Carewatch Care Services Limited

Carewatch (Central London)

Inspection report

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Website: www.carewatch.co.uk

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03 October 2017

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We conducted an inspection of Carewatch (Central London) on 27 and 28 September and 3 October 2017. The inspection was announced. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available.

Our previous comprehensive inspection was conducted on 19, 20, 21 and 23 December 2016 and 5 January 2017. At this inspection breaches of regulations were found in relation to person centred care, dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, complaint handling, staffing and submitting notifications to the Care Quality Commission. We issued warning notices in respect of the breaches relating to person centred care and safe care and treatment. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these areas. We undertook a focused inspection on 8 and 9 June 2017 to check that they had followed their plan in relation to the warning notices and other breaches of regulations. We found the provider had made some improvements in a number of areas, but had not had sufficient time to meet their action plan.

Carewatch (Central London) provides care and support to people living in their own homes. There were 302 people using the service when we visited.

There was a registered manager at the service. 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.

Risk assessments and care plans contained a good level of information for care staff.

Medicines were accurately recorded when care workers prompted people to take their medicines. Senior staff audited medicine administration records (MARs) on a monthly basis and retrained care workers where errors were made.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. However, we found two examples of care records being signed by people's next of kin where they did not have the legal authority to do so.

People gave good feedback about care workers, but we received some complaints that they were often seen by different care workers. At the time of our inspection, the provider had taken action to address these

complaints.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisal of their performance.

People were supported to maintain a balanced, nutritious diet where this formed part of their package of care. People's care records contained sufficient information for staff about how to meet people's needs in relation to their health and nutrition.

The organisation did not have effective systems in place to monitor the quality of the service. Audits were conducted of care records and MAR charts. We saw evidence that feedback was obtained from people using the service. However, the provider's monitoring did not identify the issues we found in relation to complaints and obtaining valid consent.

We have made two recommendations, one about obtaining valid consent for people to receive care and support and another about the management of feedback and informal complaints.

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's care plans and risk assessments contained a good level of detail about people's needs.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

We saw accurate records were kept of the support people received with their medicines.

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Is the service effective?

Requires Improvement

The service was not always effective. The service was not always meeting the requirements of the Mental Capacity Act 2005. Two people's care records were signed by people's next of kin without their having the legal authority to sign their family member's documentation. Care staff were aware of their responsibilities under the MCA 2005.

Staff received an induction, training and regular supervisions and appraisals of their performance.

Information about people's health and dietary needs was included in people's records.

Is the service caring?

Good

The service was caring. People using the service and their relatives made positive comments about the care provided by

staff. However, we received complaints about people being seen by different care workers which hindered their ability to build a meaningful relationship with them. At the time of our inspection the provider had taken action to address these complaints.

People and their relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

Care workers had a good level of knowledge about people's culture and religions and how this influenced and contributed to the support they provided.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. Complaints records indicated that people's complaints were being dealt with in line with the provider's policy. However, people told us they had complained to the service about the timeliness and consistency of their care workers, but had not been responded to.

People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and maintain their recreational interests where this was part of the package of care required.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The provider completed audits in different areas of the care provided. However, these checks did not identify the issues we found regarding complaints and obtaining people's valid consent. Feedback was sought from people using the service through monitoring visits and telephone calls. Feedback was positive about the care received..

Care workers gave mixed feedback about their relationship with office based staff.

Information was reported to the Care Quality Commission (CQC) as required.

Carewatch (Central London)

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 took place on 27 and 28 September and 3 October 2017 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with 16 people using the service and 16 relatives of people using the service on the telephone. We spoke with 15 care workers after our visit over the telephone as well as the registered manager and other senior staff. We also looked at a sample of 30 people's care records, 20 staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when using the service. Comments from people included "I feel safe with the carers" and "I do think they're trustworthy."

At our previous inspection we found some improvements had been made to the quality of some risk assessments and support plans, but some continued to contain inconstancies and there were some care records without specific risk assessments in place where risks had been identified. At this inspection we found improvements had been made to the quality of care records.

We looked at people's support plans and risk assessments. A senior member of staff visited people in their homes and conducted risk assessments on the safety of the person's home environment as well as conducting a needs assessment around areas of support. This included the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a support plan around the person's identified needs.

Risk assessments were comprehensive and contained a good level of detail about the type of risk and what actions care staff were supposed to take to mitigate this. For example we found one person's care record identified that they had a risk of choking. We found a specific 'protocol for the prevention of choking' within their file which included general prevention techniques for this type of risk. This included seating the person in an upright position and ensuring their food was cut into small pieces. It also included the specific reason why the person was at risk as well as what action care staff were supposed to take in the event of the person choking. In another care record we found specific details of risks associated with a person's mobility and in particular, their risk of falling. We found a specific risk assessment which explained the reasons why the person's was at risk of falling as well as practical advice for care worker's to help mitigate this risk.

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adults policy and procedure in place and records indicated that this was being followed thereby ensuring the appropriate management and reporting of safeguarding matters. A member of the safeguarding team at one local authority that commissioned services from the provider confirmed they did not have any concerns about the safety of people using the service. Procedures were also in place to mitigate the risk of financial abuse as care workers were expected to record all transactions and a policy was in place for managing people's money. The registered manager explained that financial transaction forms were reviewed every month and any discrepancies were identified and followed up.

Staff received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers had a good understanding about risks to people's safety and gave us examples of how they managed these risks and what they would do in the event of an emergency. One care worker told us "We are given emergency training as part of our induction. If something

went wrong, I would call 999 or the doctor and report this" and another care worker stated "We're trained on what to do in an emergency, but we also try to manage risks so we don't get in that situation. I have some clients who are at risk of falls, so I make sure I remove hazards to stop them falling in the first place".

Care workers were responsible for administering medicines to some people and prompting others to take their medicines. Medicine administration records (MARs) were filled in when care workers administered or prompted people to take their medicines and daily notes were also filled in to record the actions taken. Daily records and MAR charts were consistently filled in. We found MAR charts were audited on a monthly basis and the results of these audits were contained within people's files. Where mistakes were identified the audit form indicated who was responsible for this and they were required to undertake further training before being allowed to continue with this responsibility.

Care workers we spoke with told us they had received medicines administration training. Care workers were clear about the medicines that people should be taking and knew the procedure to follow after they had done so. Care workers told us "We get training on how to administer medicines. You always record it in the MAR chart" and another care worker stated "The MAR charts get checked and if you've made a mistake you have to redo your training".

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. The registered manager explained that if as a result of their assessment more care workers were needed than requested for the person, this could be negotiated. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required. The registered manager explained that telephone monitoring was conducted regularly to ensure that people had enough care workers attending to them.

We looked at the recruitment records for 20 staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found that the provider was not always meeting the requirements of the Mental Capacity Act 2005 (MCA). We found a large proportion of care records included details about people's mental capacity within a new section of the needs assessment. However, some people's care records did not contain these revised details.

The 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.

At this inspection we found the provider was not always working within the principles of the MCA. The provider worked closely with the local authority that commissioned services and sought mental capacity assessments from health and social care professionals where there were concerns about a person's capacity to make decisions. The provider asked relevant questions in relation to mental capacity and consent and recorded this within the support plan. This section specified what the person consented to and whether they withheld consent in relation to any aspect of their care. There was also a section for the staff member to provide an explanation if the person was unable to sign their consent form. For example we saw this area of the form was signed for one person who was unable to do so due to a physical disability that prevented them from doing so.

However, we also found two examples of people's care records being signed by their next of kin without them having the legal authority to do so. We spoke with the registered manager about this and she explained that she thought this had been authorised by the local authority, but could only provide this confirmation in respect of financial matters and not health and welfare matters. We recommend the provider seeks advice from a reputable source about ensuring that only people who are legally authorised to act on people's behalf do so to make sure that their rights are protected.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager. One care worker told us "We are told if a person has capacity to make decisions. If a client was trying to make a decision without having capacity, I would report this to my manager and get advice."

At our previous inspection we found that not all care records contained up to date information about their specific healthcare needs. At this inspection we found care records contained information about people's health needs. This included a description of people's known health conditions as well as some information about how these affected people and what care worker's responsibilities were. For example, we saw one

person's care record confirmed they used a catheter. There was information confirming that a district nurse attended to the person to change their catheter regularly, but that care workers were expected to empty this. Senior staff liaised with healthcare professionals where specialist advice was required for known health conditions and we found any relevant instructions were recorded in people's care records. When we spoke with care workers they were aware of people's health needs and demonstrated a good knowledge of how they were expected to support people with these. Care workers told us, "I have clients with different health conditions, so it's important to know what each person needs. For example, one of my clients has diabetes so I have to be aware about what type of food they eat and another client has dementia so I have to know how to help them" and another care worker told us, "We always look in the care plan first to find out what people's health conditions are. If we have any other questions then we speak to staff about these."

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included some information about their dietary requirements, but this information was usually brief and there was sometimes little recorded information on people's likes and dislikes in relation to food. Care workers told us meals were usually prepared by family members, but if they were required to prepare food, they would usually ask people on the day of their visit. We found care records contained detailed information on people's nutritional needs where they had a specific health condition. For example, there was information for staff about the types of food people with diabetes should be encouraged to eat.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. The registered manager told us supervisions took place every two months, and we saw records to confirm this was taking place. Supervision sessions included discussions about individual clients, whether care workers had any training or development needs and if there were any other issues. Care workers told us they found these sessions useful. Their comments included "Supervisions are very useful. I think it's good to take time out to talk about our work" and "We get supervisions and we get spot checks. I think these are good for me, so I know that I'm doing my job correctly."

The registered manager also told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. Care workers told us and records confirmed these were taking place.

People told us staff had the appropriate skills and knowledge to meet their needs. People told us, "They know what they're doing" and "Some of them go above and beyond and really think out of the box." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as regular ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, moving and positioning and dementia awareness. Care workers told us they were able to request more specialist training if required.

Good

Is the service caring?

Our findings

People and their relatives gave good feedback about the care workers. People told us, "They definitely care", "All the girls are very kind" and one relative told us, "My [family member] looks forward to them coming. They really take good care of her." People told us they were treated with kindness and compassion by the care workers who supported them, but some people complained that they had been unable to develop a good relationship with care workers because they were frequently seen by different care workers. People's comments included, "This is no criticism of the carers, because they are good, but I keep getting different carers all the time", "I've had lots of different carers. It's quite frustrating, because you start to get on with one person and then you never see them again" and "I always get different carers. I used to get a regular carer and things were a lot better then."

Some care workers confirmed they often saw different people. Their comments included, "I sometimes see clients I haven't seen before to cover for illness or another emergency, but I don't think this is a regular thing", and "This was a problem in the past, but things are a lot better now". Some care workers told us they worked with the same people so they had got to know each other well. These care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this. However, other care workers told us seeing different people on a regular basis was hindering their ability to build a relationship with people. One care worker told us "I treat my clients like they're my family. When you see different people all the time, they can't trust you."

We also received a number of complaints about the timeliness of care visits. People's comments included "They're often late. It's not the carer's fault, it's because they're not given enough time to get here" and "My carer has to travel quite far to get here so is late quite a lot." We spoke with the registered manager about this issue and she informed us that work had been undertaken to ensure that care workers were consistently seeing the same clients. St the time of our inspection 87% of people were assigned care workers who were supposed to continue seeing them on a regular basis.

People we spoke with confirmed that their privacy was respected. Comments included "They do respect me and my home" and "They're very polite and don't impose at all." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. Comments included, "When I'm giving personal care, I make sure people are comfortable and okay with what I am doing. I also make sure they are covered where they need to be" and "I always make sure the doors are closed and curtains drawn when I'm giving personal care. You have to be careful about these things."

Care records gave details about people's cultural and religious requirements, which were identified when people first started using the service. Care records included details about how care workers could support people to practise their religions. For example, we saw reference to care workers assisting people to go to their place of worship, there was information about what food people were permitted to eat in line with their religious requirements and we saw references to religious activities that care workers supported people to enjoy. When we spoke with care workers they had a good level of knowledge about people's culture and

religions and how this influenced and contributed to the support they provided. Their comments included "I have one client who is a Muslim lady and I am very careful when giving personal care, as being clean is very important in her faith" and "I assist one lady to go to church every week. This is very important to her and I know she looks forward to it."

Requires Improvement

Is the service responsive?

Our findings

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and their relatives confirmed they knew who to complain to where needed. The registered manager told us how they handled complaints and we saw records to demonstrate this. Records we reviewed demonstrated that complaints were managed in line with the policy to people's satisfaction. However, people told us they had complained to the service many times in relation to the timeliness of visits and about the consistency of care workers, but they had not received a response to their complaints. We recommend that the provider reviews their complaints policy to ensure that informal complaints are recorded and addressed promptly.

People's needs were assessed prior to receiving care and support and care records reflected their individual preferences in relation to the support they received. Care records showed people's needs were regularly reviewed in meetings and care records were updated as a result.

People's care records provided staff with guidance on how to support people. Care records contained information about people's health, care, cultural and communication needs. Changes in people's needs were recorded and action was taken to meet them. Care records stated the hours commissioned for the delivery of care and support. The hours of support people received changed when their needs did. For example, one person's care records indicated that their needs had increased and we found correspondence to the commissioner of the service, requesting authorisation for an increase in their care. Care workers told us they reported any changes in people's needs or the adequacy of their visit times to their line manager when needed. Their comments included, "We only leave people once we have finished doing our work. If this takes longer than the time allocated, we will take longer and report this" and "If we need more time to do our work we report this to the office. It has happened to me once and the time was increased".

Care records contained details of people's involvement in activities. As part of the initial needs assessment, the senior staff member spoke with people and their relatives about activities they were already involved in so they could continue to encourage these where they were able to do so within their visits. We found care records included details of people's recreational interests even where care workers were not involved in supporting them with these. For example, we saw details of one person's favourite football team and another person's specific interest in outdoors activities. Care workers told us it was important to know about people's interests even where they were not specifically supporting them with these. One care worker told us "I like to know what my clients are interested in. That way, if I know there's a television programme about it coming on or if I know something interesting about it, I can tell them or I can have a chat with them about it."

Requires Improvement

Is the service well-led?

Our findings

The provider did not have adequate systems in place to monitor the quality of the care and support people received. We saw evidence of audits on medicines administration and found care records had been reviewed and updated to include all relevant information. However, the provider's checks did not identify the issues we found in relation to complaints and obtaining valid consent.

Feedback was obtained from people using the service, their relatives and staff. Feedback was sought during monitoring visits and monitoring telephone calls which took place approximately every six months. The registered manager told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the records we viewed and found feedback to be positive. The registered manager told us that she took action where required to ensure that people's needs were met. The registered manager explained that she was aware that travel time had been an issue as this had been reported to her from care workers. She explained that a number of actions had been taken to address this issue which included providing care workers with a rota in advance so they could report any issues relating to travel time. However, the manager agreed to monitor this issue and implement changes where necessary. We looked at records of feedback obtained in 2017 and found most of these were positive about the care provided.

Providers are required to notify the Care Quality Commission (CQC) about significant incidents including safeguarding concerns. We found the provider was submitting notifications to the CQC as required.

We saw accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they intended to review accidents and incidents individually, to identify further action required. At the time of our inspection, there had been no accidents or incidents since the previous inspection had taken place.

Care workers gave mixed feedback about their relationship with the registered manager and senior staff at the office. All care workers explained they had not had the chance to get to know the registered manager as she had only recently started in her post. Their comments included "She seems nice, but I've only had one conversation with her" and "I have met her, but I usually speak with my care coordinator about any issues that I need to discuss".

Care workers gave mixed feedback about their relationships with their care coordinators and other office based staff. Their comments included "I have reported concerns many times, but they don't listen", "I have reported issues about my travel time, but staff don't do anything" and "I have a good relationship with staff at the office".

Team meetings took place on a monthly basis and care workers told us they found these useful. Their comments included "It's a good chance to take time out and discuss your work" and "It's nice to catch up with everyone and discuss our experiences. We can really learn from each other."

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these. Care worker's comments included "We are here to help people to lead the lives that they want to lead" and "I go to work to help people to help themselves."