

Saren Limited

# Carewatch (Swindon)

## 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 

# Summary of findings

## Overall summary

We inspected this service on 19 and 24 October 2017. Carewatch (Swindon) is a Domiciliary Care Agency (DCA) registered to provide personal care in people's own homes. At the time of our inspection 85 people were being supported by this service under the registered regulated activity of personal care. A further 37 people were receiving other support from the service such as help with shopping or housekeeping and this was not included in our inspection.

At our last inspection on 1 June 2016 we found the provider did not always ensure risks to people were identified and risk assessments and care plans that had been in place lacked detail and guidance for staff. As a result of this the service was rated as Requiring Improvement in Safe and Responsive and overall service was rated Requires Improvement.

At this inspection we found the above issues had not been fully addressed. People's care records were still in the process of being updated. Records around medicine management did not always contain full details. The provider's quality assurance systems were not always effective. We also found where issues had been identified by audits there was lack of prompt response to address the concerns identified.

There was no 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 told us they felt the service was not well run but they praised the caring nature of staff. People did not always experience continuity of care and commented on last minute changes to the schedules. The provider followed safe systems when recruiting and appointing staff and ensured relevant checks and references were carried out.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff knew the principles of the MCA and told us they respected people's rights to make own decisions. We found the records surrounding assessments of people's capacity were not always in place however people told us their decisions were respected.

We have made a recommendation about referring to MCA Code of Practice when formulating people's care plans surrounding their decision making ability and capacity issues.

People received support from staff who received ongoing training. Staff told us they were well supported in their roles. Staff understood how to protect people from potential abuse and they were aware about the whistle blowing policy.

The service continued to provide support in a caring way. People were very complimentary about staff and

told us staff were kind. People's dignity and privacy were promoted. People were supported to access health professionals when needed and meet their nutritional needs. People were encouraged to give their opinions through reviews and spot checks.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider was in a process of updating people's risk assessments.

Records around medicine management did not always contain full details.

There were enough staff to keep people safe.

Staff had an understanding of safeguarding procedures.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received ongoing training and told us they were well supported.

People told us their rights to make own decisions were respected and staff knew how to apply MCA in their work. We found however records surrounding people's capacity were not always clear.

People were supported to meet their nutritional needs and access healthcare support when needed.

### Is the service caring?

**Good** ●

The service was caring.

People complimented the caring nature of staff.

People were treated with dignity and respect.

People's independence was promoted.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans did not always give clear guidance about how to support people.

People said when their needs changed the service responded well.

People knew how to complain and complaints were managed well.

People were able to provide feedback in various ways.

**Is the service well-led?**

The service was not always well-led.

People and their relatives were not always positive about the way the service was run. At the time of our inspection there was no registered manager.

The provider did not ensure their quality assurance systems remained effective.

Staff knew about whistle blowing and how to report concerns.

There was a positive approach and responsiveness demonstrated by the team to address the concerns going forward.

**Requires Improvement** 

# Carewatch (Swindon)

## 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 and 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 19 October 2017 and was announced. We returned on 24 October 2017 to complete the inspection and to provide feedback to the provider. We told the provider two days before the first day of visit that we would be coming. We did this because the manager of a service operating in the community 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 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). 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. We looked at the notifications we had received from this service. Notifications are information about important events the service is required to send us by law.

We undertook phone calls to 14 people who used the service and 6 relatives. In addition we spoke with three care workers, two care coordinators and the manager. We looked at seven people's care records and four staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted commissioners to obtain their views about the service.

# Is the service safe?

## Our findings

At our last inspection on 1 June 2016 we found people's risks assessments did not always contain enough detail in order to support them appropriately and that protocols for medicines such as body maps were not always in place for staff to follow.

At this inspection we found some improvements have been made and the provider was in a process of updating their care records to a more comprehensive format. We viewed examples of the updated format. For example, one person was at risk due to them having a stoma bag, their care plan contained clear details on how to support them. There was also clear guidance on how to prevent the person from developing pressure sores and clear guidance that pressure relieving equipment must be used. The person also had a comprehensive environmental risk assessment in place that included areas such as food handling, pets and smoke detectors. Additionally there was a personalised risk assessment for outings and a safe bathing guideline.

Where people were prescribed topical medicines or medicines administered via transdermal patches body maps were in place. We saw people's MAR for topical medicines (creams) were accompanied by body maps that specified the areas on a person's body where the cream needed to be applied.

However we found that Medicine Administration Records (MAR) did not always contain full details such as directions or the medicine's strength. This was not in line with National Institute for Health and Care Excellence (NICE) guideline on 'Managing medicines for adults receiving social care in the community' which state what information should be included in medicine administration records. One person's MAR stated 'ear drops' but there was no medicine name. Another person's cream chart said 'apply to bottom' but did not specify how often. We also found staff did not always follow the same system when signing the MAR for 'when required' medicines. Some staff signed the MAR when they offered the medicine and some staff did not sign at all to say the medicine was offered. We raised this with the manager who immediately addressed this issue and they updated the format of the MAR record.

People told us they felt safe with staff. One person told us, "They're very good, I feel very safe". Another person said, "I haven't come across anything untoward". One relative told us, "Yes, [person] is safe".

There were sufficient staff employed to keep people safe. People received a weekly rota. However, some people commented there were often changes to the rota, people did not always know who was visiting them and that the visit times were not always adhered to. Comments from people included; "Unfortunately, the agency at the moment don't think consistency is important. I had two carers on the rota who I didn't know, I asked if I could have one carer at least that I knew, they said 'no', they said all the carers were experienced carers and would know what to do", "You don't know what times they are coming. Breakfast can be between 9.30 am and 11.15 am that is the extreme" and "I do have a rota, sometimes it is a bit early or a bit late. One night it was 8.15 pm, it should have been 10 pm. I called the office and they sent someone at 10.10 pm. They come at all sorts of times at night".

We raised the staffing issues with the manager who told us the team "went through a rough patch, now turned the corner". They also said that the team of four coordinators was now in place and they worked to address these issues and ensure that people received care from a consistent team of care staff. On the day of our inspection we observed office staff ringing people and staff to inform them about the changes to their schedules.

The manager followed safe recruitment process when employing new staff. Staff files contained a completed application form outlining staff employment history and previous experience. The manager ensured they obtained copies of staff identification and a Disclosure and Barring Service (DBS) check had been undertaken.

The provider had a safeguarding policy in place and staff were aware of what to do if they had any safeguarding concerns. Staff told us they would not hesitate to report any concerns to the office staff. One member of staff said, "I'd talk to person to make sure they're calm, report to the office, head office, director or family or GP".

The manager proactively ensured people were safe from potential harm, for example, they showed us a 'no trick or treaters' poster for staff to display at vulnerable people's homes in time for Halloween if people wanted. The manager told us they were going to ensure the posters were taken off the next day after the Halloween.

There was a system to record accidents and incidents. We viewed the log and saw four incidents occurred this year. The records confirmed that appropriate action was taken when necessary. For example, staff experienced an issue with a person's transfers using a piece of equipment and the record confirmed this was raised with the occupational therapists for advice. The manager also implemented a log to audit people's pressure areas and bruising. The records contained body maps, what action was taken to address the issue such as involvement of a professional and an update of the condition of the wound.

The provider had business continuity in place that outlined what action needed to be taken in case of various emergencies such as adverse weather, loss of staff or loss of computer systems.



## Is the service effective?

### Our findings

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. We checked whether people were being supported in line with the act.

Staff knew about MCA and told us how they ensured they applied the MCA in their work. One member of staff told us, "I'd say (to the person), what would you like to eat, wear. Food wise I'd show them two or three options". Another member of staff told us, "Don't assume people have not got capacity. I'd be making sure consent is sought from people when doing personal care".

People told us the staff involved them in making decisions about their care and support. Comments included: "Most of them (staff) I've known for years are excellent the way they treat me. Some of the new ones from the new company (that Carewatch took over) are very good", "I suppose they respect my wishes I can't fault them for that" and "Oh yes, the last thing they say is 'are you sure you have got everything'. One relative told us, "Yes, they (staff) do (respect choices), if he says I don't want that, they don't insist". Where people had appointed a legal representative to act on their behalf this information was included in people's care files.

We however found people's care plans did not always specify the details when people were lacking the capacity to make certain decisions. For example, one person's care plan contained a checklist and where it asked if a 'formal mental capacity assessment' was in place it stated that the assessment had been 'completed by GP' prior to receiving care from Carewatch. There was no information about what decision it related to. Additionally where the form asked 'does the mental capacity assessment or referral information received state that the service user lacks capacity' both 'yes' and 'no' answers had been selected. Another person's assessment asked 'are there any mental capacity concerns' the answer 'yes' had been marked and the following information recorded '[person] has ongoing mental health issues'. There was however no details to what these were and which decision it related to. Additionally, one person's care plan stated, 'I do not always feel able to make decisions about my day to day care and support and I prefer if you offer me a limited choice form things I like on each visit'. There was no evidence that person's capacity has been assessed.

We recommend the provider refers to the MCA Code of Practice when formulating people's care plans around their capacity and decision making abilities.

We asked people if they felt staff were well trained. People's comments included, "I think so, yes, they manage everything" and "I think they are very well trained, they know exactly how to do the job". Staff told us and records confirmed staff received ongoing training. The provider employed an in house trainer who was responsible for staff training. Staff were positive about the support received. Staff comments included, "Refreshers courses are available for us on regular basis", "Training is helpful, we can ask questions, we did

try on each other - hoisting, stand aid and slide sheets. Examples of good and bad practice, learnt quite a bit already, much better than my previous experience" and "Training is really good, trainer is professional at her job. We can ask for more training if needed".

Staff told us they were well supported and they received regular supervision. Supervision is a one to one meetings with a line manager. Staff comments included, "Good support. They're at the end of the phone if I need to see anybody" and "I had one to ones, when we have meetings we discuss what we want to achieve".

People were supported to access health services when required. One person's daily notes stated, "Legs sore, district nurse (DN) coming today". The records confirmed staff worked well with a number of social and health professionals to ensure people's needs were met.

People's nutritional needs, dislikes and preferences were outlined in people's care plans. People told us staff supported them with their nutritional needs. Comments from people included, "I order my meals and someone comes to put them out. No fault there", "They get meals, I'm very pleased with everything" and "They get meals, it's done nicely, they wear gloves and change gloves". One relative told us, "Lunch call they give [person] a sandwich. They always wash their hands and put gloves on".

# Is the service caring?

## Our findings

People complimented the staff and their caring nature. Comments included, "I can't fault them at all. Always nice to me", "Most are very, very nice girls" and "They treat me nice, it's all ok". One relative told us, "All (carers) very different but all caring, (their) caring side comes through".

People said they were able to build positive caring relationships with staff. One person told us, "Sometimes I am apt to get uptight, panic attacks they calm me down, put an arm around me, very good like that". Another person told us, "In the mornings they stay over time if anything goes wrong, they go the extra mile". One relative said, "They laugh and chat with [person]".

Staff were positive about working with people, they spoke about people with respect and told us they wanted to make a difference to people's lives. One staff member said, "My family works in care, plus I have experience of caring for family that's why I wanted to work with people". Another member of staff told us about their regular client and said, "[Person] is like a family to me".

Staff appreciated the importance of promoting people's independence. One staff member said, "One of my clients, when she's got a better day I encourage her to be mobile and I say if you don't use it you lose it". Another member of staff said, "When [person] finishes dressing up I give her makeup and brush so she can do that herself". One relative told us, "I think they (staff) are quite good, trying to encourage [person] to do things". Another relative told us, "[Person] still likes to shave, they allow him, even if it takes forever".

People told us staff involved them in decisions about their support. People's care plans reflected people's preferred name and how they would like to be referred to. One person said, "Most ask how do you wish to be known as". Another person told us, "They say do you want so and so doing. If I ask them they do it nicely. I'm appreciative of what they do". We saw people signed their care plans, this showed people had been involved, consulted and agreed to the support offered.

People's dignity and privacy was respected. People said staff respected their dignity. One person said, "Always when they dress me they put an extra towel to cover me up. It's one of the things they are concerned with". People's care plans highlighted the importance of respecting people. One person's care plan said, "(I) dislike: not being respected because of my age and having (condition)". Staff told us how they ensured people's dignity. One staff told us, "Cover (them) with towel when on toilet, close the door, [person] will call me when finished".

The provider had equality and diversity policies. The policy that said its aim was to "challenge inequality and celebrate diversity". The manager told us the staff had opportunities to discuss any issues around diversity during supervision. People's care records highlighted the importance of recognising and respecting people's diversity. One person's care plan said, "I have my faith and I would like to be respected, I have friend from church visiting me when they can".

## Is the service responsive?

### Our findings

At our last inspection on 1 June 2016 we found care plans did not always contain enough detail about people's background or information relating to specific health needs.

At this inspection the manager told us that updating people's care plans was still a work in progress. The manager told us, "The minute I started here I said to director we needed to look at care plans as staff struggle to find the information". Staff told us they found care plans difficult to follow. Comments from staff included, "By the time you through, you forgot how it started" and "You find you do not have enough time to do the call by the time you had to read the care plan, new format is more user friendly, they (care plans) used to be too bulky".

We found some people's care plans contained conflicting information. One person's "safe working assessment" that had been written in April 2017 stated "bedrails needed". However this person's care plan dated May 2017 stated 'bed rails' – 'no'. We checked with the staff and the staff confirmed the person had the bed rails in place. Additionally the care plan format gave a prompt that stated "bed rails check list must be completed if bed rails are used". However there was no checklist in the person's care plan.

Care plans did not always contain details of the support people required. For example, one person had a "Anxiety, panic attacks" care plan. The care plan stated, "carer to be aware of indicators of [person] becoming anxious". However no information was given to what the indicators were. This could impact on care and support provided to the person and their well-being.

One person's care plan under 'health needs outcome' stated "carer to assist with personal care, support with daily living skills, hobbies and interest". The 'social relationships, interest and hobby outcome' stated "carer to give full support with social relationships, carer to assist with daily interest and hobbies". However, there was no detail of the support required. Additionally this person's care plan stated person suffered from "swallowing difficulties", but when we asked the staff if the person was prescribed fluid thickener they said, "I don't think [person] is on it (thickener) now. This care plan was up for a review".

The above meant that the provider had not always ensured people's records relating to their care and treatment were always fit for purpose, accurate and complete.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were assessed prior to commencement of the service and we saw people's care files, where applicable, contained the copies of assessments provided by social or health commissioners. This information was used to inform people's care plans. People told us they were involved in assessments. One person said, "Yes I did, it was inclusive very much so". Another person said, "We had an assessment before the care started, we get periodical assessments and had one about a month ago".

People said the service was responsive to people's changing needs. One person said, "The equipment wasn't suitable and they made sure it was changed". Another person said, "If I need something different I tell them and they do it".

People knew how to complain and the copies of complaints policy were available to people. We asked people if they had needed to make a complaint and if so how it had been dealt with. One person said, "Not at all, only about I didn't know who was coming and it was dealt with". Another person said, "I can't say that I have (made a complaint), I'd go to the manager (if needed)". We viewed the complaints record and saw complaints received were recorded and dealt with as per provider's policy. The log contained the details of the action taken by the manager to address the issues. We also saw the compliments log and noted there were compliments received in the last year.

People were able to give their feedback in various ways. The provider carried out telephone monitoring checks and reviews. One person told us, "The new manager phoned me up and asked questions". People were asked about their views during the reviews and we saw when people raised concerns these had been addressed. For example, one person during their review in May 2017 raised two concerns. We then saw that the following review that took place in September stated 'both [person] and [person's daughter] are happy with the care that [person] receives'. The manager told us the next satisfaction survey was due to be sent out before the end of the year.

## Is the service well-led?

### Our findings

There was no registered manager at the service at the time of our inspection. The care manager that started working at the service a few weeks prior to our inspection told us due to unforeseen circumstances they would be leaving their post a week after our inspection. They told us the provider was actively recruiting a new manager and that the director, supported by the registered manager from the sister branch (another location of the same provider) were going to provide managerial cover in the interim.

We found the provider did not ensure their quality assurance systems remained effective. We also found when audits had taken place there was not always evidence that prompt action was taken to resolve the issues identified. For example, we asked the manager about audits of people's records. The manager told us, "All MAR are audited monthly as well as ten percent of daily notes, due to the volume". In their Provider's Information Return the provider said 'care plans and MAR sheets are audited monthly'. We saw evidence that one person's MAR that related to August 2017 were audited in September 2017. The audit identified a number of gaps in staff recording. There was no evidence that any action had been taken as a result of this audit. This meant there was a risk that staff continued with poor recording. The audit also failed to identify when the MAR were not completed in line with the provider's medicine policy. This meant the audits were not always effective. The manager was open and honest and said, "We've fallen behind with our audits".

The provider was in a process of updating people's care plans. However, we found that when they identified a care plan needed a review this was not always promptly completed. For example, one person's review dated 28th April 2017 read 'new care plan required'. We asked the manager and they said it was "Still to be done".

We found people's confidential information was not always protected, we observed three stacks of people's daily notes and completed MAR were stored unsecured in the office on desks. These were dated back to May 2017 and awaiting to be audited and archived. On the second day of our inspection we found these were put out of sight. However, we also identified staff carried with them rotas that contained people's name, address, telephone number and information about their health condition. We raised with the manager that people could be at risk should the staff misplace their rotas. The manager told us because of the upcoming changes to Data Protection legislation the director "will find the new system". There was no evidence the provider's own quality assurance processes identified this issue.

We asked the manager about their system to identify and prevent missed visits. We saw the manager introduced a log in which they recorded missed visits that occurred and investigated the reason. For example, due to internal miscommunication or rota error. However, there was no system in place to prevent or proactively monitor late and missed visits collectively to look for patterns and trends. The manager said, "System relying on people informing (office). People would press helpline or phone the office (if staff did not turn up)".

People told us they did not always feel the office was well run. Comments from people included, "I think since the change over its gone downhill, because they need more carers. They've got more to deal with, that

might be the trouble", "Since the changes and takeover many aspects have become difficult. It's not the fault of most of the carers, they're ok". "Before I would have given them 8/10 now I would give them 4/10" and "Definitely not organised as for the office it's a complete shambles".

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the beginning of this year the provider had incorporated two other companies. This contributed to increased workload and the three new teams needed to start working well together as one team. The manager told us, "We have three times as much problems now to what we had before we took over (name of the company)". Staff told us how working together as a one team was progressing and they were positive about the team work going forward. Comments from staff included, "Merge has been a big thing for us. We need to work as a one team not as three, from day one we've tried to work as one as Carewatch", "Staff morale seems OK, took us a while to settle at the beginning. New office may help, fresh start" and "It was very hectic when we first came (merged) together, we bonded, we split responsibilities, lot better now".

Staff were positive about the support from the senior team, however they were apprehensive about the change of manager. One staff member told us, referring to the manager who was leaving, "[Manager's name] will be missed but [director's name] is approachable. [Manager's name] is a really good manager, can go to her with anything, hopefully the next manager will live up to that".

There was a whistle blowing policy in place and staff were aware how to report any concerns. Staff were confident that any concerns raised with the office team would be followed up, they were also aware how to report externally. One member of staff said, "I could go to safeguarding adults team or director or police".

The provider worked with other professionals including local health professionals. The manager ensured they were aware of important updates, they signed up for email alerts with Medicines and Healthcare products Regulatory Agency (MHRA). MHRA sends out drug alerts and medical device alerts to healthcare professionals with clinical advice on the safe use of these.

The director was a chair of the Wiltshire Domiciliary Care Providers Association, a board member of the Wiltshire Care Partnership, a board member of the Wiltshire & Swindon Skills Care Partnership, a member of the Wiltshire Adult Safeguarding Board, a member of the Swindon Health & Wellbeing Provider Forum and a member of the Learning Exchange Network. This gave them an opportunity to participate in information sharing events and network with other local social care organisations. As a franchisee the provider was also a member of Carewatch Franchise Association and attended their regular meetings and networking groups.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Provider did not always ensure their quality assurances processes and systems to assess, monitor and mitigate risks were effective and fit for purpose.</p> <p>Reg 17(2)(a)(b)(c)</p>