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 Inspection: 04 September 2013

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

Care and welfare of people who use services	✖ Action needed
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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'.

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 4 September 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information sent to us by commissioners of services, reviewed information sent to us by other authorities and talked with commissioners of services. We talked with other authorities.

What people told us and what we found

Most people we spoke with were happy with the care that they received. One person told us "They do everything I need and if they have the time a little bit extra too". We did, however, identify that people's needs were not always being met as calls had been missed. The provider did not have sufficient information about risks people who used the service may face and how those risks would be managed.

We found that the provider had appropriate recruitment procedures in place when staff were recruited and that these procedures were being followed.

We found that the provider had sufficient numbers of staff employed to meet the needs of people who used the service.

We found that people who worked for the provider were being supported through supervision and training. We saw that staff received a thorough induction training which covered the Skills for Care common induction standards.

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 15 November 2013, 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

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessment plans did not contain sufficient information to reduce and manage risks that people may face. Some people were also not having their needs met due to inappropriate staff rotas and missed calls.

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 with 24 people who used the service. Most of the people we spoke with were happy with the care that was provided and that their needs were being met. People told us they generally had the same staff who visited and these staff knew what their individual needs were. One person told us "The staff who make the calls are very good. They do everything that is needed and if they have time they do a little bit extra as well". Another person said "They don't seem to rush. I know they are busy but the staff come here and help me. They are rarely late but if they are, they contact me to let me know".

One person we spoke with said that they don't feel that their needs were being met. They said the staff were "in and out as quick as they could be, not having time to even ask me how I am". The person said they had contacted the office about this but had not noticed any changes. One person we spoke with said "Most of the time I am happy with the care provided. However, I have a medical condition that requires specific care and don't like it when new people come to help as they generally don't know what to do". Another person said "I have staff sleep over a few times a week. I don't think the staff are well looked after by the management though. Recently a staff member sleeping over took ill and contacted the out of hours number to report it. She was told she would have to stay as there was nobody else to provide cover. The poor woman was being sick and the company put me at risk of catching a bug because they wouldn't send someone else".

Before the inspection took place we had received information from whistleblowers (whistleblowers are members of staff who report concerns or issues to the CQC), people who used the service and the local authority regarding calls either being late or missed. We were also aware that the local authority had investigated issues of missed calls. We

looked at the complaints the provider had received in 2013 and a number of them were in relation to calls being missed.

We also 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. This told us that the percentage of visits undertaken to that commissioned was 78% and only 65% of time at the visits was completed. However, this level of recording meant that the service was unable to provide proper evidence that calls were made and were on time.

We discussed the missed calls with the registered manager and it was identified that these missed calls, as well as the information from whistleblowers and the local authority, were in the Amber Valley area. This is one of three areas that Carewatch (Derby) cover to provide care for people using the service. Despite there being sufficient staff to meet the needs of people, the staff rotas were not being developed to ensure that all calls were being carried out. This meant that the provider was not planning and delivering care so that people were safe, their welfare protected and their needs were met.

We looked at eight care plans of people who used the service. We saw that people had needs assessments carried out and the care plans were reviewed regularly with the person using the service. We saw that the care plans detailed the number of calls per day as well as the times of calls. They also contained information on how people's needs should be met. We saw that risk assessments contained within the care plans did not contain sufficient information about risks to people or how those risks would be managed. In one care plan we looked at there was information that a person had a medical condition that required specific care. There were potential risks associated with the medical condition, however there were no risk assessments relating it within the care plan. In another care plan we saw that a person was identified as being at risk of injury from slips and falls. There was no further information contained within the care plan on how this risk would be managed by the provider. This shows that the provider is not identifying risks and saying how they will be managed or reviewed.

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

We did not discuss recruitment procedures with people using the service. Staff told us there was a proper recruitment procedure that included obtaining references and Criminal Record Bureau (CRB) checks, now known as Disclosure and Barring Service (DBS) checks.

We looked at recruitment information in seven staff files. This told us that recruitment procedures confirmed people's identity, had CRB or DBS checks (these are criminal record checks) undertaken before employment commenced and that there was a completed application form and references obtained as part of the process. The process also included information relating to staff being mentally and physically fit for the job. This meant that the service had clear processes in place that ensured suitable people were employed. However, the provider should note that one of the seven files did not contain a fully completed application form or full employment history.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staffing levels of the service.

We saw that the provider had 71 staff employed in total who delivered care to 135 people who used the service. The 71 staff included the registered manger, two care coordinators and two field care supervisors. Staffing levels were broken down into three areas covered by the service which were Derby City, Amber Valley and Long Eaton areas. Each of these had dedicated staff as well as a pool of staff who worked across all areas.

Derby City had 23 people who use the service. There were 22 staff members who delivered care in this area, which consisted of ten dedicated staff and 12 staff who worked across all areas.

The Long Eaton area had 45 people who use the service. There were 31 staff members who delivered care in this area, which consisted of 19 dedicated staff and 12 staff who worked across all areas.

The Amber Valley area had 67 people who use the service. There were 42 staff members who delivered care in this area, which consisted of 30 dedicated staff and 12 staff who worked across all areas. Despite having sufficient staff to meet the needs of people, issues were identified with the staff rotas in this area resulting in missed calls.

This shows that the provider had sufficient numbers of staff to meet the needs of people who use the service.

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 three staff who told us they enjoyed working in the service and said they worked well as a team. They told us regular training provided them with the essential information to do the job. They confirmed they had undertaken essential health and safety training and told us that they also had the opportunity to undertake National Vocational Qualifications (NVQ). One staff member told us they had received training in end of life care and another said they had done a course on dementia. However, we saw that one person had not received any training for their supervisory role which they had been recently appointed to and did not have any qualification in care related subjects when appointed to this role. We were told that this person would be carrying out the Field Care Supervisor training as part of their role.

We looked at seven staff training and supervision records and these confirmed that relevant training was undertaken and supervision occurred approximately three to four monthly. Supervision comprised individual sessions with a manager, spot checks and observations of work practice. Staff told us they found the manager helpful and described her as supportive. We saw essential health and safety training in fire safety, moving and handling, food safety, infection control and first aid had occurred in in the last twelve months, although the provider should note that one person had not renewed this training since 2011. We also saw one person had undertaken specific training on catheter care in March 2013.

Staff we spoke with told us there induction was thorough and prepared them well for their work. One said "My induction was really good". Records we saw showed us that induction processes were thorough and were based on Skills for Care common induction standards. This included training in areas such as moving and handing, basic first aid, safeguarding, infection control, dementia end of life care and medication administration. This meant that the provider was giving staff a comprehensive induction that takes account of recognised standards within the care sector and is relevant to their role.

We discussed safeguarding procedures with staff. They were able to describe what to do if they suspected abuse was occurring and told us they knew to report any allegations of abuse to the manager and were confident that these would be looked into properly.

However, the provider should note they did not know which agencies to contact outside the employing organisation. This meant there was the potential for an allegation to be unreported.

We also discussed safe working practices with staff. Staff were able to describe how to prevent infection spreading, how to ensure the working environment was safe and they understood the need to follow the care plans when two people were needed for safe moving and handling purposes. This meant that staff received relevant training to ensure they worked safely.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the service's complaints procedure and saw that this stated complaints would be dealt with in twenty eight-days wherever possible.

We looked at the service's complaints record. This showed us the service had received seven complaints in 2013. We saw that there had been a delay in answering one complaint but that the manager had provided a written response to the complainant and had visited people and apologised personally where applicable. This meant the service had the proper protocols and procedures in place to deal with complaints effectively. However, the provider should note the record did not indicate whether or not the complainant was satisfied with the outcome of their complaint.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person was not taking proper steps to ensure that each service user was protected against the risks of receiving inappropriate or unsafe care as the delivery of care did not always meet the needs of service users and their welfare and safety was not appropriately planned. Regulation 9 (1)(a)(i)(ii)

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 by 15 November 2013.

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 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.

Contact us

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