

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

Carewatch (Derby)

Unicorn House, Wellington Street, Ripley, DE5
3DZ

Tel: 01773745556

Date of Inspections: 28 January 2013
16 January 2013

Date of Publication: February
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Safeguarding people who use services from abuse ✓ Met this standard

Notification of other incidents ✓ Met this standard

Details about this location

Registered Provider	Carewatch Care Services Limited
Registered Manager	Mrs. Rachel Amy Contrino
Overview of the service	Carewatch (Derby) provides personal care to people living in their 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safeguarding people who use services from abuse	7
Notification of other incidents	8
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Carewatch (Derby) had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Notification of other incidents

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 16 January 2013 and 28 January 2013, talked with staff and reviewed information sent to us by other authorities. We talked with other authorities.

What people told us and what we found

We visited Carewatch (Derby) to follow up on two areas of non-compliance from our previous visit. We also responded to concerns raised by the local authority about the Telephone Recording System showing that only 55% of visits to people using the service were being carried out. We did not speak to people who use the service during this visit but did speak with the registered manager and other staff and we reviewed documents held by the provider.

We found that the provider had amended the safeguarding training they provided to their care workers so that it included guidance on local reporting arrangements. We also found that the safeguarding knowledge staff had was much improved on our previous inspection.

We found that the provider was now notifying the Care Quality Commission of important events that affected the health, safety and welfare of people who used the service.

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

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

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.

Although there are issues about staff's low use of the Telephone Recording System to log attendance at calls, people using the service were being visited by care workers. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We received information from the contracting team at Derbyshire County Council regarding Telephone Recording System (TRS) data for the provider. TRS is a system where care workers attending the homes of people using the service telephone in at the beginning of their visit and when they leave. This allows attendance and time spent at the call to be recorded and monitored. For the week ending 11 January 2013, the TRS figures for the provider showed that 55% of agreed visits were recorded and 43% of the purchased hours. The local authority also informed us that the TRS figures were consistently low. We decided to look at this issue to see if people using the service were actually receiving visits when they should be.

We raised these issues with the registered manager. We were told that a member of staff who worked two days a week monitored the TRS figures and individual care workers calling in. We were provided with a care worker monitoring sheet for the period 1 December 2012 to 28 December 2012, which showed how many TRS calls each care worker had not rang in. This showed that in total 2965 calls had not been rang into the TRS system. The registered manager informed us that she believed the issue to be care workers not ringing into the TRS system rather than them not attending.

We looked at the people using the service's visit rotas as well as the care worker's rotas from 1 December 2012 until 11 January 2013. The people using the service and care worker's rotas were all complete for this period, showing that all calls had been filled. We checked that each of the rotas matched and they did. We also looked at seven care plans of people who use the service to see if the rotas were accurate with the agreed visits of a person. On the whole, the rotas were consistent with visits agreed with the person using the service. Sometimes a visit was timetabled slightly outside of the agreed time period, although this was done with the agreement of the person using the service.

We looked at 200 different calls between 1 December 2012 and 11 January 2013 that were not shown on the TRS system. We compared the staff member's rota, the service

user's rota, the TRS records and daily records from service users. Of the 200 calls we could see that there was evidence to support 195 of the calls were attended by care workers from the provider and not rang through to TRS, rather than no attendance at all. Of the five calls that we couldn't identify attendance from the information looked at, the registered manager provided us with information from the Journal. The Journal is software used by the provider to record information. Journal entries showed that four of the calls had been cancelled due to the person being on holiday in Skegness and the final call was cancelled by a friend of the person using the service.

We are satisfied that people using the service are being visited by care workers to provide care. The issue is that care workers are not using the TRS system as they should be when visiting people who use the service. The registered manager informed us that she has begun implementing changes to ensure that staff use the TRS system as they should. A member of staff has been appointed, full time, to monitor the TRS system. They will be responsible for identifying which staff are not using the system and following it up with them the week after information is obtained. Letters have been sent to those staff with a higher than average number of visits not being called in to remind them of their responsibilities. The provider's newsletter will contain a reminder for staff to use the TRS system as well and staff are reminded whenever they attend the office for further training.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we inspected on 6 and 10 September 2012 we found that people who use the service are not protected from the risk of abuse as the provider had not taken steps to ensure that staff are able to identify the possibility of abuse, prevent it from happening and responding appropriately. This was due to staff not being able to identify types and possible signs of abuse or what they would do to report it, the lack of local mechanisms for reporting safeguarding concerns in the induction training and the provider was not formally referring safeguarding concerns to social services.

The registered manager told us that the safeguarding training had been amended to include local guidelines and cover the Derbyshire Safeguarding Adults Policy and Procedure. With the exception of nine staff who were booked onto a further training course, all staff have been received the amended safeguarding training.

We spoke to four members of staff. Staff could tell us about different types of abuse and possible signs of abuse. They told us how they would report safeguarding both within the provider and externally if needed. All of the staff we spoke to said they felt confident if they needed to report safeguarding concerns. One member of staff we spoke with told us that they had reported a safeguarding concern. The staff members we spoke to also commented on how the safeguarding training was much improved over the earlier training. This shows that the provider can now show how they would take action to identify and prevent abuse from happening.

The provider has been formally referring safeguarding notifications to social service, as well as submitting safeguarding notifications to the CQC. This shows that the provider now responds appropriately when it is suspected that abuse has occurred or is at risk of occurring.

Notification of other incidents

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider notifies the Care Quality Commission about incidents that affect the health, safety and welfare of people who use the service.

Reasons for our judgement

When we inspected the provider on 6 and 10 September 2012, we found that the provider was not notifying the CQC about important events. 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 new registered manager has ensured that she is notifying the CQC of important events which have included deaths of people using the service, injuries to people using the service and any allegations or suspicions of abuse. The registered manager has also sought advice from the CQC regarding whether specific issues should be referred or not.

This shows that people who use the service can be confident that important events that affect their welfare are reported to the CQC so that, where needed, action can be taken.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
