

Lakeside Care Services Limited

Carewatch (Bolton)

Inspection Report

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Summary of findings

Overall summary

Carewatch (Bolton) is part of Lakeside Care Services. The agency provides personal care and support to people who live in their own home. At the time of our inspection the agency employed 80 staff and was providing care and support to approximately 200 adults within the Bolton area. The number of daily visits and support provided varied depending on the individual needs of people using the service.

The office is situated on a main road approximately two miles from Bolton town centre, public transport passes by the office. Parking is available in the side streets near to the office. There is ramped access into the office for people with restricted mobility or wheelchair users to easily access the office if needed.

The manager is registered with the Care Quality Commission (CQC). A registered manager is a person who had registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Staff had received training on how to recognise signs of abuse and possible harm and knew what to do if they had any concerns.

People who used the service or their representatives were involved in the assessment, planning and reviewing their care and support to ensure it met their changing needs. We found the care records provided information about the individual care needs for people and directed staff in the safe delivery of people's care and support. The

records showed relevant healthcare professionals, such as social workers and GP's were involved so people's current and changing needs were assessed. Assessments been completed to minimise areas of potential risk to people where hazards had been identified.

Recruitment policies and procedures were in place to check potential applicant's suitability for working within the homes of people who used the service.

Training and development opportunities were provided to staff so they had the knowledge and skills needed to support people. Staff spoken with in the main was positive about their employment and told us they felt more supported since the appointment of the assistant service manager. A programme of training and support was provided for new and existing staff. This helped staff to develop the knowledge, skills and understanding that was needed to support people.

People who used the service told us they usually got the same staff and on the whole they arrived on time. People said from Monday to Friday they arrived on time however at the weekend the staff were less reliable with time keeping.

Systems were in place to monitor the quality of the service provided to people. These were kept under review so any improvements needed were addressed.

People spoken with expressed their satisfaction with the care they received and told us the staff were good.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Systems were in place to support and protect people from abuse or unsafe care. People we spoke with said they felt safe from the risk of abuse or harm. Information and training was provided to guide staff in areas of protection of vulnerable adults. Where important decisions needed to be made and the person lacked capacity or need assistance with decision making the manager and staff knew who to involve so decisions could be made in the person's best interest.

We saw safe and effective recruitment systems were in place. Relevant checks were completed before new staff were allowed to work with people using the service.

Are services effective?

Comments received from people who used the service about their experiences were positive. People who used the service told us the staff were professional and competent in carrying out their role. Care records included an assessment of care needs for people who used the service. These were in place to direct staff in the support people needed.

Systems were in place with regards to the training and support of staff. Some staff spoken with confirmed they received on-going training and felt supported by the assistant service manager. Individual supervision meetings and spot checks were carried out to check that staff were carrying out their duties as well as identifying any additional learning needs in relation to the specific care of people using services.

New staff had an induction period, including relevant training and shadowing of experienced staff before they were able to work unaccompanied in people's homes.

Are services caring?

People spoken with told us they were supported by staff that were kind and considerate. We were told the staff were polite and respectful and had become more like friends. People thought the staff helped them to remain as independent as possible.

We asked people who used the service if they received reliable and consistent support from the service. People said where possible they had the same regular staff member. However people told us the

Summary of findings

service was not as reliable at weekends with different staff visiting. The number of staff known to people who used the service varied depending on the number of visits they received and the level of support that was required.

During our inspection we looked at a sample of care records for people who used the service. People we spoke with told us they had a copy of their care records which was kept in their home for staff to refer to. The care records provided staff with information about people's support needs, likes and dislikes and how to promote their independence where possible. Where it was identified people's needs had changed the agency liaised with other healthcare professionals, such as the person's GP, district nurse or social worker so additional support and advice could be sought.

Are services responsive to people's needs?

Some people told us they had raised some issues with the office staff about their care experiences by staff who visited them at home and these had been addressed and dealt with appropriately. Records of concerns or complaints were recorded and showed how they had been dealt with appropriately. This meant the manager and office staff had listened to and acted on concerns raised by people who used the service. We saw a number of thank you cards complimenting staff for their care and dedication.

Some people spoken with could not recall being involved and consulted with about their care needs, however they said they were happy with the care provided. A relative of one person who used the service that we spoke with told us their relative's care package was currently being reviewed due to change of support needs. We saw in some of the care files we looked at that reviews had been carried out and recorded.

The office was open seven days a week therefore people who used the service had access to support and advice from staff if it was required. Out of hours on call systems were available when the office was closed so people who used the service and staff could contact a senior member of staff for advice and support.

Are services well-led?

Some people who used the service told us they did not think the office staff were supportive of the staff. We were told the office gave staff extra calls at short notice and they did not have time to get from one call to another. People who used the service told us that this meant sometimes staff left one call early to get to the next one.

Staff we spoke with told us that since the appointment of the assistant manager things had improved with regard to training and

Summary of findings

communication. Systems were in place to regularly monitor and review the quality of the service provided. The company also carried out its own audits of the service provision. Where improvements had been identified, action plans were put into place to address the shortfalls.

Summary of findings

What people who use the service and those that matter to them say

At the time of our inspection we were told the service was providing care and support for approximately 200 people. We contacted some people who used the service to seek their views about the service they received. We spoke by telephone with eleven people who were using services and six relatives of people receiving care.

We received comments from people about the care and support they received from the staff. People told us, "The carers (staff) are very reliable, they are competent and they do very good job". Another said, "Some of the younger carers do not always treat me with respect", and "My carers are wonderful ". One person told us their carers had become more like friends. One relative spoken with told us, "The care staff are very good. I have no concerns about the care provided". Another relative told us, "The care provided is great".

People spoken with told us they felt the staff were very good; however the office was not as supportive as it could

be and that sometimes there was a breakdown in communication. An example given was a message was not passed on to the relevant people about a change of timing for a planned visit.

When we asked people if the staff were kind and caring 11 people said, "Yes", most of the people we spoke with said staff treated them with dignity and respect when offering personal care and support.

Other comments included, "The carers are given extra calls at short notice and the carers did not have time to get from one call to another this means that sometimes the carer left one call early to get to the next one".

We spoke with six members of staff. We were told, "Sometimes the work load is too much to do properly". Another said, "I have done a lot of training and have had a recent supervision meeting, things are better with the new assistant service manager". And one person said, "I love my job but sometimes communication with the office staff could be better".

Carewatch (Bolton)

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 was meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process the Care Quality Commission (CQC) is introducing for adult social care services.

The inspection team was made up of a lead inspector and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we held about the agency. The service was last inspected by (CQC) in July 2013. We found the service was meeting the standards that we inspected.

Prior to our inspection we contacted the local authority commissioning team who purchased 50% of the care packages with the service. We were told that there had been some recent issues with the agency regarding some of the care packages and the commissioning team were working with the service to address them.

During this inspection we spoke with the manager, the assistant service manager and the office staff. We spoke with two new staff that were completing part of their induction training. We looked at information in relation to the management and conduct of the service. We looked at the care records for seven people who used the service. Following our inspection with six care staff, 11 people using services and six relatives for people using services by telephone.

Are services safe?

Our findings

We looked at the care and support records for seven people. Information available included; care plans and risk assessments where potential hazards had been identified, such as moving and handling, the use of equipment, and safe working environment for both people receiving care and for the staff providing care.

Of the eleven people we spoke with seven told us they had been involved in developing their care plans and their risk assessments, four people could not confirm if they had taken part in the planning of their care however those people had been assisted by their family or by their social worker in planning their care. All of the people spoken felt safe whilst they were being supported by staff.

We looked at what systems were in place to ensure the safety and protection of people. We saw the service had policies and procedures in place to guide staff in relation to safeguarding people from abuse. There were also policies regarding the implementation of the Mental Capacity Act (MCA) 2005, whistle blowing and recruitment for example. All the company's policies were electronically held on the computer which staff had access to. This ensured that staff were able to keep up to date of relevant policies to provide safe and effective care for people using services.

The assistant service manager told us, training in safeguarding was provided for all staff and we were shown records that identified training had taken place. New staff completed in-house training for safeguarding as part of their induction programme. All staff received annual updates for safeguarding to ensure they had up to date

knowledge to ensure people using service were safe. Staff we spoke with confirmed they received annual updates and staff we spoke with were aware of what action to take if they suspected abuse or a concern was raised with them.

Training records showed that staff had also received training in the MCA. This training was included in the induction training and as part of on-going training for staff. The staff we spoke to were able to tell us what they would do if they thought a person was not able to make certain decisions and were potentially placing themselves at risk of harm or injury. They told us this would be reported to a senior member of staff for appropriate action to be taken.

The manager and the assistant service manager were also aware of their responsibilities in seeking advice and support about people who lacked capacity to make decisions for themselves. They told us this would involve liaising with people's relatives, social worker the local authority and the dementia team, where appropriate, so that decisions could be made in the persons 'best interest' to ensure that people's rights were upheld and protected.

We saw recruitment policies and procedures were in place. New appointments had been made to the staff team and we saw all the relevant checks had been completed as required. Records included application forms, written references and other forms of identification such as a copy of their passport or birth certificate. Evidence that criminal records checks carried out by the Disclosure and Barring Service (DBS) had been verified. This helped to ensure that people who used the service were supported by staff who had been recruited appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

People who were supported by Carewatch (Bolton) had a range of support needs. These included assistance with personal care needs, preparation of meals, shopping and prompting of medications. People who used the service that we spoke with told us; “The carers are very reliable, they are competent and they do very good job”. Another person said, “My carers are wonderful “. One person told us their carers had become more like friends. Relative we spoke with told us, “The care staff are very good. I have no concerns about the care provided”, “The care provided is great” and, “The care staff are very good. I have no concerns about the care provided”. One person made a negative comment about the attitude of some of the younger staff in that they do not always treat them with respect.

We asked the manager to tell us the procedure they would take when a person was referred to the service. We were told 50% of their referrals came from the local authority commissioning team. Information would be received at Carewatch (Bolton) following their initial assessment undertaken by the local authority. We were told by the manager of the service that they provided care to people who were also referred to them by Bolton Clinical Commissioning Group (CCG) and some were private clients who had chosen to use the services of Carewatch (Bolton). Once the care package was agreed by the service a care coordinator would then visit the person at their own home completing an assessment of the support required and providing information about what the service would offer and complete the necessary paperwork.

We were told by the assistant service manager that the information gathered at the initial assessment stage was then used to develop a personal care plan. During our inspection we looked at seven care records for people using the service. We found the records included the initial assessment, a care plan covering people’s needs such as personal care, meal preparation, medication, moving and handling, assessments of the working environment and evidence of telephone monitoring reviews asking people were satisfied with the services they received. Seven people using the service we spoke with told us they had been involved in developing their care plan. Staff spoken with

confirmed they used the information in the care plan to guide them as to how people wanted to be supported. All of the people using the service that we contacted following our inspection confirmed that they had a copy of their care plan which was kept at their home and that staff wrote in it after each visit.

We discussed staff training with the assistant service manager who told us that they had been working through the training programme as some areas of training were now overdue. We saw the training matrix identified dates for staff to ensure they had plans in place for training updates. Training included areas such as moving and handling, safeguarding, food hygiene, infection control, first aid, medication and dementia care. On the day of our inspection we saw new members of staff in the process of undertaking their induction training. They told us that the induction had been informative and they were enjoying it. The assistant service manager told us following induction training staff would shadow a more experienced member of staff until they were confident about working on their own. We saw evidence of completed shadow monitoring in newly appointed staff files.

Most of the people we spoke to who used the service said they thought staff understood their roles and responsibilities and that staff had the right skills in providing care and support.

We were informed by the assistant service manager that some of the staff supervisions had not been completed in the past but that supervisions were now taking place. Some staff spoken with confirmed that they had received a recent supervision meeting with senior staff. These meetings were held to discuss the change to the office structure, any concerns or issues they may have with their visits or delivery of care and to discuss any training or development needs that had been identified.

Staff spoken with told us that communication between them and the office staff had improved over the last few months. However two people who used the service told us there was room for improvement with the office staff, for example, when they needed to change or amend their visit time, the telephone messages had not been passed on to the relevant member of staff that were due to visit them at home .

Are services caring?

Our findings

We received a lot of comments from people who used the service about the care and support they received from staff. People told us; “The carers are very reliable, they are competent and they do very good job”, and, “My carers are wonderful “. One person told us their carers had become more like friends. Relatives we spoke with told us, “The care staff are very good. I have no concerns about the care provided” and, “The care provided is great”.

We asked people if the carers treated them with dignity and respect. We were told, “They (staff) have a nice manner, they say please and thank you, they are never rude or unkind”. Another said, “The carers treat me with consideration, they are interested in how I feel, they ask me if I am eating well and they are always pleasant”. And, “They respect my needs, they have become like friends”.

Nearly all of the people asked said they received consistent support during the week however during the weekend the service was less reliable. Comments included, “It’s mostly the same carers that visit” and, “In the main it’s the same ones (staff) that visit, I do get new ones now and then”.

Individual care records were in place for those people supported by Carewatch (Bolton). Records were kept in the person’s own home and there was a copy in the office,

therefore they were easily accessible to staff. Plans provided information about the number of visits required and the care interventions required. Other information included people’s support needs, their likes, dislikes and preferences and also information on how to promote people’s independence where possible. Daily communication log sheets were completed following each visit detailing the support that had been provided by staff.

We were told by the assistant service manager that where people’s care requirements had changed then this would be discussed with the person using the service to ensure that they were involved in planning their care. If family members were involved in the care, contact would be made with the person’s family, where appropriate, or other healthcare professionals so that additional advice and support could be provided.

We asked the assistant manager what procedures were in place for staff to deal with emergency situations in people’s home who were using the service. We were told that staff are aware to call an ambulance if it was required. Staff have been instructed to stay with the person using the service, as long as reasonably possible, until assistance arrived. This was confirmed by those staff that we spoke with. Staff were aware to contact the office so that contact could be made with the person’s relatives.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We asked people who used the service if they had raised any issues or concerns about the support they received. Five people spoken with told us they had verbally complained in the last year, these complaints related to late calls and inexperienced staff being involved in their care. One person said, "We don't want to make a fuss, we don't want to get anyone in trouble, it's not their fault". People told us that it "depended who you speak to in the office as to how quickly things get resolved".

The service had a complaints procedure in place. We were told a copy was made available to people when they starting receiving care from the service. We asked the assistant service manager if any complaints or concerns had been raised about the service. We were told three written concerns had been brought to their attention in the last year. We were shown the complaints file which was kept in the office. We saw there was a system in place for recording any issues brought to the manager's attention. These detailed the complaint, any correspondence with the complainant and the outcome of any investigation.

We were shown the compliments file which was kept in the office. A number of thank you cards had been received. Comments included, "Thank you for your care and support during this difficult time" and, "I would like to thank the fantastic girls who made it possible for my relative to spend their last few weeks at a home. The care they got was second to none. You all became our friends".

We looked at how people were involved and consulted about the care and support they received. We were told that people were spoken to as part of the assessment process by staff from Carewatch (Bolton). Half of the people who used the service were funded by the local authority commissioning team. Their needs were assessed and discussed by a social worker prior to the service commencing. The assessment included input from people's family if required to help plan the level of care required to meet people's individual needs. Some of the people we spoke with said their care package had been reviewed, however some people could not recall if there had been a review but told us, "Everything's fine, nothing had changed". The records we looked at showed the care records had been reviewed and the information reflected the current needs of people who used the service.

One person told us that sometimes staff were late in visiting them, one person said, "It's not their fault if they are late, the office gives them too much work to do". Another said, "I would give them some time, then contact the office". We were told that, "It seems to be the relief carers that come late, I have no problems with my regular girls".

Staff were advised of any changes to their rota by office staff telephoning or sending them a text message advising them of any changes. We were told by the manager that there was 'on-call' support during out of office hours and weekends should staff or people who used the service need to contact senior staff for advice and support.

Are services well-led?

Our findings

The manager has been registered with the Care Quality Commission (CQC) for a number of years. The manager told us they were offered support from the assistant service manager and the care coordinators. The manager acknowledged that the service had recently experienced some difficulties with ensuring visits were covered and with staff leaving. However they were working hard to make the improvements needed to ensure people who used the service received safe and effective care. Prior to our inspection we asked the local authority commissioning team about their view of the service. We were told that the service had worked closely with the authority to address any issues in the past and no new concerns were raised with us by the commissioning team.

Staff spoken with told us that the service was improving. The service seemed more organised since the appointment of the assistant service manager. Staff spoken with told us they had attended supervision meetings with senior staff members. We were told these meetings provided staff with the opportunity to discuss with senior staff any concerns or

issues staff may have and to plan any further training and developmental needs staff may wish to undertake. We were also told that on occasions the management had done 'spot checks' to see if staff arrived at people's home on time, stayed for the time allocated and checked that the tasks that should be completed had been done.

We saw that systems were in place to monitor and review the service. Information held about people had been audited on a regular basis by senior staff. We were shown the last audit carried out by head office in January 2014 and where action was identified an action plan was put in place. The service also received monitoring checks from the local authority.

Suitable arrangements were in place for the recording and responding to complaints or concerns. Three concerns had been received this year. Evidence was seen that these had been recorded and responded to appropriately.

We were made aware there had been some staff turnover, however we were shown evidence to show further recruitment had taken place to fill the vacancies and so maintain the care delivery for people using the service.