

Freesia Care Ltd

Caremark (Wakefield)

Inspection report

8-10 South Parade
Wakefield
WF1 1LR

Tel: 01924562330
Website: www.caremark.co.uk/locations/wakefield

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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

Caremark (Wakefield) is a domiciliary care agency and provides personal care and support to children, older people and people with a learning disability who require assistance in their own home. At the time of our inspection 59 people were being supported by the service. 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

We found some improvements were needed. The provider had failed to recognise and take action to keep a person safe and staff training in safeguarding had not always been effective.

Systems and processes for care call monitoring were not effective and a few people had experienced missed and late calls.

Quality checks, such as audits and spot checks on staff, were undertaken but were not always effective in identifying where improvements were needed.

Staff were described as having a kind and caring approach and promoted people's independence. People had individual plans of care and these gave staff information about people. This included how to keep people safe and reduce risks of harm and injury. Some assessments needed additional detail to ensure staff could refer to actions to follow to minimise risks of harm. People received their medicines in a safe way.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right support: Model of care and setting maximises people's choice, control and independence

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.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

Right culture: We found improvement was needed to ensure call times were consistent to ensure support met people's needs.

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

This service was registered with us on 12 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements and have identified breaches in relation to regulation 17 (Good governance) and regulation 13 (Safeguarding). You can see what 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?

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 ●

Caremark (Wakefield)

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one 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 and flats.

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 a registered manager in post.

Notice of inspection

We gave the service short notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 October 2022 and ended on the 13 October 2022.

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 two people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at a variety of records relating to the management of the service, including policies and procedures.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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.

Systems and processes to safeguard people from the risk of abuse

- Most people and relatives told us they felt safe with the staff that supported them. However, a concern was raised during the inspection which resulted in us raising a safeguarding concern with the Local Authority. The provider had been made aware of the concern but had not taken appropriate action to report it.
- We found systems and processes around safeguarding had not been effective to investigate and immediately respond to concerns.
- The provider had a safeguarding policy in place which offered guidance and advice for staff. All staff had also completed mandatory safeguarding training; however, this had not been effective due to some staff not recognising safeguarding concerns.

Failure to effectively operate systems and processes to respond to allegations of abuse or situations where people were placed at risk of harm was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE) however feedback from relatives was that staff didn't always wear face coverings. We discussed this with the registered manager who said it was company policy for staff to wear face coverings and action would be taken to address this immediately.

Staffing and recruitment

- People had not always received the support they required. We asked people and their relatives if they ever experienced late or missed calls. Some people had experienced missed and late calls. Comments included, " They don't let me know when they're running late. I know they have been very short staffed lately with all these extra calls. I think they have too many people to care for and not enough staff."
- Some people said care staff did not always stay the required time. Comments included, "I had to complain because one carer rushed in after coming really late to say they could only spare 10 minutes. Why did they bother coming?"
- A call monitoring system monitored when staff arrived at a person's home and when they left. The call monitoring system was not consistently used by staff to enable effective monitoring to take place. The provider was aware of this and were taking action to ensure it was used more effectively.
- The provider had safe recruitment processes in place, including all necessary pre-employment checks, to ensure they only employed suitable staff.

Using medicines safely

- There was a medicine policy in place and staff were trained in the administration of medicines.
- Care plans were in place to help guide staff on how to support the medical and health needs of people using the service.
- Medicine Administration Records (MAR's) were in place for people who were provided support with their medicines. There were minimal gaps in the MAR's, this provided assurance medicines were being given as prescribed.
- There was a process in place to report and investigate medicine errors and incidents.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were managed. Staff carried out assessments and these were reviewed and reflected people's individual needs. Plans to help manage risk included opportunities for people to develop their independence and take some risks.
- The provider worked with other healthcare professionals to assess and plan for risks relating to people's health needs.

Learning lessons when things go wrong

- The provider has a system in place to analyse any incidents or accidents to ensure they were able to learn lessons and avoid 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.

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

- A comprehensive assessment of each person's physical and mental health was assessed prior to or soon after care started.
- People had care and support plans that were personalised and included physical and mental health needs. People, those important to them and staff reviewed plans.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received a range of relevant training. They completed an induction into the service and had regular training updates.
- Staff regularly met with each other and the management team to discuss the service and people's needs.
- Staff told us they had enough information to help them provide effective care.

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

- People were supported to have enough to eat and drink. People who were supported with meals told us, "[My relative] is always left with tea and juice or any other drink in reach," and "Meals are prepared, muesli, toast, soup, sandwiches, hot cross buns. We're happy with all of that."
- Care plans included information about people's nutritional and dietary needs.

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

- The registered manager informed us of how they worked alongside other healthcare professionals on a regular basis to support continuity of care for people.
- We were informed of examples whereby the registered manager had requested additional support from healthcare professionals such as district nursing teams or doctors for people when they needed 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 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 informed us that they were asked for their consent before care was provided.
- Staff were able to inform us how they ensured they sought consent from people and offered choices during their care. One staff member said, "I would never do something that my client is capable of doing themselves. I'd simply ask if they need assistance. If they need help, I'd always ask their permission before doing something or I'd say that I'm right there."

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

- Staff were committed to providing compassionate care and support to people. One staff member said, "I love my job and I believe in treating everyone equal."
- Staff understood what was important for people in relation to their equality and diversity needs. People were valued for their qualities and individuality.
- Relatives told us, "I think the agency have some kind, caring and good people working for them," and "The carers are lovely and very kind in the way that they speak to my relative."

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

- People were enabled to make choices for themselves. Staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example, due to cultural or religious preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care records and support plans included information about how to protect people's privacy.
- Staff valued people and supported them to maintain and develop their independence.

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 people's needs were not always met.

Improving care quality in response to complaints or concerns

- People and their relatives had the information they needed to raise concerns or complaints. Whilst seeking feedback from people and relatives a few issues were raised with us in relation to late or missed calls.
- One relative said, "I rang the office, and they didn't want to know about my complaint. I've stopped ringing them now, there's no point." Other relatives said, "Running late can have a domino effect on everyone. I did raise this with the agency."
- The registered manager was aware there were issues in this area and was taking action to recruit and retain new staff.
- Where complaints had been received, actions had not always been taken to reduce risks of reoccurrence.

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

- Care plans were written from the perspective of the person. They included information about people's background, support network and interests.
- The provider ensured people and, where appropriate, their relatives were included in care plan reviews.
- The provider told us all care plan reviews were conducted in people's homes, with people and, as appropriate, with their relatives in attendance.
- People and their relatives told us people's care was regularly reviewed by the provider. One relative told us, "I was present when the care plan was initially drawn up. Now it's on an app and I don't have access to it."

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's communication needs had been assessed and were documented in their plans of care.
- The registered manager told us that if, in the future, people had different communication needs these would be met.

End of life care and support

- The registered manager told us staff had previously provided end of life care and they had received

appropriate training to ensure people's needs were met.

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.

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

- The feedback we received from people and their relatives were the service was not always well-led.
- People experienced late calls and some reported that staff did not always stay for the allotted time. A relative had raised a significant concern with the office staff and the concern was not logged, passed on or reported to the local authority. This was discussed with the manager who explained it had been a miscommunication and they would put measures in place to ensure this did not happen again.
- Communication needed to be improved in respect of people and others trying to contact the service to resolve issues.
- Monitoring systems had been implemented; however, improvements were required to ensure the management team had clear oversight of the service. For example, improvements were needed to ensure effective monitoring identified that visits were carried out as planned and to ensure there was a consistent system to update people where delays were experienced.

The provider had failed to implement robust audits and monitoring systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider ensured feedback forms were sent to people and their relatives. Feedback was reviewed by the provider and changes made where necessary. Furthermore, the provider had regular informal discussions with people about their care and treatment on an ongoing basis. Despite this we received some feedback from people who were still unhappy with the service. they received and did not feel listened to.
- Care records we looked at showed engagement with healthcare professionals to ensure people's care needs were monitored and met.

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

- The registered manager was aware of their legal responsibilities under the duty of candour. They were aware of when to send statutory notifications to us, however we found one occasion where a notification had not been promptly made.
- The registered manager was open and honest throughout the inspection. They demonstrated a

willingness and desire to improve the service.

- Staff felt well supported by the management team and able to contribute to the service through meetings and feedback.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to effectively operate systems and processes to respond to allegations of abuse or situations where people were placed at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement robust audits and monitoring systems.