Carewise Ltd

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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

This domiciliary care inspection took place over two days on 31 March and 1 April 2016.

Carewise is a domiciliary care agency that provides care and support to people that require this to enable them to retain their independence and continue living at home. When we inspected the service provided care and support to around 30 people including, for example, older people with dementia care needs and some younger adults with learning disabilities. The number of service users fluctuates depending upon demand for the service. The service is predominantly provided to people living in and around Northampton.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were supported in their own homes by trained care staff that were able to meet people's needs safely. People were also protected from the risks associated with the recruitment of care staff unsuited to the role by robust recruitment systems. There were sufficient numbers of care staff employed to meet people's assessed needs.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. Risk assessments were in place to reduce and manage the risks to people's health and welfare.

People benefitted from receiving support from care staff that were caring, friendly, and responsive to people's changing needs. Care staff were able to demonstrate that they understood what was required of them to provide people with the care they needed at home. People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People had been kept informed in a timely way whenever care staff were unavoidably delayed, or when another member of care staff had to be substituted at short notice.

People's views about the quality of their service were sought and acted upon. There were systems in place in place to assess and monitor the quality of the service.

People's rights were protected. People knew how to raise concerns and complaints. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary.

People benefitted from a service that was conscientiously and effectively managed so that people received their service in a timely and reliable way.

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 received care and support in their own homes by suitable care staff that had been appropriately recruited.

People were protected from unsafe care. Risks had been assessed and appropriate precautionary measures were taken when necessary to protect people from harm.

People said they felt safe because the care staff that were sent by the agency knew their job.

Is the service effective?

Good

The service was effective.

People were consistently provided with the support that had been agreed with them. Communication between care staff and people regarding unavoidable delays or other changes to their service was timely and appropriate.

People received a reliable service. Contingency care staff arrangements were in place to ensure the continuity of the service when care staff were sick or on holiday.

People were actively involved in decisions about how they received their care. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and people's capacity to make decisions.

Is the service caring?

Good

The service was caring.

People benefitted from receiving support from care staff that sustained good relationships with them and respected their individuality.

People's dignity was assured when they received personal care

and their privacy was respected. People said that care staff were mindful that they were invited visitors and were respectful when entering their home.

People received their service from kind and sensitive care staff that put them at ease.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them, or with their representatives, so that the agreed service met their needs and expectations.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others.

People were assured of being listened to and that appropriate and timely remedial action would be taken if they had to complain about their service.

Is the service well-led?

Good

The service was well-led.

People using the service, their relatives and care staff said the registered manager was conscientious, readily approachable and committed to providing them with a good service. They were supported and encouraged to provide feedback about the quality of the service and any negative feedback was positively utilised to improve the service.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by care staff that had the day-to-day managerial support they needed to do their job.

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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 announced inspection was carried out by an inspector and took place over two days on 31 March and 1 April 2016. With domiciliary care agencies we can give the provider up to '48 hours' notice of an inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting care staff or, in some smaller agencies, providing 'hands-on' care to people at home.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited the agency office. We met and spoke with three care staff and the registered manager individually in private. We looked at the care records of five people who used the service. We also looked at four records in relation to care staff recruitment and training, as well as records related to the quality monitoring of the service.

We took into account people's experience of receiving care by listening to what they had to say. We visited three people at home with their prior agreement and also spoke with two relatives that lived with the people that received a service. With each person's permission, we looked at the care records maintained by the care staff that were kept in their home. We also spoke with five people that had agreed to speak with us over the telephone to ask them about their experience of using the service.

Good

Is the service safe?

Our findings

People were protected from unsafe care. People had care plans kept in their homes with their agreement, with an up-to-date copy held at the agency office. People's care plans accurately provided care staff with up-to-date information about people's healthcare needs and other factors that had to be taken into consideration, such as the person's ability to communicate their needs, so that safe care was provided. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. Care plans contained an assessment of the person's needs, including details of any associated risks to their safety that their assessment had highlighted and the appropriate action to be taken by care staff to minimise assessed risks. A range of risks were assessed to minimise the likelihood of people receiving unsafe care.

People said they felt safe because they felt they could rely upon the care staff. People were kept advised of care staff changes or delays in care staff arriving to care for them. One relative said, "We rely upon them [care staff] so if they are running a bit 'behind' it's nice to know that so we don't worry." Care staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for care staff as well as unexpected absences due to sickness and holiday leave.

People were protected from harm arising from poor practice or ill treatment. Care staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. There were clear safeguarding procedures in place for care staff to follow in practice if they were concerned about people's safety.

People were safeguarded against the risk of being cared for by unsuitable persons because care staff were appropriately recruited. All care staff were checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before care staff received induction training prior to taking up their care duties. Newly recruited care staff 'shadowed' an experienced care staff before they were scheduled to work alone with people receiving a service. Care staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

Good

Is the service effective?

Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. The registered manager and care staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.
Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Where people lacked capacity to consent to their care because of their condition we saw that there was an assessment in their care records that included details of the representative, such as a spouse or other relative that took decisions in their best interest.

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for people living in their own homes. One person said, "They [care staff] always know what to do when they [care staff] come, but it's all written down for them. They have a good way with them and they [care staff] will always check with me if in doubt. I've got no worries at all about the way they [care staff] do their job."

People received a service from care staff that had been provided with the appropriate guidance and information they needed to do their job. Care staff had a good understanding of people's needs and the individual care and support that had been agreed. Timely action had been taken if there were concerns about people's health or general wellbeing, raising these concerns directly with family members where appropriate or, again with people's consent, with external healthcare professionals.

People's needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Care staff participated in 'supervision' meetings and they confirmed that the registered manager was readily approachable for advice and guidance. There were regular unannounced 'spot checks' to observe and assess if care staff were doing their job effectively; for example observing how care staff interacted with people and their practical skills when carrying out their duties.

Good

Is the service caring?

Our findings

People received their care and support from care staff that were compassionate, kind and respectful. They said that the care staff were familiar with their routines and preferences for the way they liked to have their care provided. People received support from care staff that were mindful of the sensitive nature of their work and they respected confidentiality. One person said, "They [care staff] never gossip or say anything about what they do for other people they visit. I'd be horrified if they did, but that never happens."

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff so that people were treated sensitively. One person said, "It's my home they [care staff] come to and they know that and don't take things for granted. They [care staff] don't just do things without asking. There's always a smile and a laugh to keep me cheerful and I appreciate that."

People were treated as individuals that have feelings, especially with regard to having anxieties about needing help in their own home just to manage their daily lives. People were encouraged to manage as much as they could for themselves. One person said, "Having to have help isn't easy when you've done things for yourself all your life. They [care staff] know that and don't leave me feeling hopeless. They [care staff] are all kind." Another person said, "They [care staff] are busy but they [care staff] are never impatient to get things done so they can get to the next person, or if they are they never show it. I'm not left feeling rushed or 'jangled' up. They get the job done and always check if there's anything else I need before they see themselves out."

People received the information they needed about their agreed service and what to expect from their care staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries or were worried about anything.

Good

Is the service responsive?

Our findings

People's care plans were personalised and tailored to meet their individual needs. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People's care plans contained information about their likes and dislikes as well as their personal care needs. They contained information about how people communicated as well as their ability to make decisions about their care and support.

People were encouraged to make choices about how they preferred to receive their care. Choices were promoted because care staff engaged with the people they supported at home. They asked people how they liked things done. One person said, "Sometimes it's the little things that are important. Just asking if I want something done this way or that makes me feel that I've got a say in the matter. I think they [care staff] are good at that."

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Where practicable scheduled support visits were organised to fit in with people's changing daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings when their needs were assessed. One person said, "If I need my times [scheduled visits] changing they [registered manager] will try to arrange that if it's at all possible."

People knew how to complain and who they could contact if they were unhappy with their service. There was a complaints procedure in place. There were timescales in place for complaints to be dealt with and options available to people if they were still dissatisfied with their service. One person said, "It's not happened to me but I'm sure if I didn't 'click' with a 'carer' they [registered manager] would sort that and send someone else. [Registered manager] strikes me as someone who will take the trouble to make sure I'm happy with them [care staff]."

Good

Is the service well-led?

Our findings

People's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received. Risk assessments relating to people's care and how that was to be provided were reviewed and were up-to-date and accurate. Records also clearly set out what measures care staff needed to take to minimise the risk of unsafe care. Recruitment and training records were also fit for purpose. They reflected the training and supervision care staff had received. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been regularly reviewed and updated when required.

People were assured of receiving a domiciliary service that was competently managed on a daily as well as a longer term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate and guide care staff to do a good job. The registered manager used supervision and appraisal meetings with care staff constructively so that any ideas for improving people's service were encouraged. People benefitted from receiving care from a team of care staff that were encouraged to reflect on the way the service was provided so that good practice was sustained.

People benefitted from receiving a service from a team of care staff that felt valued and motivated to do their job well. Care staff confirmed that the registered manager was always available if they needed guidance or support. One member of the care staff team said, "I only have to get on the phone to [registered manager] if I'm unsure about what to do. I'm not made to feel I'm wasting [registered manager's] time. I get the advice or help I need." Care staff said they felt confident that if they witnessed poor practice they could go directly to them [registered manager] and that timely action would be taken. They had also been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.