

Horsham & Crawley Care Limited

Carewatch (Horsham & Crawley)

Inspection report

Unit 7
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Tel: 01403252542

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carewatch (Horsham and Crawley) is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 82 people were being supported. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were not always protected from avoidable harm and abuse. Safeguarding policies and procedures were not embedded within practice and were not consistently followed. Staff had recognised signs of abuse and had recorded their concerns, however appropriate referrals had not always been made. Governance systems had not identified this shortfall and this meant that one person had not been safeguarded from abuse. Following the inspection, we raised a safeguarding alert with the local authority to ensure that any continued risks of abuse for this person were addressed.

People told us they were happy with the care they received and that staff helped them to feel safe. Risk assessments and care plans were comprehensive and guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. Staff supported people to have their prescribed medicines safely.

People spoke highly of the staff and consistently described them as "Well trained" and "Professional." Staff told us they were well supported in their roles. Records showed that staff had received training in subjects relevant to the needs of the people they were supporting. Assessments of people's needs and choices were thorough and supported people's diverse needs. Staff supported people to have enough to eat and drink and to access the health care services they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and had developed positive relationships with them. People spoke highly of the staff and described them as reliable, respectful and caring.

People described how they had been involved in planning their care. Staff had the information they needed to provide a personalised service to people. Staff supported people to maintain contacts and to reduce risks of isolation. There was a robust complaints system in place and people told us that any concerns they raised were addressed quickly. Staff were knowledgeable about end of life care.

All the people we spoke with and their relatives spoke highly of the management of the service.

Staff were clear about their roles and responsibilities and described being well supported. People and staff told us their views on the service were sought. Comments included, "There's nothing that they could improve on," and, "I would recommend them to anyone."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made to address this breach, however another breach of regulation was identified. The service remains rated as requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Carewatch (Horsham & Crawley)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because the provider needed to let people know about the inspection and to arrange for staff to be available to talk to us. Inspection activity started on 8 July 2019 and ended on 11 July 2018. We visited the office location on 11 July 2018.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and three relatives by telephone. We asked them about their experience of the care provided. We spoke with six members of staff including the registered manager and assistant manager. We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who has contact with people using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse;

- Safeguarding alerts had not been consistently raised with the local authority in line with local safeguarding procedures. Staff had observed and reported signs of potential physical and psychological abuse relating to one person on numerous occasions, however the registered manager had not ensured these incidents were all reported in line with safeguarding policy. This meant that one person was not safe and had not been protected from harm. Following the inspection, we raised a safeguarding alert with the local authority regarding these reported incidents to ensure that any continued risks of abuse for this person were addressed.

Failing to raise safeguarding alerts immediately upon becoming aware of an allegation of abuse was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to describe how they would recognise abuse and knew how to report any concerns that they had about people's safety. Records showed that care workers had consistently reported potential safeguarding concerns to senior staff and we noted that safeguarding alerts had been made on most occasions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection risks to people had not been consistently assessed and managed to keep people safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risks to people were identified and comprehensive assessments were in place. For example, some people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred. One person needed support with the use of a hoist. A manual handling assessment described how to position the sling to ensure the person's comfort.
- Risk assessments had been completed according to people's individual needs. One person had Parkinson's disease, an assessment identified specific risks of falls associated with the disease and guided staff in how to support the person. Another person was diabetic, a risk assessment and care plan identified signs and symptoms that might indicate a change in the person's blood sugar level and guided staff in how to respond.

- People told us they felt safe receiving care. One person said, "They help me to get in and out of bed and into the wheelchair." Another person told us, "I am very pleased with my carer, I trust her and I feel very safe when she is around."
- A system was in place to record incidents and accidents. When incidents occurred, staff reviewed people's risk assessments and care plans. For example, one person had a fall caused by poor footwear, their care plan was amended to ensure that staff checked that the person had suitable footwear before supporting them to walk.

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines and had regular checks to ensure they remained competent.
- People told us staff supported them to manage their medicines. One person said, "They always make sure I have a drink of water for my tablets." Another person described how, following a hospital admission, staff had helped with their medicines when they got home. They said, "The staff checked them all for me before I took them."
- Records were completed consistently and there were systems in place to monitor recording and check that people received their medicines safely.

Staffing and recruitment

- There were enough suitable staff to provide the care visits. Staff told us that they had to cover for each other occasionally but described how office staff supported care visits when needed. One staff member said, "They group us in areas to reduce travel time, if there is sickness at short notice the office staff are all trained and can cover the calls. We never have any missed calls."
- All the people we spoke with told us they were receiving a consistent and reliable service. One person said, "Their time keeping is brilliant, they have never missed a visit." Another person said, "They are very reliable." A third person told us, "They are always on time."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) including gloves and aprons. They had received training in the prevention and control of infection.
- The provider had appropriate policies in place to guide staff in how to provide care safely to avoid spreading infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs and choices were assessed in a holistic way to take account of people's diverse needs and preferences. One assessment included needs associated with a person's life style choices and risks that had been identified. Staff described how care plans supported them to provide care in circumstances that could be challenging. One staff member said, "It is clear how much help the person needs and the care plan identifies what their limits are and what we should and should not do."
- Care plans and assessments were comprehensive and had been reviewed and updated regularly to reflect changes in needs.
- One relative described how staff had worked with health care professionals to achieve a smooth transition from hospital to home. Information provided during a hospital assessment had been transferred into their relation's care plan. They told us, "We didn't have any teething problems that I can remember."

Staff support: induction, training, skills and experience

- People told us they had confidence in the skills and knowledge of the staff. One person told us, "I think they are very well trained and professional considering all the different needs they deal with." Another person said, "They are given good training and are very professional in what they do."
- Staff told us they received the training they needed and were well supported in their roles. One staff member said, "The training has been good and is very relevant." They gave an example about diabetes training, saying, "I think I would pick up on small things now that I probably wouldn't have noticed before I did the training, small changes can be important." Another staff member described the impact of dementia training. They explained how they were now more aware of how some people can be affected by noise and had used a different tone of voice with one person. They said they gave clear, short instructions to another person when they were confused and described how this improved the person's ability to mobilise safely.
- A new member of staff told us they had received a thorough induction when they started their role. They said they had been well supported and were given time to learn at their own pace.
- There were systems in place to ensure that staff competency was monitored on a regular basis. One staff member said, "We have regular spot checks and don't know when they will happen." A person told us, "They check up on the staff and review how they are doing."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were receiving help with food and drink. People told us they were happy with the support they received. One person told us, "They come and microwave my food, they always give me a choice and ask if I fancy shepherds pie, it's my favourite." Another person said, "They make me hot drinks just at the

right temperature." A third person told us, "They give me lots of drinks, cups of tea and water."

- Staff described making sure that people had enough food and drink available to them and knew what to do if they had concerns. One staff member said, "If people are not eating well we would notice."

Supporting people to live healthier lives, access healthcare services and support

- People told us that staff supported them to access health care services if they needed to, including in emergencies. A person told us what had happened when they had become unwell. They said, "The carers noticed that I couldn't eat or drink properly and called an ambulance for me."
- Records confirmed that staff spoke to relatives or the GP on behalf of people when they were not able to make contact themselves. Staff described positive working relationships with health care professionals including district nurses, GP and pharmacist.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff demonstrated a clear understanding of the MCA and could describe their responsibilities with regard to the legislation. One staff member said, "We have to assume people have capacity to make their own decisions where ever possible. If they don't have capacity then a decision will be made that is in their best interest."
- People told us that staff consistently checked with them before providing care. One person said, "They always talk to me and tell me what they are going to do." Another person said, "They only do what I ask them to do."
- Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005. Records reflected that mental capacity assessments had been completed and decisions had been made in the person's best interest. For example, one person needed bed rails and required the use of a hoist to move. A mental capacity assessment had been completed and confirmed that the person was not able to consent to the use of bed rails or a hoist. A best interest decision documented that the use of this equipment was in the person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful and supported people's dignity. One person spoke highly of the staff saying, "They respect me and treat me like a family member and I do the same back." Another person told us, "They respect me by always using my name." People described positive experiences when being supported with personal care and told us that staff maintained their dignity and encouraged them to do so as much as they could for themselves. One person said, "When I am in the bath they are very respectful and stay outside until I'm ready for them."
- People were consistently supported to remain as independent as possible. One relative described how staff had encouraged and supported their relative with rehabilitation. They explained, "The hospital said he would never walk again. He has made remarkable progress. This is all because the carers do so much for him. All the carers are so brilliant."
- Personal information was stored securely, and staff were aware of the importance of maintaining confidentiality. One staff member said, "We must never talk about anyone outside of work, we have to be careful." Another staff member told us that the use of hand-held devices containing electronic information had improved the security of people's personal information. They said, "We don't carry lots of paper work around with us now, it is more secure."

Supporting people to express their views and be involved in making decisions about their care

- People told us they benefitted from having regular carers. One person said, "We know them, and they know us." Another person said, "I am more than satisfied, I have the same routine."
- Staff described how they had developed positive relationships with people and knew them well. One staff member said, "You have to make an effort to get to know them, it's important because then they know you are interested in them."
- A relative described how staff had got to know their relation who had complex needs and anxiety. They told us, "They provide an invaluable service and they are reliable. They are calm and patient." They went on to tell us how a new staff member had been introduced with care, to allow time to get used to someone new. Another relative told us new carers were introduced slowly, making sure they were happy, they said, "New carers are always introduced by coming with another carer."
- Staff understood the importance of involving people in decisions about their care. One staff member said, "I always offer choices, ask them and let them guide me." Another staff member described the importance of encouraging people to make their own decisions. They said, "We need to be sure people have choices and that we are not taking away their independence. We might need to support people to make better choices sometimes, but most of the time, when they are in the right frame of mind, they can make decisions

themselves."

Ensuring people are well treated and supported; respecting equality and diversity

- People were consistently positive about the caring attitude of staff. One person said, "They care so much, they are very caring and kind and I wouldn't change them for anything." Another person told us, "They are all so lovely."

- Staff described the importance of recognising when people needed emotional support. One staff member said, "You have to do this job from the heart and treat people how you would want to be treated yourself." Another staff member described how one person had been sad following a bereavement, they told us, "You have to be compassionate and kind, acknowledge their loss." They said that they never had to rush away if people needed emotional support saying, "I would just stay longer if needed, I never rush."

- Staff told us how they respected people's diverse needs. One staff member spoke about recognising people's rights to live differently and to make their own choices. They gave an example of how they supported one person saying, "It's a lifestyle choice that they have made, not what I would want, but that's their decision to make and we support them in that."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving a personalised service that was responsive to their needs. People told us that they were involved in planning their care and support. One person said, "They review my needs regularly, sometimes in person and sometimes over the phone." Another person said, "I have had the service for three weeks now and I have had no issues whatsoever, it's been very smooth." A relative told us, "We have a care plan and regular reviews, I feel they are very well matched to our family."
- Care plans were detailed and provided personalised information for staff. Regular reviews had ensured that information was kept up to date, identified changes in people's needs and reflected the care that was provided.
- People were supported to maintain contacts in the local community and with people who were important to them. For example, one person had been supported to attend a local service commemorating the D-Day landings. A staff member spoke movingly about the impact that this had upon the person and themselves. They told us, "It was immense for him, to attend the service was so important and meant so much. I was so proud, it was a wonderful thing to do."
- People were supported to go out to reduce risks of social isolation. One staff member told us they supported a person to swim regularly. Records showed that people were supported to go shopping, have meals out and to visit the local garden centre. One person described how they had been supported to attend a social event organised by the provider. They said, "The agency arranges get-togethers and a carer came and took me there. It was really nice to meet and chat to other people, I really enjoyed it."

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of AIS and described how they were currently reviewing and updating care plans to ensure that they were meeting the standard.
- People's communication needs had been assessed and care plans guided staff in how to support them. For example, one person who had visual sensory loss needed information to be read to them. A staff member described how they supported the person by reading their bank statement to them and supported them to check the transactions were correct.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and people and relatives told us they were aware of how to make a complaint. One person said, "I have got the office number if I need to call the manager. I have never, ever

needed to complain."

- Records showed that complaints were responded to in a timely way and people had been informed of the outcome of the investigations.

End of life care and support

- People were supported to plan for care at the end of life. Details of people's specific religious or cultural needs and their choices were recorded.
- Staff had received training in end of life care and spoke passionately about the importance of supporting people to die at home if that was their wish. One staff member described feeling privileged and found the experience rewarding. They said, "I have been very fortunate to have been involved and to have supported family members."
- Staff described positive working relationships with health care professionals, including palliative care nurses.
- One staff member said that care calls were adjusted when it was known that the person's condition was deteriorating. They said, "We are given extra time, continuity of care is important and it's about having a quieter approach and being able to support the family too."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were not always effective in driving improvements. A system was in place for monitoring incidents and accidents to identify patterns and trends and to provide oversight for the registered manager. Incidents of abuse had been reported consistently by staff members, however, monitoring of incidents was not consistent. The registered manager had identified that there was a pattern of potential abuse for one person but had not ensured that this was reported in line with the provider's safeguarding policy.
- Records showed that there was an inconsistent approach to safeguarding, staff had followed procedures for some people but not others. This meant that safeguarding matters were not always dealt with in an open, transparent and objective way.

Systems and processes had not been operating effectively to ensure that risks to the safety and welfare of service users were mitigated. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities and received regular support and feedback. One staff member told us, "We have supervision and the seniors come out and do spot checks when we are working." Another staff member said they received feedback about their performance and this helped them to improve their practice.
- Records showed that staff received appraisals to identify any training needs or areas for professional development.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke highly of the management of the service. Their comments included, "This agency is a hundred times better than the one we had previously, and I would recommend it to anyone." "Even the office staff are brilliant." "I cannot think of anything they need to improve on."
- Staff told us that they were happy at work and described an open and inclusive culture. One staff member said, "We can all raise ideas and speak openly. There's an open-door policy and we can talk about anything with the manager."
- Staff spoke positively about their involvement in the introduction of an electronic care monitoring system

linked to mobile telephones. One staff member said, "I was worried at first because I'm not good with technology, but once it was explained I was fine." Staff said using the system had cut down the time they spent recording information which meant they had more time with people. One staff member said, "I made sure that I showed people what I was doing on the phone so they didn't think I was texting. I love the system, it makes me record things straight away and sends alerts if we miss anything. It is really good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff told us that they felt their views were welcomed and considered. One staff member said, "They have carer's surgeries where we can all have our say." Another carer said, "They do listen to us, we are part of the team, for example if we need more travel time or calls need to be changed around, we can just let the office know and they sort it."
- People told us that they had been asked for feedback about the service on a regular basis. One person said, "We have been asked to give feedback both verbally over the phone and face to face." Another person said, "I have given feedback twice, I was asked if I am happy with everything. I was asked if there was anything else they could do for me."
- Staff described feeling involved and part of a team. One staff member said, "The manager is always looking for ways to support us better, for example we had a session on car maintenance, and they issued ice scrapers in the winter to keep us on the road."

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. One staff member told us, "We sometimes have to meet up with district nurses at people's homes, we work well together."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not always protected from abuse and improper treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operating effectively to mitigate risks relating to the safety and welfare of service users.