Carewatch Care Services Limited

Carewatch (Brighton)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 12 December 2016 and was announced. This was the first inspection since a change in the legal entity of the service.

Carewatch (Brighton) is a domiciliary care service and provides personal care and support for adults living in their own home in the Brighton and Hove and West Sussex area. Care was provided predominantly to older people, including people with a physical disability, learning disability, sensory loss, mental health problems or people living with dementia. There were around 267 people receiving a service.

On the day of our inspection, there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been recruited and was present during the inspection. A registered manager application had been made to the Care Quality Commission (CQC) for a new registered manager for the service.

The formal systems of quality assurance to monitor the standard of the service provided had not been fully maintained and embedded in the service. Some checks of quality were taking place, for example, the medication administration records (MAR) for any errors and the financial transaction forms to ensure the correct process was being followed. However, regular reviews of people's care and support plans had not been fully maintained, care staff had not always had a regular appraisal and supervision or had spot checks carried out, and some refresher training was late in being provided to ensure the quality of the care provided to meet the provider's policies and procedures. These are areas of practice in need of improvement.

People told us they felt safe with the care provided. One person told us, "They do everything for me I have no problems about feeling safe." Another person told us, "I definitely feel safe. There are no incidents where I have not felt safe." A relative told us, "Most definitely (safe). She has lost her mobility recently, they look after her, make sure they stand near when she is mobile." Detailed risk assessments were in place to ensure people were safe within their own home and when they received care and support. The times that care staff arrived to support people enabled people to have the agreed support provided. For example, to take their medicines at the right time. One person told us," The service is punctual, caring they try and to fit in around our needs. The service we receive is very, very good." Another person told us, "I feel relaxed about it all once we got into a pattern everything was fine I would recommend them to anybody, they are kind and reliable and very willing." There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified. When new care staff were employed safe recruitment practices were in place to be followed. People knew how to raise concerns or complaints.

Medicines were managed safely and people received the support they required from staff. There were systems in place to ensure that medicines were administered and reviewed appropriately. Where people had help with their medicines they told us this had worked well. One person told us, "They do my tablets

and prescriptions and they record it all down what they do for me." A relative told us, "They do help with her medication and she gets it on time."

People and their relatives told us they were supported by kind and caring staff. One person told us they were happy with the care and support provided by the member of staff providing their care and said, "The carer it's all down to her, she is goes above board, she is very, very good." Another person told us, "They are just like friends (carers) and they have professional boundaries." A third person said, "They are very kind and caring. If I drop something they will pick it up for me." A further person told us, "I think they are very caring, they do anything you ask them to do." People told us they were involved in the planning and any review of their care. Where people were unable to do this, the manager told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005. Care staff had an understanding of the need for people to consent to their care and treatment.

The needs and choices of people had been clearly documented in their care plans. Care staff were able to tell us about the people they supported, for example their likes and dislikes and their interests. People told us they always got their care visit, that they were happy with the care and the care staff that supported them. One person told us, "Well satisfied." Another person told us, "They reckon I am lovely and I can have a laugh and a joke with them and we have a sing song."

Senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people using the service. One member of staff told us, "What I've found is that co-ordinators and supervisors always help with the calls, always on the phone" (for advice). Another member of staff told us their supervisor was, "Fantastic."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were cared for by staff who had been recruited through safe procedures. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

People had individual assessments of potential risks to their health and welfare.

Procedures were in place to ensure the safe administration of medicines.

Is the service effective?

Good

The service was effective. Staff had a good understanding of people's care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs.

Care staff had an understanding around obtaining consent from people, and had attended training around the Mental Capacity Act 2005 (MCA).

Where required, staff supported people to eat and drink and maintain a healthy diet.

Is the service caring?

Good

The service was caring. Care staff involved and treated people with compassion, kindness, and respect.

People and their relatives were pleased with the care and support they had received. They felt their individual needs were met and understood by staff.

People and their relatives told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People had been assessed and their care and support needs identified.
Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations. However, these had not been consistently reviewed.

People had received information on how to make a complaint if they were unhappy with the service provided. The views of people were welcomed.

Is the service well-led?

Requires Improvement

The service was not consistently well led. There was not a registered manager for the service. Feedback from people and staff demonstrated a lack of clarity as to the management arrangements for the service.

Systems were in place to audit and quality assure the care provided. However, these had not been fully maintained, and embedded in practice to meet the provider's policies and procedures.

The leadership and management promoted a caring and inclusive culture.

Carewatch (Brighton)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 December 2016 and was announced. We told the manager 48 hours before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. Two inspectors undertook the inspection, with two experts-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.
We spoke with the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from two social care professionals about their experiences of the service provided.

During the inspection we went to the service's office and spoke with the manager, and a field supervisor. Prior to the inspection we spoke with nine care staff over the telephone, 17 people using the service, and six relatives. We spent time reviewing the records of the service, including policies and procedures, nine people's care and support plans, the recruitment records for seven new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

This is the first inspection since a change in registration of the provider's legal entity.

Good

Is the service safe?

Our findings

People told us they felt safe with the care provided by staff in the service. One person told us, "Yes, I feel safe, they look after me very well." Another person told us, "Absolutely." A third person said, "I do with my current one (carer), I feel very safe." A relative told us, "When she is having her wash they are very careful, putting a mat down so there is no water on the floor. It is not just perfunctory they are very personable." Another relative told us, "They come in and know what they are doing. They support him when he gets on the stairs." A third relative told us, "Most definitely (safe). She has lost her mobility recently, they look after her, make sure they stand near when she is mobile." Care staff had received training on how to identify and protect people from abuse. A member of staff told us they would, "Inform my supervisor of my concerns," and that they would also explain to the person that they were reporting the concern. Another member of staff told us that a person becoming withdrawn or nervous could be an indicator of potential abuse.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. One member of staff told us they would, "Record and report, that's how we're trained." Another member of staff told us they, "Would record bruising for example, using the 'Drawing of the human body' (body map). They would contact the supervisor, "She'd be the first to know." A third member of staff said, "There's a few times we've had to raise issues. We report and record it every time." They explained that concerns had, "Been dealt with" after reporting to senior staff. They added, "We have refresher training every year." There were arrangements to help protect people from the risk of financial abuse. Care staff, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. There was a system in place to audit and ensure the correct procedures were being followed to protect people and the care staff.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Care staff all demonstrated knowledge of the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns. One member of staff told us, "If I thought Carewatch weren't doing their job properly, or another carer I would take my concern up the chain if it wasn't done properly."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them, and protect people from harm. Each person's care and support plan had an assessment of the environmental risks and any risks due to the health and support needs of the person, and these had been

discussed with them. The assessments detailed what the activity was and the associated risk, and guidance for staff to take to minimise the risk. For example, where people needed help to move, there was clear guidance for staff to ensure this was done safely. Care staff were able to confirm with us they had received training, had detailed guidance in place, and of procedures they were to follow. They told us that the correct equipment such as a hoist had to be in place. One member of staff told us when using a hoist, "They risk assess everything. You're not allowed to do anything without a second person." Equipment maintenance was recorded, and care staff were aware they should report to senior staff any concerns about the equipment they used.

Procedures were in place for staff to respond to emergencies. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well. Any incidents and accidents were recorded and the manager told us she kept an overview of these. The provider was also informed to monitor any patterns and the quality of the care provided and to provide guidance and support where needed.
The majority of people told us they had a regular team of care staff undertaking their care and support. People told us that they were kept in touch with any changes, their care calls were not missed, and care staff usually arrived on time or people were notified of any delay. One person told us they had, "One regular carer." Another person told us, "Yes mostly regular carers, I have different carers to cover holidays, all are experienced." A third person said, "They are quite punctual and let you know if they are going to be late. They always arrive." A relative told us, "We have three regular carers." Another relative told us, "One regular male carer and he (relative) chooses not to have any others and the service works with us." A third relative said, "Most of the time, anywhere between two or four carers a week. She is used to the ladies (carers) who come, as they have relationship. She finds it hard with strangers and is happier with familiar carers." A further relative told us, "A couple of weeks ago a carer was sick and they rang to say someone else would be coming a little later. I am happy with this as long they let me know." People received a weekly timesheet to say which care staff would be covering their care call. The majority of people felt this worked well. One person told us, "They send a rota every week, it has been correct now for last six months, the carer rings if she is going to be late, which is very rarely." Another relative told us, "They arrive at the right time and on a very odd occasion can be twenty minutes late. They ring ahead to let if they are going to be late."

At the time of the inspection there were a number of staff vacancies which were being covered by existing care staff, and senior staff. We asked staff if they felt that the service had enough staff to meet the needs of people. One member of staff told us, "At the moment staffing is not good. They can't get enough people for weekends and evenings." Another member of staff told us, "All I get is can you work, can you work?" A third member of staff said, "They do call on me to do lots more" (than usual hours.) A further member of staff told us, "They can't seem to get people to cover weekends. There seems to be quite a turnover of staff." Another carer told us the service was "Very, very short staffed but they're handling it well." Feedback from people and their relatives about the regularity of staff covering the weekends care calls was more varied. We discussed this with the manager during the inspection who told us there was a continuous programme of recruitment of staff for the service. The manager acknowledged there had been a number of staff changes and it had been particularly difficult to recruit care staff to work at the weekends which had led to a lack of consistency of care staff covering people's care calls. However, recruitment of new staff was ongoing to try and address this. They were monitoring the level of work to ensure people's care needs continued to be met and at the times agreed. This was to ensure the safe delivery of the service for example, where support with medicines administration was required at specific times. Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For

example, where a person's mobility had changed. Where possible care staff worked in a geographical area to allow for short travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times.

The provider used a system of telephone monitoring. This system required care staff to log in and out of their visits when they arrived and left. This system created information to reflect the time taken with each person and the time to travel in between visits. Carer staff logged in on arrival at the person's home. They scanned a bar code on the person's care plan with their work mobile phone. A member of staff told us, "We scan a bar code." This also enabled care staff to access care plans and other information such as duty rotas. A member of staff told us, "I think it's a brilliant idea." This meant that the provider could monitor if a carer was late or a call missed. The manager told us that the telephone monitoring system was used by themselves to provided information on calls completed, times and where changes to rotas and travel time were required. They could use this information continually monitor and chase up call times. This was to improve call times and enable people to be made aware when staff were running late.

People told us medicines were administered effectively, and were always documented in the care notes in their home. One person told us, "They (carers) check I have taken it, the right amount at the right time." Another person told us, "They check I have taken my medication." A third person said, "They do my tablets and prescriptions and they record it all down what they do for me." A relative told us, "They (carers) put special cream for dry skin, I am sure they do it well." Another relative told us "They (carers) give him his pills and they are given correctly." Medicine policies and procedures were in place for care staff to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and they were aware of the procedures to follow in the service. A member of staff told us this was, "Sometimes just prompt, other times administering." They added, "It's all risk assessed." The recording of any administration of medicines was audited by a dedicated member of the senior staff as part of the review of the care provided. Care staff told us that they received feedback from the senior staff if there were any recording issues. One member of staff told us that if a person declined to take medicines, they would ask why and record the refusal on the Medication Administration Record (MAR) with the code and they would inform the supervisor. One member of staff told us, "I always check the medication when it arrives in its blister pack." Another member of staff described their medicines training as, "Top, top" and that it, "Covered everything." A third member of staff said, "I've got all my meds training." This covered topics including using blister packs and completing MAR charts. They had "shadowed" for two days and referred to being provided with updates from the pharmacy or the supervisor regarding changes in a person's medicines.

Comprehensive recruitment practices were followed for the employment of new care staff. The manager had the support of the provider's human resources department when recruiting staff. They told us that all new staff had been through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. We looked at the recruitment records for six care staff recruited, and we checked these held the required documentation. We found people had been through an interview, written references had been sought, and criminal records check had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to protect adults.

Good

Is the service effective?

Our findings

People told us they felt staff were well-trained and competent, and provided a good level of care. One person told us, "Absolutely." Another person told us, "They know me more than I know myself." A third person said, "The carers seem to know everything. I am very happy with the carers they are first class." A relative told us, "The ones (carers) who I have had for years, are well experienced and I can talk to them about problems and they know what to look out for." Another relative told us, "They are trained, they are very reliable." A third relative said, "Yes most definitely, they are exceedingly good."

There were clear policies around the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff told us they had this training. They all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. One member of staff told us it was about, "The ability to be able to make decisions about their lives." Another member of staff told us that capacity could be affected by physical illness such as an infection. A third member of staff said, "You have to include the family as well," in the decision making process. One person told us when asked if care staff asked their consent before providing any care, "Of course." Another person told us, "They always ask for consent." A third person said, "They say is there anything I can do for you." A relative told us, "They (carers) don't force him, to do anything, they encourage him."

People were supported by care staff who had the knowledge and skills to carry out their roles. One person told us, "They are trained they are very reliable." The manager told us all care staff completed the organisation's five day induction. This was confirmed in the sample of recording we looked at. The induction incorporated the requirements of the care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of 'shadowing' a more experienced staff member, before new care staff started to undertake care calls on their own. The length of time new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. One person told us, "Some carers come in with the new carers to show them around and show the new ones what to do." Another person told us, "A new carer came to shadow." Feedback from care staff was that the induction had been good and informative. They felt they were well prepared for their role. They confirmed they had undertaken initial essential training and completed a period of 'shadowing' an experienced colleague before working independently. One member of staff told us, "I did that five months ago. We have lots of training which was, 'face to face' and included safeguarding and aspects of medicines administration such as completing MAR charts." Another member of staff told us their induction involved, "A full week in the office for mandatory training." They had shadowed an experienced member of staff for at least two full days and did a number of

calls which required two members of staff at first.

Care staff received essential training that was specific to the needs of people using the service, which included training in moving and handling, medication, first aid, safeguarding, health and safety, food hygiene, equality and diversity, infection control and dementia care. In addition care staff were able to develop by completing further training for Stoma care and percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. This was done through training provided by a district nurse, completion of an online questionnaire and supervision in practice. One member of staff told us, "I think training's quite good. You learn everything you need to know." Another member of staff told us, "Training's really good." They mentioned moving and handling training, stating that use of the hoist, "Has always been explained." A third member of staff said, "We have training. We have updates every year." Care staff told us they had been able to complete National Vocational Qualifications (NVQ) or Qualifications Credit Framework (QCF) in health and social care. Care staff told us there was good communication between staff in the service. They were kept up-to-date with people's care needs and were informed when they needed to complete refresher training. Records we looked at identified that some of the care staff had not undertaken the refresher training to meet the provider's policies and procedures. Senior staff acknowledged there had been some slippage in providing this training, however they were aware of this and demonstrated that work was in place to address this.

Where required, care staff supported people to eat and drink and maintain a healthy diet. Care and support plans provided information about people's food and nutrition needs. People were supported at mealtimes to access food and drink of their choice. One person told us," I order the shopping on the computer and the carer goes around the cupboards to check what I have and what I need. They know what I like, and even ask how I like my chips cut, they are very good." Another person told us, "They give me a brochure for me to choose my food and they order it. They put it in the microwave and bring it on a tray for me." A third person said, "I get the veg and the meat ready and they cook it for me." A relative told us " They encourage mum to have a sandwich at lunch time and they are very clean." In some instances food preparation at mealtimes had been completed by family members and care staff were required to reheat and ensure meals were accessible to people. One person told us, "They do me a cup of tea and leave me a drink before they go." If people had been identified as losing weight, care staff told us food and fluid charts were completed to monitor people's intake. One member of staff told us, "We push water and food." They added that, 'Drinks charts' were used. Another member of staff told us, "I always make sure there is plenty of fluid in the house." Care staff had received training in food safety and were aware of safe food handling practices.

People had been supported to maintain good health and have ongoing healthcare support. We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person told us, "If I don't feel well, they call doctor for me and he comes." Another person told us, "A few weeks ago, the carer knew I wasn't well. She rang the doctor and he came out. The carers put my mind at rest." A third person said, "They had to call a Doctor for me because I had a fall." A relative told us, "A couple of times the carers have suggested to see the GP." Another relative told us, "They have pointed out things to me for example, 'He has got a nasty looking spot on his back.' He was quite poorly once carer said it would be best to call the doctors." A third relative said, "They monitor and inform me of any problems. When necessary they will to call doctor and they are very good at getting the district nurses to come out."

Good

Is the service caring?

Our findings

People told us people were treated with kindness and compassion in their day-to-day care. They were satisfied with the care and support they received. They were happy and liked the staff. We were told of positive and on-going interaction between people and care staff. One person told us the care staff were, "Definitely kind and caring." Another person told us, "Of course they are." A third person said, "She (Carer) is exceptional." A relative told us, "They are very kind and caring. If I drop something they will pick it up for me. Carers seem to know everything." Another relative told us, "They talk to him all of time they are doing things for him. They are kind and reliable and very willing." A third relative said, "Very much so, kind considerate and thoughtful. They respect us too, we chat during the day and in the evenings we think we need to be a bit more privacy which they respect, they are brilliant about this." Care staff told us when asked if the service was caring, "Very much so, lovely, brilliant team," "I love my job," "Ninety-nine percent of carers are absolutely amazing," and "Carewatch really did help a person who had returned home from hospital."

Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understanding of the importance of respecting people's privacy and dignity. One person told us, "They are nice and caring and the most important thing is they are friendly. "Another person told us, "They are very polite, helpful and they ask how I am." A third person said, "They are friendly and approachable and I can talk to them and they are very efficient they do what I can't do." People told us they felt the care staff treated them with dignity and respect. One person who told us they were very happy with the service, "They treat me very nicely, I look forward to them coming." Another person told us, "She (carer) washes my hair, very sensitively and it makes such a difference. She is very hygienic, wears a tunic and gloves." A third person said, "They cover me up I'm quite happy with it." A relative told us, "He receives half an hour personal care. The carers shower him or give him a wash, if he doesn't want a shower." Another relative told us, "Yes, I know they do as she tells me they do (respect her privacy)."Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people.

People told us they had been involved in drawing up their care plan and with any reviews that had taken place. They felt that the care and support they received helped them retain their independence. The field supervisor confirmed this and told us people were encouraged to influence their care and support plans. Care staff told us how they knew individual needs of the person they were supporting. They told us they looked at people's care and support plans and these contained detailed information about people's care and support needs, including their personal life histories. One staff member told us, "I always use the measuring stick. Would I like this person to come in and see me? Would I like the way they are? You've always got that in mind." They told us it was important to know people because, "You get to know if something's wrong." Another member of staff told us, "Carers are kind and compassionate."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and

could give examples of how they did this.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service. The manager was aware to tell who they could contact if people needed this support.

Requires Improvement

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us, "I have rung to change an appointment today, they will see to it." Another person told us," I have asked when my regular carers are not available that I have the same carers (rather than lots of different ones) They have done what I asked, I have the same person most of the week." A relative told us, "I had to ask for a carer to come in extra as I had to get him to the hospital appointment. They got someone to come early in the morning." Another relative said, "Recently my husband and I were getting tired out, we arranged respite and I cancelled the carers. At last minute I rang to say she isn't going. They (service) didn't bat an eyelid, rescheduled the carers and put it all back in place. They said 'these things happen' very impressive." However, we found areas of practice in need of improvement.

There was a formal process to review people's care and support plans. However, this had not been fully maintained to ensure people's care and support plans had been regularly reviewed. Feedback from people and their carers was varied when asked if their care and support plan was regularly reviewed. One person told us, "They ask if you want any more care." Another person told us, "We have a care plan and they review it haphazardly. They are sometimes late but they get it done. It is not a problem to me." A relative told us, "We have a care plan, they are quite good. They have meetings including us all." Another relative told us, "The ladies (carers) fill it every time they come, it is reviewed, the manager checks it regularly and it is reviewed." A third relative said, "There is a big folder with what needs to be done. When new people come they look at it. The carers write down every day what they have done. A review has not been done as his needs have not changed." Senior staff told us that formal reviews of the care and support plans had not been fully maintained. However, this had been identified and there was a robust action plan which was being monitored weekly to review progress and address this. The priority of the reviews was being completed using a risk based approach and where changes had been identified these were being completed first. Feedback from care staff was that if there had been a change in people's current care needs they rang for a review to be completed as a priority. One member of staff told us "We have reviews and spot checks." The frequency of reviews depends on the care plan and this would be three or six monthly." They gave an example of a person whose care plan had been updated four or five times since September. Another member of staff told us, "We go through the supervisor. If a person's needs changed "It's always followed up and sorted out." A third member of staff said care plans were up to date and that, "My supervisor's always popping in to see the person and check the plan is current." A further member of staff told us care plans were out of date. They told us, "I'd always ring them and ask," (the supervisor) if they were unsure about care. This is an area of practice in need of improvement.

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out. However, the spot checks and reviews completed had not always been maintained to meet the provider's policies and procedures. This meant people and their relatives had not always had the opportunity to comment on the care provided. This is an area in need of improvement.

People told us they had been involved in developing their care plans, and felt they had been listened to. A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety. One person told us, "They came out and talked about what I needed." A relative told us, "They talked to me when we started the service." Another relative told us, "One of the supervisors came and assessed our needs. They looked at the facilities, what I am able to do and what was needed." The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in the review of their care needs. The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes that people hoped to be achieved with the support provided. One member of staff told us they, "Follow the care plan," during visits. Another member of staff told us, "You learn a lot from clients."

Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. One person told us, "Yes If I had a problem I would talk to the office." Another person told us, "There is a big book with a number and emergency and out of hour's number." A third person said, "I have got the number." A relative told us, "We have a folder with information about the agency. They are easy enough to contact." The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

We looked at how people's concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. They were matched with care staff they were compatible with. If they felt a staff member was not suited to them they were able to change them, by speaking to one of the senior staff. People told us where they had requested a change in staff this was agreed. Where people had raised concerns they told us the agency had acted promptly and appropriately. One person told us, "I asked them not to send a carer, they asked lots of questions they didn't send the carer back, and I also got a phone call from the head of Carewatch." A relative told us, "We had an experience with one carer about six months ago. I rang the agency supervisor, straight away they said that it shouldn't happen they didn't send her back. They acted on it straight away." Care staff told us they would encourage people to raise any issues that they may have directly with the manager. Records showed comments, compliments and complaints were monitored and acted upon. Complaints were being handled and responded to appropriately and in line with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

People told us they felt included and listened to, heard and respected, and the service ran well. One person told us, "Yes the service runs quite well." Another person told us, "Yes on the whole." A relative told us, "Yes and the lady who coordinates it in the office is a very nice woman." Another person said, "I am pleased with the service." When contacting the office one person told us, "If I ring the office they are nice and helpful." Another person said, "I only ring them if they are late or to cancel a visit and they are okay with me." However, we found areas of practice in need of improvement.

There was not a registered manager in post at the time of the inspection. Staff told us it had been a difficult year and there had been a number of changes in management arrangements in the office and office personnel. The last registered manager left the service and a new manager had been recruited and commenced work in the service in September 2016, and who was present during the inspection. One member of staff told us, "It's getting better. We got behind due to a lot of changes of staff, which meant we were trying to cover the office. She makes us do what we have to do. I feel I am well supported." However, feedback from people, their relatives and care staff identified there was a lack of clarity of the current management arrangements for the service. One member of staff told us, "I don't even know who the manager is. We haven't been informed. Now I believe it's an area manager." Another member of staff told us, "If there is a manager, I'm not aware of it." This is an area of practice in need of improvement.

At the time of the inspection the formal systems of quality assurance to monitor the standard of the service provided had not been fully maintained. Some checks of quality were taking place, for example, the medication administration records (MAR) and financial transaction records were checked for errors. However, regular reviews of people's care and support plans had not been fully maintained. Records we looked at identified some care staff were late in undertaking their refresher training to ensure they had the latest guidance to follow when providing people's care and support. Care staff had not had a regular appraisal and supervision and spot checks had not been consistently carried out to ensure the quality of the care provided. These are areas of practice in need of improvement.

The provider had a clear set of values in place, which were understood and followed by staff. The vision and values for the service was to provide, 'A range of solutions to individuals and families who need care and support within their own home, enabling them to preserve their independence and dignity. We do this with dedication, integrity and compassion. We strive to develop and improve the services we offer, the solutions we deliver and the support we give our staff and all those within the company's family.' Staff. The manager was supported by a team of field care supervisors and coordinators Care staff told us they were well supported at work. Care staff told us their supervisors were approachable, knew the service well and would act on any issues raised with them. One staff member told us, "If you want support it's there. I feel I could pop into the office anytime and be listened to." Another staff member told us, "It's organised. We all work together really well. We all help each other out."

We were told by care staff that there was an open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing

comments on the care provided in the service. Feedback from two social care professionals told us the communication between them and the staff at the agency was good, with guidance and changes to people's care and support needs being followed through. One member of staff told us of an example of when care had been co-ordinated with other agencies and professionals to support a person. It had been, "A good team effort." Care staff referred to the importance of the team of care staff. One member of staff said of their colleagues "You can rely on them all." Another member of staff told us, "We act as a team. Commitment is the key. It's good that we are able to promote improvement." Another member of staff told us, "We have got lovely staff, a lovely set of men and women. Most of us have been there longer than ten years."

Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. There was a policy and procedure on people's responsibility under the Duty of Candour. This is where providers are required to ensure the there is an open and honest culture within the service, with people and other 'relevant persons' (people acting lawfully on behalf of people) when things go wrong with care and treatment. The manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. This enabled the provider to monitor or analyse information over time to determine trends, create learning and to make changes to the way the service was run.