

Review of compliance

Carewatch Care Services Limited Carewatch (Derby)	
Region:	East Midlands
Location address:	Jubilee House 1 Nottingham Road Ripley Derbyshire DE5 3DJ
Type of service:	Domiciliary care service
Date of Publication:	February 2012
Overview of the service:	Carewatch (Derby) is a domiciliary care agency that provides personal care to people living in their own homes.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Carewatch (Derby) was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 16 January 2012.

What people told us

People we spoke with told us: "Carewatch is an excellent service provided by extremely caring staff." "My relative feels very fortunate in the carers she has they are really appreciated." "Excellent service times are somewhat erratic but I think that is down to staffing problems." One person did state that "the care varies depending on the carer allocated."

The people we spoke with did not have any complaints or concerns' with the service.

What we found about the standards we reviewed and how well Carewatch (Derby) was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who use the service have their privacy dignity and independence respected. Not all assessments are up to date, ensuring that people are supported to make informed choices about their care and treatment.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

Although people receive care and support in line with their wishes and enables them to maintain an independent lifestyle. The agencies documentation for people does not support this and may leave people vulnerable and at risk.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe, have their rights respected and upheld.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People using the agency were supported by staff who are appropriately skilled and qualified for the job, so that they are protected and not put at risk of harm.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who use services benefit from safe, quality care as the provider monitors the quality of the service and takes account of peoples views and opinions.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People told us "they heard about the agency from the hospital and from Social Services, and that they arranged everything." We were told that they met someone from the agency before the care started.

People told us they had a care plan and they knew its contents and either they or their representative had signed it to say they understood it.

People we spoke with were clear that the agency helped them maintain their independence and live an independent lifestyle.

Other evidence

Most of the people we spoke with had been made aware of the agency by the social services care management system. The agency has five privately funded people using their services making a total of 143 service users in Amber Valley and the surrounding area.

We were told that following the referral to the agency, a care needs assessment is undertaken, a plan for support is agreed and weekly staffing teams and programmes are drawn up. However from the care records of the service users we viewed, not all

care assessments' had been fully completed. In the records we looked at the referring authority had given the agency a copy of the care assessments detailing the person's care, however, the agency had not refer to this when completing their own assessment of the person's care needs. The assessment we reviewed did not contain sufficiently up to date information on the persons care needs , their physical and psychological well being, medical and life history, mobility, communication abilities and general activities of daily living. This is essential to ensure that people are at the centre of their care.

The records we viewed indicated that all the people who received a service currently were white and that there was no one who had a different first language other than English or religion other than Christian.

We discussed with the manager how diverse needs would be met in the service and they were able to give examples of how the service would meet different cultural needs; when delivering personal care.

Our judgement

People who use the service have their privacy dignity and independence respected. Not all assessments are up to date, ensuring that people are supported to make informed choices about their care and treatment.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People told us "they felt comfortable with the care and their carers and they did everything just right for them." We were told by one person that "they were fortunate and very appreciative of what the agency does for them."

People we spoke with told us they felt they were well looked after, had no complaints and that they had regular carers

People we spoke with were able to tell us about how their privacy and dignity is respected when assisting with personal care. The care and support provided by the agency is in accordance with service users' wishes and beliefs.

Other evidence

We viewed four care records and had a discussion with the registered manager and operations manager about them. The records we viewed contained the required documents that allow for a planned home care service to be delivered. We were told that each person has a care plan, developed by the agency's senior staff, which details the services and help needed to maintain the person in their own home.

We noted that care plans were not personalised to the person receiving the care, and did not always give prompts to the carer regarding how the personal care should be given.

Important information regarding people's medication was not recorded on the care plan,

and where it was recorded, carers were not complying with the directions. Care staff were required to prompt the person to take their medication; however carers were administering medication and recording this on a MAR sheet.

We found in the records of one person that they were on oxygen, but this was not recorded in their care plan. This information was on a nursing assessment towards the back in the records. This may be an issue if new staff are attending the person.

Risk assessments were incomplete and were not linked to the care people received. For example, in one care record we looked at the needs assessment stated the person was at risk of choking but the risk assessment made no reference to this.

Communication sheets are used to record attendance and record the visits. We viewed several of these and found the recording was appropriate. The agency then reviews these at regular intervals as part of monitoring the service and supervision of the carers.

Our judgement

Although people receive care and support in line with their wishes and enables them to maintain an independent lifestyle. The agencies documentation for people does not support this and may leave people vulnerable and at risk.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with told us all the staff "have an identity badge so we know who they are and we feel safe letting them in. "

People told us they have a good relationship with their carers.

Other evidence

The manager and care staff told us they had received training on safeguarding vulnerable adults and we examined the training records which confirmed this. Refresher training on safeguarding is undertaken once every three years. We were told that the training is provided in-house by a Carewatch trainer. The agency training plan indicated which staff are due for safeguarding refresher training.

The staff told us they had been made fully aware of the provider's policy on whistle-blowing and that any concerns they had would be reported on. The details for whistle blowing are in the staff handbook.

The manager told us they have developed systems for dealing with incidents of abuse this involves the social services department taking the lead agency role in managing safeguarding referrals. We viewed the policy on safeguarding which clearly states the agency's role and responsibilities within safeguarding of vulnerable adults.

We were told there had been no referrals made under the agency's safeguarding vulnerable adults procedures.

No staff have undertaken training on the Deprivation of Liberty Safeguarding (DOLs) although several staff have completed training on the Mental Capacity Act in April of 2009 and 2011.

Care staff told us about the procedures for handling services users' monies and they are aware that they can not accept monetary gifts or gratuities from the service users. This is clearly recorded in the agency's staff handbook.

Our judgement

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe, have their rights respected and upheld.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

The staff we spoke with from the agency told us "they had been interviewed for the job, had a Criminal Records Bureau (CRB) check."

We were told they worked alongside other care staff and in the agency's office until the checks were complete and as part of their induction.

Other evidence

We viewed several staff records which confirmed that the agency has a recruitment process in place. The staff recruitment processes and the information obtained as part of the recruitment are in line with current legislation. This included identification documents and satisfactory CRB and Independent Safeguarding Authority (ISA) checks.

All care staff complete an application form, and are interviewed. There have been new staff appointed by the agency within the last six months we viewed these records, which demonstrated a range of checks had been made to support safety in the recruitment of staff. We noted that care staff when completing their application form were not routinely providing a full date, month and year when giving a full employment history. The agency agreed to take address this issue by carrying out a full audit of all its recent appointments.

Our judgement

People using the agency were supported by staff who are appropriately skilled and

qualified for the job, so that they are protected and not put at risk of harm.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We viewed several of the replies from the most recent quality assurance service user surveys. We found that the majority of the responses were positive about the agency, its care staff and how approachable, friendly and caring they are.

People we spoke with told us that "Carewatch staff are very caring and they have no complaints." We were also told "The carers are really nice and they ring us from the agency to see how we are doing, they are excellent".

Other evidence

We were told that the provider seeks services users and staff views, through questionnaires. The questionnaire consists of 26 questions, based on their assessed care needs, the quality of care provided, and the competency of the care staff. There is space for additional comments.

The questionnaire was last reviewed in March 2011. We viewed a section of the most recent replies from this years quality assurance review And there was positive feedback.

Comments from the questionnaires were "an excellent service provided by extremely caring staff," "my relative feels very fortunate in the carers she has they are really appreciated," "excellent service times are somewhat erratic but I think that is down to staffing problems." One person did state that "the care varies depending on the carer allocated."

An agency representative also contacts service users by phone each month to see if they have any comments to make on how well the agency are doing , anything they could do better and any complaints they may have.

The results of the quality assurance surveys and telephone monitoring are analysed and then manager draws up an action plan to address any issues.

Following a recent quality monitoring visit by Derbyshire social services contracting department, the agency has addressed a number of issues around the quality and content of care plans.

The staff questionnaires are due to be given out at the next team meeting. The staff survey is 24 questions asking their views on the management support, information on the people they care for. We were told that the registered manager holds regular team meeting with the care staff where they can express their views and opinions about the running of the agency. Staff we spoke with also had regular supervision.

Our judgement

People who use services benefit from safe, quality care as the provider monitors the quality of the service and takes account of peoples views and opinions.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p>How the regulation is not being met: Although people who use the service are supported to make informed choices about their care, treatment and support needs, the agency needs to ensure these are fully assessed and documented ,so ensuring peoples privacy dignity and independence are promoted and respected at all times.</p>	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Although people receive care and support in line with their wishes and enables them to maintain an independent lifestyle. The agencies documentation for people does not support this and may leave people vulnerable and at risk.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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