

SAPH Limited

Carewatch (Camden & Haringey)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 17 March 2015 and it was unannounced.

Carewatch (Camden & Haringey) is a domiciliary care agency based in Camden, North London. The agency provides support services and personal care to people in their own homes. At the time of the inspection, there were twenty six people using the service who were being provided with personal care, including older people and those with learning and physical disabilities.

There was a registered manager in place at the time of the visit. 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.

Summary of findings

The risk assessment reviews we saw only recorded 'no change' but did not indicate how this conclusion had been made. They did not record sufficient information to identify each risk and to determine the action required to minimise such risks.

Staff were not always supervised regularly to ensure they were supported to care for people with complex needs. One staff file we looked at recorded the last supervision date in March 2012 and another February 2013

People did not always have an identifiable care plan in place and reviews of care plans did not always provide information of how they were carried out. Some parts of the care records had gaps in information, for example there was no life history on three records we looked at.

Arrangements for checking the quality of the service provided were not always in place. Although some audits were carried out, there was no evidence of how improvements would be made or how outcomes are measured.

We found that people were safe from harm and there were sufficient numbers of staff to meet the needs of the people who used the service.

Staff were appropriately skilled and knowledgeable to provide care and support to people using the service. Staff records showed that care workers all received induction training when they started working for the service as well as the number of mandatory training courses.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They had received training in the MCA and DoLS.

We saw that staff developed good relationships with people and they were treated with dignity and respect. They were knowledgeable about the people they supported and knew about their preferences in order to support them safely.

Some feedback from people was gathered from telephone monitoring and general telephone discussions. This assisted the registered manager to deal with concerns day to day. We saw a complaints book and log that demonstrated complaints had been addressed and resolved appropriately.

At this inspection we found several breaches of the HSCA 2008. You can see what action we told the provider to take at the back of the full version of the report

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 was not always safe as risk assessments were not always reviewed effectively.

Staff were aware of how to safeguard people and the steps to take if there was a concern about abuse or harm.

There were sufficient numbers of suitable staff to keep people safe.

There was a medicine policy in place to ensure the safe administration of medicines.

Requires Improvement



Is the service effective?

The service was not always effective as staff supervision was not regularly undertaken.

Staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and supported people in line with principles of the act.

Staff had undertaken induction training as well as the number of mandatory training courses.

Staff were aware of how to support people to access healthcare services effectively.

Requires Improvement



Is the service caring?

The service was caring. People are treated with dignity and respect.

Staff support and encourage people to be independent.

Equality and diversity was valued and promoted and people's individual values and beliefs were respected.

Good



Is the service responsive?

The service was not always responsive. Care plans were not always easily identifiable and information regarding reviews was not recorded.

Telephone monitoring to people that use the service and their relatives was used to gain feedback about the service and resolve any issues raised.

A customer guide was given to people at the start of the service. This meant that people knew how to contact the office during the day as well as outside office hours.

There was a complaints book and log that demonstrated that complaints had been addressed and resolved appropriately.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well-led. Quality assurance monitoring was not always effective as it had not highlighted that supervision was not being undertaking regularly.

Staff were supported by the registered manager who was accessible via the telephone and team meetings.

Requires Improvement



Carewatch (Camden & Haringey)

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 previous inspection took place on 10 September 2014 and was a follow up inspection to check on the action taken in response to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Consent to Care and Treatment. During the visit we found that the service was still in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and on the 22 September 2014 a warning notice was served.

During this visit we checked Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Consent to Care and Treatment and found that the provider had reviewed their processes for gaining consent to care and treatment and the care records we saw had been signed appropriately.

This inspection took place on 17 March and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service.

The inspection team included two inspectors 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.

We gathered information from the local authority, other notifications and examples of how the service had responded to complaints.

During our inspection we spoke with ten people using the service, one relative, six staff members including the manager, a local authority commissioning team manager and a safeguarding manager.

As part of this inspection we reviewed seven people's care plans and care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us they felt safe. One person said “I feel safe when I am hoisted” another said “They always wear gloves and aprons and they are trained in using the hoist.”

Whilst we saw there were risk assessments in place for each of the seven people who used the service there were issues with how they were reviewed. For example, where a person had been receiving a service for many years, recent reviews merely had the comment ‘no change’ written on a covering sheet. The actual full risk assessment on record was completed in 2005. There was no indication of how or with whom this review was conducted. It was not apparent which areas of risk were assessed, since the document included areas of risk such as physical and mental health; personal lifestyle, medication, moving and handling. This meant that risks were not appropriately reviewed and recorded and staff were not aware of how to minimise any risks identified.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some people and their relatives told us that the weekends were a problem and that they were often left without care workers at the weekends or that continuity was effected by having staff they were not familiar with. One said, “I have problems with carers not turning up mainly at weekends; they don't call to say that there is going to be a problem.” A relative said, “We can have difficulties at weekends with no staff turning up and the office being difficult to contact.” This may mean that people are not receiving adequate care and support at the weekends to keep them safe and to meet their needs.

Most people and their relatives told us there were sufficient numbers of staff to meet their needs during the week. One told us “I always get the right number of carers and yes they always wear gloves and aprons when needed. I think their attitude is good” Another said, “Timekeeping is good and their attitude is alright.”

Staff we spoke with told us they thought there was enough staff to cover the shifts required. One said, when they did a ‘double up’ call, “my partner is always on time”. They also told us, “The schedule is organised so that there is enough time to get from call to call, I never feel rushed.” When they were asked to cover for sickness and absences, one member of staff said “I am always asked, but never pressured to say yes.”

We saw staff rotas that demonstrated there was sufficient staff available to support people using the service safely.

Staff had a good understanding of safeguarding procedures and all had completed a safeguarding adults training course. We saw training records that confirmed this. They told us the types of abuse and the steps to take if they were concerned about potential safeguarding issues. This included how to whistle blow and report concerns in line with the company procedures. One of the staff told us, “It's my priority to make sure clients are looked after and safe.” Another said, “I always talk with the client and can pick up if they are upset or worried about something.”

We looked at seven staff records and saw evidence of safe recruitment practices. Each of these files included a photograph of the person and had two relevant references. Where there were gaps in employment, an explanation was given, for example, ‘left to have a baby’. We saw how there was an up to date Disclosure and Barring Service (DBS) form on each person's file.

We saw completed Medication Administration Recording (MAR) charts that had been brought back to the office and noted that they had all been signed and completed appropriately. The company had a policy and procedure for the administration of medicines which was issued in July 2014 and is due to be reviewed in 2015. In each of the care files we looked at we saw information listed on a document titled ‘Medical and medicine requirements.’ Staff told us they had received medication training as part of their induction and then annually. This was evidenced in the documentation we saw.

Is the service effective?

Our findings

People told us that staff who supported them were appropriately skilled and knowledgeable. One person said, “I get one carer three times a day and they’re generally on time”. A relative told us, “they’ve been trained to use the hoist” and “when preparing food they always observe hygiene guidance, and wear gloves and aprons when needed”.

We looked at eight staff files and on six there were no recent records of formal supervision. On one, the last record of supervision was March 2012. On another there was no record of supervision, despite being in post 15 months. The third record showed supervision last happened in February 2013. We raised this with the field care supervisor, whose responsibility it was to supervise field staff. They acknowledged that there had been a lapse in formal supervision. They cited shortages of staff as part of the reason because they said they had to cover calls when there staff shortages. They said they understood the importance of supervision, particularly as care workers support people with very complex care needs. This meant that some staff may not be adequately supported to deliver care and support to people safely.

Care records contained consent to care and treatment forms that had been signed by the person receiving the care. However, on one file it was recorded a person lacked capacity, stating the reason was due to physical issue. There was no record of a capacity assessment on file to substantiate this. After discussing this with the registered manager, they confirmed that the person did have capacity and the form had been wrongly completed. They explained that whilst the person had capacity, they were unable to sign due to their disability and a family member signed on their behalf. The registered manager agreed to put something on file, to support this. Another care record stated that the family member had lasting power of attorney for care and welfare. We could not find any evidence to support this statement. However, the registered manager told us they would request a copy of this from the family member for the record.

Staff records showed that care workers all received induction training when they started working for the service as well as a number of mandatory training courses. These included medicine administration, health and safety, person centred training, safeguarding, moving and handling, fire safety and emergency first aid. Some had also completed duty of care and challenging behaviour course and some had also completed a National Vocational Qualification level 2 and 3. One person we spoke with was completing the Diploma in Health and Social Care level 5.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards (DoLS). They also confirmed they had received training in the past year and this was recorded in there staff files. One care worker said, “we must always take account of people’s wishes and give them choices” Another said, “The service user must be allowed to make their own decisions. If it is unclear that they are incapable of doing so, then we ask a social worker to carry out a Capacity Assessment.”

People told us that staff knew the importance of supporting people to maintain a balanced diet. One said, “The food is hot if it needs to be and appetising.” Another said, “Although there’s limited cooking done by the carers it’s fine and they always observe hygiene guidance”.

Staff were aware of the importance of fluids and nutrition. One told us, “it is important to present food nicely so that a person is encouraged to eat.” They told us how they will often cook food which the person requests, even though it may be different from the planned meal. Another said, “I recently asked a family member to show me how to make dishes in a particular way so I know the person would eat what I make.”

Staff told us they were confident to liaise with outside agencies, such as the GP, District Nurse and social worker. One told us of a time when they called the District Nurse, “because my client’s dressings had come loose”. Another told us they had contacted the GP because the person’s “behaviours were so different from usual”.

Is the service caring?

Our findings

People told us the staff who supported them were caring and they were well looked after. One said, “I think they are compassionate and kind.” Another said, “I think they are all caring and compassionate.” One relative said, “The carers are usually helpful.”

Staff told us they treat people with dignity and respect and as individuals. One said, “I always encourage people to do things for themselves as this helps them to be independent.” Another told us of going “the extra mile, they sometimes read to or play board games” with someone who was their last call of the day. They said, “If I do not have to rush off when I finish my work, then I like to be able to do this.”

Most people told us they were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. One said, “Yes, I was involved in formulating the care plan and am satisfied it works.” Another said, “Yes I was involved and it's been reviewed recently and it meets my needs.”

Staff told us the importance of encouraging choice, a field supervisor told us, “I always remind staff that they must offer choices to people. Even those who cannot talk will be able to give a small sign with their eyes or body.” Another member of staff told us how they ensured people were given time to make a choice as “it is all about patience and caring”.

Staff told us how a person's cultural needs were taken into account, reinforced by cultural diversity training. They told us how often a family member instructed them in the correct way to prepare certain cultural foods. The service had an equality and diversity policy that was issued in July 2014 and was due to be reviewed in July 2015. Staff we spoke with were aware of the policy and had a good understanding of how to uphold and promote the principles of equality and diversity. They told us they treat people as individuals and consider the information gathered on the part of the care plan that describes ‘What is your life history’. One care worker said, “It's about getting to know people and making sure you understand their lifestyle and beliefs.”

Is the service responsive?

Our findings

The service was not always responsive. One person's relative said, "We have two carers four times a day and their attitude is good, they stay over if needed to, generally we get continuity of care." However, one person told us a care worker refused to shower them because they were observing their religious calendar, therefore someone else had to come and do it. Another said their care worker would not cook pork. The person did not always get what they wanted. The manager told us that this type of situation was happening some time ago, but since they had taken over this was discussed with new care workers at interview stage to ensure care workers were matched appropriately with people they were supporting.

We looked at seven care records and saw there was a document on each called a 'Needs assessment and care/support plan'. There was no identifiable care plan in which the person's needs or provision of care were set out on three of the seven records we looked at. One care record had a document which was entitled 'care plan.' It had been reviewed recently. The person who used the service had crossed out inaccurate information within the record, but there was no amended version available. We were told that it was not available in the person's care plan to keep in their home, as the care plan had not been updated.

We looked at one person's 'Needs assessment and care/support plan'. This person had high care needs. Their last recorded review was in March 2009. When we asked about this, we were told by a field supervisor that they had reviewed the person last week and that there were no changes. However, there was nothing recorded on the care plan that indicated that this review had taken place.

Three records we looked at did not have any life history, one was left blank, one had 'nothing identified' written, one had 'not applicable' and the fourth had their medical history on it. The registered manager told us it was sometimes difficult to obtain a life history from those who used the service. They did agree that it was a valuable way to engage with those who were confused.

There was evidence of a recent review on another care record we looked at. However, the only comment on record was 'no change'. We spoke with the registered manager about the issues of gaps in reviewing and they acknowledged that care records had not been reviewed regularly.

The above issues relate to a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there was a telephone monitoring system in place and any issues usually got picked up during those calls and action was taken to rectify any concerns. There was a complaints book and log in place that clearly demonstrated concerns and actions taken with clear outcomes. People were given a customer guide about the service before the service started and it included detail on how to make a complaint, information about what to expect from the service as well as the daytime office and out of office telephone numbers.

Is the service well-led?

Our findings

People were complimentary about the staff, although some people told us that the level of care they received at weekends was inferior to the care they received during the week. One person said, “The weekday staff are fantastic, but weekends they’re a waste of time.” Another said, “I have a problem with carers not turning up, mainly at weekends.” The registered manager told us there had been problems with weekend care but once they knew about individual cases, issues were rectified immediately. They felt the issues raised by people we spoke with were of an historical nature. They also told us they were in the process of recruiting more staff, including a lead coordinator to act as a deputy for them and assist with quality assurance and audits. They confirmed that that they spoke to people using services over the telephone and that this assisted them to monitor the quality of the service. Staff rotas we saw indicated there was sufficient care staff on duty during the week and at weekends for week ending 15/03/13.

A service user survey had been conducted in June 2014 and some issues had been identified, including missed visits and people being unhappy with the quality of care and support. No action plans had been put in place. The registered manager told us they were going to undertake another survey in May 2015 to measure if improvements had been made and determine plans for the future.

Although staff said that they felt supported by management and were in regular contact with them, we

found that a number of staff had not received formal supervision for a considerable time. Team meetings were held infrequently. The last staff team meetings had taken place in May 2014 and January 2015. The provider had carried out an audit in June 2014 which identified that supervision had not been undertaken regularly. However, no action had been taken to address this.

The last audit of people’s files was also undertaken in June 2014 and, although some improvements had been made following the audit, there were still actions unmet in relation to people receiving adequate reviews of care and support as well as checks to ensure they were happening. The provider could not be assured that high quality care was being delivered to people who received the service.

The quality assurance systems were not effective and the lack of governance concerning this could result in people receiving inadequate care and support that is not person centred.

This is further evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 this corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints book and log that demonstrated that complaints had been addressed and resolved appropriately. There was also an accident/incident report log that was completed when an issue occurred and appropriate action taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Risk were not appropriately reviewed and recorded for people using the service. The risk assessments did not indicate which risk was being reviewed and how it had been assessed.</p> <p>Regulation 9 (3) (a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not assess, monitor and improve the quality and safeties of the services provided, in the carrying on of the regulated activity; and securely maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(2) (a) and (c)</p>