Kaizen Healthcare Limited

Carewatch (Croydon & Sutton)

Inspection report

1st Floor Temple Chambers, 2 Robert Street,
Croydon, Surrey, CR0 1QQ
Tel: 020 8688 8861
Website: www.carewatch.co.uk

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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 on 10 and 11 March 2015 and was announced. We told the provider two days before our visit that we would be coming.

Carewatch (Croydon & Sutton) provides help and personal care to people in their own homes. At the time of our inspection 115 people were receiving care and support from this service. At our last inspection in August 2013 Carewatch (Croydon & Sutton) was meeting the regulations inspected.

The service had 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.

People and their relatives told us they felt safe and that staff treated them well. There were processes in place to

Summary of findings

help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

Staff were up to date with training and the service followed appropriate recruitment practices.

People's individual risk was assessed to help keep them safe. Care records and risk assessments were regularly reviewed. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

People were asked about their food and drink choices and staff assisted them with their meals when required. People were supported to take their medicine when they needed it.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained the methods they used to help maintain people's privacy and dignity.

People and their relatives told us they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

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?

Good

The service was safe. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had detailed risk assessments and these were kept under regular review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

Is the service responsive?

Good

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were completed when people first started to use the service and were regularly reviewed.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously

Is the service well-led?

Good

The service was well-led. People's views and comments were listened to and acted upon. Accidents and incidents were reported, reviewed and changes made in order to improve the quality of the service.

Staff felt supported by their manager and were encouraged to report concerns.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Carewatch (Croydon & Sutton)

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 10 and 11 March 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one 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. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We sent 50 questionnaires to people asking them to tell us about the care and support they received from the service, 20 people responded and they told us about the care provided to them.

During our inspection we spoke with six staff members and the registered manager. We examined five care plans, four staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with four more staff members and twenty people using the service or their relatives.

Good

Is the service safe?

Our findings

All of the people that had completed the questionnaire said they felt safe. People told us they felt safe. One person said, "I feel safe with my care workers."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year. At the time of our inspection there was one safeguarding concern being investigated and appropriate action had been taken to keep people safe whilst this was being looked into.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasion, undertook shopping for people who used the service. All of the people we spoke with said they trusted care staff with money. They were given receipts for all items purchased and each transaction was recorded in a book and checked by the service.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. One person required the use of a hoist and we noted an occupational therapist had produced a hoist plan to ensure staff were aware of how to use the hoist safely together with advice for safe methods of transfer around the home.

All care staff had completed first aid training. Emergency 24 hour on call numbers were given to people when they first started using the service and to staff when they were first employed ,so they could contact the service out of hours if there was an emergency or if they needed support. This number was also on printed on the reverse of staff identification badges for easy access should something happen. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

The service had systems to manage and report accidents and incidents. Details of accidents were recorded together with action taken at the time. Details of any incidents such as falls were logged at people's homes and staff notified the care coordinators so they could record the event in the office. Although there were no specific forms to record the action taken we saw how these events triggered contact with relatives or healthcare professionals and where necessary peoples care needs were reviewed.

People told us that care staff arrived promptly and would stay the allotted amount of time. They told us the office would call them if care staff were running late. We spoke with two care coordinators who told us they tried to place care staff locally to people who use the service to reduce travel time and the risk of staff arriving late. However, due to an on-going recruitment campaign this was not always possible. The manager explained how they ensured there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by the number of people using the service and their needs. This included occasionally using office staff who were also trained care staff to cover staff leave and sickness.

Some staff told us they felt under pressure because of the lack of staff but felt confident that things would improve once more staff were recruited. We spoke to the manger about staff recruitment, they had identified the need for more staff and had put various initiatives in place to attract more people to apply for vacancies.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People were supported to take their medicine safely. People's care records contained details of prescribed medicine and this was reviewed when necessary. Staff

Good

Is the service safe?

noted each time medicine had been given but the records they signed did not provide detail of the type of medicine or dosage. The manager explained a new Medication Administration Record (MAR) chart was in the process of being introduced to people's care records and the service was currently testing the new MAR chart for creams and lotions. Staff we spoke with and records we saw confirmed this. Staff were trained in medicine awareness and each staff member had their competency assessed during regular on site supervisions.

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs and 84% of people who answered our questionnaire told us they were happy with the skills and knowledge of care staff. One person told us, "They [the staff] know their stuff."

All new staff attended a four day induction before starting work for the service. This was in line with the skills for care common induction standards. After working in the service for 12 weeks staff attended an additional training day to consolidate their learning. The recruitment and training co-ordinator showed us the induction timetable, it included topics such as the role of the home carer, emergency first aid, infection control, food nutrition and wellbeing, moving and handling and safeguarding. After induction staff attended a compulsory annual two day refresher course. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. The manager explained that she was the certificated trainer for moving and handling at the service. We saw the onsite training rooms with a hoist and hospital style bed for staff to use and gain practical experience before providing care to people in their own homes .

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. One member of staff told us how they had completed their National Vocational Qualifications in health and social care they said, "We have a two day update every year but I have also completed my NVQ level 2 and dementia training. I am now hoping to go on end of life care training." Another told us, "We are well trained it is so important…we get paid time off to do this."

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis for annual appraisals and during regular reviews where senior staff and managers assessed the quality of care provided by staff in people's own homes.

People were asked to give their consent for care and we saw consent forms in people's care records. These included an agreement to sharing information with some professionals, to administer medication and permission for the agency to provide care. Staff told us how they always asked people for their consent before assisting them. One staff member told us, "I always ask people before I provide any care."

Staff were aware of the Mental Capacity Act (MCA) 2005. The manager had an updated MCA policy. This reflected the Supreme Court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. This included making an application to the court of protection. At the time of our inspection no one using the service was deprived of their liberty and no applications had been made to the court of protection.

Where required people were supported to eat and drink appropriately. One person told us, "I have carers everyday…they do a bit of cooking. They always make sure there is some bottled water near to hand and they do some shopping." Although we noted people's food preferences, likes and dislikes were not always noted in their care records. Staff we spoke with had a good knowledge of people's needs and preferences. One staff member told us, "I always check in the care plan to see if the person has any allergies and then I will ask them what they would like to eat." Another member of staff explained how they had offered various choices to encourage one person to eat they told us, "[The person] said they were hungry, I gave them some choices and they decided on an omelette. They ate it all while I stayed and chatted with them."

People's dietary needs were assessed before they started using the service and then again regularly during their period of care. For example, one person required a soft diet and their care records contained guidance for staff to follow to ensure the person was able to eat and drink safely. Care staff had received training in food safety and were aware of safe food handling practices.

People's personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP and occupational therapists. Staff told us how they would notify the office if people's needs changed and we noted examples of how additional support from healthcare professionals helped people maintain good health. For example, the service had liaised with the occupational therapist for one person's hoist plan that gave

Good

Is the service effective?

guidance to staff on safe transfers. We spoke to the care supervisor who confirmed staff were not permitted to use hoisting equipment until specialist training had been given and they were satisfied of staff competency.

Good

Is the service caring?

Our findings

All of the people who completed our questionnaire told us staff were caring, kind and treated them with respect and dignity. People told us they were happy with the standard of care and support provided by the service. One person said, "I have carers…they are my 'care friends'."

Another person told us, "I am very satisfied with them and would certainly recommend." Relatives told us, "[My relative] loves chatting to the carers who have become her friends" , "The vast majority of care workers are really nice and want to do their best" and " I hear [my relative] having a joke with the carers and laughing a lot." One relative was unhappy with some aspects of the care provided, but explained they were speaking with the manager about some issues that had arisen. We later spoke with the manager who confirmed the action being taken to improve the care package for this person.

Staff had a good knowledge of the people they were caring for and supporting. Staff comments included, "I've cared for the same people for a while, you get to know what people like and don't like", "I like to get to know the personal touches, how people like things done and what they like" and "Once you get to know people well you can tell if they are not 100%."

We heard how staff responded to people's needs. One person told us, "When I fall over, my care workers must ring the alarm bell and wait until the emergency team come out." A staff member explained how they had just called the GP because one person was unwell and we heard how another staff member waited with one person while the ambulance arrived. They told us, "We will always wait with people if we need to especially when they have no family to help them."

All the staff we spoke with told us they enjoyed working with the people they cared for, comments included, "It's good to know I have helped someone even in a small way", and "I like to help people and have a chat, brighten up their day. I try to make them laugh at least once if I can" and "The best thing is meeting people, trying to help and giving them a smile. I want people to be happy."

Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I always talk through what I am doing, I respect them as a person … I never discuss anyone's business, privacy is so important." Another told us, "I always cover my clients with a towel when providing care, it helps give them some privacy and dignity but also keeps them warm." We spoke with the deputy manager who explained staff supervision was incorporated when people's care was reviewed. Part of the review included observations around how staff worked with people and assisted them with their needs. This included observations around dignity, respect and privacy .If senior staff found any issues to suggest people's dignity and privacy were not being respected then additional training was provided to staff.

Good

Is the service responsive?

Our findings

People told us they felt supported by staff who knew their needs. One person told us, "I need a lot of personal care…carers help me with microwaving and so forth. They are very pleasant people whom I can chat with. " Another person told us, "Staff encourage me to use my wheelchair to go [out] and do a bit of shopping down the High Street."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff told us, "I talk to people to find out about their likes and dislikes, it's good to do that and have a chat with them" and "You read the care plan first but it's good to find out exactly how people like things done."

People received their care, treatment and support when they needed it. People's care was assessed when they first started using the service. A follow up review or 'mini review' took place every six months or more often if required and an 'annual review and a health and safety review were also carried out yearly. People's care reviews had been recorded and, where people's care needs had changed, these had been documented. However we noted that one person's care records had not been updated to reflect their current needs. They had been diagnosed with a condition where they bruised easily and it was decided staff would record any bruising using a body map but we did not see any written instructions regarding this. We spoke with the manager who explained they had spoken to care staff directly and the updated information was in the person's home but agreed that they would update the person's care records in the office to reflect their current needs. We spoke with the care coordinators and the care supervisor who confirmed the appropriate information and care records were at the person's home and gave assurance that this person's needs were being met.

Senior staff attended a weekly office meeting. This enabled staff to be updated on any events occurring over the weekend period and to be aware of people's immediate needs. Records from these meetings included information about people going to and returning from hospital, people who were particularly unwell and those people who required a review of their care needs.

The service sent staff additional information about people's needs. For example, in hot weather reminders were sent via staff timesheets to make sure people had enough to drink. One staff member told us, "If there is anything specific we need to know the office will put a note on my timesheet that's really useful."

People had a choice about who provided their personal care. We saw examples where people had requested different carers for various reasons and the service had tried to accommodate them where possible. Staff we spoke with told us the service tried to keep care staff with the same people who used the service to maintain continuity and build good working relationships.

The service asked for people's views and experiences. Details of reviews and visits to check the quality of care people received were kept at the service and we were shown the results of the annual survey sent to people to gain their views. Most responses were positive, however, where issues had been highlighted action had been taken to remedy the situation.

Consideration was given to people's disability, gender, race, religion and beliefs. Notes within people's care records gave a brief outline of people's mobility needs, cultural background and religion. Examples included how one person liked to attend church and the type of assistance another person needed because of their mobility.

People and their relatives told us they knew who to make a complaint to if they were unhappy. One person told us, "I did complain to the manager at Carewatch about one care worker who was replaced immediately…they do listen and act." A relative told us, "The agency deal with problems fast… I am happy with them and we have been with them for almost six years."

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. We saw the service had received five complaints in 2014. The service director had carried out an analysis of how quickly the complaints had been dealt with and the reasons behind the complaints. Actions had been identified to address key issues to help reduce future occurrences. We

Good

Is the service responsive?

spoke with staff who told us they would notify the manager if someone complained. If the person was unable to put their complaint in writing then one of the senior staff would visit the person to discuss and resolve any issues.

Good

Is the service well-led?

Our findings

People were asked about their views and experiences of the service. Yearly surveys were sent to people and the feedback was analysed and used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2014.

People were contacted on a regular basis for example, during reviews, the results of these reviews were in people's care records. Where negative comments had been made we noted the action taken by the service. For example, one person was unhappy with one of their care workers. We noted the action taken by the manager to improve the situation including contact with the person and speaking with the staff member concerned.

People and their relatives told us they felt able to speak with the manager if they needed to and that they were listened to. One person told us they were, "Very pleased with the service, they are helpful and kind and if I ring them up they respond quickly and positively." Another person told us, "It is easy to speak to the manager without much difficulty and they do listen."

The manager told us they had an open door policy and actively encouraged people who used the service and staff to report any concerns they might have. Staff we spoke with told us they felt well supported by the managers at the service and were comfortable discussing any issues with them. Staff told us, "I've never had any major problems but the office always sort things out for me one way or another" , "Whenever I have a problem I speak to [the manager] or [deputy manager] they always help you out " and " I speak to the manager if there are any problems but sometimes I don't like the answers."

Staff meetings were held every quarter and helped to share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from the last meeting held in December 2014. The meeting discussed issues such as recruitment, people's medicine management, confidential information and general staffing issues. Where lessons had been learnt from incidents they were noted and disseminated. For example, following one incident there was a discussion around the need for staff to keep accurate records to reduce the risk of such an event reoccurring.

The service had just started a monthly staff newsletter and we were shown the February 2015 addition, this covered important information about staff pay and a list of essential tips for staff to help reduce falls for people who suffered with Parkinson's disease.

Complaints, accidents and incidents were managed, logged and analysed. We noted, the service had examined its safeguarding incidents for the last year and identified actions to maintain staff vigilance and encourage the early identification of any suspected abuse.

Systems were in place to monitor and improve the quality of the service. Regular quality assurance audits were undertaken by the director. This covered issues such as recruitment, training, people's care records and health and safety. Where issues had been identified corrective action had been taken.