Care Quality Commission

Carewest Ltd

Carewatch (Lancashire West & Central)

Inspection report

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24 January 2019

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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

Carewatch (Lancashire West & Central) was inspected on the 22,23 and 24 January 2019 and the inspection was announced. We visited the office on the first day. We arranged to visit clients on the second day and telephoned randomly selected staff on the third day to gather their views. The registered manager was given 24 hours' notice as we needed to be sure people in the office and people the service supported would be available to speak to us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Carewatch (Lancashire West & Central) is registered to provide support with personal care. At the time of our inspection visit there were 87 people who received support.

Not everyone using Carewatch (Lancashire West & Central) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

There was 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 managers, 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 in March 2018, we found two breaches of regulation. We found breaches in the regulations related to safe care and treatment and good governance. We issued requirement notices for these breaches in regulation. In addition to the requirement notices we made a recommendation related to people's capacity to consent to care.

Following the inspection in March 2018, we asked the registered manager to act to make improvements in the areas we had identified. The registered manager was required to send the CQC an action plan, outlining how they intended to make improvements. We used this inspection process carried out in January 2019 to check the action plan had been followed and improvements made.

At this inspection, we found improvements had been made. Staff had the skills, knowledge and experience required to support people with their care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and documentation in the service supported this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered. Care plans held personalised information that guided staff on peoples support needs and promoted positive relationships.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed us the registered manager worked alongside other health care services to meet people's health needs.

The service had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. New staff shadowed experienced staff members while they learnt their role.

The registered manager completed spot checks on staff to observe their work practices were appropriate and people were safe.

The registered manager planned visits to allow carers enough time to reach people and complete all tasks required. People told us they mostly had the same staff visit and relationships had developed.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had safe infection control procedures and staff had received infection control training. Staff had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People told us staff were caring. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who visited them treated them with respect and dignity. People's end of life decisions were documented within their care plans.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included quality monitoring, quality assurance visits and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

Staff were trained and understood how to keep people safe from abuse.
People who had care staff visit them and their relatives told us people were safe.

Recruitment procedures were to assess the suitability of staff.
There were sufficient numbers of staff who were deployed effectively to ensure visits took place and were punctual.

The registered manager understood the importance of keeping people safe and had processes to manage safety.

Is the service effective?

Good

The service was Effective.

The registered manager assessed people's care needs and delivered effective care and support in line with good practice guidelines.

Care staff had the training and management support they needed to support people effectively.

Where appropriate people were supported to have enough to eat and drink and access the healthcare services they needed.

The registered manager obtained people's or relative's consent to the care and support they received when appropriate.

Is the service caring?

Good

The service was Caring.

People told us they had formed positive relationships with staff who visited.

Care records promoted people's uniqueness, and people told us they were involved in planning and making decisions about their care.

People told us they were treated with dignity and respect by the all staff employed by Carewatch (Lancashire West & Central).

Is the service responsive?

Good

The service was Responsive.

Care plans consistently reflected people's current needs.

People's end of life care wishes were discussed and documented.

The registered manager had a complaints process and complaints were dealt with in line with their policy.

Is the service well-led?

Good

The service was well led.

The registered manager was qualified, experienced and committed to providing high quality care and support to people using the service.

The management team involved people, their families, care staff and health and social care professionals in reviewing and improving the service.

The registered manager had systems and processes to monitor and make improvements.

Care Quality Commission

Carewatch (Lancashire West & Central)

Detailed findings

Background to this inspection

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

This inspection took place on 22,23 and 24 January 2019. We gave the service 24 hours' notice of the inspection visit because we needed to be sure they would be in.

The inspection team consisted of two adult social care inspectors and one 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. The expert by experience had experience of caring for older people who received support within a community setting.

Before our inspection, we checked the information we held about Carewatch (Lancashire West & Central). This included notifications the registered manager sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced when they received support from Carewatch (Lancashire West & Central). All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited the office location on 22 January 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited three people in their own homes on 23 January and telephoned staff on 24 January 2019. The registered manager did not select and was unaware

who the inspection team contacted by telephone.

We spoke with the registered manager, deputy manager, three members of the management team and five carers. We looked at the care records of eight people, training and recruitment records of four staff members, records relating to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the registered manager had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered manager ensured staff had enough time to travel between visits. We looked at the continuity of support people received and how long staff stayed on each visit by reviewing the registered managers electronic call monitoring system.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Carewatch (Lancashire West & Central).

Good

Is the service safe?

Our findings

At the last inspection carried out in March 2018 we found the registered manager had failed to manage medicines in line with their policies and procedures. They had also failed to assess and do all that was reasonably practicable to lessen identified risks. These findings demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection visit carried out in January 2019, we spoke with people who were supported with their medicines, looked at medicine documentation and spoke with staff who administered medicines. We saw evidence of ongoing staff training, competency assessments and medicine audits. One person told us, "I like them [staff] as they do remind me about my medication and when it is due, as I can take them myself I just forget sometimes." A second person told us staff were very good at applying cream to soothe their pains. Staff we spoke with told us senior staff visited them unannounced to assess their competency while they were working.

We spoke with the registered manager who told us lessons had been learned since the last inspection. They had created a ten question medicines quiz and additional training for staff to ensure staff administering medicines were competent.

We looked at how the registered manager assessed risks around the support they provided to people. All staff we spoke with told us everyone they supported had a care plan and risk assessments. We visited three people and everyone had a care plan in place. Care plans we looked at identified potential risk of accidents and falls within the person's home environment. We saw information related to health risks documented within the care plan. For example, we saw information that guided staff on how to manage people's ongoing health conditions and how to respond should they need support. One person told us, "I always feel safe, they need to use the hoist to move me about and I'm never afraid." A second person commented, "I am happy knowing they [staff] know what they are doing, they make me feel safe as I am confident in their abilities." We did become aware during the inspection that people who used bed rails and bed levers did not have risk assessments. By the end of the inspection, assessments to manage risk had been completed.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered manager had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and allowed the registered manager to learn from any incidents that may happen.

We found the service had appropriate staffing levels to keep people safe. We reviewed staff rotas and focused 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 always 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. One person told us, "They always turn up on time and are very punctual, if they

are late they always apologise informing me of the reasons why." However, a second person commented, "Sometimes as the rota says unallocated you don't know who if anyone is going to turn up and they don't always arrive on time." We shared this information with the registered manager for them to investigate. They told us they had already responded to the person regarding this issue.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member told us, "The calls are spaced so I can get to people safely." One person told us, "My carers are on time, they know they would get a flea in their ear if they were not." This showed the registered manager planned support to maintain people's safety.

The registered manager had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. All the staff we spoke with knew how to raise an alert should they ever witness abusive or poor practice. One staff member commented, "I would tell the manager, police or CQC. I would never leave anyone in danger."

We found from records we looked at staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. All staff spoken with were complimentary about the recruitment process. They all confirmed they had carried out all necessary checks as part of their employment process and had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

We looked to see if staff understood their role and responsibilities in relation to infection prevention and found training was delivered as part of their induction. Staff told us there were no concerns around the provision of personal protective equipment to minimise infection. People we spoke with told us staff wore gloves and aprons when supporting them with their personal care. These safeguards minimised the risk of cross infection.

Good

Is the service effective?

Our findings

At the last inspection carried out in March 2018 we made a recommendation regarding the signing of consent forms and recommended that any discussions and outcomes regarding consent were documented appropriately and in line with best practice and guidance.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA. Discussions with the registered manager confirmed they understood when and how to support people who may lack capacity and deliver care in their best interests. We saw staff received training around capacity and choice as part of their initial induction training.

During this inspection we looked at eight care plans and saw information related to capacity and best interest decisions had been assessed and documented. Where people had agreed others could make decisions on their behalf we saw paperwork that supported their ongoing arrangement. We also noted consent and capacity was currently under review as part of people's ongoing care plan reviews. The internal review process had highlighted some areas of improvement that were currently being addressed.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005 (MCA) and health and safety regulations. This demonstrated the registered manager was aware of their responsibility to use national guidelines to inform care and support practice within the service.

Before receiving support, the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw signatures in care plans that indicated they or a family member had been involved with and were at the centre of developing their care plans. People we spoke with told us they had been involved in their care planning. One person told us, "Yes I have it [care plan] in my diary, we do discuss it from time to time."

All the people we spoke with considered the care staff to have the right skills to do their job. One person told us, "The lady who comes to see me definitely has the right skills." A second person said, "My carer has had the senior carer with her at my home when they are looking after me so they can assess one another." A relative commented, "My [family member] does require quite a lot of care and they can certainly provide it. I would recommend this company highly."

All staff we spoke confirmed they had received an induction before they started delivering care independently. They also stated ongoing training was provided throughout their employment. One staff member told us, "The shadowing helped, it really helped." Shadowing is where a new staff member worked

alongside an experienced member of staff to learn through observation. A second staff member said, "The training was very useful it gave me base to work from." We saw the registered manager had a structured framework for staff training. This enabled them to effectively plan the training needs of staff throughout the service.

We asked staff if they were supported and guided by the registered manager to keep their knowledge and professional practice updated in line with best practice. Staff told us they had supervision with a member of the management team. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs.

Staff told us they could call into the office for support. They stated the management team complete unannounced 'spot checks' to monitor staff performance. One staff member confirmed, "I have had spot checks to make sure I am doing my job right." Carewatch (Lancashire West & Central) had a 24 hour on call service to manage the support delivered and ensure effective communication.

We looked at how people were supported to have sufficient amounts to eat and drink. People who required support with preparing meals told us when required staff prepared meals and drinks as they liked them. For example, one care plan guided staff on how the person liked their drinks, where they preferred to eat their meals, how much food was required and how it should be presented (using the appropriate crockery). One person told us their family member prepared their meals and their carer walked to the relative's house to collect the freshly prepared meal. A second person commented that staff prompted them with drinks and made sure they had a fresh drink before they left. This showed, when required, people were supported with the required support to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We saw information that confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs. The registered manager was working with other health care services to meet people's health needs. For example, we saw documentation with experts on the management of skin care. Care records contained information about the individual's ongoing care and rehabilitation requirements. There was evidence of consultation with community based health care professionals. For example, one person told us, "[Carer] is taking me tomorrow to the opticians to pick up my new glasses." A second person commented, "If I need to go out for a hospital appointment, the staff will come with me." A third person mentioned, "If my medicine is due my carer will stop at the chemist and grab it for me." This showed the service supported people to lead healthier lives.

Good

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion dignity and respect. Staff were described as kind and caring. People said they had a team of regular carers with whom they and had built up good relationships. For example, one person told us, "The staff are very respectful. Before I had the support, I was concerned but now I have everything."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. People told us staff had an appreciation of people's individual needs around privacy and dignity and were supported discreetly. A relative stated, "They [staff] are very kind, respectful, very polite and helpful."

People and their care staff had built positive nurturing relationships because the registered manager had strived to ensure people were supported regularly by staff they knew and were fond of. People valued the continuity and valued the opportunity to build strong relationships with people whose company they enjoyed. One person said, "They are not just kind but very considerate and will watch and support me if I maybe struggling with something." A second person stated, "I don't want people walking in I don't know, the staff are great. Part of their remit is when they have finished their jobs they sit and chat with me. We get to know each other." A third person also felt they had made a positive connection with their staff member stating, "I feel safe when out and about in the car with them, they know what I'm like and we have built up a bond between each other."

Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual. One staff member told us, "I strive to make it better for people." One person commented, "I like the fact that they don't dress me in anything silly, they do care what I look like which is important to me as well as them."

The care plans held information around people's likes, hobbies and social history within the 'This is me' part of the plan. For example, one person was born in Scotland, identified all their children and grandchild and guided staff on how they liked to be addressed. Collecting a social history provides people with the opportunity to share their life story, their attitudes, interests, and significant experiences that have shaped their lives.

We saw people had the opportunity to express their views through quality monitoring meetings, telephone monitoring and service user reviews. Within the reviews we noted one person had a regular carer and had commented, 'I see my carer as my friend' and. Other people we spoke with told us they shared their views through questionnaires.

We spoke with a member of the management team about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

At the last inspection carried out in March 2018 we identified care plans were inconsistent and did not always have enough detail, considering the complex needs of the individual cared for.
At this inspection, we saw evidence of ongoing reviews and the registered manager had appointed a care planning co-ordinator to oversee the reviews.

We asked people who received support from Carewatch (Lancashire West & Central) if the care they received was personalised and met their needs. All the people we spoke with felt the support they were getting, was what they wanted and needed. One person told us, "Sometimes I need more time to do things and they [staff] notice that."

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how staff supported them to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person we spoke with said, "They do everything I need and want them to do and I am finickity, things have to be done a certain way." A second person commented, "If I didn't have the support from Carewatch I would not be able to get out and about twice a week, it's vital this support."

Care plans we looked at guided staff to deliver personalised care and identified unique considerations staff needed to be aware of to ensure responsive support was delivered. For example, there was comprehensive information on people's long-term health conditions that included signs, symptoms and appropriate responses. We read where people were living with mental health concerns their care plans highlighted to staff reassurance may be needed.

We asked about supporting people with activities. Most people had support within their homes. However, one person told us they liked going shopping with their staff member and the trip always included a trip to the café. A second person commented, "I would be really disappointed if they [Carewatch] couldn't continue with the service as I really enjoy playing pool on a Wednesday, I do have fun." We read in one care plan a list of preferred activities one person enjoyed and staff were to consult with the person and their relative each visit. This showed the registered manager recognised engaging in valued activities was essential to people's physical and mental well-being and their quality of life.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, we read one person was hard of hearing and wore aids in both ears. Their care plan guided staff on the person's hearing loss and to stand directly in front of the person when communication. A second person used sign language to communicate. We saw regularly used signs were included within the care plan to guide staff on how to positively communicate with the person.

The service had a complaints procedure which was made available to people they supported and their family members. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. The registered manager told us although they were not presently supporting people with end of life care they were able to offer this level of support if required. The documentation within their care plans guided staff on how to respect people's end of life decisions and recognised the importance of providing appropriate end of life support.

Good

Is the service well-led?

Our findings

People consistently told us the service was well led. One person told us, "The management team are great, every six months I get the opportunity to discuss any changes I have, but at the moment I like everything as it is, they will know if I do need anything changing, I'm very satisfied." One relative stated: "The management team are good and seemed to have fulfilled everything they had set out to do, I have peace of mind which is everything to me."

Staff were very positive about the registered manager and management team. One staff member told us, "I like them, and I can get hold of a supervisor when I need them if I am unsure about anything." A second staff member commented, "I love my job. [Registered manager] knows her job."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. For example, management staff dealt with rotas within geographical areas and had individual responsibilities around care planning, audits and finance. They had been awarded a contract from the local authority to deliver care to older people. This showed the registered manager had a clear vision and credible strategy to deliver high quality care.

There was a very positive culture among staff. The manager and their staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with staff confirmed they were clear about their role and between them provided a well-run and consistent service which met people's needs in a person-centred way.

We read memos that were distributed to staff that included supportive messages alongside work based information. The registered manager was undertaking additional communication training in her own time to aid her personal development. They told us it had helped when supporting staff who were anxious. We saw the registered manager held monthly forums for unpaid carers and friends of people who have a caring role. The registered manager explained that people could get together, share experiences and 'lighten the load'. This showed the management team ensured people were supported engaged and involved.

We saw minutes, which indicated meetings, took place. Topics revolved around the people being supported, health and safety and risk assessments. One staff member told us, "The meetings are used to discuss new clients and give us brief background information." Office staff had a monthly meeting to review operational issues and carer meetings took place regularly, where agenda items included, clients, training, communication, and teamwork. We noted people received quality monitoring forms and the feedback provided was positive. For example, one person stated their carer, 'Was a lovely lady.'

Staff surveys had also been completed with staff being given the option to remain anonymous. We saw that suggestions for improvement had been acted upon. Feedback included the suggestion of additional medicine training. This had been initiated with all staff having received supplementary training.

The registered manager had governance systems to ensure the service was resilient and delivered a quality

service. Daily notes and medicine administration records were sent to the office to be read and audited to ensure they complied with local standards. The service also carried out internal branch audits with actions to be completed and by whom. The service had electronic call monitoring systems with designated staff having oversight to monitor call visits that included punctuality and visit length. This allowed the service to have oversight on staff contacts and a lasting record of visits to review.

Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. Spot checks were carried out when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. This showed us the registered manager was committed to ensuring safe and effective care took place. The registered manager conducted audits to assess the quality of the service provided. These covered, for example, medication, daily logs, daily records and finances, were appropriate. We saw when the management team identified issues they acted to address them.

We noted the registered manager had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. 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 bad weather an incident or accident occur. This meant the registered manager had plans to protect people if untoward events occurred.

During our inspection we noted documentation was well organised holding person centred detailed information. However, there were some areas of improvement identified to promote positive practice. We found the registered manager and the management team engaged productively throughout the inspection process and were responsive in their actions.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.