Carewatch Care Services Limited

Carewatch (Moorlands Court), Middlesex

Inspection report

Carewatch
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Tel: 02088424304

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection took place on 31 May and 1 June 2017 and was announced. We gave the registered manager one working days' notice of the inspection as the location is an extra care service and we needed to confirm the registered manager would be available when we inspected. The service has 35 flats and each person has their own tenancy. One flat had two people sharing and one flat was vacant.

The housing support is provided by Hanover Housing which also provides support in terms of catering and activities. In the past four years, the service has had three different care providers. The current care provider, Carewatch, began providing a service in February 2016. For the staff, the change in care providers has meant ongoing changes in processes and record keeping which staff told us had been difficult.

People had their own flats based in a community setting within an extra care housing complex. The service provided support to people in their own homes with additional flexible care and support services available on-site to enable people to live as independently as possible. Support included personal care and support with medicines, meal preparation, shopping and cleaning. At the time of the inspection there were 35 people being supported by the service.

This was the service's first inspection since becoming registered with the Care Quality Commission in July 2016.

The service had a registered manager. The registered manager had been with the service for eight years and had been the registered manager for four years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

PRN (as required) medicines protocols were not kept in the people's flats with their medicines administration records (MAR). We recommended that the provider develop systems in line with the Royal Pharmaceutical Society guidance on the management of medicines to ensure the proper and safe management of medicines at all times.

People using the service said they felt safe. The service had appropriate safeguarding policies and procedures in place and staff were aware of how to respond to any safeguarding concerns. We saw risk assessments and management plans in place to minimise the risk to people using the service.

There was an adequate number of staff to meet the needs of the people who used the service.

The service was working within the principles of the Mental Capacity Act (2005). People were happy with the level of support they received and told us they were involved in their day to day care decisions.

Support workers had inductions, supervision, appraisals and relevant training to support the people using the service.

Stakeholders we spoke with said the registered manager and team leader were accessible and responsive.

The service had a number of systems in place to monitor and manage service delivery and staff performance. There was a complaints system, people felt able to raise concerns and satisfaction surveys were completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Where people had PRN (as required) medicines, people's files lacked PRN protocols.

Staff understood whistleblowing and knew how to respond if they suspected abuse.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

The service worked within the principles of the Mental Capacity Act (2005) and people were able to make decisions for themselves.

Staff had relevant training and supervision.

Peoples' nutritional needs were met.

People had access to health services.

Is the service caring?

Good

The service was caring.

The service provided end of life care, but there were no advance end of life records.

All stakeholders said the staff were kind and caring.

People felt they were listened to, could make choices and that their dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's preferences were discussed with them and recorded.

People had up to date care plans and reviews.

People knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

There were data management systems in place to monitor the effectiveness of the service and that people's needs were being met.

The registered manager and the team leader knew the people using the service and their needs well.

The registered manager and team leader were approachable and all stakeholders we spoke with said they listened.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 May and 1 June 2017 and was announced. The provider was given 24 hours' notice because the location provides an extra care service and we needed to be sure that someone would be available for the inspection. One inspector undertook the inspection.

Prior to the inspection the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Additionally we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Safeguarding and Commissioning Teams.

During the inspection we spoke with nine people using the service, four relatives, the registered manager and the team leader, Carewatch's regional director and six support workers. Additionally we spoke with a pharmacist and one social care professional.

We looked at the care plans for six people who used the service. We saw files for seven staff which included recruitment records, supervisions and appraisals and we looked at training records. We reviewed medicines management for six people who used the service. We also looked at records for monitoring and auditing.

After the inspection we communicated with two more healthcare professionals and an appointeeship officer to gather information on their experience of the service.

Requires Improvement

Is the service safe?

Our findings

There was a process to address safeguarding issues through the referral to the appropriate agencies, and an internal process that included investigating and recording the outcome. However, the paperwork we saw for the last safeguarding incident, which was investigated by another manager who left the service, was not completed and the current registered manager was not aware of all the details of the investigation.

Risks to people using the service had been assessed. Each person's file had a general risk assessment form which was predominantly a tick list with management risk plans. These were not very detailed but the risks were low. For example, medicines must be given on time. The risk plans were signed by the person and the team leader and we saw they were reviewed within the last year. Separate risk assessments included, moving and handling, outings and activities, prevention of skin breakdown and falls. The risk management plans for these had greater detail and guidance on how to manage the risk.

In addition to risks to the people using the service, each person's support plan included a safe working section which had a risk assessment and management plan for support workers when they were supporting people in their flats.

People who used the service told us they felt safe. They said, "I feel safe. I lock up when I go out. Never had a problem here. No one has ever said mustn't do this or that", "It's safe. The front doors are locked at night and the night staff are good to me", "It feels safe. They look after me. I can shut the door and feel safe." We also saw people's support plans had a question asking what made them feel safe. Answers included, "Knowing that someone is there if I need them."

We saw up to date policies for safeguarding people who used the service. Support workers we spoke with had undertaken safeguarding training and knew what to do if they suspected any type of abuse. Comments included, "I would go to (team leader) or (registered manager) or if it wasn't dealt with, take it to the people above or I would go to social services" and "I would report to (team leader) and then (registered manager). We have contact numbers for who we have to go to and the proper procedures in the handbook." The service was staffed on a 24 hour basis and people had call bells in each of their flats they could use to contact staff in the case of an emergency.

The service recorded incidents and accidents and the policy indicated that if people saw an incident or accident then they should record it. The service had only one incident recorded in the last year in January 2017. We saw details of the investigation undertaken and outcomes recorded.

We viewed the service's rotas and the registered manager told us support workers' allocations were dependant of the needs of the people using the service. The service currently has 17 full time staff and they had recently recruited support workers from other Carewatch branches to fill their vacancies. There were five support workers on duty in the morning, four in the afternoon and two at night. In addition to Carewatch staff, we observed housing association staff present during meal times and activities. The service did not use agency staff.

The service followed safe recruitment procedures. The care workers' files had application forms, two references, Disclosure and Barring Service (DBS) checks permission to work and proof of identity. New support workers were interviewed by Moorlands managers but DBSs and references were requested by Carewatch's head office.

Most people managed their money independently or with family support. We looked at the financial records for two people using the service whose money was managed by Moorlands and we saw that two support workers and the person signed for their money. Receipts were kept which matched the transactions and the money reconciled with the total figure. The local authority's appointeeship officer told us they did not have any concerns about the service, that "They keep me updated to client needs and we conduct our own reviews and ensure both parties are meeting client needs and ensure the needs are met" and that "They build good relationships with their clients."

Each person had a lockable medicine cabinet in their flat and each support plan had information on the level of support each person required to take their medicines. The service had a medicines policy in place which addressed people who self-medicated, covert medicines and PRN (as required) medicines. The policy stated, 'Instructions for 'when required medication' must be detailed within the support plan, risk assessment and medicines administration records (MAR) documentation'. However, we saw one person had PRN medicines, which they had never taken, and there was no PRN protocol with the MAR chart in the flat.

We recommend that the provider develop systems in line with the Royal Pharmaceutical Society guidance on the management of medicines to ensure the proper and safe management of medicines at all times.

On other MAR charts, we saw PRN and leave reasons were recorded on a separate sheet. People who self-medicated had MAR charts in their flats but these were not audited. The team leader completed monthly audits for people who Carewatch supported with medicines. We saw that the medicines audit picked up when 'refused' had been recorded but not explained and we saw this was raised in the team meeting.

Medicines competency testing was undertaken after the initial training and then medicines training and competency testing were completed yearly.

A local pharmacist delivered blister packs to the service on a seven day cycle. They told us the service had "very good communication" and "It's a good service here. They document everything and it's up to date."

The provider had an infection control policy in place that provided staff with guidance on how to minimise the risk of infection. During the inspection, we saw that the communal areas were clean and well kept.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the required level of skill to support people at Moorlands Court. A social care professional told us, "The care staff at Moorlands are extremely efficient, know the customers very well and seek advice/assistance from other professionals when required." Relatives said, "Whenever you ask staff a question, they always know the answer. If you ask about anything, it's found out about" and "I'm impressed with them. I think they do a good job. They all seem to know my (relative) quite well."

Support workers' files provided evidence of inductions, supervisions and training. The induction included four days' training, one day dementia training and then shadowing a more experienced member of staff. The trainer signed off the induction workbooks and refresher training was undertaken every year. The service had a training spreadsheet and we saw training the provider considered mandatory included safeguarding adults, mental capacity act training and moving and handling. Dementia training was completed every three years and we saw a number of staff were undertaking their care certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. The team has just completed dementia training and a support worker told us they had really benefited from the training and gave the example that one person had signs in their room and after the training they were changed to pictures.

Supervisions were held quarterly. Support workers told us, "We get to tell (team leader) if we have any concerns. Quite good because you can come up with some ideas", "Talk about how we're feeling and if confident in what you're doing", "We get supervision with (team leader) to see how we're doing. It's helpful because they come in and see you do medicines the correct way." Support workers told us they had yearly appraisals, which we saw evidence of. They said they discussed, "What's your last year been like? Need any extra training? Are you happy? And you can open up if anything is bothering you." We saw field based observations were completed at least once a year and the team leader told us as they worked alongside support workers, there were ongoing informal spot checks and observations.

We saw evidence of monthly team meetings. Agenda items included, medicines, activities, finances, menus and fire drills. Support workers said, "We all have to attend the meetings. They're useful. If there's something bothering you, you can say so", "Team meetings tell us about what is happening and they keep reminding you about things you must do" and "They're useful because we know when things have changed. If you haven't been, then it is advisable to read the minutes in the folder."

Information around changes to legislation and guidance was emailed and disseminated through the organisation from Carewatch's head office and forms were updated accordingly on the intranet. Support workers were dependent on the managers providing them with updated information as they could not access the computer system. We saw a communication book in the staff room with any updates relevant to the service or people using the service that was required reading before the start of each shift. A care worker we spoke with said, "Every morning we have to read the communication book. We all do."

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. We checked whether the service was working within the principles of the MCA.

Capacity assessments were undertaken by the local authority, but the outcome was not disclosed to Carewatch and the registered manager said this had been raised with the local authority. We observed a number of people had a diagnosis of dementia but we did not see evidence of mental capacity assessments being carried out. The registered manager told us there was no one using the service who could not make day to day decisions. We saw one file where it was recorded the person did not always feel able to make day to day decisions and there were contact details for the person who had lasting power of attorney (LPA).

The support plan had a 'making decisions' section which recorded if a mental capacity assessment had been completed, if the person had a nominated lasting power of attorney (LPA), if they had do not attempt cardiopulmonary resuscitation (DNACPR) in place and if they were able to make day to day decisions. Each person had a 'customer consent form' for a number of tasks carried out by the service including needs and risk assessments, reviews, providing personal care, holding keys to the property and fitted bed side rails. People ticked the tasks they agreed with and signed the form.

People's dietary requirements were recorded in their support plans which included guidelines for nutrition and how to support people with eating and drinking if required. People had breakfast and tea in their own flats but the housing association had employed a catering agency to provide lunch in the communal dining room as part of people's tenancies. People were asked each day what they would like for lunch the next day and menus were discussed at the housing association's residents' meetings.

People told us, "The cook is a marvellous cook. Sometimes the menu is something I'm not into and I cook my own", "When I come back from (treatment) the cook always has a sandwich ready for me and a drink", "The food is lovely. They ask everybody what they want", "They could have smaller meals. The fish is quite nice and the meat we have is very good", "I love the food. It's tasty" and "Sometimes it's not very good and sometimes it's good. They had a meeting about it and asked people how they felt about the food."

The service provided appropriate support to meet people's day-to-day health needs. Almost all of the people using the service were registered with the same GP practice and the GP was willing to visit the service has required. People told us, "If I'm having problems and not well, I tell them and they get the doctor" and "If I'm not feeling well I tell them and they're quite considerate. They arrange for me, appointments with my doctor." Feedback from health care professionals included, "Yes, there seems to be effective communication within the Moorlands care team whenever there are issues or medical concerns with one of our patients. We are always alerted promptly regarding any patient who becomes unwell. The carers are very good at telling us and/or the pharmacy if a patient is not taking their medications for whatever reason, or if there are any suspected side effects." and "I find the staff very friendly and helpful and did not have any problems with them at all. Patients seem to be happy and contented with the care they receive as well."

However one healthcare professional commented that, "I am aware of several clients that have nursing and mental health (in particular dementia) nursing needs have been placed at Moorlands by social care/local authority. I do not believe this was a suitable placement to ensure the medical/psychological/ social wellbeing of these clients." We discussed this with the registered manager who told us there had been instances of people who at the point of assessment had met the criteria but once placed, the service was

unable to meet their needs. In these cases, the local authority was notified and the people were moved from the service. The registered manager also told us that there were ongoing discussion with the local authority about supporting people, for example with dementia, who may wander because they were clear that as an extra care service people were free to come and go as they chose to.

Good

Is the service caring?

Our findings

All the people we spoke with using the service were very satisfied with the care and support they received. Comments included, "Staff, they're marvellous. I can have a laugh and a joke. In three years I have never heard a harsh word from any of them", "Lovely. The carers are brilliant. They do anything I want", "It's absolutely brilliant. I couldn't have found a better place", "It's lovely. All the staff are pleasant. They take good care of us all", "It's nice. It's quiet. The people are nice here", "They have a chat. They're kind", "If I wanted anything, they would help me", "I find it very friendly. The staff are very nice. They put themselves out for you" and "The staff are kind. They're very good, I've no complaints about the staff."

A relative told us, "They're really patient with her, I've never known her to feel anyone has ever said a cross word to her" and a social care professional said, "The service the staff provide is individualised to each customer, and the support hours/calls are sometimes adjusted to accommodate the customer's needs i.e. if a customer does not wish to get up for the visit at 8 a.m. the carer will return later in the morning."

During the inspection we observed support workers reassuring someone who was upset and sitting with them to listen to their concerns. General conversations we heard indicated that the support workers were aware of people's interests and abilities and how to support them.

The service emphasised supporting people to maintain their independence. The registered manager explained this as "stepping back but stepping in when we need to." Examples we saw of this included a person who went to work at the family business every day and people using mobility scooters to go to the shops. The housing association had a shop on site and one of the people using the service managed it.

Support workers told us they respected people's dignity and privacy when they were supporting people with personal care. Comments included, "It's the way you go in. I say good morning. I explain what I am doing. You've got to give them that option", "Dignity is important. It is support. It's all about encouraging and not to take everything away from them", "It's important to give them choices. Ring their doorbell, Ask them how they are doing. Ask if they would like a shower or a wash. Dress them in clothes of their choice", and "I have to ask today do you want a shower or strip wash. You can't do what is quick for you. You have to give them choice." A person using the service said, "To me dignity means that I am treated with respect as an adult and allowed to choose freely having understood the pros and cons of any action or lack of. Moorlands, I think, is paradise."

All the support workers we spoke with said they supported people to have choice and control over their care. They told us, "With all the service users you've got to give them a choice. I show them different things. I wouldn't want someone to tell me what to wear. You shouldn't take that choice away from them", "Everyone has a choice, even if they have dementia. Don't assume", Everyone has a care plan so you can look at that and ask the clients" and "We talk a lot with them so we know what they like and don't like. We take a keen interest to know what they want." One person told us, "The staff are very, very good. They say it is my choice."

The registered manager told us if required, the head office could provide information in different formats. Everyone using the service at present could read English except for one person for whom staff read for them.

The registered manager and team leader told us they supported people with end of life care but did not have advanced wishes discussions with people. However, following our discussion about this they agreed it was something they could implement. A healthcare professional told us they "developed an end of life care plan (and a DNR order) that eventually allowed (person) to pass away in their flat which was consistent with their wishes, and agreed by their family. The Moorlands carers provided excellent care to (person's) needs and this allowed the patient to remain at Moorlands where they wanted, and this prevented a hospital or hospice admission. And the family who were regular visitors to Moorlands were also very complimentary of all the care (person) received."

Good

Is the service responsive?

Our findings

We saw that people's individual needs and preferences were met. Service user referrals were made by the local authority and an initial joint assessment was undertaken by Carewatch and Hanover Housing. As Moorlands is an extra care service, people moving into the service required a certain level of independence. After the initial assessment, Carewatch completed a needs assessment form with the people using the service and their families. The team leader completed support plans with people using the service with guidance from the local authority's support plan and said, "It's independent living and we do encourage independence."

We viewed the files, including the support plans, of six people using the service. People's 'individual needs and support plans' indicated what people's preferred name was, their preferred language and religious observations and essential contact information. It also provided background history and a summary of what was important to the person. Likes and dislikes were recorded. There was a record of people's chosen routine for the day. Support plans were person centred and provided information on what people liked to do and how to manage different situations, for example a person's anxiety. The last section of the support plan asked people to tick a box if they understood the assessment and could make choices. These were then signed and dated by the person and the team leader. When we asked people if they were involved in their care planning they told us, "Absolutely", "They do now and again ask about the care plan" and "They ask the questions."

Six monthly reviews were computer generated and indicated they were completed by the team leader with the person using the service. People's needs and support plans, risk assessments and management plans, choices and preferences were reviewed and there was space for feedback from the person. Reviews were signed by the person and the team leader. Additionally, people had daily care notes that were kept in their flats. The records were mainly task orientated but there was some record of how people were feeling.

The housing association provided most of the activities but Carewatch did a bingo session for people using the service. Activities included board games, quizzes, bingo, keep fit exercises, a Saturday singalong, visiting choirs and some outings. Some people we spoke with liked to garden and we saw pictures people had painted in the art room. Some care workers we spoke with thought there could be more activities. People using the service said, "They have got a few activities downstairs I can go to. I would like to be taken out more now the weather is good", "We went on a trip to Brighton" and "I like you're not pushed (to do things) all the time."

Each person had a copy of Carewatch's 'customer guide' which provided information of contact numbers for Moorlands and other agencies such as the local authority, a mission statement and how to make a complaint. This was also signed by the person using the service.

The service had a complaints policy and complaints were recorded on a computer system which prompted the regional manager if they had not been actioned. There was only one complaint in the last year in December 2016. We saw a complaints checklist that included an outcome letter sent to the person who

raised the concern. Comments about complaints from people using the service included, "I never had to make a complaint. I would tell (team leader)" and "If I had a complaint I would see (housing officer). I'd tell them if there was anything wrong and they would listen to me. That's never happened. Everything is fine."

Good

Is the service well-led?

Our findings

Stakeholders we spoke with told us the registered manager and team leader at Moorlands were accessible. However, some staff also told us that they felt the provider, Carewatch, was not as supportive as the staff would have liked them to be. People using the service told us, "(Registered manager) and (team leader) are truly wonderful", "(Team leader) listens to everything I say", "(Registered manager) is very nice. She listens, very much so" and "I'd speak to (registered manager) they're very nice." Relatives said, "Staff treat people very well. If anything is amiss, (registered manager) is on the phone straight away and puts your mind at rest."

Support workers we spoke with said, "We can go to both of them (team leader or registered manager). They're really good. I've never really had problems. It's a nice place to work and a lot of us have been here a long time", "If we need anything or I have a problem, the first point of contact will be (team leader) and then (registered manager)" and "You can call (registered manager) or (team leader) any time. If it's important, they would come out in the night to sort it."

The service worked well with other agencies and a commissioner told us, "The care manager emails me, Brokerage Team, social workers, duty, regularly with updates regarding customers' needs, incidences, requests for changes in hours and requesting reviews."

Carewatch had an academy that provided support for managers in their role. As there was more than one branch, the registered manager also liaised with their peers in other branches for support and to share good practice.

People using the service felt listened to and we saw that they had an opportunity to provide feedback. Carewatch sent out satisfaction surveys to people using the service, their families and staff in October 2016. The satisfaction surveys we saw in people's files indicated the service was meeting their needs. The housing provider undertook residents' meetings and we saw the minutes of the last meeting held in April 2017 discussed the onsite shop, the garden, catering and the attitude of staff. Additionally, Carewatch sent out a company newsletter quarterly to keep people informed.

The provider had systems in place to monitor the quality of the service delivered to ensure peoples' needs were being met. The service had an electronic 'governance management system' and could request reports from the system, for example a monthly safeguarding report, however as there had only been one safeguarding in the past year, this was not currently necessary. The service undertook medication administration record (MAR) audits to ensure the charts had been completed correctly and people were receiving medicines as prescribed. There was also an audit of people's finances. The team leader audited 10% of people's daily notes which care workers completed after each visit to ensure information was clearly and correctly recorded.

The service undertook a number of different audits to monitor how the service was being managed. The manager kept a spreadsheet of staff records with dates which included DBS certificates, refresher training,

medicines competency testing, supervisions and appraisals.