Carewatch Care Services Limited

Carewatch (Redbridge)

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

Summary of findings

Overall summary

Carewatch (Redbridge) provides personal care for people in their own homes some of whom may be living with dementia. At the time of this inspection, 134 people were using the service. This was the first inspection of the service at the current address.

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.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. Safe recruitment checks were carried out. People had robust risk assessments carried out to ensure safe care was provided and potential risks were minimised. There were systems in place to ensure people were supported to manage their medicines safely.

Staff were supported with regular training opportunities, supervisions and appraisals. The registered manager and staff were knowledgeable about their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. Staff supported people with meal preparation and were aware of people's nutritional requirements.

Staff were aware of people's needs and how to develop positive relationships. People and relatives thought staff were caring. Staff demonstrated their awareness of how to provide dignified care, respect people's privacy and encourage independence.

Care plans were personalised and staff demonstrated awareness of providing personalised care. Complaints were dealt with appropriately and in accordance with the provider's policy.

Staff had regular staff meetings to receive updates on the service. The provider had systems to check the quality of the service provided. People and their relatives were asked for their views about the service. Some people and relatives told us communication from office staff could be improved. We have made a recommendation about customer service.

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. Staff were knowledgeable about recognising and reporting abuse. People had risk assessments in place to ensure risks were minimised and managed. The provider had systems in place to manage people's finances safely.

Safe recruitment checks were done when employing new staff and criminal record checks were up to date. The provider used an electronic system to alert them when calls were missed.

Is the service effective?

Good

The service was effective. Staff received support through regular supervisions, training opportunities, annual appraisals and paid travelling time.

The provider was knowledgeable about what was required of them to work within the legal framework of the Mental Capacity Act (2005). Staff were aware of when they needed to obtain consent from people.

Care records contained information about the involvement of healthcare professionals and people were assisted with healthcare appointments when required. Staff assisted people with nutrition and hydration and were aware of people's dietary preferences.

Is the service caring?

Good

The service was caring. People and relatives thought staff were caring. Staff demonstrated a good understanding of people's needs.

Staff were knowledgeable about respecting people's privacy and dignity. People were assisted to maintain their independence. Staff had awareness of good practice in the area of equality and diversity.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and were written in a personalised way. Staff knew how to deliver care in a personalised manner and were aware of people's preferences.

People and their relatives knew how to raise concerns or make a complaint. The provider had a complaints policy and complaints were recorded and responded to in accordance with the policy. Complaints were used by the provider to improve the service.

Is the service well-led?

Good

The service was not consistently well led. People and relatives gave mixed responses from people about communication from office staff and the registered manager.

The provider had systems in place to obtain feedback from people and to audit the quality of the service provided. These systems included feedback surveys, telephone monitoring record auditing and electronic quality monitoring. The service had regular meetings for care staff.

Carewatch (Redbridge)

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.

This inspection took place on 30 January and 6 February 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector carried out this inspection.

Before the inspection, we checked the information that we held about the service and the service provider. This included notifications the provider had sent us. We contacted the local authority to seek their views about the service. We usually ask the provider to complete a Provider Information Return (PIR) before we visit. 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. Due to technical reasons a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We contacted the local authority to seek their views about the service.

During the inspection, we spoke with the regional operations director, the registered manager, a trainer and five care staff. We reviewed ten care records, five staff records and records relating to the management of the service, including medicines, financial records for people using the service, staff training and supervisions, complaints and quality assurance. After the inspection we spoke with seven people who used the service and five relatives.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. The provider had comprehensive whistleblowing and safeguarding policies which gave clear guidance to staff on how to recognise the signs of abuse, their responsibility to report concerns of abuse and who they should report concerns to. Records showed that staff received safeguarding training.

Staff were knowledgeable about recognising abuse and how to report it. One staff member said, "If you see anything you think isn't correct or you think could harm you or someone else you could go to your manager or higher to the CQC." Another staff member told us they would report abuse to the registered manager and said, "When you're not happy about something and your boss doesn't comply and there's nothing being done, phone CQC." A third staff member told us, "When something is wrong, it can be reported. You don't have to give your name."

People had risk assessments documented in their care records to assess the safety of delivering care in their home. Records showed risk assessments were reviewed 6 monthly or sooner when there was a change in need. Identified risks for people included falls, fire danger, mobility, environmental, infection control, choking and health. Environmental risks assessments looked at outside the property including property access, mobile phone signal and lone working outside the property and inside the home including lighting, ventilation and fire safety.

Risk assessments identified risks and documented the plans to manage the risks. For example, one person was identified as needing assistance with transfers. The risk management plan stated, "Transfers from bed to commode and vice versa using ceiling hoist. Has hospital bed and sliding sheet. Person on bed care only. Unable to weight bear. Needs two [care workers], sits in wheelchair." The record also indicated the equipment supplied and contact information for the agency responsible for testing and repairs. Another person's risk assessment stated, "Likely to have a fall if there's things' blocking the way as [person] doesn't know how to approach hazards." The risk management plan included, "Keep monitoring [person] at all times to reduce her chance of having a fall."

The provider had a policy for handling money and property on behalf of people who used the service. This policy was comprehensive and there was a procedure in place to protect people who used the service and staff. The registered manager told us the service was currently responsible for shopping for four people who used the service. Staff were required to complete a financial transaction record sheet for all purchases made on behalf of a person. This record sheet included the date and purpose of the transaction, the amount of money given to staff, the amount spent and the amount of money returned. Staff were required to bring back receipts and the record sheet was signed by the staff member and the person if they had capacity. Records showed that completed transaction sheets returned to the office for auditing had been completed correctly.

The provider had a system where alerts came through to the office or the on-call system if a care worker was late. The rota for the on-call system was shared between the care co-ordinators and the quality officers. This

meant that office staff or the on-call person could look into why this had happened and if the care worker was unable to attend the call, arrangements could be made for a different care worker to visit instead. The provider also produced a monthly missed calls report to monitor the number of missed calls and to identify any recurrent issues.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff were required to complete a health questionnaire to check they were fit to carry out their role. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had been given written references. We saw that staff had criminal record checks carried out to confirm they were suitable to work with people and these were up to date.

The provider had a comprehensive medicines policy which gave guidance to staff on the use of monitored dosage systems and how to administer medicines safely. The policy defined a person who needed support with their medicines, a person who needed their medicines administered by a care worker, a person who needed their medicines administered by a nurse and a person who self-medicated. Records showed that staff received training in administering medicines and were required to complete a medicine competency assessment before they were able to administer medicines unsupervised.

Care plans included a list of medicines the person was prescribed and indicated if the person required support with this. Each medicine was listed on the medicine administration record (MAR) sheet with the required dose, the time to be taken and care staff signed to indicate it had been administered. Completed medicine administration record (MAR) sheets were returned to the office each month so they could be audited. Records showed these had been completed correctly.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff had the skills to work with them. Staff told us they had regular opportunities for training. One staff member said, "This company's very good for training." Another staff member told us, "This company, they don't play with that training. They help us to get on [develop]." We reviewed the training matrix which was colour coded to show when staff were due to refresh their training. Topics of refresher training included dementia awareness, health, safety and fire awareness, infection prevention, record keeping and first aid. The provider had arranged refresher training to take place in February 2017 for staff who were due.

The registered manager told us new staff had a three month probation period before they were confirmed in post. Records showed that new care staff completed the Care Certificate. The Care Certificate is training in an identified set of standards of care to help staff deliver care effectively. New staff received a comprehensive five day induction training which included the role of a care and support worker, equality and diversity, moving and positioning, food safety and end of life care. The registered manager told us new staff shadowed experienced staff for two days.

The regional operations director told us that all branch managers would be receiving management training. The regional operations director also told us that currently training was delivered in a classroom setting.

The provider gave all care staff a care and support worker handbook entitled, "We put the Care into Career" which included guidance to staff on the support they could expect to receive including supervision. The registered manager told us that care staff received supervisions every six months with one office based supervision and one observational supervision which consisted of the care worker being observed at work during a care visit. Staff and records confirmed this was the case.

Records showed that office based supervision topics included actions from the last supervision meeting, training, whether the worker felt supported, concerns/issues relating to people they worked with, job activities, availability to work, ways to improve the service provided, compliments or performance concerns and general conduct and welfare.

Observation supervision topics included what was working well and whether any improvements could be made to enable each staff member to better carry out their role. Observations included communication, care values, reporting and recording, health and safety, medication administration and timekeeping,

The policy also indicated that staff should expect to receive an annual appraisal and records confirmed this happened. Care staff were given the opportunity to reflect on their performance over the previous year and fill in a self-evaluation form. The completed form was discussed during the meeting and a plan was agreed with the staff member of goals to work on during the forthcoming year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found staff had an understanding about the MCA and obtaining consent before giving care. One staff member told us, "Ask them. If they can't give consent go through the family." Another staff member said, "Communicate with the [person using the service] and get consent for everything." A third staff member told us, "You need consent if you are about to enter their house. Ask what they want you to do for them."

Care records showed that people had signed to consent to their care plans and for sharing information with other professionals involved in their care. Records showed that one person had a power of attorney for care and welfare and this representative had signed the care plan and another person had a power of attorney for finance and health. This meant the provider was working within the requirements of legislation.

Staff confirmed they assisted people with nutrition and hydration and were knowledgeable about people's preferences and dietary requirements. One member of staff gave an example of how they gave one person choices for breakfast. Another staff member gave an example of a person who used the service who did not take milk or sugar in their tea.

Care records contained contact details for involved healthcare professionals including the GP. Staff confirmed they assisted people to maintain their health. For example, one staff member told us, "I normally stay for one [person who used the service] for home visits from the GP or District Nurse." Another staff member said, "I may phone the office or the District Nurse if person is unwell during the visit," A third person told us, "I've called the office to re-refer to District Nurses because [person who used the service] leg was not healed."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes, very happy with the service provided, definitely caring." Another person said, "I would say they are caring." A third person told us, "They are okay." A relative told us, "Yeah, they are helpful. They are quite caring." Another relative told us, "The care provided is excellent." A third relative told us, "The one [care worker] she has got at the moment is marvellous."

Staff were knowledgeable about how they developed positive relationships with people who used the service. One staff member told us, "Important you have a friendly approach with [people who used the service]. Be open and chatty, build up a positive rapport with them. I think it's important you have a smile. When you smile at them, it always relaxes them." Another staff member told us, "Take your time to get to know somebody. They do show their appreciation. If they can't communicate they'll point to things. Get down to their eye level."

Staff described how they got to know the needs of people who used the service. One staff member said, "Ask the routine, what they like or not like. Ask how was their weekend?" Another staff member told us, "Normally we need to read the care plan. If we don't read the care plan, how will we know? You need to be patient."

The provider had an equality and diversity policy and a shortened version was included in the care staff's handbook. Staff received training in equality, diversity and inclusion and demonstrated awareness of good practice in this area. The regional operations director told us the provider had plans to start focus groups for people who used the service and for care workers which would be run by the registered managers. The aim of the focus groups was to discuss care packages, social inclusion and signposting to other services.

People told us their privacy and dignity was respected. The provider had a comprehensive policy for promoting privacy, dignity, respect and choice in care. One staff member told us, "Make sure the door is shut. The curtains are shut. That no one else comes in. Always cover one half while you are washing the rest of them." Another staff member told us, "Not sharing their personal information with others." A third staff member told us that giving people choices helped to maintain their dignity, "I need to give them choice. I let them choose their clothes and breakfast."

Staff were knowledgeable about encouraging people to remain independent. One staff member said, "Always offering them the opportunity to do a task, never taking over from them. Never assume they can't do it." Another staff member gave an example of how they raised the bed to the same height as the person's chair so that the person could slide across independently. A third staff member told us, "I want them to know they can do it so I encourage them."

Good

Is the service responsive?

Our findings

The provider included guidelines in their policies about placing the person who used the service at the centre of their care. Staff had an understanding of what personalised care was. One staff member told us, "Tailoring care to an individual's needs and wants." Another staff member said, "[People who used the service] are all different. That's why we've got their care plan." A third staff member told us, "Different needs for different people." A fourth staff member said, "Everybody's likes and wishes are different."

Care plans were comprehensive and personalised containing the person's wishes and preferences. For example, one person's care plan stated, "During the visit I would like [care workers] to fold away any clothes that are dry, hoover the area and put in another wash load, or to put the clothes from the wash up to dry." Care records also contained information on how people who used the service liked to be addressed and their preferred care worker gender. Care plans included the person's medical and personal history.

People had an assessment of their needs which included the person's chosen routine during the morning, lunchtime, bedtime, during the night and other visits as appropriate. Records showed care files were reviewed six monthly and people had a re-assessment annually. The registered manager confirmed that a review could take place sooner if a person's needs changed. Care records contained a timetable of support and a detailed description of what tasks the care worker needed to complete at each visit.

People and their relatives confirmed they knew how to make a complaint. One person told us they had made a complaint about the care they received and that it was resolved to their satisfaction. A relative told us there was one occasion where they were not satisfied with the care provided and the provider had changed the care worker so they were happy with the outcome.

The provider had a comprehensive complaints and compliments policy which stated that all feedback was welcomed to help them continuously improve the service provided. The policy gave guidance on how complaints could be made and how they would be dealt with.

We reviewed the complaints log for 2016 and found four complaints had been made and responded to appropriately. For example, one complaint was from a relative regarding missed calls which meant on one of these occasions the person had gone without food from lunchtime to the following morning. The complaint was substantiated and action was taken to maintain visit times with the same care workers. The complainant was also advised to call the registered manager if there were any further issues. The records showed the relative was happy with the outcome. Another complaint was from a relative who said the rota they had received was incorrect. Records showed this was investigated and found to be unsubstantiated.

Good

Is the service well-led?

Our findings

The service had a registered manager. Some people and relatives told us they thought the service was well led and they were satisfied with the service provided. One person told us, "[Registered manager] is very co-operative." Another person told us, "Yes, very happy. [Registered manager] is very jolly and listened to what I said." A relative told us, "Quite pleased, no complaint." Another relative told us, "The service seems to be ok."

A relative told us that, "They didn't always phone back but recently they've been very good." However two people and two relatives told us they were not happy with communication from office staff and the registered manager. This was because office staff and the registered manager did not phone back when they said they would and also people were not notified if visit times were changed or cancelled. We recommend the service seeks support and training for office based staff about customer service.

Staff told us they felt supported by the management team. One staff member told us, "I know that I can call the office if I've ever got a problem and they've always got a solution for me. [Registered manager] is really nice, really helpful." Another staff member said, "Support from the office and everybody. [Registered manager] is good. I like her." A third staff member told us, "[Registered manager's] very good and very active. Deals with issues urgently. A person you could easily talk to and always listens. The company also cares for us [staff]." A fourth staff member told us, "[Registered manager] will always be there for you. She's very supportive, very helpful, very useful."

The provider had a system of obtaining feedback through telephone monitoring. For example, comments on telephone monitoring forms for November 2016 included, "Lovely carers", "Happy with the service" and "Will report if anything pops up but is very happy with the support given." The provider also obtained feedback from people who used the service when they carried out observations of care staff at work. For example, one staff member's observation record for 17 November 2016 stated, "[Person] said [care worker] communicates with her in a respectful manner and she's quite happy."

The provider also asked people to complete a satisfaction survey. We reviewed the results of the 2016 survey and saw comments included, "I would recommend Carewatch to my friends. My [care workers] are very good", "[Person] has an excellent regular [care worker], she is kind, caring & acts in a professional manner" and "[Staff member] is a very understanding person, kind & patient."

The provider used the outcome of its survey to make improvements to the service provided. For example, one person commented that it is essential that new care workers arrive with the key safe information. The provider took action by introducing the new mobile phone system where care workers could obtain key safe numbers for individual people on their phones.

The registered manager told us they held regular staff meetings. Staff confirmed this was the case and told us they found these meetings useful. For example, one staff member said, "Everybody can express what needs to be done or what needs to be changed. Different people come with different news." We reviewed

the minutes for the meetings held on 9 September 2016 and 19 January 2017. Topics discussed included a training session for the new mobile phone system for care workers, new contracts, quality, refresher training and teamwork.

The registered manager told us care staff were invited in for lunch at the office every other month to thank them for their work. The provider organised a Christmas party for care staff and each staff member received a Christmas gift. The registered manager told us they also bought lunch for all staff who attended refresher training.

The regional operations director told us they had monthly meetings with the registered managers. We reviewed the record of the four most recent regional meetings. Records showed that the topics discussed included reporting, targets, training, hoist servicing, quality, recruitment, team expectations, communication. The provider had 'Helping Hands' days where branch managers supported another branch manager with any issues.

During the inspection the provider issued the quality officers with electronic tablets to take with them when they visited people who used the service to enable them to carry out assessments, reviews, staff observations and to check staff medicine competencies. This meant that all information gathered during a visit could be sent wirelessly from the tablet to the office computer system. The regional operations director told us they were planning to have pictorial care plans on the tablets for people who have a learning disability and the first meeting about this took place on 14 December 2016. Staff were provided with mobile telephones to receive rotas and customer information.

The provider had additional auditing systems in place. For example, the provider did quality audits of care notes booklet which contained notes from each visit and medicines records. For example, the audit for one person's booklet on 5 January 2017 found the old medicine administration record (MAR) chart was used. The action recorded was the quality officer transferred the date from the old MAR chart to the new one on the same day. Records showed the registered manager signed off the audits when all identified actions were completed.