

Caremax Support Services Ltd

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Inspection report

Spring Road
Ettingshall
Wolverhampton
WV4 6JX

Website: www.caremaxsupport.co.uk

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremax Support Services Ltd is a supported living service providing personal care to people within their own houses or flats. The service provides support to people experiencing substance misuse, have a diagnosis of a mental health condition or a learning disability, younger adults and children. At the time of our inspection there were two people using the service.

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

People were not supported by a provider and staff who understood government guidance in relation to COVID-19 and was following this. People's risk assessments did not always contain full information around their known risks. One person's complaint had not been managed in a supportive and open way. We made a recommendation to the provider to review their management and approach to complaints and how why support people using the service to raise concerns. Quality assurance tools had not identified the concerns we found during this inspection.

People were supported by staff who understood safeguarding concerns and were reporting these as required to the local safeguarding team. People were supported to access their local community and maintain their relationships.

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. People were supported by trained staff who understood people's needs.

People's dignity and privacy was promoted by staff. People were supported in line with their preferences. People were supported appropriately with their communication needs. People had access to health and social care professionals as they required these.

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

Why we inspected

The inspection was prompted in part due to concerns received about the management of safeguarding concerns at the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. We have found evidence that the provider needs to make improvements in other areas of the service. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 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 ●

Caremax Support Services Ltd

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

This inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission; this person was also the provider. This means that they 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 unannounced.

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

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 were unable to speak with people who used the service as they declined to speak with us during our inspection. We offered people alternative forms of giving feedback about their care, but they did not wish to share any feedback with us. We spoke with three members of staff including the provider and support workers.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and 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 review the information sent to us by the provider. This included staff training records and staff rotas. We also spoke with multiple professionals that work with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The provider had not ensured they were up to date with current Government COVID-19 guidance for the use of personal protective equipment. For example, when we arrived at the service a staff member was not wearing a mask and the provider advised they were not aware this was required.
- Staff had not had COVID-19 training. However, staff we spoke with understood the signs and symptoms of COVID-19 and the action they should take should a person test positive for COVID-19.
- Staff were engaged in regular testing however there was no system in place to monitor and track PCR tests which staff were required to take weekly.

Not having adequate systems and processes in place to ensure people were supported by knowledgeable and trained staff in relation to COVID-19 placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider's infection prevention and control policy was up to date.
- As people were receiving support in their own homes, they were able to have visitors when they chose to. However, the provider had considered people's capacity where these visits were outside government guidance to ensure people were supported to make informed decisions where they were able.

Assessing risk, safety monitoring and management

- Whilst people had risk assessments in place these did not always reflect all of their known risks and actions to take should these present themselves. For example, risk assessments did not detail all of a person's known risks when their mental health deteriorated. We raised this with the provider who updated this risk assessment during our inspection.

Staffing and recruitment

- Improvements were required to the recruitment process as not all staff had their full employment history documented.
- Despite this staff had checks completed by the provider prior to commencing employment such as Disclosure and Barring Service (DBS checks). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs in a timely way.

Using medicines safely

- At this inspection people only required prompting with their medicines. However, where people required support from health professionals with their medicine's management, staff actioned this so people had access to timely support and review.
- People were supported by staff trained in medicines administration.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained in safeguarding and understood the different types of abuse. One staff member told us, "I would raise any concerns with the manager, and if it was against the manager I would raise with the safeguarding team."
- The provider had reported potential safeguarding concerns to the local safeguarding team as required for investigation and review.

Learning lessons when things go wrong

- The provider reviewed all accidents and incidents at the service to ensure actions could be taken to reduce future risks. These reviews often involved people's health and social care professionals where required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had care plans in place which explored their preferences. For example, one person's care plan listed their preferences on how to be supported with their medicines.
- Staff were knowledgeable about people's likes and dislikes and could tell us how they ensured they supported people in line with these.

Staff support: induction, training, skills and experience

- Staff told us they received a five day induction which enabled them to care for people safely. One staff member told us, "The training was inciteful. It gave me what I needed to do the job."
- Staff received training in people's specific healthcare needs. For example, one person at the service has diabetes. Staff told us they had received diabetes training.

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

- Whilst people at the service were mostly independent with their dietary needs. Staff supported people in the communal kitchen with tasks such as chopping vegetables and meal planning.
- Staff supported people to complete their shopping where this was required to buy food in line with their preferences.

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

- People had access to healthcare professionals where they required these. For example, people's records showed they had been supported by staff to make contact with their GP and local dentists.
- People were supported by staff to understand their health conditions and how to manage these safely. For example, a person was supported by staff to understand their diabetes care.

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. 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.

- People had capacity assessments completed where there were questions around their capacity to ensure they were being supported in line with the law.
- The provider worked with other professionals to establish people's mental capacity where this was 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw written feedback from people at the service was positive.
- Staff knew people well and wanted people to feel valued and cared for. One staff member told us, "I know people well. We talk about what they are struggling with and I want them to help them with that."

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

- People's care files contained information about their preferences. During our inspection we saw people were supported in line with these.
- People were supported to make decisions around their care and support, even when these were considered unwise decisions.
- People had signed their care plans to state they had been involved in developing their care and agreed with what was in the plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maximise their independence. For example, we saw when a person wanted to meet their friend a distance away from their home staff supported this person to make this journey until they felt confident to make it alone.
- People's care plans detailed their preferences for maximising their privacy and dignity and staff we spoke with were adhering to these. For example, a person preferred to manage their healthcare needs independently. Staff had developed an approach with them to enable them to achieve this whilst also ensuring the person was safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the provider's response to complaints did not always promote a culture of openness.

Improving care quality in response to complaints or concerns

- We saw one person had made a complaint about the service. However, the provider's response to this complaint did not work with the person to understand their concerns and take action to reduce the risk of these reoccurring. This may have reduced the livelihood of the person raising concerns if they arose in the future.

We recommend the provider consider their approach to supporting people to give feedback about the service and take action to improve their practice accordingly.

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

- People had personalised care plans in place which they had been involved in creating to promote their choice and preferences with their care delivery.
- One person had requested a specific staff group. The provider had worked with the person to attempt to meet their request.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans in place which explored their needs and preferences and gave clear guidance for staff to follow.
- The provider ensured people had access to information in a variety of formats to support their understanding. For example, the provider ensured people had access to information in easy read formats.

End of life care and support

- People had end of life care plans in place which explored their preferences for how they wished to be cared for at the end of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Our inspection was prompted by concerns raised around the professionalism of the provider and their understanding of safeguarding. At this inspection whilst we found improvements were required, we did not find evidence to substantiate the initial concerns raised with us.
- Quality assurance tools had not identified where improvements were required at the service. For example, whilst people's care plans and risk assessments were reviewed monthly, these reviews had not identified where further information was required around people's known risks.
- The provider had failed to ensure they understood and were adhering to government guidance around COVID-19. Whilst there was an infection control audit in place, this had not been effective at ensuring guidance was understood and adhered to.
- Quality assurance tools on staff recruitment files had not identified where these did not contain staff's full employment histories.

Not having effective systems and processes in place to monitor the quality of the service and implement any required improvements placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider sent us an action plan following the inspection to advise of the improvements they would be making following our inspection. We will check these at our next inspection.

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

- As discussed in the key question of 'responsive' we saw where a person had made a complaint, this had not been dealt with in a supportive and open way.
- Despite this, people were asked for their feedback in the form of feedback questionnaires. These had not been completed for some time. The provider told us they planned to complete these with people following the inspection. We will check this at our next inspection.
- People's protected characteristics were explored within their care plans.

Working in partnership with others

- Professionals we spoke with gave mixed feedback about the service. One professional told us in relation to

a person giving negative feedback about the service, the provider's response had been, "A very extreme course of action rather than supportive."

- People had access to health and social care professionals where they required these. For example, a person had requested support to access the dentist and staff had supported them to make contact and book an appointment.

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 and was meeting their duty of candour.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured they understood and were following government COVID-19 guidance.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not effective systems and processes in place to monitor the quality of the service and drive improvements.