Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Carewatch (Derby)

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Tel: 01773745556

Date of Inspections: 10 September 2012
06 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✗ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Notification of other incidents	✗ Action needed

Details about this location

Registered Provider	Carewatch Care Services Limited
Overview of the service	Carewatch (Derby) provides personal care to people living in thier own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 September 2012 and 10 September 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

People told us they felt able to express their views and some people had been involved in making decisions about their care and treatment. One person said that the care workers "did more than they should" when they visited. People who use the service were highly complimentary about some of the staff, one person saying the staff were "on the whole caring kind and considerate".Care workers who were employed by the provider had appropriate checks undertaken before they started work. Care workers received training and supervision that allowed them to carry out their role. However, three out of four care workers could not provide adequate information about types of abuse, possible signs of abuse or local authority reporting arrangements. The provider was not notifying the CQC of important events that affecting them delivering a service, such as safeguarding incidents or deaths of people who used the service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 10 November 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with two people who used the service and one relative. We listened to what people had to say about their involvement in the care and support they received. People told us they felt able to express their views and some people had been involved in making decisions about their care and treatment. People spoken to said that they had been visited by someone from the provider, who talked through their care plan so they understood it and the helped them to make choices. This showed that people's views were taken into account and were involved in making decisions about their care and treatment

We asked people about how care workers cared for them. People told us care workers always respected their privacy and dignity. One person said that the care workers "did more than they should" when they visited. They explained that the care workers were there to assist her husband, however they would help her as well if she requested it.

People told us that they were given a weekly rota by the provider so they knew which care workers would be visiting, but sometimes a different care worker would attend without the person using the service being informed. People told us care workers usually arrive on time.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke to two people who used the service and one relative. They told us that care was provided in line with their needs and expectations. They were highly complimentary about some of the staff, one person saying the staff were "on the whole caring kind and considerate".

People we spoke to were aware of their care plans as somebody from the service had been to visit them to discuss them. This shows that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at five care plans. Four of the five care plans showed that people using the service were involved in the needs assessments and reviews. The care plans were personalised, detailing individual needs and choices. The care plans we looked at were reviewed at least annually and these reviews were carried out with the person using the service or a relative acting on their behalf.

We spoke to four staff, and asked them how they were made aware of people's needs. The staff told us that they read the care plans each person had. They said that they would read the care plans on arrival at the person's home to see if there was any new information they needed to be aware of. They would write information relating to their visit in the care plan at the end of their time with a person, so that the next care worker would know what had taken place. This shows that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Safeguarding people who use services from abuse ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service are not protected from the risk of abuse as the provider has not taken steps to ensure that staff are able to identify the possibility of abuse, prevent it from happening and responding appropriately

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke to four care workers. They were all asked similar questions about safeguarding. These questions covered areas such as types of abuse, potential signs of abuse and reporting mechanisms when abuse is suspected or witnessed.

Three of the care workers, including a senior and a care worker who had recently carried out the induction training, could not provider adequate responses to the safeguarding questions. They could not provide sufficient information about types of abuse that people using the service might suffer.. They could not provide sufficient information about potential sings of abuse, which would enable them to take action and prevent abuse from happening within the service.

Three of the care workers were unaware of the local authority procedures they should follow if they witnessed or suspected abuse. They all referred to contacting the office if they suspected abuse but did not say that they could contact social services or the Care Quality Commission.

Two of the care workers were asked about their understanding of the Mental Capacity Act and deprivations of liberty safeguards. Neither of the care workers spoken to about these areas knew what they were.

We looked at the induction training provided to care workers, specifically around safeguarding. The training does not cover local reporting arrangements to the local authority. The training also does not refer to Derbyshire Safeguarding Adults Policy, nor direct or provide access to this policy for staff.

We looked at five care plans of people who use the service. Within one of the care plans there was some information relating to alleged financial and physical abuse of a person using the service. There were a number of incidents recorded from 2009 up until August 2012. From the information the provider had available, it did not appear that these safeguarding concerns had been raised with social services. Following our inspection,

Social Services have confirmed that the provider had been notifying them of these issues, usually by a telephone call. There were no records held by the provider of this information being passed on to the authorities. Safeguarding issues should be raised formally with social services and not only by telephone conversations.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Prior to the inspection we received information that care workers were being employed and working before relevant checks were carried out.

We spoke to four care workers and looked at four personnel files.

The care workers we spoke to all said that they applied for the job by submitting an application, followed by an interview. References and job history was recorded on the application form and after they were offered a position, were requested to completed a Criminal Records Bureau (CRB) application. Three of the care workers told us that they did not start work until references and the CRB check had been obtained by the provider. The fourth care worker was waiting for an additional reference to be sent to the provider before she could start work; however she had carried out the induction training.

The personnel files we looked at showed that staff had enhanced CRB checks and references had been obtained. Proof of identity, along with a photograph of the care worker was held within the personnel files. We also saw evidence of all electronic CRB applications and returns carried out by the provider.

This shows that appropriate checks were undertaken before staff started work.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with four care workers and looked at four personnel files. We were also provided with an electronic copy of the induction training that is delivered to all new care workers.

The care workers told us that they all received the induction training and this was followed by shadowing an experienced care worker. The shadowing was usually for one week before the new care worker started carrying out visits by themselves. We were told that this shadowing period could be extended if the care worker was not confident. One of the care workers told us that the training was "the most in depth training course I have received. I have experience in the care sector and thought the training was very beneficial".

One of the care workers told us that they received refresher training annually and they had recently carried out Moving and Handling training.

The copy of the induction training that we were provided with showed that the training was delivered internally by Carewatch and that it included the Skills For Care common induction standards.

One care worker told us that the provider allows staff to obtain NVQs in Heath and Social Care. Of the 75 care workers, 30 currently had NVQ level 2, 16 had NVQ level 3 and one had NVQ level 4 which shows that the provider enables staff to acquire further skills and qualifications.

The care workers told us that they were provided with a staff handbook during their induction training which provided them with copies of the provider's policies and procedures.

We asked the care workers about supervision. Supervision is an opportunity for the manager and a staff member to meet on a one to one basis to talk about work practices, training needs, care and welfare of people using the service and other issues which impact on their role.

The care workers told us that they received spot checks from a senior care worker on a

monthly basis, although none had taken place over the previous two months. These are unannounced spot checks and the results are recorded and kept within personnel files.

Although the provider carried out spot checks on care workers, the only formal process available for care workers to raise any issues or concerns they had, as well as training needs was their annual appraisal.

Notification of other incidents ✖ Action needed

The service must tell us about important events that affect people's wellbeing, health and safety

Our judgement

The provider was not meeting this standard.

People who use the service can not be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that where needed, action can be taken. This is because the provider has not been making notifications about incidents to the Care Quality Commission.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with the managers about notifications of incidents to the Care Quality Commission (CQC). Providers are required to notify CQC about important events that affect the health and safety of people who use services. This includes when safeguarding alerts are made to the local authority.

Both managers told us they were unaware of the requirement to notify the CQC of these incidents and none had been submitted.

We looked at five people's care plans and one of the care plans indicated alleged abuse of a person who used the service. This had not been reported to the CQC

We were informed by the registered manager that a number of safeguarding referrals had been made, but none of these had been reported to the Care Quality Commission.

We were also informed by the registered manager that a service user had fallen, causing injury, and this had not been reported to the Care Quality Commission.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	**Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010** **Safeguarding people who use services from abuse**
	How the regulation was not being met: Three of the four care workers spoken to could not provide sufficient examples of types of abuse, possible signs of abuse or how to report safeguarding concerns to the local authority. Induction training does not cover local reporting arrangements to the local authority. The training also does not refer to Derbyshire Safeguarding Adults Policy, nor direct or provide access to this policy for staff
Regulated activity	Regulation
Personal care	**Regulation 18 CQC (Registration) Regulations 2009** **Notification of other incidents**
	How the regulation was not being met: Providers are required to notify CQC about important events that affect the health and safety of people who use services. This includes when safeguarding alerts are made to the local authority. The provider was not notifying the CQC about important events.

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

This section is primarily information for the provider

The provider's report should be sent to us by 10 November 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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