

Saren Limited

# Carewatch (Swindon)

## Inspection report

The Shaftesbury Centre  
Percy Street  
Swindon  
Wiltshire  
SN2 2AZ

Date of inspection visit:  
13 November 2018

Date of publication:  
19 December 2018

Tel: 01793432666

Website: [www.carewatch-swindon.co.uk](http://www.carewatch-swindon.co.uk)

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Carewatch (Swindon) on 13 November 2018 and the inspection was announced. This service is a domiciliary care agency (DCA). It provides personal care to people living in the community. People include older adults, some living with dementia, disabilities and sensory impairments. Not everyone using the service receives regulated activity; Care Quality Commission 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. On the day of the inspection the service was supporting 57 people.

At the last inspection, the service was rated Requires Improvement. We found the provider did not always maintain an accurate, complete and contemporaneous record. We also found the provider's quality assurance processes and systems to assess, monitor and mitigate risks were effective and fit for purpose. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and asked the provider to send us an action plan on how they were going to address these concerns. We received an action plan promptly that stated the provider was going to be compliant by June 2018.

At this inspection we found the service improved to Good, however their quality assurance processes around monitoring people's visits needed to be more proactive.

There was registered manager in place. 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.

People told us they felt safe receiving care from the team. Staff were trained in safeguarding and understood their responsibilities to report any concerns. Medicines were managed safely. There were sufficient staff deployed to keep people safe and the provider followed safe recruitment processes. The registered manager worked to improve the risks assessments and risks to people's well-being, individual conditions and environment were recorded and reviewed regularly.

The registered manager and the team promoted a positive and transparent culture. The service worked with a number of external professionals including local social and health professionals. Staff told us they were well supported by the registered manager.

People's needs were assessed to ensure the team were able to care for them effectively. People's rights to make their own decisions were respected. Staff received training relevant to their roles and told us they were supported by their managers. People were supported to access health services and maintain their dietary needs.

The team provided support in a caring way. People told us they built caring relationships with staff. Staff treated people with dignity and respect. People were involved in their care and encouraged to be independent as much as possible. There were processes in place to ensure people's confidentiality.

The registered manager worked to improve the care planning documentation and planned further improvement to make the records more user friendly. People told us they were supported by staff that knew them and the support provided met their needs. People knew how to make a complain and complaints received were recorded and dealt with in line with the provider's policy. Where people received palliative support, the service worked with external professionals and people's relatives to ensure appropriate care was provided.

## 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 had their medicines as prescribed.

Risks to people's well-being were assessed and recorded.

There were sufficient staffing to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People's rights to make own decisions were respected.

Staff received training relevant to their roles and were supported by their managers.

People were supported to access health services and maintain their dietary needs.

### Is the service caring?

Good ●

The service was caring.

People benefitted from caring relationships with staff.

People's dignity and privacy were respected.

People's confidentiality was maintained and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People told us the support they had met their needs.

People knew how to complaint and told us concerns were promptly addressed.

Staff ensured people received dignified and pain free end of life

care.

### **Is the service well-led?**

The service was not always well-led.

The new registered manager drove the improvements and staff praised the support received from them.

The records and quality assurance systems improved however the system to monitor people's visit still relied on people flagging up a late or a missed visit.

The service worked well with various partners.

**Requires Improvement** ●

# Carewatch (Swindon)

## 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 checked whether the provider was 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 inspection took place on 13 November 2018 and was an announced inspection. The inspection team consisted of one inspector, an assistant inspector and one 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.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with 10 people and four relatives. We looked at four people's care records and medicine administration records (MAR). We spoke with the director, the registered manager, two senior staff and two care staff. We reviewed a range of records relating to the management of the service. These included four staff files, quality assurance audits, incident reports, complaints and compliments. We also received feedback from two staff via email and emailed a number of external professionals and commissioners to obtain their views of the service.

## Is the service safe?

### Our findings

People told us they felt safe with staff. One person we spoke with told us, "I do trust the carers and feel safe with them". One person's relative told us the person was, "Absolutely safe". Staff had received training in safeguarding adults and understood their responsibilities to report any concerns. Staff were confident that action would be taken by the senior team if they raised any concerns relating to a potential abuse. One member of staff said, "I'd report to manager or go higher like to safeguarding team".

There were sufficient staff to keep people safe. The management told us they carefully monitored the number of new people as they needed to ensure there were sufficient staff in place. People told us they mainly saw the same staff. One person's relative told us, "They try to allocate the same carers on a weekly basis for [person]". Staff told us they had regular rotas and were able to see regular people. One member of staff said, "You get to know your regular people".

People received medicines as prescribed and medicines were administered by staff that had received relevant training. People told us how staff supported them. One person told us, "They are always reminding me about my medication, making sure I've taken it". We found the medicines records were fully completed and contained the necessary information.

Risks to people's well-being and their individual conditions were assessed and recorded. For example, one person required double handed transfers and their risk assessment clearly stated the equipment required and who to contact in case of any failure. Other risk assessments included areas such as risk of compromised swallowing or management of people's continence. The provider had a policy around positive risk taking that encouraged 'not to be risk averse' in planning or delivering support.

The provider followed safe recruitment and selection processes to ensure only suitable staff are employed to care for vulnerable people. Staff personnel files included evidence that relevant checks had been conducted to ensure staff were of a good character.

People were protected from the risk of infection. One person said, "Staff wear uniforms, they put on plastic aprons and gloves. They take them off and change gloves to prepare my food". Staff had access to protective personal equipment, such as gloves available in the office.

The provider had a system to record accidents and incidents. We viewed the log and saw when people had an accident, an appropriate action was taken when needed. For example, additional medical assistance was sought or concerns around the equipment had been addressed. There was a business continuity plan in place that covered areas such as loss of staff or computer systems failures.

There was evidence lessons had been learnt where needed to improve the service for people. For example, a member of staff told us how a new form had been introduced to ensure any changes to people's medicines were being passed on and communicated to staff. They added, "I don't think we had any medication errors".

## Is the service effective?

### Our findings

People's needs were assessed before they received support from the team. The assessment formed the base of care planning process and ensured the service could meet people's needs. Where relevant, copies of assessments from service's commissioners were obtained to further inform the care planning process. People, and relatives where appropriate were involved in the assessment process. One relative told us, "(We had assessment, by senior staff - came around and asked questions, [person] was sat here too, it was a three-way conversation and allowed to get (staff) to know the expectations of the [person]"). People told us they were in control of their support and their wishes were respected. One person said, "Everybody asks permission before helping, for example, they say; we're going to wash your hair now, (is it) ok". Another person told us, "They say 'do you mind if we check on you', they always ask me before they do something, like put creams on, especially if it's a different area they're dealing with. They make sure I know what they're going to do".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People were supported in line with the principles of the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "Should never assume people have got no capacity. Don't assume people can't make risky decisions". We found people's care records highlighted the importance of people's rights to make own decisions.

People were supported by staff who had ongoing training relevant to their roles. One person said, "They really know what they are doing". If needed, staff had further, person specific training. One person told us how the office team organised for carers to have training from the Speech and Language Therapist (SALT) team to learn how to assist their relative with eating. New staff were supported to complete an induction that included training for their role and shadowing an experienced member of staff. Staff training included: infection control, moving and handling, safeguarding, equality and diversity as well as Mental Capacity Act. Staff received supervisions and staff we spoke with told us they felt supported. One member of staff told us, "I feel supported, I've done all refresher courses".

People were supported to maintain good health and a number of professionals were involved in people's care and treatment. People told us they were supported to access health services if needed. One person said, "They always ask me if I want to see a doctor if I'm not well. One day they couldn't give me my tablets because they noticed the chemist had got the dossett box wrong and they had to go and sort it out for me". Another person said, "A while ago a carer arrived while I was having a heavy nosebleed. She phoned an ambulance and stayed with me until they came. She was wonderful".

People were encouraged to meet their nutritional and hydration needs. Care plans outlined people's dietary needs, including their preferences and any allergies. People we spoke with were mainly either independent in relation to meals preparation or they had their relatives assisting them. Where people needed assistance

with meals preparation, staff gave people choices. One member of staff told us, "We get meals for people or prepare simple, basic things, such as eggs on toasts".

## Is the service caring?

### Our findings

People benefitted from caring relationships with staff. One person told us, "Staff are caring, they try to do what they can". One person's relative commented, "We get excellent care. Nothing too much trouble".

The registered manager ensured they worked hands on alongside the team to ensure they were able not only to monitor the practices but also to lead by example. The registered manager told us, "How can you manage staff (effectively) if you're not hands on?" Staff spoke about people with respect and they told us they enjoyed their roles. Staff told us they found working with people rewarding. One member of staff added, "I did not think this (caring) will be for me but now I enjoy it very much. It's really nice talking to people".

People told us they were treated with dignity and respect. One person told us, "They cover me with towels. They talk to me and we have a laugh now and again". Another person said, "Staff are always very friendly, always ask if I'm ok and how I'm coping. They always draw the curtain and ask if there's any part of me I would like to wash myself. They treat me respectfully". Staff gave us various examples how they respected people's dignity, such as closing bedroom door when providing personal care to people.

People's needs were respected this included people's diverse needs. The provider's equality policy stated people's and staff diverse needs, including religion, gender and cultural and ethnic background were respected. Staff were committed to treating everyone the same way. One staff member said, "Everyone is equal".

People's individual communication needs were assessed and recorded. People's care plan stated how to ensure good communication with people. For example, one person's care plan said, 'I can hardly speak anymore so would like to be offered choices using closed questions'. This meant there was clear information on how to maintain good communication with people in the form that met their needs.

People were supported to remain independent. One person told us, "They promote my independence, they know what I can do and allow me to do that". One relative told us, "[Person] cannot do very much for himself but staff give him the opportunity to do things he can do for himself e.g. carers give him a shower every day then they give him a bit of time to clean his teeth on his own".

People's confidential information was protected. Care plans and other personal records were stored securely in the office and staff knew how to maintain confidentiality. The registered manager used secure email and password protected documents when sharing confidential information via electronic systems.

## Is the service responsive?

### Our findings

At our last inspection we found concerns around people's care plans and identified some people's care plans contained conflicting information. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and asked the provider to send us an action plan on how they were going to address these concerns. We received an action plan promptly that stated the provider was going to be compliant by June 2018. At this inspection we found the new registered manager ensured the care plans were updated and reviewed when needed. The provider recognised the need to make the care plans more user friendly and was in a process of sourcing a new system to make these less bulky more user friendly.

People's care records contained information about their health, social care needs and people's personal preferences. The records gave staff guidance how to support individual people to meet their needs. For example, one person's care plan stated the person wished to be cared at home, be peaceful and supported by staff familiar with their complex routine. Staff we spoke with were knowledgeable about the people's needs and how to support them in line with their assessed needs.

People told us the service was responsive to people's changing needs. People told us the support they received met their needs. One person said, "While I was in hospital recently [person] became extremely ill and Carewatch had to provide 24 hr care at short notice for him. They managed to sort shifts out to cover with help of other agencies". Another person said, "We are very happy with the care they provide, they are just fantastic carers we've got. Carewatch were quick to provide extra support when it was needed, and that has been such a relief". A relative said, "The office staff regularly come out to check what is happening as things do change with [person]. He is now up after almost a year of being in bed. Whatever is new in his care is written in his care plan and everybody is let know. We are all involved with the planning and we are listened to".

People's care plans had been reviewed to ensure these were up to date. People, and their relatives where appropriate were involved in this process. One person said, "They (staff) come out to the home and sit down with me, the assessment is done with me". One relative told us, "Every so often (staff) from office comes to the house and goes through things to make sure we're happy about everything and if not, she sorts it".

The provider had a complaints policy that was available to people. People told us they knew how to raise concerns and were confident action would be taken. One person said, "I know I can phone the office at any time. I know I can ask them anything and they would help if they could". People also gave us examples that showed concerns were addressed promptly. One person we spoke with told us how a carer noticed a scratch on their relative's leg. They thought it was a fingernail scratch and (after reporting) a supervisor came straight out to see it and investigated the situation. We viewed examples of complaints and saw three complaints were received this year. These were investigated and closed. The registered manager informed us there was one open complaint they were in a process of investigating. The service received a number of compliments and thank you cards from people.

Where people received end of life or palliative support staff worked well with other professionals and people's families to ensure people had a dignified and a pain free death. People's care files included Treatment Escalation Plan (TEP) and Resuscitation Decision Record where needed. Staff told us when they delivered end of life care, they ensured the continuity of staff was maintained.

## Is the service well-led?

### Our findings

At our last inspection we found the provider had not ensure their quality assurance systems remained effective. We also identified when audits had taken place there was not always evidence that prompt action was taken to resolve the issues identified. There was also no registered manager at the time. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and asked the provider to send us an action plan on how they were going to address these concerns. We received an action plan promptly that stated the provider was going to be compliant by June 2018.

At this inspection 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 new registered manager worked hard to address the above concerns and we found overall improvement to records and quality assurance. We found a number of audits took place and a prompt action was taken when necessary. For example, the medicine records for the previous months were audited promptly. Where needed, for example, where a member of staff forgot to sign the form, a prompt action was taken to address this. The registered manager audited a number of areas regularly, these included complaints, accidents and safeguarding concerns.

We however found that there were still improvements needed around monitoring of people's visits. At our last inspection we found there was 'no system in place to prevent or proactively monitor late and missed visits and to collectively to look for patterns and trends'. At this inspection we found the provider's system was still reliant on people flagging up a missed visit. We discussed this with the provider who acknowledged the current system was not proactive. They told us they planned to source and implement a new system so the visits could be monitored centrally, from the office.

People and relatives were positive about the service. Comments from people included, "We are happy with everything. The manager comes out from time to time", "I depend on the care so that [person] can remain at home, I couldn't manage without them. They not only do the job but they are in touch with him as a person. I am very happy with his care, I'm always recommending them" and "There have been times when we couldn't have managed without the managers support. Her skills as a carer are very good as well. Any problems we've had, she has dealt with quickly. They are open and transparent, they communicate with you".

There was a clear staffing structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager with any concerns. Staff were positive about the support from the registered manager. Comments included, "[Registered manager] is lovely, she is very good manager, she is fun but also can be the manager when needed", "[Registered manager] is very supportive" and ""[Registered manager] has been brilliant, the team worked hard to get everything in order". Staff were

encouraged to attend staff meetings. People had opportunities to feedback via spot checks, telephone monitoring and annual surveys that were due to go out to people later this year.

Records showed the service worked closely in partnership with the local authority and multidisciplinary teams. The provider attended local care forums and worked with other organisations such as commissioners or other social and health care organisations.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.