

R K S Domiciliary Care Ltd

Caremark - Charnwood

Inspection report

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Tel: 01509643434

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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 - Charnwood is a domiciliary care agency providing care to people in their own homes. The service was supporting 60 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People did not receive their medicines safely and as prescribed. Medicine management practices were not safe. The provider needed to make improvements to how medication management was recorded.

There were insufficient risk assessments in place to keep people safe from harm. People's needs were assessed however risk assessments were generic and not personalised to their needs.

Quality assurance systems were not adequately in place to assess, monitor and improve the quality and safety of the service provided.

People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs.

There were sufficient numbers of staff employed to ensure people's needs were met at the time of the inspection.

Recruitment practices were safe and staff received the training they required for their role.

Staff were aware of their responsibilities to safeguard people and the service had procedures in place.

Staff ensured people's rights were respected.

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

We identified a breach in relation to safe care. The provider failed to ensure medicines were administered safely and risk assessments completed adequately. You can see what action we have asked the provider to take at the end of this full report.

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 requires improvement (report published 20th February 2019).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 - Charnwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised of one inspector and an inspection manager.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

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 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three care workers, the manager, the provider and four relatives of people who use the service. We reviewed a range of records including six care records, medicine administration records, three staff recruitment files and the training matrix. We also looked at 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed safely as staff did not sign to say individual medication had been administered.
- Medicines administration charts did not provide clear instruction to staff as they did not always contain information such as dosage and how medicines should be stored such as eyedrops.
- Staff did not record why PRN ('as required') medicines were administered.

Assessing risk, safety monitoring and management

- Generic risk assessments were in place however they were not person centred. Where risks had been identified, such as risk to people due to specific health conditions separate risk assessments were not completed.
- Where specialist equipment was identified as being identified, risk assessment's did not contain instructions how this was to be used.
- Environmental risk assessments were left blank within care plans.

We found no evidence that people had been harmed however, the safety of the service was not effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Act 2008 (Regulated Activities) Regulation 2014.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place that sets out actions to take in the event of a safeguarding concern.
- The service had systems and processes in place to safeguard people from abuse. Staff understood their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to whistle blow.
- Records showed staff had undergone safeguarding training.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Preventing and controlling infection

- The service had infection control policies and protocols in place.
- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- The services training matrix confirmed that all staff had received infection control training.

Learning lessons when things go wrong

- The service kept records of incidents and the manager was able to show us actions taken following incidents and learning shared with staff. An example of this was people experienced missed calls. To mitigate this risk an electronic call monitoring app was in the process of being introduced and all staff will be trained in its use.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Assessments identified people's care need however they did not provide staff with guidance on how to meet these needs. For example, staff were not given guidance on how to support people with complex healthcare needs. This was addressed with the manager and they stated care plans would be reviewed.
- People had been involved in the planning of their care and their wishes were respected.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorize people to be deprived of their liberty.

- The manager was aware of their duty relating to MCA.
- People's mental capacity was noted on care records. However, where people had a Lasting Power of Attorney appropriate records were not always completed. The manager stated this would be reviewed.
- Staff understood the importance of gaining consent before providing care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job.
- The service had a training matrix in place that identified when training was due.
- Staff had the opportunity to discuss their training and development needs at supervision.

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

- People who used the service confirmed their nutritional needs were being met. However, care plans did not record people's likes and dislikes in terms of nutrition adequately. This was raised with the manager and

care files would be reviewed.

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

- The manager confirmed referrals were being made to the GP and community nursing services when required. However, they were unable to evidence due to lack of recording on internal electronic systems. The manager said they would address this with office staff.
- People who used the service confirmed their healthcare needs were being met and staff communicate with healthcare professionals and family members when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were supported by staff who knew their needs, A relative stated, "The staff are great and look after [person] very well." Another relative said, "The care is good and the staff are kind and caring."

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

- People, and their relatives where appropriate, were involved in creating and reviewing their care plans.
- People's views were sought, listened to and used to plan their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected and this was confirmed by people's relatives.
- Staff were keen to ensure people's rights were respected. They gave us examples of how they had provided support to meet the diverse needs of people, including those related to disability, gender, ethnicity and faith.

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 as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People received care and support in a way that was flexible and responsive to their needs.
- Care plans needed more personalisation. For example, they did not include information such as people's likes and dislikes. The manager stated care plans would be reviewed and amendments made to include this information.

Meeting people's communication needs

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

- People's communication needs were identified. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. An example of this was the provider's Statement of Purpose was available in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community when requested.
- The service respected people's cultural needs. For example, staff supported people to celebrate religious festivals.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place and records were maintained. At the time of our inspection the provider did not have a system in place to identify themes and trends. The manager and provider said they would address this.

End of life care and support

- The service had an end of life policy in place. However, care plans we looked at did not contain end of life wishes. The manager said they would review this and make improvements where necessary.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was providing person centred care and this was confirmed by people using the service. However, care plans lacked person centred information such as likes and dislikes. The manager and provider said they would address this.
- Relatives told us the service was provided in the way people wanted.
- The manager was open and transparent throughout the inspection and people and health professionals spoke highly of the service.

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

- The manager undertook quality audits in a key number of areas including medicines and monitoring daily logs. However, these audits did not always highlight gaps. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their role and told us they were supported to do it.
- The manager made notifications to CQC and the local authority as required to do so.

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

- People and their relatives were involved in setting up their care.
- The service had previously asked people to complete quality questionnaires. However, this years quality audit process had not been undertaken. The manager and provider said they would address this.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs

Continuous learning and improving care

- The manager was supported by a coordinator and senior care workers. Each had recognised responsibilities and there were clear lines of accountability.

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 failed to ensure medication was administered safely and risk assessments completed adequately identifying risk.</p>