

Carewatch Care Services Limited

Carewatch (Black Country)

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 inspection was announced and took place on 18 and 19 April 2017. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

There was a registered manager in place at the time of our inspection. 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. At the time of our inspection 327 people received care and support services.

People told us they felt safe in their home with the care staff that supported and cared for them. Care staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People had their individual risks assessed and had plans in place to manage them. People who had support with their medicines had them administered when needed and by staff who were trained and competent to do so.

The provider had made appropriate recruitment checks on staff and there were sufficient care staff to provide support people in their own homes. Care staff felt they had received training to do their job and meet the needs of the people they supported.

People told us they had developed good relationships with the care staff that supported them. They felt they were kind and caring and treated them with dignity and respect. Care staff respected people's homes and belongings and people were supported to maintain their independence.

People were involved in how their care and support was received. Care staff understood they could only care for and support people when they consented. When required care staff assisted people to access healthcare professionals to maintain their health and wellbeing.

People who used the service were able to raise concerns and the provider had a system to deal with any complaints. People said care staff listened to them and they felt confident they could raise any issues should the need arise and that action would be taken.

People were complimentary about the management of the service. People were regularly asked to provide feedback about the quality of the service they received. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

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 ●

This service was safe

People received care and support from care staff who understood how to help keep them safe and free from risk of potential abuse. People were supported by care staff to manage risks and take their medicines.

Is the service effective?

Good ●

This service was effective.

People received care and support in the way they wanted. Care staff had been trained in the skills to support people. Care staff had a good understanding of the requirement to seek people's consent before providing care.

Is the service caring?

Good ●

This service was caring.

People were complimentary about the care staff that supported them. People's individual preferences were known and staff provided support which maintained people's dignity and respect.

Is the service responsive?

Good ●

This service was responsive.

People were involved in decisions about their care plans and how they preferred to be supported.
People knew how to make a complaint or raise a concern.

Is the service well-led?

Good ●

This service was well-led.

People felt the management team were approachable and listened to their views. The provider made regular checks to monitor the quality of the care that people received and understand where improvements may be needed.

Carewatch (Black Country)

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 checked 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 18 and 19 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, so we needed to be sure that someone would be in. One inspector and one expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of caring for older people

The 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. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We asked the local authority if they had any information to share with us about the services provided. The local authority is responsible for monitoring the quality and funding for some people who used the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We contacted 29 people and four relatives where their family member received care. We spoke with seven care staff, two care co-coordinators and the registered manager.

We looked at five records about people's care and completed daily notes, charts about medicines, staff training records, five staff recruitment files and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People who used the service told us they felt safe in their homes whenever staff visited. One person said, "They [care staff] come to me twice a day, I feel safe with them [care staff]." Another person said, "Since I have been with Carewatch, I have always felt safe with them." People told us they had regular staff, so they knew who was going to call and staff who knew and understood their care needs. A relative told us, "We have no qualms with them [care staff]. They have been wonderful with them [family member] and they are entirely safe with them [care staff]."

Care staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Care staff were clear about the steps they would take if they had any concerns. Care staff told us they were confident to report any concerns with people's safety or welfare to their registered manager and that action would be taken. One member of care staff told us they had raised a concern which had been dealt with immediately by the registered manager. They told us they were advised of the actions taken and the situation was resolved.

People described how care staff supported them to remain safe in their home. One person said, "I am very happy with them [care staff]. They help me with my personal care and I feel safe with them. They have been golden to me. They wear clean uniforms and an apron and always wash their hands."

Care staff we spoke with were aware how to provide safe care and used the care plans to ensure each person received care that met their needs, for example, how care staff needed to use a hoist to safely move a person. Care staff also told us they checked areas were hazard free before they left people to help keep them safe. People's risks had been assessed when they first received care from the service and had then been reviewed and changes recorded. Care staff confirmed the assessments gave them the correct level of information to provide care and support and records were kept up-to-date to ensure they were aware of any changes to people's care needs.

People we spoke with told us care staff arrived on time and were contacted if the care staff were running late. One person said, "They always turn up and mostly they [care staff] are on time." Another person told us, "They are punctual too and I know the girls [care staff], which helps." One member of the care staff told us, "We've been through a rocky patch but now there is enough staff, so people normally get the same staff." One person told us "The care is very good. They are usually on time, but there have been a couple of occasions when no one has turned up, but it is rare though."

When we discussed these comments the registered manager told us. The provider had recently installed a new telephone system which enabled and recorded all care visits. The system alerted management and senior care staff if a visit to a person had been delayed or missed. This allowed them to take immediate action to ensure people received the support they required. Care staff told us that there were sufficient numbers of care staff available to meet the needs of the people they provided a service to. The registered manager was in the process of recruiting additional staff to meet the demands of the service as it took on more care packages.

We saw records of employment checks for five staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People told us they received their medicines at the agreed times. One person told us, "I have no concerns about my care and they always give me my medication correctly." People's medicines were administered and recorded by care staff which showed the individual medicine administered. Care staff were aware of the types and reasons for people's medicines and possible side effects to look for. People told us and records showed that how to administer the medicines with the amounts needed. The records were checked monthly by the registered manager or quality officers, to identify any missed doses or recording errors.

Is the service effective?

Our findings

People we spoke with felt they were supported by care staff that had the right skills and training to care for them effectively. One person said, "I feel comfortable with the care staff and they seem to be trained for the job." Another person told us, "They know me and my preferences and all the staff seem trained well to do their jobs."

Care staff told us they had received an induction where they worked alongside more experienced staff and received regular training. Care staff confirmed their induction had supported them in feeling more confident to meet the needs of people they supported. A care staff told us, "If you feel you need training, they will send you. I have done some specialist hospital training in stoma care". (A stoma is an opening on the front of your abdomen which is made using surgery. It diverts your faeces or urine into a pouch (bag) on the outside of your body). Another care staff told us how they had been supported to attend dementia training. They said, "I enjoyed the training over six months, it has helped me identify the different stages people I support go through." All the staff told us they had received regular supervisions and attended staff meetings, which gave them the opportunity to discuss any issues or request further training. In addition regular spot checks were made by the management team to observe their care practice.

The registered manager had now introduced the care certificate as they felt this would help to further enhance the skills and knowledge of new care staff when they started their roles. The care certificate has been introduced nationally to help new care staff develop and demonstrate key skills, knowledge, values and behaviours.

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 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. We looked at the way the provider was meeting the requirements of MCA. The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Staff we spoke with told us they had completed MCA training and were aware of their responsibilities to ensure people's consent to care was sought and recorded. One person told us, "They ask my permission for any care they do."

Some people told us they were supported by care staff to eat and drink enough to help them stay well. Care staff told us they gave people choices of what they would like to eat and drink. Care staff were aware of

people's differing dietary requirements and supported people to have a diet that reflected their medical needs and cultural preferences.

People told us how staff had assisted them to access medical assistance when required. One person told us, "This week I needed medical advice and the care staff called 111 and sorted out a doctor's appointment for me." Another person gave us the example, "[Care staff name] is really good and when they are off duty the others are good too. They dealt with an emergency, when they called 999 for me. They waited the whole time and stayed whilst the paramedics were here." Care staff told us if ever they were concerned a person was unwell or condition changed they would contact the staff in the office to report it in addition to seeking further help.

Is the service caring?

Our findings

All the people we spoke with told us they felt care staff were caring towards them. One person said "The staff are all very caring and very good. I am treated with respect at all times." One person told us how much they enjoyed the care staff's company. "They are caring and have a cheerful attitude to their work. We always have a laugh and a joke. I am contented really. It is worth the money to see them twice a day."

An assessment of people's needs was carried out to ensure the provider could meet their needs. The registered manager described how they included people who used the service in their assessment and any reviews of their care. For example, one person told us "I have a care plan here in the house and they have been to the house a couple of times to update everything." In addition people's needs were kept under review and there was regular monitoring of the staff to ensure they were providing appropriate care. As part of this, spot check observations were made to determine if care staff were treating people respectfully and were aware of people's needs and meeting these in a meaningful way.

People's care plans reflected their needs, wishes and abilities which helped care staff to deliver care around people's expressed wishes. One person said "The staff are all very caring and very good. I am treated with respect at all times. They encourage me to do what I can for myself and give me a choice in, for example, what I would like to wear. They will listen and support me if I have anything on my mind."

In addition people's needs were kept under review and there was regular monitoring of the staff to ensure they were providing appropriate care. As part of this spot check observations were made to determine if care staff were treating people respectfully and were aware of people's needs and meeting these in a meaningful way.

People told us care staff were always caring, respectful and protected their privacy and dignity. One person told us, "The staff are always polite and they treat me properly; with respect. I am very lucky because they are really kind." Another person told us, "They wait until they are needed, but give me privacy". A relative said, "The staff very caring. They make time for us, will have a chat and always treat us with dignity."

Care staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Care staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people the time to do as much for themselves as they could. Care staff recognised that people might feel more embarrassed during personal care where two care staff were present and as such adapted support accordingly to ensure people felt in control and comfortable.

Is the service responsive?

Our findings

People told us they received care and support from care staff who understood their individual needs. One person told us, "I have a care plan here in the house and they have been to the house a couple of times to update everything. I did call to compliment my care. they deserve the praise when they do such a tough job."

A detailed assessment of people's needs were completed by the quality officers and were included in the person's care plan. These included people's preferences and routines, which had been made with the person and if required their family or representative. Although the care plans highlighted people's routines and preferences, care staff were mindful that people did have the right to change their mind and people had control over their care and support on a daily basis. For example we were told that one person had chosen to change the timing of their call to an earlier one. This had been accommodated by the provider and showed the provider worked flexibly to provide the care and support people wanted. Another person told us "My needs are catered for with Carewatch and they have always listened to what we want."

The wellbeing of each person was documented in people's daily records. These demonstrated the care and support provided and any concerns or difficulties people had encountered and actions taken. This enabled care staff to oversee and be responsive to people's changing needs. For example, where people's physical health became a concern care staff had arranged a doctor's appointment for that person so their health needs could be met.

The provider asked people to share their views on the quality of the care services they received so people would receive the right support for them. They sent out customer service questionnaires, for people to express their views. These results were then analysed at local and national level to see where improvements could be made. One person told us, "I have been sent surveys in the past but I have never needed to complain. When I do call the office they are very helpful and sort issues out quickly."

All the people we spoke with told us they knew how to make a complaint and who they should speak with. Complaints were monitored, and actions taken recorded. We saw that when a complaint had been made, people had received an apology and action taken. People and care staff told us they felt they could approach the registered manager if they wanted to share a concern and felt it would be responded to. People told us they were happy to share their concerns with the care staff and felt they would report it to senior management on their behalf. One person told us, "I have never needed to call the office or complain. They do come once a week to see how things are going."

A relative told us, "The office staff, do come out periodically to update things and it is all kept up to date. Everything is catered for that she needs and they are much better than our previous care company."

Is the service well-led?

Our findings

People we spoke with were complimentary about the management of the service they received care from. One person told us, "It does seem a well- run company, and it works well for me anyway. I am satisfied overall and they look after me very well." Another person told us, "Overall I am happy and would happily recommend the company. I can't suggest any improvements and I think they are doing ok as they are." A relative told us, "I would be happy to recommend the company to anyone. We are very happy with them."

Care staff told us the management was accessible for advice and support. One care staff told us, "I feel supported in my role, if the care co-ordinator supports me, she's brilliant and if she is not available I can go to [registered manager's name]. Care staff we spoke with told us they felt their opinions mattered and were able to share their views at staff meeting and supervisions. The registered manager had arranged several staff meetings with the same agenda at different times to ensure care staff had the opportunity to attend and share their views. One care staff gave us the example of how the registered manager had listened to their concerns regarding travelling distances and times between visits and tried to resolve the problem.

We heard how a weekly meeting between the registered manager and the care co-ordinators was held to discuss any priority calls, new packages of care and information and issues regarding staffing. The registered manager told us this information sharing kept them up-to date about people's care and support requirements.

The registered manager was supported by a care manager and four care co-ordinators to check and review the service provided. We saw checks had been performed on people's medicines administration charts and reviewing of people's care plans, to ensure care staff had the most up-to- date information of how people liked to be supported. The registered manager undertook regular spot checks on people's care plans and medicine records to satisfy herself the quality of service provided met the provider's quality standards. We saw the registered manager recognised staff's contribution by sending thank you notes describing what the employee had achieved and then displayed them on the office wall.

People and their relatives were asked for their feedback about the way the service was managed. Feedback was sought in reviews and spot checks when people were asked about the service provided. The provider's quality auditing team sent out questionnaires to twenty per cent of people chosen at random every three months. Their views were then recorded, analysed and feedback sent to the registered manager with suggested areas of improvement. This assisted the provider to continually develop and improve the service. A person told us, "They have improved at the office. I used to want to go in there and bang their heads together! They have joined with another company now and it seems much better." The registered manager told us they recognised the service had gone through a number of changes in the last few months but now they were back in their post on a full-time basis and had worked hard to improve the service provided to people. A member of staff told us, "Since [registered managers name] has come back, there is a lot more structure and things run smoother."