

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

Carewatch (Telford)

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Date of Inspection: 30 January 2014

Date of Publication: February
2014

We inspected the following standards as part of a routine inspection. 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
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sentinel Care Limited
Registered Manager	Mrs. Sally Harris
Overview of the service	Carewatch (Telford) is a domiciliary care agency registered to provide personal care to people in their own homes. The agency covers Shropshire, Staffordshire and Wolverhampton.
Type of services	Domiciliary care service Extra Care housing services Rehabilitation services Supported living service
Regulated activity	Personal care

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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 announced 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 30 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

During this inspection we spoke in private with people who used the service and staff. We also spoke with the managing director, registered manager and operations manager.

People told us that they were very happy with the care staff who supported them. One relative told us, "They monitor my Mum and do a good job". Other comments included, "I'm 98 now, they've grown with me. They've accommodated my individual needs as I've got more dependant, they are very good carers" and "These girls are lovely they work hard".

People told us the care staff were flexible and tried to fit in with their wishes. One person told us, "I like to approve my carers, I've had a couple of rejections but we've dealt with that". People told us that generally they received care from regular staff who knew their needs well. People told us they had been consulted about their care plans and involved in regular reviews of their care.

We found that care was planned and delivered in line with people's assessed needs and care plans were updated on a regular basis. The provider trained staff in safeguarding vulnerable adults and people told us they felt safe with the care staff. We saw that staff were supervised and their competency was monitored on a regular basis. Staff told us they felt supported in their work.

We found that the provider had systems in place to monitor the quality of the service. This ensured that the service was effective and well led.

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.

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

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Initial assessments of the person's needs were carried out with people who used the service or their representative. Care plans were obtained from the local authority if people's care was being funded through them. Some staff we spoke with told us that in some cases when first visiting a new person there was not always sufficient information in the care plan. This meant care workers did not always have the information required to support the person in the way they required.

Records we reviewed showed that the care plans outlined people's needs and assisted people to maintain independence and social interaction. For example, care plans identified the person's needs such as help with washing, dressing and mobility. People we spoke with told us they found the support helpful. One person told us "I think they are brilliant, I couldn't do without them". We found care plans were reviewed annually or more frequently if required. Where any changes were noted care plans were updated. People we spoke with told us that care staff arrived on time. They told us on rare occasions when they were delayed, the office informed the person of this delay.

Spot checks were carried out regularly by a member of the senior team and discussed with the person who received the care. We spoke with three members of staff. They all demonstrated that they knew the people who used the service well and were able to meet their needs.

Care and treatment was always planned and delivered in a way that ensured people's safety and welfare. Risk assessments were carried out on issues such as the home environment, mobility and medication. This meant that care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

There were arrangements in place to deal with foreseeable emergencies. Staff were all aware of the action to take in the event of a medical emergency or if a person had suffered

a fall or become unwell. The provider operated an on-call system outside of the office hours for people to contact and gain advice should they need to do so.

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

Our judgement

The provider was meeting this standard.

People who used 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

The service had a safeguarding policy in place. All the staff we spoke with told us that there were clear lines of communication and access to their managers if they had any safeguarding concerns. They understood the appropriate actions to take in response to abuse, allegations of abuse, or neglect. They told us they discussed any concerns with the registered manager.

The service had responded appropriately to safeguarding alerts that had been raised. The registered manager provided information for investigations and co-operated fully with investigations.

The provider ensured disclosure and barring checks (DBS) that were required by legislation were undertaken before people started working for the agency. This ensured only suitable people were employed by the agency.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

People who used the service and their representatives told us they were asked for their views about their care and treatment and generally they were acted on. People had various opportunities to express their views during care plan review meetings and at spot check visits.

People we spoke with told us they were invited to complete an annual satisfaction questionnaire. We saw evidence of the last questionnaire analysis. The results were generally positive. People told us they also received newsletters periodically.

Meetings with staff had been held and there were records in place to confirm that these had taken place. Staff told us they felt supported and there were various forums for raising any issues they wished with the senior management team.

The provider took account of complaints and comments to improve the service. There was a process in place to record and respond to complaints. People who used the service or their representatives told us they were aware of how to make a complaint and that the registered manager had responded to any comments they had made about the service.

We saw cards and letters of thanks from people who had used the service or relatives of people that had used the service. Comments included, "Thank you for looking after my mother. When I first contacted Carewatch I was impressed by the way common sense and clients came first" and "Thank you for everything you did for my mother. It was immensely appreciated in every way and will always be gratefully remembered. You are a wonderful bunch of superb ladies".

The agency was also monitored by Carewatch head office on an annual basis. The provider showed us a copy of the recent audit carried out 5 December 2013. Minor issues were identified which the provider told us they were addressing.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

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