

Focal Care Ltd

# Caremark (Barnsley)

## Inspection report

Unit 8b, Redbrook Business Park  
Wilthorpe Road  
Barnsley  
South Yorkshire  
S75 1JN

Tel: 01226242858

Date of inspection visit:  
12 November 2019  
13 November 2019

Date of publication:  
26 November 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Caremark (Barnsley) is a domiciliary care service providing personal care to 170 people in their own houses and flats in Barnsley and surrounding areas at the time of the inspection. The service supported people of all ages, with different health and care needs.

Not everyone who used the service received personal care. The Care Quality Commission (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 told us they were overall satisfied with their care when they received it, that staff were appreciated, well-liked and able to adapt to their changing needs. A main and significant issue which impacted on people however was the lack of reliability in call times and staffing. The provider and registered manager were honest about their current staffing issues. These had led to the service having to hand care packages back to the local authority, as well as a stop in receiving referrals until a more reliable, safe service had been established for people.

The Care Quality Commission (CQC) had not always been notified of certain events in line with the provider's legal obligations. We saw however examples of such events having been investigated appropriately by the service. At the previous inspection we found governance systems had not always ensured a good quality service. We found some improvements at this inspection. The wider service staffing issues meant progress was slower than hoped for and more time and support was needed. The consistency of good governance still needed to be improved, including aspects of quality assurance. We made a recommendation regarding this, as well as the consistent completion of staff supervisions.

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 generally supported this practice. This had been addressed since the last inspection, however we made a recommendation for further, continued improvements.

The provider was implementing a new electronic governance system, to help monitor and progress the service. A positive example of service progress made was the appointment of medication champions, which had led to improvements. We highlighted a few areas for development, to ensure clear directions were given to staff when helping people with their medicines.

However, people and staff we spoke with were consistent in their praise for the caring culture of the service, which was led by a well-respected registered manager and their office team. The registered manager was honest that taking time to find the right, quality candidates meant slower progress in recruitment, but they did not wish to compromise on this. People praised care staff who supported their independent living and

daily well-being. Care staff were knowledgeable of people, their needs, as well as backgrounds, and people praised this. Care plan development was ongoing; however we saw some good examples of progress already made and people felt involved in the planning of their care.

People described care staff generally as hard-working and carrying out a good standard of care with a supportive management system in place. People's comments included, "They are kind and a great help with everything I need for my care plan. The carers know my personal requirements which is reassuring for me and my family" and "They are the source to my limited independent life. I am very happy to recommend these so helpful and kind people."

The service worked with a variety of professionals to promote or maintain people's health and wellbeing, as well as to achieve positive outcomes. Further opportunities to involve people using the service and staff had been introduced with regular coffee mornings. These also showed the service's understanding of their role in trying to reduce people's social isolation. Managers were continuously exploring additional learning opportunities to develop their own best practice as well as the staff team's.

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 and update

The last rating for this service was requires improvement (published 16 November 2018). At the last inspection we found the provider was in breach of regulations regarding good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches at this inspection in relation to staffing and notifying the Care Quality Commission (CQC) of certain events. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least Good. We will work with the local authority to monitor progress. We will 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Caremark (Barnsley)

## 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 was carried out by one inspector and an Expert by Experience, who made phone calls to people using the service. 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was to be sure that the provider or registered manager would be in the office to support the inspection, as well as letting the service know we would be making phone calls to people. We visited the service's office on 12 and 13 November 2019.

#### 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. 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 nine people who used the service about their experience of the care provided and also viewed multiple satisfaction surveys, which people had completed recently. We spoke with twelve members of staff including the provider, registered manager, care and support workers, as well as senior and office staff.

We reviewed a range of records. This included eleven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including surveys, quality checks, reports and procedures were reviewed.

### Following the inspection

We received additional feedback from the local authority. This informed us the service was not to receive further referrals until a safe, reliable quality service had been re-established for people. We understood care packages had been reallocated by the local authority and they were closely monitoring the service for improvements on a weekly basis. The registered manager sent additional information which we reviewed.

# 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.

### Staffing and recruitment

- People's main issue with the service was that call times were often not reliable, so at times they had to wait a long time to be helped or did not have calls when they needed them. Staffing was not always consistent. People told us, "They are often late or do not come at the same time" and "I feel fine when they are here but, I get regular carers then they change the staff which can be frustrating, I then have to explain where everything is, that really is my only problem."
- The wider staffing issues also impacted on the quality development of the service, as office staff coordinating improvements often had to cover field staff shortages.
- Staffing issues meant care packages had to be handed back to the local authority. Commissioners were monitoring the service closely and had agreed with the provider a stop on receiving referrals until safe, reliable care provision had been re-established.

The registered manager and provider were honest about the staffing issues; however, it was clear that sufficient numbers of staff had not been deployed to provide people with safe, reliable care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt there were enough of them, but that reliability varied. A new incentive scheme to reward reliability and more robust management of persistent absence had been introduced.
- Recruitment was ongoing. Interviews and inductions were taking place throughout the days of our visit. Some staff had left, but returned to Caremark (Barnsley), which was a positive sign.
- New staff had been employed using appropriate checks. Some checks had been carried out for returning staff and the registered manager based recruitment decisions on their previous knowledge of returning staff's performance and character. We highlighted the need to complete all checks.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Risks to people's health and safety had been assessed, including risks in relation to people's environments and health backgrounds. Personalisation of these assessments was ongoing as part of the provider's action plan; however, we saw some examples of progress. This included people signing their agreement to support planned to keep them safe.
- Staff were aware of key points of how to keep people safe. However, this was not always fully reflected in people's care plans.
- Accidents and incidents had been recorded and actions to prevent reoccurrence identified by the registered manager.

- Staff were clear on safeguarding responsibilities and gave examples that showed they understood their role in keeping people safe. Staff had confidence in senior staff and managers to address any concerns they may have. A staff member said, "If there is a problem, it is addressed rather than brushed under the carpet."
- We discussed examples of how the service had investigated concerns and raised them with the local authority. However, the Care Quality Commission (CQC) had not always been informed of this.

#### Using medicines safely

- A positive example of lessons learned was the introduction of two medication champions. This had greatly reduced the overall number of medication errors.
- Staff had a yearly refresher of their medication knowledge and a practical assessment of competencies was part of spot-check observations. Staff received additional training when needed.
- Protocols and directions for people's 'as required' medicines and creams needed to be clearer. Medication champions explained they were trying to obtain clearer prescriptions from GPs and pharmacies, to avoid instructions of 'as directed' or 'when required'. We considered together other reputable sources that could provide guidance in the meantime.

#### Preventing and controlling infection

- Personal protective equipment, such as gloves and aprons, was provided to help prevent the spread of infections.
- We discussed that where appropriate, specific infection risk assessments were developed in partnership with other professionals.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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.

- Staff were aware of the practical implications of the MCA and gave examples of how they supported people to make their own decisions. People's initial assessments included reflection on their capacity to make specific decisions.
- There was evidence of people's consent being sought and signed for in care plans. However, this continued to be an area for review, as it was not always explained why people's next of kin had signed instead.

We recommend the service continues to review people's care plans in relation to capacity and consent, to ensure consistent documentation.

Staff support: induction, training, skills and experience

- Staff felt well supported by office staff and managers, who were always at hand when they needed advice.
- We saw evidence of group supervisions and spot-checks. However, we received mixed feedback from staff regarding the frequency of supervisions. The registered manager had an action plan to improve this.

We recommend the service continues to improve the frequency of individual staff supervisions.

- Staff felt training was of good quality. Staff had the opportunity to get enrolled in fully funded more in-depth distance learning in a variety of subjects.
- Staff induction took place over several days. The competent completion of this and enrolment onto the

Care Certificate were mandatory stages of successful recruitment. The Care Certificate is a recognised set of standards for those working 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

- We found positive examples of the service achieving good outcomes for people, including people regaining mobility and independence following poor health, as well as reduction of support when the person no longer needed it.
- People told us how staff helped them with different things, including meal preparation. One person said, "[Staff] are happy and kind explaining things to me in a patient manner when looking after me. They prepare my breakfast. I would say my carers are excellent. They help me with practically everything, meals, shopping and washing."
- Initial assessments of need were completed before people started using the service. These also reflected on people's equality and diversity needs.
- The service had introduced the use of butterflies and sunflowers signs, as used by the NHS and other organisations. These make staff discreetly aware of people's specific support needs, such as when people live with dementia or require help to maintain good oral health.
- Care plans contained basic information on how to support people's nutrition and hydration, as well as specific needs. We considered these would benefit from further personalised details.

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

- Managers had attended oral health training provided by NHS trainers recently, to cascade their learning and develop people's oral health care plans within this community-based support.
- The service worked with a variety of professionals to promote people's health and wellbeing. When staff noticed changes in people's health, they alerted coordinators and ensured people saw a doctor or other health professional.
- A daily handover between office staff reflected on people's changing needs as well as actions to take.

## 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

- Although we heard from people and read in their survey responses that reliability of calls was an issue, there was also much praise for the care staff provided.
- People told us staff treated them with kindness, dignity and respect and their visits made a difference to their lives. People's comments included, "They do a very good job when they are here", "They are always considerate and patient", "I am happy with all of their help, as I only have one friend who sometimes comes into check on me" and "They do a good and happy job, while always nice and polite."
- Although, there was mixed feedback regarding help with addressing call reliability, people generally praised the office staff for being supportive to them, which was echoed by staff. People told us, "The office is usually pleasant with me and I feel they try their best to accommodate my wishes but they still come at different times", "I have no big problems, I can phone to get any problems sorted out and they are good in the office" and "I would recommend my carers and the nice people in the office."
- Staff knew people well, spoke about people with warmth and showed good person-centred knowledge. A staff member told us, "I love everything about working here, especially making [people's] lives better."
- Staff attended people's funerals when they passed away. Staff had often developed close relationships with people and were offered bereavement support when needed .

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- There were positive examples of how the service supported people to remain or become more independent, living in their own home. People told us, "I appreciate the help; it allows me to be independent" and "They are the source to my limited independent life."
- People and their families were involved in planning of and decisions over their care. One person explained, "I can always discuss my care plan as they explain my daily help. I am treated well and have no one else to help me."
- We saw examples of people signing their consent to support, for example with their mobility.
- People told us staff maintained their dignity and respect, particularly during sensitive times of care. Comments echoed one person who said, "They help me to have a good wash in a respectful way."
- People had a copy of their care plans in their homes. Confidential records were stored securely in locked cupboards or password-protected electronic devices.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- As we have highlighted throughout the report, staffing issues meant that call times and reliability were not always responsive to people's needs. There were however also examples of when the service had responded effectively to people's changing needs.
- We also balanced this with the positive examples of person-centred knowledge and care we found, which people praised in their comments. People told us, "I have very good carers who work hard for me, they are like family. Kind, respectful and happy to help with any changes to my care needs. They are brilliant", "They all know of my requirements and any concerns my [relative] will speak to them or if I have any appointments, they will usually work around that" and "They are all nice and aware of my caring requirements and quite good to my particular needs."
- Care plan review and development was part of the provider's action plan. Some progress and review were evident, but this was ongoing. Care plans included information about people's needs and preferences. A particular positive was the inclusion of rich, detailed life stories.
- Staff showed good person-centred knowledge, which we considered needed to be included more as care plans were developed. Where care plans had been developed there was evidence of more personalisation and evidence of review.

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.

- Care plans included basic information about how to support good communication and understanding. We discussed how this could be explained further, for example, when people used a communication board.
- Important documents included the option for people to contact the office to have them made available in different formats.

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

- The service was exploring and had introduced opportunities for people to get involved in things such as coffee mornings, to help reduce social isolation.
- People told us visits from staff helped them to feel less isolated. Staff understood this aspect of their role.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One person said, "I would tell them if I was not satisfied, no problem."
- Although there was some mixed feedback about responsiveness to complaints we saw examples of positive resolutions. These had led to development of the service and relationships with people using them.

#### End of life care and support

- Managers had attended NHS training to help develop the service's knowledge, practice and planning of end of life care.
- Advanced wishes were currently not explicitly explored in care plans. However, an incident report for example noted the service's awareness of people's wishes to pass away at home. Where appropriate, care plans included people's wishes regarding resuscitation.

# 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 that some aspects of service management were inconsistent.

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

- The Care Quality Commission (CQC) had not been notified of certain events in line with the provider's and registered manager's legal responsibilities. We had been notified when people using the service had passed away. However, service overviews showed significant events that also needed to be notified, but had not, such as police incidents and allegations of abuse.

Concerns and incidents had been referred to other bodies and investigated. However, CQC had not been notified of these events. These notifications are important for us to understand risks for people using the service and whether they were mitigated appropriately. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection we found audits had not been undertaken regularly and actions had not always been identified to ensure a safe, person-centred service. This had been a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17. We made a recommendation for further improvements.

- The provider's action plan had identified key areas for improvement and issues we found. Progress had been made but was ongoing. The introduction of medication champions for example, including regular relevant audits, had led to improvements. Where review and development of care plans had taken place in line with the action plan, we saw improvements.
- The registered manager and provider were honest and clear about the fact there was more to be done to achieve the improvements. A new electronic system was being introduced to help with quality monitoring, governance oversight and service improvement.
- Unannounced spot-checks monitored the quality of staff's care for people. A variety of other audits and quality checks were in place. We discussed that at times these needed to be completed more consistently, however progress was also evident from use of these checks.
- Wider staffing issues had also impacted on office staff's ability to drive improvements and this meant progress was slower than hoped for. We discussed the need for effective collaboration, such as through additional coordinating staff.

We recommend the provider ensures continued development of quality assurance through effective support

and ensuring staff are able to carry out roles with clarified responsibilities.

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

- We received positive feedback from staff about managers and their leadership. Staff told us the registered manager and supervisory staff were always available and supportive.
- Several staff who had left the service had returned to work for Caremark (Barnsley). Staff commented on the service culture and what it was like to work here by saying, "The managers, they are brilliant, they always have time for you" and "You are looked after and supported here."
- When there were issues, staff felt that senior staff and managers listened and made a change for improvement, but these needed to be maintained more consistently. This was also echoed by people in relation to improving call reliability.
- Equality and diversity training was provided, to help promote an inclusive culture and staff recognised the importance of this.

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

- Regular staff meetings took place and a new coffee morning had been introduced to help involve staff in the service in different ways. A regular news bulletin and electronic messages were sent out to keep staff informed.
- The service was developing opportunities for people to get involved. People had taken part in a charity coffee morning and there were other charity events taking place.
- Customer and staff surveys were completed regularly and analysed. Staff also carried out quality checks with people over the phone. We pointed out a few people for whom such a call had not been recorded recently. However, there was other evidence, such as care plan agreements, that showed more up to date involvement.
- The service operated staff recognition schemes to celebrate good contributions. To support staff, access to bereavement counselling services and a shared car pool were on offer, if staff's own vehicles broke down.

Working in partnership with others

- The local authority made us aware that they had agreed with the provider to stop further referral of care packages until service quality and reliability had improved. The local authority was monitoring the service closely, on a weekly basis, to assess this.
- The registered manager was part of networks and sought learning opportunities to continuously develop their leadership and practice.
- Feedback from people showed their concerns about the reliability of the service. Comments regarding communication and improvement varied. However, people also told us they would be "Happy to recommend the staff for their help."
- We also read a variety of compliments about the care staff provided. One stated, "Without Caremark's input [name] would not be as independent as they are now. [Their story] is a success as it is easy to forget how limited their life was before they went into independent living, so we just wanted to say thank you for being part of the success."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The Care Quality Commission had not been informed of significant events in line with the provider's legal obligations, including those involving allegations of abuse or police involvement.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of staff had not been employed and deployed to ensure people received a reliable and consistent service.