

Monark Limited

Caremark (Harrogate)

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caremark (Harrogate) is a service providing personal care in people's own homes. Older and younger adults were supported, some of whom had a learning disability and or autism, mental health needs or were living with dementia.

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. They supported 14 people with personal care when we inspected.

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

People gave positive feedback about using the service and explained they felt confident raising concerns with the managers if needed. They enjoyed the care and support they received from members of staff.

The risk assessment process had improved. A new policy had been introduced, which placed responsibility on the registered manager to identify all hazards. We recommended the provider research evidence-based assessments and implement best practice around risk management. This included working with healthcare professionals for high-risk care tasks. This will reduce the likelihood that hazards will be missed and reduce the risk of avoidable harm to people.

Care worker induction had improved. More work had been carried out to ensure staff felt confident and competent before working alone. The care plan system was now available remotely for staff to view electronically. Not all specific details they needed to care for people was available, for example, instructions on when to give 'as and when' prescribed medicines and detailed moving and handling plans. The registered manager was keen to understand any feedback and make improvements in this area.

People told us they felt staff were well trained. All staff had received induction training, and the provider had recognised a more robust set of training topics was required. Not all training contained the minimum amount of knowledge required for staff and the new training package would rectify this. This was due to be implemented at the time of the inspection and had been delayed due to the on-going pandemic.

People now received a more responsive and timely service because the rota system was more organised. There was still room for improvement and the electronic data was now available to support the registered manager and provider to monitor performance more closely.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. We recommended the provider ensures care and support provided is linked to best practice guidance to

enhance the outcomes people achieved.

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. Records to evidence consent and decision made in a person's best interests were not always clear.

The registered manager had led the team well during the current pandemic and alongside making changes and improvements had ensured staff had all the equipment and knowledge of infection control to work safely.

The provider and registered manager worked well together and this had meant improvements had been made and increased the likelihood they will be sustained. The staff team and people they supported were diverse and work to ensure people were treated as individuals and equals was apparent.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, improvements had been made and the provider was no longer in breach of regulations.

Although improvements continue to be made this service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service in May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing levels and induction and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caremark (Harrogate) on our website at www.cqc.org.uk.

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 not always effective.

Details are in our effective 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 (Harrogate)

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

Three inspectors carried out this inspection with 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. They made telephone calls to people who used the service and their relatives.

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 CQC. This means 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 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 13 August 2020 and ended on 19 August 2020. We visited the office location on 19 August 2020.

What we did before the inspection

We reviewed information received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning groups and a professional who worked with the service. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, field care supervisor, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a further two files regarding staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider and professionals to validate evidence found.

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 people could be harmed.

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

At our last inspection, the provider had failed to robustly assess risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were now in place. The information within them was basic and evidence-based assessment tools were not always used to help staff identify hazards. For example, to assess falls risks. This was because the policy had recently changed.
- Where high risk support was delivered current professional advice was not available to view to ensure the care plan reflected safety instructions.

We recommend the provider research evidence-based assessments and implement best practice around risk management. This includes working with healthcare professionals for high risk care tasks.

- We received feedback that staff did not always follow a safe plan of care when moving and handling one person. Staff had received training in this area and not followed the care plan in place. The registered manager agreed to review how they observed staff practice to ensure competence and compliance.
- Accidents and incidents were recorded. The registered manager had a system to ensure lessons learnt were recorded and analysed for patterns and trends.
- Overall medicines were managed safely, and regular checks highlighted where errors had occurred. Staff had received training and competency checks.
- Care plans did not always contain specific guidance for staff to know when to administer medicines prescribed on an 'as and when required' basis. The registered manager confirmed they were updated following the inspection.

Staffing and recruitment

- People told us they generally had a stable group of staff supporting them and they were happy with the system in place. One person said, "If my carer has got held up at all, then someone from the office will always ring me so I know what has happened and so that I roughly know what time to expect them."

- A new electronic rota system was in place, which monitored the timeliness and reliability of care calls provided. The amount of missed calls had reduced.
- Traffic delays still caused a number of late calls. Wand we saw at times staff did not stay for the full agreed length of a call mainly because people asked them to leave when care had been provided. Better governance of this system was needed to understand patterns and trends to enable the provider to improve performance.
- A safe recruitment process was operated by the provider.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm. Staff had been trained and were confident highlighting and raising concerns.
- The registered manager had appropriately reported issues to other agencies on all but one occasion. On this occasion no harm was evidenced but people had been placed at risk. They understood their responsibilities and the likelihood reporting would be missed in the future was low.

Preventing and controlling infection

- The risk of people contracting infection was reduced because staff had received guidance on the use of personal protective equipment in relation to COVID-19 and other infections.

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 remained the same. 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

At our last inspection the provider had failed to ensure staff induction was robust and ensured competency of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were knowledgeable about the people they cared for and people told us they felt staff were well trained. Staff received training deemed mandatory by the provider. More classroom training was now delivered, which enabled staff to ask questions and clarify their knowledge. A relative told us, "As far as I'm concerned, the training seems adequate for what help I need and they do seem to do a lot of update training."
- The provider had identified they needed to source a new training package for staff to ensure it provided a more diverse and specific range of training modules. Topics such as epilepsy were not available and were needed for staff. A new training package was sourced and due to be implemented.
- A new induction to support staff to shadow colleagues before they worked alone was being embedded. The field care supervisor and registered manager worked alongside staff to assess their competence and confidence. A member of staff said, "When managers are recruiting staff even with no experience, they will pair them with experienced staff, this has proved to be effective."
- Staff received regular support and they told us this was effective.

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

- Assessments were carried out before care and support was offered. A relative told us, "We sat with the manager and talked through everything that my family member needed by way of their care and it was written up into a care plan."
- Staff worked in a person-centred way to look at how they could improve outcomes for people and support them to be more independent. For one person this had seen their communication improve.
- Staff including the registered manager were not always aware of best practice guidance in relation to specialist support needs such as learning disabilities. Although staff worked in a person-centred way, they were not always focusing on delivering care in line with best practice standards.

We recommended the provider ensures care and support provided is linked to best practice guidance to enhance the outcomes people achieved.

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

- Staff worked with relatives, professionals and their managers to ensure people's health was monitored and they had access to appointments and reviews. A relative said "Because I work, I'm extremely grateful to staff because they can organise a visit much sooner than I'd be able to."

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

- Where people required support with meal preparation this was provided and concerns around nutrition and hydration were reported to the relevant health professionals.
- Staff encouraged people to eat well and understood where they may need extra encouragement. A member of staff told us, "Sometimes I see that a person has a poor diet, they may only eat shepherd's pie. So, I bring food to show them, talk about it, encourage variety."

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.

- The service was working within the principles of the MCA. Staff afforded people choice and the right to refuse care on a day to day basis.
- Records did not always clearly outline if the person had consented to the care outlined in their care plan, if a person legally authorised to do this had reviewed it or if the best interest process was required. The registered manager agreed to make sure this was clear in the care plans.

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.

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

At our last inspection the provider had failed to implement systems to check the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager had worked well together and had started to implement better systems to check the quality and safety of the service. They had recognised where improvements were needed and had made appropriate changes.
- They had overcome many challenges such as staff turnover, recruitment and the COVID-19 pandemic and managed to achieve improvements. They were aware they still needed to embed and sustain the changes and that more work was needed in areas we have identified, such as staff training, induction, risk management and care planning including evidence of MCA decisions and consent.
- The registered manager and provider were keen to understand their performance and act on feedback to make improvements. A member of staff said "I feel safe here working with them as I know they are trying to do things the right way, whenever I have had issues they have dealt with it. I feel I can trust them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- An open and inclusive culture was promoted. Regular meetings with staff had occurred and other communication systems were used for staff to keep in touch with the office. Important topics to promote equality and diversity were discussed such as 'Black Lives Matter'. A member of staff told us, "This is the first care company I have worked for where there is such an open and honest culture."
- People and their relatives felt staff worked with them for their benefit. One person said, "I have always found the registered manager to be very approachable and helpful whenever I've needed to discuss something with them, and if I phone the office and ask them to call me back they always do so."

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

- Where things went wrong, the provider and registered manager were open, offered their apologies and took appropriate action. One person told us, "When I had a bad experience with one carer, I was impressed that the owner called me to apologise and to explain everything that they were doing to make sure this never happened again. To be honest, I couldn't have asked any more of them."