

Carewatch Care Services Limited

Carewatch (Derby)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We inspected this service on 23 August 2018. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived.

At our previous inspection on the 6 and 13 June 2017 the provider was not meeting one of the regulations that we checked and was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to consistently ensuring people's capacity to consent to their care was undertaken when needed. We identified that when relatives had confirmed they could legally make decisions on behalf of their relation, this had not been checked by the provider to ensure people's rights were upheld. At our previous inspection other improvements were also needed. This was because some people did not have risk assessments in place where needed and their care plans did not always reflect their current support needs. The provider had not identified these areas for improvement within their quality monitoring checks. At this inspection we found that improvements had been made. We saw that people were protected under the Mental Capacity Act and their care plans and risk assessments reflected their support needs.

Carewatch (Derby) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using Carewatch (Derby) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Carewatch (Derby) provides personal care to people in their own homes. At the time of our inspection a total of 108 people were using the service, of these 99 people were in receipt of personal care support.

The service had a registered manager in post. 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. The registered manager was not available on the day of our inspection visit due to planned annual leave.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people needed support to make specific decisions, their capacity had been assessed. Information was provided to staff to enable people to be supported in their best interests when needed. Risks to people were managed to reduce potential hazards and people's care plans reflected their current needs and preferences.

People received their calls as agreed from a consistent staff team. People were supported by staff who understood what constituted abuse or poor practice and their role in reporting concerns. Checks on staff were done before they started work to ensure they were suitable to support people. Medicines were

managed safely and people were supported to take their medicine when needed.

People were supported by trained staff who were provided with supervision by the management team to monitor their conduct and support their professional development. When needed, people were supported to maintain their dietary requirements and preferences and to access healthcare services.

People liked the staff and confirmed that the staff treated them with respect and ensured their privacy and dignity was upheld. The provider sought the opinions of people and their representatives to bring about improvements. People knew how to complain and we saw when complaints were made these were addressed. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement. The provider understood their responsibilities around registration with us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff that understood how to identify any concerns and their responsibility to report these. Risks to people's health and welfare were assessed and actions to minimise risks were in place. The provider checked staff's suitability to work with people before they commenced employment. People were supported to take their medicines and there were sufficient staff to support them. People were protected against the risk of infection. Audits enabled lessons to be learnt and improvements made when needed.

Is the service effective?

Good ●

The service was effective

People were able to make decisions about their care. Where people lacked capacity to make specific decisions, assessments had been undertaken and it was clear who had legal consent to make decisions on another person's behalf. Staff received training to deliver care to people and equipment was in place to support people as needed. People were supported to have enough to eat and drink where this was part of their support package and their health care needs were monitored.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring and considerate way and were encouraged to maintain their independence. People were treated with respect and they were supported to maintain their dignity.

Is the service responsive?

Good ●

The service was responsive.

People and their representatives were involved in the development and review of their care plans, to ensure they were tailored to meet their individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led

Quality assurance systems were in place to identify where improvements were needed. The registered manager and management team were available for staff and supported them to provide effective care. People were invited to share their opinion about the quality of the service.

Carewatch (Derby)

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.

This comprehensive inspection took place on the 20, 21 and 23 August 2018 and was announced. We gave the provider three days' notice as they provide support to people in their own homes, and we had to gain people's permission to contact them. We spoke with some staff when visiting the office and contacted other staff by telephone following the office visit. 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. The expert-by-experience did not attend the office of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had 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. We also received feedback from the local authority and Clinical Commissioning Group who commission services from the provider. We used all of this information to formulate our inspection plan.

We spoke with nine people who used the service and five people's relatives. We spoke with six care staff, two quality officers, two care coordinators, two members of the training team, the office administrator, the quality service and improvement manager and the regional operations director. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At the last inspection, risk assessments were not always in place to demonstrate that risks to people had been identified and measures put in place to minimise the risk and associated care plans were not always updated. This meant that the staff did not always have up to date information and clear guidance to ensure consistent support was provided to people; to ensure their safety and changing needs were met.

At this inspection we saw that improvements had been made as people's support needs were kept under review and any identified risks were assessed to enable measures to be put in place to minimise these. For example, we saw there were a variety of risk assessments in place such as the equipment needed to support people to move safely and on their home environment. This showed us that risks were managed to keep people who used the service and staff safe. Staff spoken with knew about people's individual risks and explained the actions they took to keep people safe, including any specialist equipment that was used for individual people.

People told us the staff ensured their safety was maintained when they supported them. One person said, "I always feel safe when the staff are here with me." One relative said, "I believe [Name] is safe, there are two staff each visit and there is a hoist, there have never been any accidents."

People confirmed they or their relatives felt safe with the staff who supported them. One person told us, "I do feel safe, they are grand girls [staff] and respectful. They all speak very nicely to me." A person's relative told us, "The staff speak so nicely to [Name] that I know they are safe. [Name] has never complained or moaned about the care given." Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person's safety was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I would contact the office if I had any concerns. They are very supportive and would act straight away to ensure the person was kept safe." Staff spoken with and records seen showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. We spoke with a group of staff who were undertaking their induction training and on the day of our visit were undertaking safeguarding training. One told us, "It's been really interesting we have gone through the signs of abuse and how to report concerns and the information is also available on the phones we will be provided with. We have talked about reporting internally and externally and the company also have a whistleblowing line that we can report concerns to." Whistle blowing is the process for staff to raise concerns about poor practices. The management team demonstrated that they understood what incidents needed to be shared with the local authority safeguarding adult's team and confirmed we would be notified of these events.

The provider monitored the staffing levels and recruited staff as and when needed to ensure sufficient staff were available to support people. The care provided was dependent on the level of support each person required. People and their relatives confirmed staff were available to support them as agreed and told us that staff arrived within the agreed time frame for their visit. One person said, "The staff arrive on time and I

am happy with the service." A relative told us, "The staff arrive on time, and at a time [Name] likes."

Staff confirmed they had access to support from senior staff. A member of staff told us, "The office staff are very supportive to us. They will come out and help with calls if we need them to." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given.

Staff told us they were unable to start work until all the required checks had been completed. We looked at the recruitment checks in place for four staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

Some people told us they received support to take their medicines as prescribed, and in the way they preferred. A medication administration record (MAR) listed people's prescribed medicines and when they should be given. Staff recorded when they had supported a person to take their medicine. Staff confirmed they had undertaken medicine training and this included observations of medicines administration. For those people who required support, a MAR was kept in their home which was sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Staff understood their responsibilities to ensure high standards of hygiene and infection control were maintained. People confirmed that staff had a supply of personal protective equipment and staff confirmed that they could access these as required. One member of staff told us, "We get a supply of gloves and aprons from the office and I take out as many as I need every day."

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the management team to look for any patterns or trends; to enable them to take action as needed. We saw the registered manager had identified that no accidents and incidents had been recorded between January and April. The registered manager had taken action to address this by ensuring they signed off all the on call records each day to monitor this; as staff had to report any accidents or incidents to the on call. The registered manager had made arrangements for another staff member to do this when they were not at work. This demonstrated that continuous monitoring was in place to ensure accidents and incidents were being recorded correctly.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection the care records did not always have assessments of capacity or best interest decisions recorded where this was appropriate. This meant we could not be assured that people were protected under the MCA when they were unable to make decisions independently. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we saw that action had been taken to address this. Where people lacked the capacity to make specific decisions regarding the support they received; we saw that capacity assessments and best interest decisions were in place.

Some people had information in their care plans that stated they had granted Lasting Power of Attorney (LPOA) to another named person; to enable them to legally make decisions on their behalf. The information confirmed if the LPOA was for the person's care and welfare or for their finances. We saw there was evidence of these legal authorisation in the person's records. This ensured people's rights were protected.

Care staff we spoke with understood the principles of the MCA and their responsibilities for supporting people to make their own decisions. The staff knew about people's individual capacity to make decisions and understood their responsibility to ensure people were supported to make their own decisions whenever possible. Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. We saw that where people had capacity, they had signed their care plans to demonstrate their consent.

People's support was delivered in line with good practice guidance and they were protected under the Equality Act; as potential barriers they faced because of their disability had been removed to ensure they were not discriminated against. This was because a variety of equipment and adaptations, to enable people to move around their home independently had been made available to them. Where people required any equipment, to support their mobility the registered manager made relevant referrals to ensure people received the equipment needed. This showed that the staff team worked with different organisations to help deliver effective care.

People confirmed that they were happy with the support they received from staff and confirmed the staff had the necessary skills and training to meet their needs. One person said, "I do feel the staff are trained because they are so good." A relative said, "I feel the staff are trained to do what they need to do for [Name]."

Staff told us and we saw that they received training. One member of staff said, "The training is really good. We are provided with refreshers to keep us up to date and our understanding of what we have learned is assessed."

People were cared for by staff that were supported to fulfil their role. Staff told us the support they received from the management team was good. One said, "The support is really good. We get spot checks and supervision but we can contact the office or 'on call' at any time and they will advise or come out and help when it's needed. They are all really good."

Some people told us they were supported with meals and confirmed they were happy with how this was done. One person told us, "The staff help with breakfast and always make me a cup of tea." Another person said, "I tell the staff, who are very friendly, what I want to eat." We saw people's specific preferences and diets were recorded in their care plans, to ensure their needs could be met. Where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's relative or seek professional guidance as needed.

Most people we spoke with were able to make their own arrangements in relation to their healthcare. Staff confirmed that they monitored people's health to ensure support could be sought where needed. We saw that emergency grab sheets were in place in people's care files that provided information on their support needs. This enabled healthcare professionals to have information regarding the person in an emergency situation. People confirmed that staff supported them to maintain their health. One relative told us, "I am over the moon with the care. In the past before this agency, [Name] was in hospital on a regular basis. It has only been once since the agency started. There have been no pressure sores since the agency started to provide care." We saw that the management team liaised with health care professionals to ensure people had the equipment they needed to keep them safe and promote their independence.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "The staff are all grand and speak to me so nicely." Another person told us, "The staff always look tidy and cheer me up, they always ask what else they can do for me. I would recommend the staff, I am very satisfied."

People told us the staff always sought their consent before providing any care and encouraged them to be as independent as they could be. We saw that people's care plans reflected what they could do for themselves and the support they needed from the staff. One member of staff told us, "People's care plans provide information on the support they need but you get to know people and their routines. It's important to help people to maintain their independence and do as much as they can for themselves." One relative told us, "We have a settled pattern and [Name] is happy with the carers. There is a new person just started and they go the extra mile."

People told us that staff were respectful towards them and supported them to maintain their dignity. One person said, "The staff are respectful with personal care and I am happy with the way I am treated." Another person said, "The staff always close the door before they start personal care." A relative told us, "I am downstairs when personal care is being given but I can hear the staff talk to [Name] and it is always very respectful. The staff always speak very nicely to them.' A member of staff told us, "We have to be sensitive to people's needs. It must be hard getting used to having help with personal care. It's important that we are respectful and help people to maintain their dignity and feel comfortable."

Is the service responsive?

Our findings

The initial assessments undertaken prior to people using the service were used to develop care plans. People confirmed they were involved in these and were involved in reviewing their support plans. One person told us, "I helped write my care plan and the staff follow what it says." A relative told us, "I helped write the care plan and [Name] was there and recently it was reviewed and all agreed."

People's care plans contained information that was personal to them. This included details regarding their protected characteristics, for example their race, religion and belief. The provider ensured people were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We saw that people's communication needs were included within the care planning process to ensure that information was provided in an alternative format when needed, such as large print, pictorial or audio. We saw that where needed people were supported to use assistive technology to enable them to maintain their independence and communicate with staff in their preferred way.

People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint. One person told us, "It is a real bonus that I do not have to complain about anything. I would phone the office if I did have concerns." A relative said, "There is a phone number to call if I want to make a complaint, but I have never complained." An analysis of the complaints received had been undertaken to identify any patterns or trends and enable the provider and registered manager to take the required action. For example, it had been identified that between May and July 2018, 50% of complaints had been regarding the timing of calls. The care coordinators had addressed these concerns with people.

At the time of this inspection, the provider was not supporting people with end of life care; therefore, we have not reported on this.

Is the service well-led?

Our findings

At the last inspection the registered manager had not consistently notified us of significant events as they are legally required to do. Since the last inspection the registered manager had reported significant information and events in accordance with the requirements of their registration. This demonstrated they now understood the responsibilities of their registration with us.

At the last inspection the systems in place to monitor the service were not always effective in identifying where improvements were needed. At this inspection we saw improvements had been made. For example, the provider's quality improvement plan (QIP) had identified where updates were required in the copies of people's care files that were kept in the office and we saw that actions had been put in place to address this. We saw that new care plan training had been provided to the quality officers to enable them to provide more detailed care plans for people and at the time of the inspection these were in the process of being completed.

A registered manager was in post. One person said, "The manager came out to visit not so long ago to check all was well with the service given." However, five people told us they were unsure who the registered manager was. We saw on the provider's QIP in June 2018 that two areas for improvement had been identified. One was that 50 % of people that used the service had never contacted the local branch office and 50% said they didn't always know which care worker would be coming out to them. We saw an action plan had been put in place to rectify this.

We saw that people were encouraged to express their views through satisfaction questionnaires, review meetings and telephone reviews. We saw the management team reviewed people's responses to ensure any improvements required could be identified and action taken as needed. We looked at the results of the recent service user surveys and saw that 94% of people were happy with the support received from the service.

People that used the service, their relatives and the staff team were supported to be engaged and involved in the service and were provided with regular opportunities to meet. For example, we saw photographs of events that had taken place at the office base. This included monthly 'cuppa and cake' events where people could pop in for a chat and refreshments. Where people were unable to call into the office a delivery of cake was arranged for them. We saw a Royal wedding event had taken place and the office was decorated for the event and included a buffet and a raffle. Where people were unable to attend, buffet food was delivered. For example, one person had decorated their home for the Royal wedding and food was delivered to them from the office, another had donated to the raffle but were unable to attend so food was delivered to them also.

Staff confirmed they were happy with the support they received from the management team. We saw that a training plan was in place and this was ongoing along with staff supervisions and checks on the care they provided. This supported staff in their professional development and enabled the management team to monitor staff conduct. Staff also received regular meetings within their geographical teams and additional

meetings. For example, quality officers participated in fortnightly teleconferences across the organisation. One quality officer told us, "The teleconferences are really good as we get to network with colleagues from other areas and share good practice."

People's right to confidentiality was protected. All personal records were kept securely at the provider's office. Each person had a copy of their care records, available to them at their home which they maintained responsibility for. We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.

The registered manager ensured that people received the relevant support from other agencies as required, such as health and social care professionals. This demonstrated they worked in partnership with other organisations.