recognised incidents and reported them appropriately and the registered manager investigated incidents. However, there was no formal record for how the registered manager learnt from lessons following incidents to improve the quality of care to people. The registered manager told us they will implement a record evidencing their lessons learnt.

We found no evidence that people had been harmed. However systems had not been established to ensure care and treatment was provided in a safe way for service users. 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

- The registered manager had not always ensured staff were safely recruited. We saw gaps in recruitment files, such as not having an application form containing full employment history, an incomplete health declaration and not all references received had been verified.
- Staff were subject to Disclosure and Barings 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, the DBS checks seen on some staff files had been issued by a previous employer and the registered manager had not put risk assessments in place to ensure staff were safe to work.
- Variable comments were raised relating to call times during the inspection. A person told us, "A lot of the time they're late, big issue is time keeping which is atrocious on occasions. Some carers phone the office and ask them to call us, but not many do call us." Another person told us, "Not missed, sometimes late, they do ring but sometimes they do not stay for allocated time."

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found no evidence of missed visits. There was an electronic system which alerted office staff if a visit had not been made within 15 minutes of the scheduled time.

Systems and processes to safeguard people from the risk of abuse

- Staff knew people well and understood how to protect them from abuse. However, not all staff were aware of the terminology in relation to safeguarding.
- Not all staff had received up to date safeguarding training, including the registered manager. A staff member told us, "I would be able to recognise signs of abuse but other than my manager and office staff, I wouldn't know who else to raise concerns with."

We recommend the provider refers to best practice guidance to ensure that all staff have up to date safeguarding training.

- Following the inspection, the registered manager told us further training on safeguarding had been allocated to staff to complete.
- Relatives we spoke with, confirmed they had no concerns relating to the safety of their family member. One relative told us, "Yes, [relative] feels safe with the carers at all times."

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- Relatives told us staff always wore PPE when undertaking visits to them at their homes. A relative told us, "[Staff] wear gloves, aprons, and take it all off before the next bit of the job, i.e., when changing from task to task."

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.

Staff support: induction, training, skills and experience

- Staff told us they were supported with a 2 day induction when they first started working. However, most staff told us they did not feel the induction prepared them for their role. Certificates of completed inductions were kept on staff files but induction booklets had not been signed off by the registered manager.
- Staff did not receive regular support in the form of a supervision or spot checks. The latter enables the registered manager to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations. This meant there were no effective arrangements in place to monitor staffs' practice, performance and professional practice. During the inspection the care manager had scheduled supervision's for all staff.
- Although there was no impact for people using the service, staff training records showed not all staff employed at the service had received all mandatory or refresher training. Not all staff had up to date safeguarding, dementia awareness, epilepsy awareness and moving and handling training including the registered manager and care manager.

Suitable arrangements were not in place to ensure all staff employed received appropriate training, a robust induction or regular supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- Staff had started or completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific jobs roles in health and social care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's care records contained information about how to support them with their eating and drinking needs and what their preferences were. A person's care plan stated, "My food should be cut up in tiny pieces and I like the crust off the bread."
- The registered manager told us that people's needs were assessed before commencing the service. One relative confirmed an assessment of their family member's needs was completed prior to the start of the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. For example, one person's care plan recorded their specific religious observance needs and how these were met.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A person told us, "Staff would call my [relative] if they ever need to discuss concerns and they call my doctor. I was advised to go to hospital and staff packed my bag for me and took care of everything."
- Staff had practical information to support people with their healthcare needs. For example, care plans stated what staff should do if a person became unwell.
- An Advanced Nurse Practitioner told us, "When I last contacted Caremark I dealt with [field care supervisor] and they were very approachable and very quick in gaining information or action planning if I raised any concerns."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood their responsibilities under the Act. We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to not deprive a person of their liberty.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

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 this key question was rated good. At this inspection this key rating 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

- Staff were focused and attentive to people's emotions and support needs. A relative told us, "My [relative] really likes the carers. They are lovely people, and I am very grateful we have them."
- Staff were able to tell us about people's preferences and how they liked to be supported. A member of staff told us, "I enjoy talking to people and understanding what they like or dislike. I love my work because of the people I support."
- Feedback from relatives and people were mostly positive about how caring staff were. A relative told us, "Yes definitely, can't praise them enough." However, one person told us, "Yes, they are kind and caring apart from if they get cross and frustrated."

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

- Most people and their relative's spoke positively about how staff communicated with them and supported the person to make decisions. A relative told us, "Staff always keep [relative] informed and include them in all decisions." However, one relative told us, "A lot of the staff can't speak English which is a barrier to [relative] and this makes it very difficult for us."
- The registered manager sought consent from people to work closely with relative's to ensure they were involved in decision making. A relative told us, "We have regular contact and constant feedback given to us. I get a regular report and I am happy with the amount of support provided."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. A relative told us, "Staff are kind and caring. They are considerate and supportive. They always ensure they maintain [relative's] dignity at all times." However, another relative told us, "We don't often have choice between male and female carers which is an issue for us." The concern is being dealt with by the registered manager.
- The service ensured people's confidentiality was always respected. Records were kept securely.

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 has changed to requires improvement. This meant people's needs were not always met.

End of life care and support

- People's support plans did not include any information relating to people's end of life wishes.
- Not all staff had completed end of life training. The registered manager had identified this and training had been arranged.

We recommend the provider seek and implement best practice guidance and training for staff on end of life care to ensure support plans are consistent, person-centred and respectful of people's wishes about end of life care.

Improving care quality in response to complaints or concerns

- Most people told us when they raised concerns staff addressed issues compassionately. However, one person told us, "Lots of complaints, I feel like they hear me, but they don't listen, they don't do anything, had conversations with the manager so many times, [manager] doesn't listen."
- Some staff felt unable to express concerns. A staff member told us, "I just get on with my work. I don't make any complaints even if I wanted to as I just don't think the management are very approachable and would listen."
- There was a complaints policy that people, relatives and staff could refer to.

We recommend the service seek and implement best practice in ensuring people are appropriately updated and supported during the complaints process.

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

- People's care plans contained information about their needs, including essential information relating to health, communication, likes and dislikes.
- Care records listed what 'Good days' and 'Bad days' could look like for the person. This enabled staff to provide the right level of support to ensure the person had choice and control and that their needs were met.
- People were supported by a team who knew them well and knew how they like to be supported. A person told us, "I get regular carers. I'm quite happy with the service I get. I'm not a complainer. I'm grateful for people who do the job, angels in disguise."

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's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- Where needed, the registered manager confirmed people were offered information in a format they could understand to support them to make informed decisions about their care. For example, if they required information in large print, easy read or audio format.

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 changed to requires improvement. This meant people's needs were not always met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service. Specific information relating to the improvements required is cited within this report and demonstrated the arrangements for identifying and managing the above were not robust and required improvement.
- For example, no system was in place to make sure staff's recruitment files, induction, training and supervision data were audited to ensure these were in line with regulatory requirements. No system was in place to audit people's care plans, risk assessments, daily care records and evidence of medication being administered.
- The registered manager did not complete regular audits. This meant effective auditing arrangements were not in place to assess, monitor and improve the quality and safety of the service provided and lessons learned.
- Some staff were positive about working at the service and promoting good outcomes for people. Staff told us, "The field care supervisor is very supportive. I like my job and I enjoy supporting people." However, some staff told us, "I don't feel the service is managed well. We don't often get the support we need, and the management are not very approachable."

We found no evidence that people had been harmed, however we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There is a clear staffing structure in place. The registered manager has recently appointed a care manager who is implementing change and introducing senior carers who will be responsible for care support workers.
- The registered manager implemented a staff emergency welfare fund to support staff for when they needed it.
- The registered managers had been raising safeguarding alerts with the local authority however, there had been occasions whereby statutory notifications had not been sent to CQC as required. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.

The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission

(Registration) Regulations 2009.

- Following the inspection, the registered manager sent the relevant notifications retrospectively to CQC.

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

- People's comments relating to communication with the domiciliary care service were variable. Not all people or those acting on their behalf felt the service's communication arrangements were effective. One person told us, "I used to think [manager] was okay and liked [manager]. I've lost respect for [manager] doesn't listen or do anything. Staff talk [manager] doesn't listen. Well managed, not really could be better."
- Where positive comments were recorded these included, 'The office staff are helpful, there's usually someone there.'
- The registered manager sent surveys to relatives, staff and people using the service to gather feedback about the service. The results were analysed for themes and trends.
- People's equality and diversity characteristics had been considered and integrated into their care plan. The care manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- Staff meetings were not frequent. The registered manager told us they had 2 meetings a year but staff we spoke to told us, "I have never had a staff meeting or been invited to one."
- The office staff had weekly meetings. We reviewed minutes and saw they included updates about people who used the service

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; Continuous learning and improving care

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- The registered manager worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The registered manager and care manager recognised improvements were needed to ensure governance and leadership was more robust and effective in managing the day to day quality assurance of the service. This would ensure all actions identified in quality audits were followed through and sustainability was embedded into the service.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as other healthcare professionals and external agencies.

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 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However systems had not been established to ensure care and treatment was provided in a safe way for service users. 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.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however we could not be assured the provider's governance arrangements were robust and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered manager had not completed the appropriate checks to ensure that staff were recruited safely into the service. This demonstrated a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Suitable arrangements were not in place to ensure all staff employed received appropriate training, a robust induction or regular supervision. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.