

Carewatch Care Services Limited

Carewatch (Blackpool)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection visit at Carewatch (Blackpool) was undertaken on 09 and 10 March 2016 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Carewatch (Blackpool) provides personal care and support to people living in their own homes. The agency is situated in the south of Blackpool close to the airport. The office is on the ground floor and is accessible to anyone with mobility problems. At the time of our inspection there were 440 people receiving a service from Carewatch (Blackpool).

The service had a registered manager in place. 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 last inspection on 04 November 2013, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. Documentation indicated people were not always supported to meet their care planned requirements in relation to medicines. We noted missed signatures on administration of medicine sheets. The provider was unable to confirm if people had received their prescribed medicines.

Staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One staff member told us, "We did safeguarding training, it was very detailed."

The provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed during discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the domiciliary service. The number of people being supported and their individual needs determined staffing levels. However the registered manager was undertaking a review of staffing levels at one location where 24 hour support was provided. This was to ensure the service provided could respond to meet people's needs.

Staff members received training related to their role and were knowledgeable about their responsibilities.

They had the skills, knowledge and experience required to support people with their care and support needs. One staff member told us, "We get quite a lot of training."

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People gave us mixed feedback on being supported by the same staff members. Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered. One person's rota showed several staff visited during a seven day period. This impacted on the care and support being delivered.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented. Staff spoken with felt the management team were accessible, supportive and approachable and would listen and act on concerns raised.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

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.

Staff had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

Risks to people were managed by staff who were aware of the assessments in place to reduce potential harm to people.

There were enough staff available to safely meet people's needs.

Recruitment procedures the service had in place were safe. Gaps in employment were documented as being explored.

Medicine protocols were safe but not always followed.

Is the service effective?

Good 

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. They had knowledge of the process to follow.

People were protected against the risks of malnutrition.

Is the service caring?

Good 

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was not always responsive.

People did not always receive personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service, which responded to peoples' changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Requires Improvement 

Is the service well-led?

The service was well-led.

The registered manager had in place clear lines of responsibility and accountability.

People and staff felt the registered manager was supportive and approachable.

The management team had oversight of the supported living service and acted to maintain the quality of the service provided

Good 

Carewatch (Blackpool)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no concerns being investigated by the local authority. This helped us to gain a balanced overview of what people experienced when accessing the service.

During the inspection we visited two supported tenancy schemes where people, who received support from the service, lived. We visited three people in their own homes. We spoke with a further five people who used the service and five relatives. We also spoke with eight staff members as well as the registered manager. We looked at the care records of ten people, training and recruitment records of nine staff members and records relating to the management of the service. On day one of the inspection, we joined and observed induction training being delivered.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

Is the service safe?

Our findings

People we spoke with said they felt safe when supported by care staff. Family members we spoke with felt their relative was safe and protected from harm. A relative told us about the care their family member received and said, "I know they are in safe hands."

We noted the safeguarding policy and procedures were on display at the office base. There were procedures in place to enable staff to raise an alert to minimise the risk of abuse or unsafe care. Staff we spoke with demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we reviewed showed staff had received relevant information to underpin their knowledge and understanding.

Care documentation we looked at contained risk assessment and care delivery information. This was to identify the potential risk of incidents and harm to staff and people in their care. Risk assessments we saw provided instruction for staff members on how to minimise the likelihood of an incident occurring. For example, we saw a risk assessment for one person, which said 'make sure that I am wearing my lifeline'. The 'lifeline' is a personal alarm carried by the person to summon help if required.

Carewatch Blackpool delivered 24-hour support to eight adults who lived on a gated complex. Each person lived alone in a purpose built bungalow. Staff who worked within the complex shared their time between the eight people. On the day of the inspection, we spoke with two people who lived within the complex. One person told us they wore a lifeline. They explained by pressing the lifeline it alerted a central switchboard that you required help. They commented the switchboard operator telephoned them immediately and stated they would contact Carewatch staff. We were told they did not always respond straight away. They told us, "That's happened on more than one occasion." We spoke with the registered manager who told us staff endeavour to answer buzzers immediately. There are 4 members of staff for the 8 people who lived there. The registered manager told us there may, on occasions, be slight delays if the members of staff are engaged in supporting other people who used the service. The registered manager had identified a level of concern about the number of times buzzers were being activated although at the time of inspection a resolution had not been found to ensure staffing levels were sufficient to meet people's needs.

We looked at how the domiciliary service was being staffed. We reviewed past and present staff rotas and focussed on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member said their visits were structured, "I tend to do a loop so all the visits follow on." A second staff member told us, "I get plenty of time between visits." This showed the provider delivered timely support to maintain people's safety.

We discussed accident and incidents with the registered manager. We saw there was a framework in place to document and monitor all accidents and incidents within a monthly analysis. The analysis included recommendations and outcomes. For example, we saw one staff member had retraining after an accident at work.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We checked if medicines were managed safely. We looked at two peoples' medicines and related documentation. Records contained information that showed when and how much medication was received. The medication was delivered in blister packs from the local pharmacy. The blister pack had tablets organised into separate sections. Each packet was marked with the day and time when different tablets should be taken. This helped staff to correctly administer medicines at the right time. It also helped identify if any doses had been missed. Each person had a medication administration record (MAR). The form contained information on prescribed tablets and the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines.

During our inspection within the gated complex, we noted four missed signatures on a MAR form for one person. One missed signature related to medicines prescribed for spasm, pain, and stiffness. Three missed signatures related to the administration of eczema and dermatitis cream. There was no written indication staff had chosen not to administer the cream. The second person had four missed signatures. Three related to the administration of a laxative. One missed signature related to the administration of an antibiotic. The supervisor in charge was unaware of the missed signatures. We discussed this with the registered manager who told us they would investigate the situation. The registered manager told us, although the medication charts had not been signed there was evidence recorded within the daily logs that indicated the medication had been administered. However this showed medicines management systems in place were not consistently followed.

This is a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines.

The registered manager ensured medicines were only given to people by staff who had been trained to manage and administer them. Staff we spoke with confirmed this. The registered manager had a good practice protocol in place whereby supervisors completed competency observations for all staff who administered medicines.

Is the service effective?

Our findings

People told us they felt staff were experienced and well trained to support them. One person told us, "They know what they are doing." A second person commented, "I have fantastic carers, they are very good." A relative told us, "When [my relative] was poorly the care was exceptional, they were amazing. They do seem to pass information on, they talk to each other."

We spoke with staff members, looked at individual training records and the service training matrix. Staff told us the training they received was provided at a good level. Carewatch had a central training team and all training was delivered at the office base. There was an initial four day induction followed by a fifth day within the following twelve weeks. Each new staff member had to complete an assessment of learning workbook and log. These were used to document their learning and to assess their knowledge through questions. One staff member said regarding induction, "The way they train you is good, very informal. You are not under any pressure, you learn more." Regarding ongoing training, another staff member said, "The training is very detailed. I learnt more than I thought I would." This showed the provider had delivered effective support to develop and equip staff for their role.

All staff we spoke with felt communication between care staff and the management team was good. One staff member commented about the management team, "If I need help, I know I can ring and go through it with them. A few times they have come out to help me."

Records seen and staff spoken with confirmed staff received regular supervision. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. These were unannounced visits to observe staff work practices. One staff member told us, "We get checked every so often to make sure we are doing the job properly." This showed the registered manager had systems in place to monitor and maintain effective working practices.

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. 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. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed they had received training relating to the MCA and consent. Care and support plans and risk assessments had been signed by the person receiving support. This indicated they had consented to the care being delivered.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. One staff member emphasised where people were living with dementia, staff must not assume they were unable to make a decision. For example, one member of staff told us, "You have to give choice, you don't assume."

The care and support plans had the section, 'Managing and maintaining nutrition'. Within the section it was identified the level of support people required, and their preferences, to maintain a balanced diet. This guided staff on the preparation of meals, snacks and drinks for people in their own homes. For example, one care plan we looked at held the information, 'Please make me a sandwich for my lunch' a second care plan had, 'I would like carers to ask what I would like for lunch'. One person told us, "Staff know which cup I like when they are making me a drink .I like that." One person we visited was being supported to write a list before going to complete their weekly shop. They told us, staff help with their shopping and do the cooking. They commented, "I like fillet steak, medium rare." This showed when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We saw that where staff had more immediate concerns about a person's health they accessed healthcare services to support the person and support their healthcare needs. For example, we visited one person who told us when staff arrived for a visit they were unwell and unable to be woken. The staff had requested an ambulance and then contacted the person's relative to update them. The staff had recorded on the person's care plan they remained with them until their relative arrived.

People receiving domiciliary support, we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, one person told us staff had accompanied them to a healthcare appointment when they had required support. People who received 24-hour care received support to liaise with healthcare professionals. They were supported by staff to attend all appointments. One staff member told us, they speak on behalf of people when talking with the GP and chemist to order medicines and arranged their delivery.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who visited them were friendly and caring. One person stated, "They are nice people, they treat you nice when they come." They further commented, "They chat with you for a bit which is important to me." A second person commented, "Sometimes I get breakfast in bed, I get spoilt." A relative said, "When [my relative] was ill, the staff were very concerned. They make you feel they really care."

When speaking with people who received a service and staff, it was evident good, caring relationships had developed. People spoke about care staff who visited in a warm, compassionate manner. For example, one person told us, "[Staff member] she's an angel, give them a pay rise." Regarding a second member of staff they commented, "She is terrific, a gem." Regarding their role, a member of staff told us, "I love it, absolutely love it." A second staff member commented, "You get protective and care about people's wellbeing. The job is very rewarding."

We sat and spoke with one person and a member of their staff team. There was a relaxed interaction between the two. It was apparent they felt comfortable in each other's company. When the person shared personal information, the member of staff supported them during the sensitive exchange. The member of staff provided additional information but never dominated the conversation.

We asked the provider about the use of advocates when supporting people. We were told people had had advocates in the past and staff had worked alongside them to support the person. A member of the management team had supported a person who found it difficult to hear, to communicate with the local authority. This showed the provider enabled people to express their views.

We looked at the care records of nine people and found people were encouraged to express their views. We saw evidence people had been involved in developing their care plans. We saw people had signed their care plans to evidence their agreement to their support. The plans contained information about peoples' current needs as well as their wishes and preferences. For example, we saw in one file, 'Please ask me what I would like for lunch.' A second person told us they liked it when staff ask, 'Is there anything else we can do for you?' This demonstrated people were encouraged to express their views about how their care and support was delivered.

Care plans were written in the first person style, 'I would like carers to....' The plans included a section on 'What is your life history?' We saw people had information included on where they were born, what jobs their parents had and their own previous occupations. It showed a person's life history and gave prompts to support positive interaction.

As part of their induction, staff received training on end of life care. Members of the management team and one trainer had completed level three end of life palliative care training and six steps training. This highlighted the provider recognised the importance of providing end of life support. They guided staff on how to positively support people who received end of life care.

Is the service responsive?

Our findings

People and their relatives were involved in developing their own care and support plans. Care plans were personalised and had information specific to each person. Where care plans had been reviewed, people spoke positively about the process. People we spoke with told us a member of the management team had visited recently to gather information and update their care plans. One person told us, "One time I rang up and told them I had a GP appointment. Not only did they rearrange their visit times. The carer came and went with me." This showed the provider was responsive to people's changing needs.

Not all care plans had been reviewed. Five of the care plans we looked at in the office indicated they were out of date. For example, a form within one care plan showed a date of 22 September 2015 as the 'date the assessment plan becomes obsolete.' We spoke with the registered manager who stated the management team were in the process of updating all care plans.

People told us staff were caring and responded to any changes in the care they required. One relative told us staff were excellent when their relative was ill they changed visit times at short notice. We received mixed comments from people regarding having the same staff visiting them. One person told us they always had the same staff visit. A second person told us, there were frequent changes to the care workers on the rota, which they were not always told about. For example, we looked at one person's weekly rota. They had two visits a day, morning and evening. For the 14 visits scheduled, the rota identified nine different staff members plus one unallocated shift. We asked if the different staff had an impact on the care being delivered. We were told, "Certain people [care staff] I trust to get a shower. I decide if it's time for a shower depending on the staff member."

Staff were trained and responded to the changing needs in a person's care. Staff had a good understanding of people's individual needs. Staff received regular training to support people with complex needs. One staff member told us, "If any issues crop up, I go to management and tell them. They will look at it and put the training on." This showed the provider had guided staff to people's specialist needs.

Carewatch Blackpool delivered 24-hour support to eight people who lived in their own adapted bungalows within a gated complex. We visited two of the bungalows during our inspection. People had been supported to individually style their homes. There were personal items and photographs on view. This showed the provider had respect for people's individuality.

We received a varied response when we asked about activities. One person who received 24-hour support told us there were limited opportunities for them to participate in activities. However, they told us they did like to party, commenting, "It takes me to get the party going." They further told us they were planning a party for their upcoming birthday. We spoke with the registered manager about activities. They told us, they were willing to support people with social activities. They mentioned they had supported people with activities such as holidays abroad and visiting family.

The service had a complaints procedure which was made available to people supported and their family

members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I've never complained and I have no complaints." A relative said, "I complained once, I was happy with the outcome. They [the management team] were courteous said they would look into it and get back to me. They did get back to me, they never left me hanging."

Is the service well-led?

Our findings

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. The management team were experienced, knowledgeable and familiar with the needs of people they supported. One staff member told us about the registered manager, "They are very hands on, they have done what I am doing. They understand where we are coming from."

The registered manager told us the service was divided into specific zones based on the geographical area. There was a 'buddy up' system in place between zones. The on call service was operated between paired zones. The registered manager stated this was to allow the management team to have greater knowledge of people and staff within an area. They told us it reduced the operational demands on individual supervisors. This showed the registered manager had systems in place to manage the service and support the management team.

Carewatch head office sent satisfaction surveys out to people and staff. One person we spoke with confirmed they had received the survey and sent it back. They added, "I had no complaints." We visited one person who had recently received the survey. They told us they would be returning it indicating they had no complaints.

The office staff had regular team meetings. Minutes looked at showed the registered manager had forecast meetings for the forthcoming year. Meetings were planned for office staff and field care supervisors. Area meetings were scheduled for care staff.

The minutes of the most recent office meeting showed the registered manager had looked at any missed visits that had occurred and the reasons why. They told us they were informed of any missed visits. They looked at the reasons why these had occurred and how to stop them reoccurring. This showed the registered manager had systems in place to audit and analyse incidents that impact on service delivery.

We saw evidence that telephone monitoring was occurring. This concerned staff contacting people to ask about the service they had received. We saw comments which included, "The carers are smashing." Not all people who received support had their service monitored. We asked the registered manager about this and they explained people had chosen not to take part, as there was a cost if they only had a mobile phone.

Spot checks were undertaken when staff completed their visits. These were in place to confirm staff were punctual and stayed for the correct amount of time allocated. Supervisors completing the spot checks asked people if they were happy with the service. Regarding spot checks, one staff member said, "They [The management team] just turn up. You can't prepare yourself. They see you doing the job as it is."

The registered manager had ensured CQC were notified of any incidents or major issues related to the service in a timely manner. The registered manager discussed the regulations in terms of notifying CQC of any incidents or safeguarding concerns they may have. This meant we received all the information about

the service that we should have done.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan in place. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans in place to protect people if untoward events occurred.

The service sought feedback from people who used the service. People were asked about the quality of the service they received. Files we looked at contained telephone monitoring and customer review information. This showed the provider regularly sought the views of people who received support. The information we looked at showed a positive response from people who received support. For example, one person said, "The carers are smashing." A second person stated, "Yes, I'm very happy, [carer] is very special. [A different carer] is great too."

An internal auditor was completing regular audits about the service annually. The audit information is collated within a 'Service quality: Risk assessment and improvement plan.' The plan held audit information on safeguarding incidents, customer records, care records, and staff records and staff training. The registered manager analysed the information gathered and acted upon any issues raised. We saw that refresher training had been identified as an area to develop. The registered manager had issued refresher workbooks for staff to complete. This showed the provider had systems in place to monitor the quality of service provided.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines. Regulation 12 (1) and (2)(g)