Carewatch Care Services Limited

Carewatch (Lincoln)

Inspection report

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Date of inspection visit:
18 May 2017

Date of publication:
20 June 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We completed this inspection on 18 May 2017. The inspection was announced.

Carewatch (Lincoln) provides care for people in their own homes. The service can provide care for adults of all ages. It can assist people who live with dementia or who have mental health needs. It can also support people who have a learning disability, special sensory needs or a physical disability. At the time of our inspection the service was providing care for approximately 300 people most of whom were older people. The service covered Lincoln City and Gainsborough including some villages in between for example Saxilby.

There was not a registered manager in post. The provider was in the process of registering a new manager with CQC. 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.

People did not always receive their visits at the times they expected. Communication with the office was not always effective.

Medicine records were completed to show that people had received their medicines.

Possible risks to people's health and safety had been managed. Risk assessments and plans to manage the risks were usually in place.

Staff had the knowledge and skills they needed in order to care for people in the right way. A process was in place to monitor training and ensure staff were kept updated.

The registered persons and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

People were treated with kindness, compassion and respect.

People had been consulted about the care they wanted to receive. Care was assessed in a consistent way. Records did not consistently reflect people's care needs.

People had been consulted about the service. People knew how to complain. Staff were able to speak out if they had any concerns about poor practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had not always been provided at the right time to care for people.

Medicines were safely managed.

Background checks had been completed before new staff had been employed.

Staff understood how to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

Staff had received all of the training and support the registered persons said they needed.

People were supported to eat and drink enough.

The registered persons and staff were following the MCA legislation.

Staff had helped to ensure that people had access to any healthcare services they needed.

Is the service caring?

Good

The service was caring.

The care that was provided was kind and compassionate.

Staff promoted people's dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not have consistent carers. Records were not always consistent about people's care needs.

People had been consulted about the care they wanted to receive.

Complaints had been managed and resolved.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Communication systems were not effective.

Quality checks had identified shortfalls in the way care was delivered.

Arrangements for obtaining feedback to guide the development of the service were in place.

Processes were in place to support staff.

Carewatch (Lincoln)

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 was planned to check whether the registered persons were 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.

Before our inspection visit to the service we reviewed any notifications of incidents that the registered persons had sent us since the last inspection. We asked the provider 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 took this into account when we inspected the service and made the judgements in this report.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service. The inspection was announced. The registered persons were given 48 hours' notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with the operational manager, the manager, the quality manager, a care coordinator and four care staff. We also reviewed a number of records in the service's administrative office. These records related to how the service was run including visit times, medicines, staffing and training. In addition we looked at 12 care records and two staff files. After our inspection the expert by experience spoke by telephone with nine people who used the service and one relative.

Requires Improvement

Is the service safe?

Our findings

People said that too many visits did not take place at the right time. A person commented, "Yes they do run late sometimes but they don't tell me. At least they haven't ever missed me though." Another person said, "I feel safe when I know who is coming and that my care worker sticks to my routine." One person told us, "Yes they are sometimes late because they get held up on a previous call. They don't phone to tell me though. No I have not had a missed call." We saw in reviews people had also raised concerns about the times of visits and a comment in monitoring form stated, "Just need some staff."

We looked at records that described for three people when visits should have been undertaken and when they had been completed over a period of a month. We saw that in all three records people's visits were not provided at a consistent time and could be up to an hour late. In four records we looked at it was difficult to understand what time the person's visits should be because care plans did not detail the specific time for the visit. Missed or late calls put people at risk of harm. For example on some of these occasions when visits had not been completed on time or missed completely people had been placed at risk of harm because they had specific medical needs. For example, they required assistance with their medicines. One person told us, "Yes as I am epileptic I need them on time."

Prior to our inspection we had reviewed information held about the service and found there were a number of concerns and issues raised about missed or late visits.
Staff we spoke with said they felt there was not always sufficient time to provide the care people required in the time allocated and they felt this was due to lack of staff and insufficient time between visits. Staff told us that weekends were the most problematic and they often had to cover other staff member's calls. The operational manager told us that arrangements were in place for additional staff to be on standby in the event rostered staff were not available to try to ensure people received their calls at appropriate times. A person told us, "Well I have two calls a week one on Wednesday and one on Saturday. I have had two missed calls now on the Saturday. Each time I've phoned they told me they were on their way, but they never came. The Wednesday calls are usually on time, sometimes 10 minutes late." The provider had recently put in place a range of arrangements in order to improve recruitment and retain staff however people and staff told us this had not made a significant difference yet.

People and their relatives with whom we spoke said they felt safe with the staff. One person said, "Yes I do feel safe. All the carer's that come are all very good, they are very careful with me but it's the management that's poor." Another person said, "Yes I do feel safe with them. I have two calls a week, they wash me down and help me dress. I feel quite safe in their hands helping me." And another told us, "Oh definitely. I am very satisfied. They shower me and get me dressed. I sometimes have a man, who is very nice. I am quite comfortable with them all, they get in with my key safe that I have and make sure I am safe when they leave." A relative said, "Yes I am incredibly happy with them. I feel [my relative] is very safe with them also they are careful and do anything for them. [my relative] has a key safe which they all know and use safely.

We noted that some people who lived with reduced mobility needed to be assisted by two members of staff. This was because they needed to be supported by means of hoists, the safe use of which requires two

members of staff. Records showed that where people required support from two staff this was provided. Records also detailed what equipment people required and when it had been checked in order to ensure it was safe.

We examined medicine administration records (MARs). MARs were completed according to the provider's medicine policy. Staff had received training in the administration of medicines to ensure they were administered safely.

We looked at the way in which the registered persons had recruited members of staff and records showed that a number of background checks had been completed to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions.

Risk assessments had been completed on issues such as moving and handling, the environment, medicines and health and safety. Where people had specific health issues we found that risk assessments were in place and protocols to advise staff what to do to keep the person safe in the event of a seizure.

We noted that most staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. The registered manager had appropriately reported a number of concerns and worked with the local authority to address these issues including allegations of financial abuse. We saw there were appropriate arrangements in place to safeguard people if staff were supporting people with their finances. When we spoke with staff they were able to tell us what arrangements were in place.

Good

Is the service effective?

Our findings

People told us they thought staff had the right skills to carry out their role. One person said, "They appear to know what they are doing and are very careful when checking my leg over." A relative told us, "Yes in my opinion they are all well trained and fully skilled. I can't praise them enough to be honest."

All new staff had received introductory training before working on their own without direct supervision. The training involved four days of training plus a shadow shift with an experienced carer. Staff told us they thought the induction training was useful. The manager said that staff also received refresher training to ensure that their knowledge and skills remained up to date. A process was in place for ensuring that staff received regular updates and were in date with regard to their training. Records showed that staff had received supervision in order to support them to develop their skills and ensure their practice was appropriate. Staff we spoke with were able to tell us they had received supervision and told us they felt supported in their role.

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. The manager and staff were following the MCA in that staff had supported people to make decisions for themselves. An example of this was that care plans had been agreed with people and we saw records of consent for support with issues such as medicines. Where people were unable to sign due to a physical disability this was detailed in the record. When we spoke with staff they were able to tell us how they ensured people were in agreement to them providing care and support.

Where people were receiving support with meals they were supported to choose their meals. Records detailed people's likes and dislikes, allergies and what times people preferred to have their meals. Where people had specific dietary needs this was usually recorded in the care record.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. Hospital transfer sheets were provided in records for staff to give to healthcare professionals if people required admission to hospital. A person told us, "My carer this morning said she wasn't happy with my leg, it has swollen, so she said leave it to her and she has called the doctor."

Good

Is the service caring?

Our findings

People and their relatives said that they received a caring response and that the care provided met their needs and expectations. The majority of people were complimentary about their care. A person who used the service told us, "Well all the carer's are very good but like I said it's the organisation that is poor. The carer's are very caring in their approach." Another person said, "Yes it is very good. They will do anything for me and they even prepare my bed at night for me to get into. They are very caring in my opinion." One person said, "Yes, they are very nice and don't rush off even though they are busy." And another told us, "Very good. They are caring, we have a good chat and they really show a nice caring attitude with me."

Carers supported people to maintain their independence, for example care plans detailed what care people were able to provide for themselves. A record said, "I require my care worker to assist me if I ask for it so that I remain independent." Another stated, "I require my carer to assist me to wash and dry my pots, I will choose whether I want to wash or dry."

People told us they were treated with respect, for example when we asked a person if they thought staff treated them with respect they said, "I certainly do. We have a chat and they always ask if there is anything more they can do for me. They are very respectful." Another person said, "Yes they are all good and respectful toward me." Records also stated how people preferred to be addressed by staff.

Staff told us that they had received guidance about how to correctly manage confidential information. We saw records were maintained securely in the office location.

Requires Improvement

Is the service responsive?

Our findings

The provider had appointed Quality Officers who were responsible for carrying out initial assessments and ensuring that people's needs were met. These staff also observed care and maintained contact with people on a regular basis. Some people and their relatives told us that they were not satisfied with the way in which staff were allocated to complete their visits. One person said, "My regular carer was good but is off ill. I have no idea who is coming now. The one's that do don't know that I need a bath. I haven't had one for a week. They also didn't come last Saturday." People had been consulted about the care they received involving a senior person calling to see them or telephoning them. Everyone asked had a care plan and they had all been involved with it and relatives spoken with had also been involved. However two people we spoke with told us they did not always get the care they required. For example a person told us that some carers would not support them with showering when they asked.

In order to try to facilitate carers with whom people were comfortable with, care plans detailed whether or not people had a preference as to the gender of their carer. In addition as part of the review process people were supported to state whether or not there were any carers with whom they didn't get on with. One person told me they had not got on with a member of staff and they had raised this with the office who had changed their carer. However there was a mixed response from people about whether or not they had a regular team of people. Arrangements were in place to inform people of which staff were going to be providing care but people told us they did not always receive this in a timely manner.

A further issue that concerned people was the arrangements made to notify them when staff had been delayed so that their visit was going to be significantly late. We saw in reviews and telephone monitoring reports concerns raised about the support from the office staff. One person said, "They don't phone if late and I've had other missed calls as well in the past." Concerns included messages not being passed on so people were unaware their carer was running late.

People had been provided with a written care plan that described all of the assistance they had agreed to receive. However records were task orientated and did not focus on how people liked to be supported and what was important to them. The care plans provided information to staff about what care to provide but depended on people being able to tell staff how they liked their care. This meant where people had difficulty communicating there was a risk they would not recieve the care they required. Regular reviews had been carried out however when we spoke with people we found they were unclear about whether or not they had received a review of their care. Staff told us they would speak with their manager if people's needs increased. One staff member told us they had recently spoken with the office about a person's increased needs and were waiting for them to be reassessed. however in the meantime they were providing additional care but this was having an effect on the times of their calls to other people. There was a risk that any delay in responding to a person's increased need could put them or other people at risk if there was insufficient resources to meet people's needs.

We found care records were not consistent. For example one person was recorded as having a hearing impairment in their initial assessment but this information was not included in the health assessment.

Additionally in another section of the care record the information stated there was no issues with hearing. In another file a person was recorded as suffering with diabetes however the nutritional assessment did not include information about this. The lack of consistency means that staff would not have access to accurate information to ensure they provided care appropriately. The manager told us they were in the process of reviewing care records to make them more personalised to individuals.

People told us they knew how to complain. One person told us they had made a complaint and this had been resolved. People who used the service and their relatives had received a document that explained how they could make a complaint. We saw the provider responded to written complaints according to their policy and made attempts to resolve the issues, for example by meeting with the person. We saw where complaints had been addressed the provider had a system in place whereby people were contacted following the resolution to ensure any agreed changes to care were taking place.

Requires Improvement

Is the service well-led?

Our findings

Some of the people with whom we spoke were complimentary about how the service was managed with a person saying, "I think it is good I have no complaints and the office staff are nice when I call to speak to them." However other people were not happy with the responses they had received when they called the local office. People raised issues about communication and concerns that what they were told did not always happen. One person said, "Very poor and disorganised. I never know who is coming now and you can't get hold of anyone at the weekends." Another told us, "Not that good. I never get a rota anymore and they don't call if carer is running late."

People also raised concerns about how staff were allocated to their visits which meant they were often late. They told us, "They need to get better organised and ensure carer's know what to do when they come and make sure someone comes out at weekends." Another person said, "Improvements at the weekend with calls. They miss too many on Saturday's."

Following our previous inspection the managerial and support structure had been changed in order to meet the needs of the new contract with the local authority and provide better support to staff and people who used the service. This included the appointment of an operations manager to implement changes and a regional recruiter to address the issues around capacity. The care teams had also been restructured to provide better support to staff and improved coordination of care. Staff told us they thought the management of the service had improved. A member of staff said, "It's a good company to work for." A registered manager was not in place however the provider had appointed a new manager who was in the process of registering with CQC.

The manager said that the provider had recently put in place arrangements to ensure that people reliably received the care they needed and the quality of care was maintained. The manager and the operational manager told us that they were aware that some people had not been receiving their visits on time and that this was a priority for them. The arrangements for improvement included a senior member of staff completing 'spot checks' and 'carers' assessments'. We were told that these checks involved calling to a person's home when a member of staff was present to see how well care was being provided. We saw evidence of these checks having been carried out and staff told us they had been subject to these. Records of telephone reviews were also evident in people's care plans. we saw people had been asked about the care they received, call times and if they needed any changes to their care package. We observed where issues had been identified by people the provider had taken action to address these. Checks had also been carried out on records such as medicine administration records (MARs) and daily logs to see if they were completed correctly. Where concerns had been identified such as incomplete MARs actions had been taken to improve the situation.

Staff told us there were arrangements in place to help them undertake their duties. These arrangements included on call arrangements so they could access support out of usual office hours. However staff told us they felt communication could be improved. They told us that when they were running late to calls it was not consistent that messages were passed on.Team meetings had not been held regularly however the

manager told us they had a meeting planned and were intending to hold these on a regular basis. Staff told us they would be happy raising issues with the management and at staff meetings.