

Solcare (Broxtowe & Erewash) Ltd

Caremark (Broxtowe & Erewash)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark (Broxtowe & Erewash) is a domiciliary care agency providing the regulated activity of personal care. The service provides support to adults of all ages, people living with dementia, and people who have learning or physical disabilities. At the time of our inspection there were 123 people using the service.

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 the service and what we found:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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; however the policies and systems in the service did not always support this practice. We have made a recommendation the provider reviews people's mental capacity assessments and best interest decision documentation.

Right Care

The service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture. The service had not always ensured staff had the skills, knowledge and experience to deliver effective care and support. We found care plans to contain personalised information on risks which affected people's daily lives. People were supported to receive their medicines safely and there were sufficient numbers of suitable staff.

Right Culture

The provider did not have an effective governance system in place to identify issues we found on inspection. However, the provider promptly addressed our findings and sent us an action plan. People and staff spoke positively about the culture of the service and the service had supported people to achieve positive outcomes.

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 10 September 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, and well-led. During the inspection we found there was a concern with mental capacity assessments and staff training so we widened the scope of the inspection to include the key question effective.

For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement and Recommendations

We have identified breaches in relation to staffing in respect of training and the management of governance systems at the service. We have also made a recommendation that the provider reviews people's mental capacity assessments and best interest decision documentation.

Please see the action we have told the provider to take at the end of this report.

Follow Up

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?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Caremark (Broxtowe & Erewash)

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 was carried out by 1 inspector and an Expert by Experience. 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, flats and specialist housing.

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 not a registered manager in post. A new manager had been in post for 5 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity

started on 28 November 2023 and ended on 6 December 2023. We visited the location's office on 1 December 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 4 people who used the service and 6 members of staff including the care manager, compliance and registration manager and care assistants. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 relatives about their experience of the care provided. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training in how to safeguard people from abuse. Staff understood how to report any concerns they had to relevant professionals.
- People and their relatives told us they felt the service was safe. One person told us, "[staff] do care for you, and they talk to you, and I feel safe with them." And a relative told us, "Yes, I would consider [person] is very safe."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks which affected people's daily lives, in relation to their mobility, nutrition and management of health conditions were documented and known by staff.
- Environmental risks had been assessed. This ensured staff were aware of any risks when carrying out visits to people.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us that staff were not always on time for their visits. The service was aware of this through their quality monitoring processes and had put several measures in place to address this which included a waiting list for people's preferred times.
- The provider used an electronic monitoring system to ensure staff stayed with people for their allocated time. We saw evidence the system was operational at the time of the inspection and managers monitored staff arrival and departure times.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received medicines training and their competency was checked regularly to ensure good practice was followed.
- Regular checks of medicine records were completed, we reviewed these records and found people had their medication administered safely and in line with the prescribing instructions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff received training in infection prevention and control. Staff told us how they managed risks in relation to this which included wearing Personal Protective Equipment (PPE) when visiting people and regularly washing their hands.
- People and their relatives confirmed staff followed good practice. One person told us, "They make a cup of tea and make the bed and change the gloves and wash their hands."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents and incidents were reported correctly by staff to the management team, these were thoroughly reviewed, to identify if actions were required to reduce any further risks.
- The management team shared these outcomes with staff so appropriate action was taken to ensure people's safety and reduce the risk of reoccurrence.

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.

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.

- The provider had not thoroughly assessed people's capacity to make decisions. We found mental capacity assessments had not been completed in line with best practice so it was unclear what specific decisions people could make about their day to day life.
- We found when mental capacity assessments had been completed, these were not supported by any best interest decisions, so it was unclear to determine whether decisions made were appropriate for the person.

We recommend the provider reviews mental capacity assessments and best interest decision documentation to ensure they are completed in line with legislation.

- Following our inspection, the provider updated us with the steps they had taken which included updating the mental capacity documentation and sourcing additional training for staff who carried these assessments.

Staff support: induction, training, skills and experience

- The service did not always ensure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider had not ensured staff received training in learning disability and autism, this is a legal requirement for health and social care providers.
- The service was registered to provide care and support to people with learning disabilities, and at the time of our inspection, the provider did not have any plans in place to demonstrate how they had mitigated any potential risks to people using the service.

The provider had failed to ensure staff had the skills and knowledge to meet the needs of people they supported. This was a breach of regulation 18(2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider updated us with the steps they had taken, this included enrolling all

staff on training in learning disability and autism.

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

- People had their needs assessed prior to using the service, however we found one person's communication needs had not been recorded, and important information staff told us about on how they interacted with the person did not appear in their care plan.
- We found care plans to contain personalised information on conditions which affected people's health, for example we found detailed information on how staff should support a person who was at risk of sore skin.
- People's preferences had been included in their care plans, we saw information on how people wished to be supported with their daily routines recorded in their care plans and daily care records evidenced these were and followed by staff.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People's care plans clearly detailed their eating and drinking needs, and when people had specific dietary needs, this was highlighted for staff to follow.
- People's food and fluid intake was recorded and monitored where required.

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

- People were supported to live healthier lives, access healthcare services and support.
- People's care plan included information on their healthcare needs and the contact details of any professional involved in their care including community nurses, GP and the pharmacy that dispensed their medicines.
- Staff worked with external professionals to reduce the risks they had identified. For example, we found when a person's mobility had deteriorated staff had contacted an occupational therapist for advice and equipment.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The providers systems and processes did not always effectively monitor the quality of care provided to drive improvements.
- Systems and processes were not always effective in identifying potential risks. For example we found gaps in people's daily care records where staff had visited but not recorded how the person was or the care and support provided to them, the provider had previously addressed this issue, but this had continued to happen.
- The provider's systems had failed to identify mental capacity assessments and best interest decisions had not been fully completed.
- Audits of some care records had not always been regularly carried out, we found some people's care plans had not been reviewed in line with the timeframes within the providers policy.
- Communication between the service and people's relatives had not always been effective as relatives had not been kept up to date with actions the service had taken when a person's needs had changed.

Systems and processes were not robust enough to demonstrate governance was effectively managed. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive and open culture at the service.
- People and staff spoke positively about the culture of the service. One person told us, "[Staff] add to my independence and support me with personal care and always in a dignified way." And a staff member told us, "Everyone helps each other out, the managers act quickly when you report anything."
- We found the provider had supported people to achieve positive outcomes, for example the provider was proactive in ensuring people's support time was promptly adjusted when there was a change to their needs.

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 provider understood their responsibilities under the duty of candour.
- Information had been correctly shared with other agencies, such as the local authority when concerns about a person's safety had been raised.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and relatives views were mixed about their opportunities to feedback on the service. One person told us, "No,never" and a relative told us, "They will just ring generally to see how things are going."
- The provider told us they had sought feedback by calling people to gather their views and experiences, feedback received was mainly around call times and several measures had been put in place to address this which included a waiting list for people's preferred times.
- Staff told us they felt supported in their roles. Staff received regular supervision, this included one to one sessions and competency checks which included feedback on performance.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Learning was shared through regular staff meetings, we reviewed the minutes of these meetings and found information from incidents and audits had been shared and discussed.
- Following our inspection, the provider sent us an action plan which addressed the issues we identified.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate governance was effectively managed. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received training in how to interact with people with a learning disability and autistic people, at a level appropriate to their role. |