

## Carewatch Southend

# Carewatch (Southend)

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place over a number of days and these included 15, 18, 22 and 25 June 2015.

Carewatch Southend provides personal care and support to adults who live in their own homes in the geographical areas of Southend, Rochford, Rayleigh, Castle Point, Basildon and surrounding areas. It is a large service and employs over 250 staff.

The service has a 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.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday

# Summary of findings

risks and help to keep them safe. Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

There were generally sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and asked how they would like this to be provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had where possible been developed around each individual's needs and preferences.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. The registered manager had a good understanding of MCA and DoLS and mental capacity assessments had been requested from the appropriate government body where people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

# Summary of findings

## 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 is safe.

The provider had systems in place to manage risks which included safeguarding matters and medication, this helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Good



### Is the service effective?

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and people's rights were protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

Good



### Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff had a good understanding of people's care needs.

Staff were caring.

Good



### Is the service responsive?

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

Good



### Is the service well-led?

This service was well-led.

The manager understood her responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

Good



# Carewatch (Southend)

## 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 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.

The inspection was unannounced and took place on the 15, 18, 22, and 25 June 2015.

The inspection team consisted of two inspectors and two Experts by Experience.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we visited 10 people within their own homes. We also spoke with the registered manager, the strategy and planning manager and a partner of the business. We also spoke with 16 members of the care staff. The Experts by Experience made 34 calls to people who received a service to gain their views and their feedback has been incorporated into the report. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report where possible.

As part of the inspection we reviewed three people's care records and ten care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of ten staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving their care and that they 'trusted' the staff. Further feedback included, "I feel safe because the carers are well trained and professional, but at the same time friendly."

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff spoken with stated they would feel confident in raising any concerns they may have. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Feedback from staff included, "If I am worried about any service user I'd tell the office or the on call supervisor straight away, I'd also record what I had found and the action I took" and, "When I have raised concerns with our office in the past they have dealt with them properly."

Staff were aware of the whistle blowing procedure and described who they would speak to if they had any concerns. Comments included, "I understand what whistleblowing is and that I can go outside our company to report any issues I think need dealing with." The service had introduced a whistle blowers 'hot line' where staff were able to raised concerns in a safe environment regarding staff's practice within the community. Staff who had used this system felt it was an excellent way to raise concerns and ensure good care was provided.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process. A variety of risk assessments had been completed in relation to the environment and people's mobility needs. This documentation had been placed in each person's home with clear instructions to staff on how risks were to be managed to minimise the risk of harm.

Most people told us they thought there was enough staff and they received the care and support they needed from regular carers. However, some stated they felt there was generally sufficient staff working for the agency, but they had experienced some problems at weekends or when staff

were off sick or on annual leave. Staff confirmed that they had enough time to provide the care people needed, but when they had extra work they could sometimes feel under pressure and a bit rushed. This was discussed with the manager who advised the service was constantly advertising and recruiting more staff to help alleviate this problem. They were also in the process of creating smaller dedicated teams who would manage a smaller geographical area. This they hoped would improve the efficiency of the service and help ensure there were sufficient staff to provide the care. The service also monitored how much new work they had been offered through contracts and private work and how much of this they had taken on. It was clear from this information that they monitored this closely to try and ensure they had sufficient staff to provide the care people needed.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We looked at ten recruitment files and found that all appropriate checks had taken place before staff were employed. Staff told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service. Feedback included, "When I applied for this job I had to complete an application and come for an interview, I had to give referees and do a criminal record check and I had to do induction training before I started work."

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

The service had systems in place to assist with the safe management of people's medication. They had introduced systems for staff to record and monitor people's medication and staff had received appropriate training to help ensure people received their medication safely. People had medication profiles in their care files that described the medication they were taking and the reason they were taking it. Medication risk assessments had been completed and these identified how much assistance may be needed and it was then clearly recorded in people's care folders.

Medication records had been appropriately completed. The service also had auditing and monitoring systems in place

## Is the service safe?

which identified any concerns or missed medication. The service had identified staff who would visit people to oversee any medication issues and liaise with doctors and

pharmacists when needed. Feedback from staff included, "There are much safer systems in place for medication" and, "There have been improvements over the last couple of years, especially with medication."

# Is the service effective?

## Our findings

People were generally happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, “They [staff] are ever so good, the care is excellent and I have no concerns” and, “I have every confidence in them[staff] – all very pleasant and go further than needed sometimes.” Feedback from staff included, “I love my job, I wish I had done this years ago, I really enjoy it” and, “I have a lot of respect for the people I visit, I treat them like they are my own parents.”

Newly recruited staff had completed a six day induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service. The initial induction would be followed by the new staff member ‘shadowing’ an experienced member of staff until they felt competent. This allowed the new staff member the time to understand their role and the standards expected of them. Staff said the induction was very good and had provided them with the knowledge and experience they required. Feedback included, “The induction training was very thorough. After I started working on my own there was always someone to ring (at the office) for advice” and, “I think the induction training I had made sure I had the right training for my job.”

Staff had been provided with initial and on going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Staff had been provided with mandatory training and also further training for specific areas of need for people using the service. This had included, Parkinson’s awareness, diabetes awareness, palliative care, stroke awareness, epilepsy awareness, falls prevention, Multiple Sclerosis awareness and mental health awareness. The service also had dementia champions who were trained staff who could be approached for guidance and advice when staff needed further assistance.

The staff confirmed that their training was up to date and many had also completed a recognised qualification in care. People felt the staff had the appropriate knowledge and skills to meet their care needs. Staff comments included, “The training is very good” and, “They are very hot on training and there are always regular updates.”

Staff received regular supervision and appraisal. Supervision included spot checks to check staff’s competency in their work and individual one to one sessions. One staff member told us, “We have spot checks of the way we support people in their homes, we also get supervision and an annual appraisal, which I find very useful.” Another said, “We have team meetings which are good for catching up with colleagues and discussing issues about our roles.”

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. The service has also arranged for two staff to have extra training on this subject so they could help identify people who may need assessments and complete the relevant forms. The manager had also produced a system on her computer so they could ensure these were reviewed every six months.

All staff we spoke with confirmed they had received training in MCA and were aware of how this helped to keep people safe and protected their rights. Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. Some people at the service had ‘do not attempt resuscitation’ requests in place and these were clearly displayed in the front of the care folder and easily accessible for the staff to ensure they followed people’s wishes.

People told us that they had agreed to the service providing their care and support and staff knew to check that people were consenting to their care needs during all interactions. Files contained consent to care forms which had been completed by the person receiving the care or their relative.

People told us that staff always asked for their consent when providing them with support.

Most of the food had either been prepared by family members or was fresh or frozen ready meals. Staff were required to reheat the food and ensure that the meals were accessible to people. Staff had received training in food safety and were aware of safe food handling practices. They

## Is the service effective?

told us that they ensured that people had access to their food and drink before they left the person's home. Those people who were supported at meal times had access to food and drink of their choice.

People had been supported to maintain good health and had access to healthcare services and received on going support. People told us that mostly their relatives would support them with their healthcare appointments however,

they added that staff had supported them to access healthcare support if necessary. Staff had liaised with health and social care professionals and referrals had been made when needed and this showed that staff tried to maintain people's health. One person stated, "They are very good if we have an appointment. They will arrange for staff to come early to ensure I am ready in time."



# Is the service caring?

## Our findings

People told us the staff were kind and caring. Comments included, “They [staff] are very good with me, I wouldn’t change one of them, they cheer me up” and, “They are all wonderful, really kind and are now good friends, and yes I am absolutely satisfied with them.”

Staff had an awareness of the day to day care needs of the people they worked with. They understood the support each person required to meet their needs and to help keep them safe. Feedback from staff included, “I think that we all work as a team to support each other to meet our client’s needs.” Another said; “I don’t have any concerns about the care we provide and I enjoy my work. I get good job satisfaction here working with people and in supporting people to carry on living in their own homes.”

For people who needed extra support to make decisions about their care and support there was information about advocacy services in the agency’s guide. Advocacy services support and enable people to express their views and concerns and may provide independent advice and assistance.

People were happy with the care and support they received and added that they were treated with dignity and respect. They were complimentary about the staff and comments included, “They [staff] are very very good and do a wonderful job” and, “We have a lovely team and they are really good.” Staff feedback included, “I treat people how I would like my mum and dad treated, I will not be rushed and I love my job” and, “I treat people like my own parents. It is the best job I have ever done.”

# Is the service responsive?

## Our findings

People told us that the service generally met their needs and they were involved in the assessment and planning of their care. Staff we spoke with were knowledgeable about the people they supported and some had cared and supported people for a number of years. They were aware of their likes and dislikes as well as their health and support needs. Feedback from people included, “I am very pleased with the carers, they go beyond their duties” and, “It has enabled me to retain some sense of independence.”

People’s care needs had been fully assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person’s diversity had also been recorded. Staff were aware of people’s dietary, cultural and mobility needs. Care plans had been reviewed regularly and updated when changes were needed and people stated they had been involved in the planning of their care and received the support they needed.

The service had systems to be responsive to people’s needs and had introduced a system where they were able to identify which people would be considered at risk in emergency situations such as adverse weather or high levels of unplanned staff absence. They also have a monthly audit on ‘missed visits’ and these are followed up to establish why they have occurred and what action needed to be taken.

Most people received personalised care that was responsive to their needs. Most people had regular carers and had been with the service for a while. Some people

new to the service had experienced late visits but they were waiting for regular staff to be allocated to them. People did not have issues around the quality of the care they received and were satisfied and complimentary about their care workers. Some people had experienced later calls and care at the weekend was sometimes later than during the week, but on discussion this was usually due to staff sickness or annual leave. Feedback included, “I sometimes have a lot of different people coming” and, “They are inconsistent at holiday times, but I understand why.” The manager was confident that the changes they were in the process of implementing would help towards people having visits by regular staff and staff arriving on time, but would continue to monitor calls to ensure people received the care they needed and that the calls were prioritised.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people’s homes. Most people thought the management to be effective and had confidence that any complaints would be listened to and acted on. Staff knew about the service’s complaints procedure and that if anyone complained to them they would notify the office. Where complaints had been received there were records that these had been investigated and appropriate action taken. Senior management in the organisation also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

Compliments the service had recently received from their quality assurance questionnaires included, ‘Having carers to help me means I can remain in my own home and keep my independence’ and, ‘The carers are understanding and treat me as an individual.’

# Is the service well-led?

## Our findings

The service had a registered manager who has been in post for over two years. Staff we spoke with were complimentary about the office supervisors and management team. They said that they had received supervision, attended regular staff meetings and could gain support and advice when needed. Feedback included, “I feel supported in my work and if I ring the office or out of hours on-call about any issues I feel that they take notice of my opinion” and, “I can ring the office anytime to discuss any issues I want and they have always taken notice of what I’ve said and tried to sort it out.”

Most staff told us that they felt listened to and were kept up to date with information about the service and the people, but some stated they would like more information about new people they were asked to attend; especially at short notice. The service had information in people’s homes and also information on the time sheets that staff received weekly, but this was discussed with the manager who said they would gain some feedback from staff on what else they felt they would require and see what could be done to provide this.

The service had clear aims and objectives and also a ‘service user’s charter’, which included dignity, independence and choice. The ethos of the service was made clear to people through the service’s aims and objectives and staff had a good understanding of the standards and values that people should expect.

Communication with people and staff was good. The service has also introduced a newsletter which was distributed to people who used the service and included general information and also details of any development plans the service had. This was a good way to keep people up to date on general issues and also include them in the running of the service. Management have a meeting each week to identify any areas of work that would need to be completed during that week and also looked any audits that have been completed and discuss plans of action.

People told us that the service listened to their views and acted on what they said. Regular reviews had taken place to ensure people were receiving the care they needed. The service had also introduced a ‘service user forum.’ This was

a three monthly meeting with people and relatives who received care from their service, and from this they gained feedback on what the service was doing well and also what may need to be improved.

The management team had systems in place to try and improve the quality of the service people received and act when issues are brought to their attention. They told us that the restructuring of the service would assist in some of the issues raised by people as part of this inspection. They stated they would continue to look for ways they can ensure that people have regular staff, they arrive on time and provide the care people require. Communication with people had improved since our last inspection and evidence was seen that the service is moving forward and listening to feedback from the people they provide services to.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The manager and provider had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, service user files, care reviews, staff training and supervision, medication and issues relating to the quality of care people received.

The service carried out surveys twice a year and also made regular telephone calls to people to check if they were happy with the service they received. The manager had compiled reports from their findings and summarised people’s responses and the actions taken regarding any issues that had been raised. From feedback from the telephone calls the service had extended their out of hours service over the weekends to provide support to staff and people in the community at busy times. They had received feedback from the staff and people who had found this an asset.

Staff felt well supported and received regular support and guidance from the management team. They told us that they had regular face to face supervision and attended meetings and that they were able to phone the office for advice. Senior staff had carried out spot checks to observe staff practice and ensure that good standards were being upheld and a quality service was being delivered. Spot checks included reviewing care records to see that they were well maintained. The provider had introduced new systems to help gain feedback from people who used the

## Is the service well-led?

service and this included weekly telephone calls to ten people in each of the three geographical areas. They had used this feedback to highlight areas the service may need to be improved.

The service had introduced a code of behaviour card for staff. This provided guidance and information on their

general practice and do's and don'ts, whistle blowing and safeguarding, mental capacity and equality. It assisted staff in being aware of essential information and assist them in their accountability whilst doing their job.