

Premier Care (Midlands) Limited

# Carewatch Wyre Forest

## 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

### About the service

Carewatch Wyre Forest is a service providing personal care to people in their own homes. The service supports people with a wide range of needs, including those living with physical disabilities, dementia and sensory needs. Twenty nine people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. 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

People could rely on staff to provide the care planned and were supported by a consistent group of carers. People told us staff were considerate and interested in them. Staff recognised people's right to independence and supported people to make their own choices. People and relatives told us staff provided care in a respectful way.

People's safety was promoted by staff who understood how to help them to manage risks they may experience. Staff reflected on people's care and safety needs and took learning from any concerns, so risks to people were further reduced. People were positive about the way their medicines were managed and said this helped them to remain well.

People felt included in decisions about the care planned with them, which was based on their preferences. People felt empowered to make suggestions about their care as their needs altered. Relatives had complimented staff about the quality of care provided at the end of people's lives and highlighted how compassionate this had been. Systems were in place to take learning from any complaints.

People said staff knew how to care for them and the care provided was based on their assessed needs. Where people wanted support to access help from other health and social care professionals, and to have enough to eat and drink, staff supported them. People told us this helped them to enjoy the best health possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, relatives and staff were positive about the way the service was led and were asked for their views on how to develop the care provided further. The registered manager and provider checked the quality of the care provided and worked with other organisations to drive through improvements to people's care.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at last inspection

The last rating for this service was Good (published 01/06/2016).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

Good ●

### 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 responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Carewatch Wyre Forest

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 30 May 2019 and ended on 3 June 2019. We visited the office location on 31 May 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people using the service and three relatives to ask about their experience of care. We spoke with the registered manager and the provider's representative and three care staff.

We looked at four people's care records, multiple medication records, minutes of staff meetings and information relating to the quality and management of the service. This included surveys completed by people and staff, medication checks, compliments received, systems for managing complaints and newsletters about the service for people and staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff talked to them about their safety and acted to support them to stay as safe as possible.
- Staff knew how to recognise and report abuse, if this was identified.
- Staff were confident if they raised any concerns for people's safety these would be addressed by senior staff.

Assessing risk, safety monitoring and management

- People were involved in deciding what support they wanted to manage their safety. One person said, "They [staff] talk to me about avoiding falls, and also check my smoke alarm each week for me." A relative told us they had been supported by staff to obtain the equipment required to promote their family member's safety.
- Staff understood people's individual safety needs and supported people to reduce their safety risks. This included when people moved around their home and supporting people to manage risks to their physical safety, such as their skin health.
- Senior staff also spent time providing care to people and used this to check people's safety.

Staffing and recruitment

- People and their relatives could rely on staff providing the care agreed at the times they had planned. One relative told us, "[Staff come at] regular times and you can rely on them."
- There were enough staff to care for people. Staff gave us examples of instances where this had benefited the people they cared for. For example, they had been able to support people's choices to vary the times of their care calls.
- Staff were not allowed to care for people until checks had been made to make sure they were suitable to work with vulnerable adults.
- Senior staff checked people received their care calls as planned. Staff told us the registered manager worked with people, their relatives and funders to review people's level of care and staffing levels as people's needs changed.

Using medicines safely

- People could rely on staff to support them to have the medicines they needed to remain well, when they wanted this. One relative said their family member's prescribed medicines had recently altered. The relative told us, "I said they had changed and they came out the same day to sort it out."
- Where staff supported people to have their medicines, medicines systems were organised and people

were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. The registered manager made checks on the medicines administered by staff, so they could be assured people received these as prescribed.

- Staff recognised some people like the independence of managing their own medicines, and people told us staff encouraged them to manage their own medicines where they wished to do so.

#### Preventing and controlling infection

- People and their relatives told us staff followed good hygiene practices to prevent infections. Staff told us they were supported to do this through the provision of protective equipment required to reduce the likelihood of the spread of infections.

#### Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, if required.
- Staff had opportunities to reflect on the care provided and to contribute to improving learning from any incidents.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care preferences and needs were assessed by staff before they received care. One person told us, "[Staff] were interested in finding out how I wanted my care delivered." Relatives told us their views were also considered when their family member's needs were assessed. One relative said, "We did the assessment together."
- People's assessments considered their safety, physical and mental support requirements and wellbeing, including their lifestyles preferences.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the way staff used their skills and knowledge to care for them. One person said, "They do everything well." One relative told us, "I could not ask for better. They [staff] know how to look after [family member's name]. They are good at looking after them, and they look really well." The relative told us this meant their family member could continue to remain in their own home.
- Staff received training which matched the needs of the people they cared for. Staff told us the training provided enabled them to provide good care and to develop their skills further. This included training to meet people's individual support needs, such as Parkinson's disease, epilepsy, diabetes and dementia awareness training.
- New staff were supported through induction and induction training programmes. One staff member explained this included working alongside more experienced colleagues, so senior staff could be assured new staff had the skills and confidence to care for people.

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

- People told us they could rely on staff to assist them to have the meals, drinks and snacks they enjoyed, if they wanted this.
- Staff gave us examples of extra support they provided to people to encourage them to have enough to eat and drink to remain well. One staff member told us, "You include relatives in drinks and meals prepared. They can forget, and so you make them a drink too."

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

- People were supported to see health professionals when required.
- One relative told us their family member had complex physical health care needs. The relative told us their family member's GP had noted improvements in their family member's well-being because of the care provided by Carewatch Wyre Forest staff.

- Staff member gave us examples of joint work they had done with other health and social care professionals, so people had access to the care they needed to remain well. One staff member explained how they worked with district nurses on occasions, so they could be sure people were supported to maintain good skin health.

#### 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 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- People's capacity assessments were informed by consultation with them, their relatives and other health and social care professionals.
- Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

# 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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People told us they had a consistent staff team and had developed close bonds with them. One person told us, "I have the same carers. We get on very well and always have a chuckle over something." Another person told us staff always took time to talk to them. The person said, "They [staff] chat to my family too."
- People told us staff were interested in their well-being and they felt valued by staff, who marked important events, such as birthdays.
- Relatives said staff were consistently kind and considerate. Relatives gave us examples of acts of kindness staff done by staff to both their family members and them. For example, one relative told us staff always checked if there was anything they could do to help them too.
- Staff knew people well and told us how much they valued the relationships they had built with the people they cared for. One staff member said, "I love my job and the fact I have a permanent round, because of the continuity and the relationships you build-up with people."
- Staff showed their commitment to promoting equality by tailoring care to reflect people's specific needs and wishes. For example, staff supported people in different ways, to ensure people's opportunities to develop caring relationships with staff were maximised.
- The registered manager checked how people got on with the staff supporting them. People's feedback had been positive, and emphasised they liked the staff who cared for them.

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

- People were involved in decisions about their care and were supported to express their views. This included making day to day decisions, such as when they wished to receive care, and what care and equipment they wanted. People and their relatives told us staff acted upon their choices.
- Staff knew people's care preferences and needs and gave us examples showing how they adapted people's planned care as these altered, so people's preferences would continue be met.
- People's and relative's views on the care provided were obtained through care reviews and quality checks undertaken by staff. This provided opportunities for people to continue to choose what care they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and independence and were respectful when caring for them. One person told us staff recognised they enjoyed the independence of preparing some of their own meals.
- Staff gave us examples of how they ensured people were treated with dignity when staff provided personal care and used their training so people's sensory needs were met and people's opportunities for continued independence were enhanced.

- People's right to confidentiality and privacy continued to be respected, with people's private information securely stored.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans reflected their personal histories, care preferences and needs and lifestyle choices.
- People and were positive about the way their care was planned. One person told us staff always involved them in planning their and said this approach meant, "If I needed anything extra I would be happy to ask."
- Relatives told us their suggestions for planning their family member's care were acted on. One relative said because of this, "There's nothing extra needs doing, I am satisfied with everything."
- People's care plans provided staff with the information they needed to care for people. For example, care plans contained detailed information for staff to follow so that people would be supported to move safely. Care plans also informed staff what was important to people.
- Staff told us suggestions they made for developing people's care plans further were listened to, so people's needs would be fully met. One staff member gave us an example of suggestions they had made to further develop one person's care. The staff member told us senior staff had listened to their suggestion. Senior staff were working with other health and social care professionals and people who were important to the person, so they would be able to enjoy an improved environment, with their well-being enhanced.
- People's care plans were regularly reviewed and were amended as people's needs changed. Staff told us where they had identified significant changes in people's care needs senior staff supported people to access additional care they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered when their needs were assessed, and their care planned. Staff gave us examples of alternative ways they communicated information to people to support people to make decisions about their care, when required. This included using visual aids and working in different ways to meet people's individual sensory needs, taking into account which equipment people preferred to use.
- The registered manager told us they planned to further promote people's awareness of the different formats information could be supplied to them, and to ensure people's communication preferences were reviewed over time, so their needs would continue to be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff took time to chat to them about what was important to them and their interests.
- People's wishes for contact with their families and community were considered when their care was planned and provided.
- Relatives told us staff considered their family member's social needs when planning their care. For example, one relative told us their family member enjoyed the social aspect of sharing a meal with them. The relative told us staff recognised how important this was to their family member, and always included the relative in choices about meal preparation and serving, so this remained a shared experience.

#### Improving care quality in response to complaints or concerns

- People had been provided with information on how to raise any concerns or complaints they may have.
- Systems were in place to manage and respond to complaints, and to take any learning arising from them, to improve people's care further.

#### End of life care and support

- People had opportunities to discuss their end of life care preferences with staff and the views of people's relatives were considered when end of life care was planned.
- The registered manager had received compliments for the standard of care provided to people at the end of their lives. One relative told us how much their family member had valued being supported at the end of their life by staff who knew them well. The relative told us, "They [staff] were very, very caring and they felt part of your family. I can't fault them, they would chat to [person's name] and hold their hand."
- Staff told us they were supported to provide good care to people at the end of their lives and senior staff checked the well-being of staff who cared for people at this important stage of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were very complimentary about the way the service was managed. One person told us, "It is managed well; everything runs so smoothly. They could not do anything any better. I am always praising them up." Another person said, "Hand on heart, there is nothing they could do better."
- Relatives told us staff focused on ensuring their family members were able to live as they wished and to be cared for in their own homes, as was their preference. One relative said, "They're a godsend. Staff help to give [person's name] a better life, and staff are never miserable when doing it."
- People and relatives told us they were encouraged to make suggestions for developing the service further and were confident staff would listen to any suggestions made. One relative told us, "The care has been so good, it's brilliant care. They listen to [family member's name], and anything I suggest they listen to."
- Staff enjoyed working for the service and were positive about the way they were managed. Staff gave us examples showing how senior staff supported them to provide good care and made Carewatch Wyre Forest a good place to work. One staff member said, "It's brilliant to be able to care for people so they can stay in their own home. You are giving something back."
- The nominated individual knew they needed to support people in an honest and open way in the event of any mistakes in the care provided.
- The registered manager and staff had received many compliments from people and relatives which highlighted the service provided had led to improved health and well-being for people.

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

- The registered manager understood their responsibilities to improve people's lives through the provision of individualised care, which was based on best practice standards. The registered manager kept up to date with best practice through attending meetings with the provider, other health and social care professionals and through research.
- Staff knew how they were expected to care for people through one to one meetings with their managers, staff meetings and regular communication with senior staff. One staff member explained senior staff also communicated information on best practice through regular staff newsletters. Another staff member told us, "[Registered manager's name] wants people looked after and for us to make sure they have the right care, and they are not missed out."
- The registered manager understood their responsibilities to advise CQC and other agencies of important

events which may occur at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements. People's, their relatives' and staff's views on the care provided were regularly checked, and feedback received was positive.
- Senior staff regularly checked people received the care they wanted from staff who were competent to do this. This included checks people received their medicines as prescribed, and spot checks on the care provided by staff, to ensure people's preferences were met.
- The provider had put systems in place to gain further assurance people's needs were met. This included checks undertaken by one of the provider's external teams, so people had the opportunity to provide feedback to people who were not directly involved in their care.
- Where further opportunities to enhance the care provided were identified, action plans were put in place to take learning and develop the service further.

Working in partnership with others

- People were supported to receive the care they need through joint working undertaken by staff with other health and social care professionals. Staff gave us examples where senior staff had advocated for people, so they would continue to receive the support they needed from other organisations to remain well and have the care they wanted.
- The registered manager told us they were committed to building on the joint work they had started with a local hospice, to further enhance the care provided to people.