Premier Care (Midlands) Limited

Carewatch (WYRE FOREST)

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 26 June 2015 and 28 July 2015 and was announced.

The service provides personal care to people living in the community. At the time of the inspection, approximately 77 people used the service and a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they felt that felt safe and staff understood how to keep them safe. However, staff shortages put pressure on care staff and care calls were often later than agreed and could be up to two hours late. Although no one was harmed, people's safety was compromised.

People were happy with the support they received and people who required additional medication were also supported to receive this.

People received care from care staff that were not always confident in how to move people. Staff did not always raise issues stating they lacked confidence to discuss and

Summary of findings

share their training needs. Whilst people did not experience adverse harm, the registered manager agreed there had been an issue and was already putting in steps to resolve the problem.

People's consent was appropriately obtained by staff when caring for them and people who could not make decisions for themselves were supported by representatives, such as a person with a Power of Attorney that the staff were aware of.

People enjoyed the meals prepared for them and were supported to eat and drink enough to keep them healthy. Care staff involved people in deciding what meals and snacks they would like. Where people had special dietary requirements, care staff understood these and took their needs into account.

People's care needs were regularly reviewed and updated. Changes in people's care needs were shared with care staff so they respond to people's needs accordingly. Where care staff became concerned or unsure, they would either contact the registered manager, a relative or the GP.

People liked the staff that cared for them and care staff involved people when caring for them. People's privacy and dignity were respected and people were treated in a manner they would expect to be treated in and were supported to make choices affecting their care.

People were aware of how to raise complaints and some people had complained. However, people did not always feel they received an adequate response to their complaint. Although the complaints received were responded to, patterns and trends in people's complaints had not caused the management to identify people's growing dissatisfaction with the service.

Although people's care was monitored the quality of their care was not. The quality of the care people received was not effectively checked and reviewed to ensure improvements were made where necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe. People liked the care staff and felt safe around care staff. However, staff shortages meant people's call times were later than planned.

Requires improvement

Is the service effective?
The service was not always effective. People were cared for by staff who did not always have the expertise or confidence to care for them. People did however, receive care that they understood and were offered choices.

Requires improvement

Is the service caring?
The service was not consistently caring. Although people liked the care staff caring for them and thought care staff understood how to care for them, changes in staff rotas made it difficult for people to maintain relationships with care staff.

Requires improvement

Is the service responsive?
The service was not always responsive. People did not always receive care at the times and from the care staff they specified. People understood how to complain.

Requires improvement

Is the service well-led?
The service was not always well led. People did not receive a service that was monitored effectively to ensure it delivered a high quality. People did not always have confidence that any issues they had would be resolved by the registered manager.

Requires improvement

Carewatch (WYRE FOREST)

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 26 June 2015 and 28 July 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in. There are gaps between the two visit dates because after our visit to the office we had to make phone calls to staff and to people who used the service. We then had to review all of this information. This review identified that we needed to gather more information to rate the service. Therefore a second visit was arranged. The inspection team consisted of two inspectors.

As part of the inspection, we spoke with nine people and six relatives. We also spoke with four care staff, the registered manger, the operations manager and the care co-ordinator.

Requires improvement

Is the service safe?

Our findings

Four people and five relatives described the service as being short staffed and that care staff did not always have time to get everything done as they were running behind. One person told us, "They seem to be in a bit of a flummox about staffing. A lot have left." Another person said of the care staff, "They are rushed off their feet…there are more clients than carers." People also described staff as arriving later that they wanted. One person described how a call was due at 9:30 but the staff member arrived at 10:30. Another person was due a call at 7:30 and the care staff member arrived at 10:30. We checked the times of call and this confirmed a number of calls had been later than planned. People expressed their frustration at not knowing whether staff would arrive on time or not, especially if this had an impact on other planned activities.

Staff told us that they felt under pressure as there was insufficient staff to cover the calls. When we spoke to the registered manager about this, she agreed that staffing levels had been a problem. The registered manager told us some staff had chosen to pursue alternative careers to care and some staff had left to join other care services. Insufficient staff meant some calls had been made later than expected. The registered manager agreed that whilst there had not always been enough staff, measures were in place to prevent any reoccurrences. For example they were currently restricting the number of new packages they took on and recruiting further staff.

The registered manager and provider did not ensure sufficient numbers of suitably qualified, competent, skilled staff were deployed. This was a breach of Regulation 18(1) HSCA 2008 (Regulated Activities) Regulations 2014.

One person said that they were "Quite safe, no problems with the staff." Another person said they felt "300%" safe. People told us they liked the care staff and that they had no concerns about the staff being in their home.

Staff we spoke with recognised what it meant to safeguard people and the different ways people needed to be kept safe. Staff also told us they were aware of what they should do if they ever became concerned about a person.

People told us care staff understood how to support them and were aware of any medical risks associated with caring for them. For example, some of the people had health conditions such as diabetes. When we spoke with staff they told us about the risks they needed to be aware of when providing care and the actions they would need to take to keep the person safe. Care staff were also aware of issues such as pressure sores and the signs to look out for. Care staff we spoke to were aware they needed to immediately escalate such concerns to senior members of the team.

We looked at how the provider managed the appointment of new staff into the organisation. The recruitment manager told us staff completed office based training and did not work unsupervised until they received permission to work. Two staff members confirmed they did not provide care unsupervised until they had received permission to do so. The provider had a system in place for ensuring all Disclosure and Barring Service (DBS) checks were made. This check is carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm can be reduced.

People told us they thought staff knew what to do when helping them with their medication and that they were happy for staff to support them. We reviewed what checks were made to ensure care staff gave the right medicines to people. The registered manager had made regular audits of medications. Where any mistakes were identified, these were reviewed and staff were offered support and guidance.

Requires improvement

Is the service effective?

Our findings

Three care staff care staff initiated contact with the inspection team during the inspection to discuss concerns they had about their training. Staff described not being confident with Manual Handling. Whilst people did not raise any concerns with us about staff training, when this was raised with the management of the service, they agreed that this had recently come to their attention. They were taking steps to ensure every member of staff had their training reviewed and updated.

We asked the registered manager about the support processes in place for senior care staff and care workers however this could not be provided. The operations manager told us that as a result of other priorities supervision meetings had become less frequent and in some instances did not take place. Staff were therefore not supported to deliver care needed because the manager's system of understanding staff training and support needs was not effective.

People told us that staff sought their consent before providing any care to them. We reviewed files for six people and saw there were capacity assessments for people on file where it was considered appropriate. For example, where it not clear whether a person could make a decision for themselves. Some people had capacity to make decisions about their care but sometimes needed prompting to take their medications and all of this was detailed in the care plan. When we spoke to care staff, they were able to confirm their understanding of consent. Where people had other people, such as family members to make important decisions for them, they had a Power of Attorney, this information was also available in people's files for staff to access so they knew who to communicate with. A power of attorney (POA) or letter of attorney is a written authorisation to represent or act on another's behalf in private affairs, business, or some other legal matter.

People told us they were supported to have healthy meals they chose and supported to access drinks. One person told us, "I have plenty to drink." People told us care staff would ask people what they wanted to eat and whether they wanted a cup of tea. People told us they enjoyed the meals and that they were well prepared. One person described their care staff member as being a "Splendid cook."

People were supported to access other health professionals where appropriate. People described how care staff were happy to help with arranging appointments were required. One staff member described how they had called the doctor for a person they had become concerned about. We reviewed six care plans and saw that any concerns about people's health were referred to the office or the GP to seek further advice. People's daily records were reviewed and these detailed any issues care staff wanted other staff to be aware of. For example, one person who became unwell, their concerns were transferred for the next care staff member to monitor and call a doctor if necessary.

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Requires improvement

Is the service caring?

Our findings

Although people told us staff were caring and they were happy with the staff that cared for them, five people described to us difficulties they experienced with different care staff caring for them. This made it difficult for people to maintain relationships with care staff. One person told us, they didn't always know which carer would turn up and this had left them unsettled. One person said they were "Irate with the office over the rotas." When we raised this with the management of the service, they agreed that consistency of staff was an issue and that they were working to address it. Where people had regular care staff, people told they were very positive about the care. One person said they were "Generally very happy" with the care they received.

People described a variety of ways in which they were asked to be involved in the decision making when it affected their care. Two people described meetings they had had to discuss care. For example, one person said told us they requested male carers only and this had been respected. People told us that care staff would also ask them what they would like. Another person told care staff were "Always checking that I am happy." A relative told us that care staff were very tactile with his wife, which was important to him.

We reviewed six care plans to understand how people's care needs were recorded for staff to follow. We saw that some had life histories so that care staff had some understanding of the people they were caring for. The care plans provided staff with the information to care for people. When we spoke to care staff, they could tell us about individual people and their care needs. For example one staff member described a diabetic person who they always made a cup of tea for and had a chat to, because the person enjoyed having a chat with the care staff.

People described staff as having a good understanding of caring with dignity and respect. One relative described care staff who "Covered people up with a towel" when appropriate. People told us that staff left their home as they expected it to be left and one person said, "Staff always knock before entering the home." Another person described how a care staff member had left the room when the person took a private phone call.

We spoke to care staff to confirm their understanding of what it meant to treat someone with dignity and respect. One staff member described how they were conscience of treating people's homes with respect. Care staff described speaking to people to understand how people chose to be cared for. Care staff told us this helped them develop a rapport with people so that the persons' wishes were respected. One staff member described how they were conscious of being in a person's home when they visited and didn't want to intrude more than necessary.

Requires improvement

Is the service responsive?

Our findings

People's experience of the service didn't always mirror what they had been involved in planning. Nine people we spoke to described receiving care at different times than they would have liked. People described a chaotic response and that calls were sometimes so late, people instead chose to cancel calls. One person described how they had a call booked for 9:30 and the care staff member did not arrive until 11:00. People also described how they sometimes received a number of different care staff despite making preferences for regular staff. This also made it difficult for people to maintain relationships with carers. One person said, "I feel I am being wrapped up around their service rather than the other way around". We reviewed call times for people and these confirmed instances when actual call times were later then arranged.

People told us they were aware of how to complain, and in some instances had done so. We reviewed the complaints process and we saw that complaints were acknowledged and responded to and where appropriate, an apology offered. We noted that during the period between January and July 2015 a number of complaints had been raised about the consistency of staff and late running calls. Three people we spoke to said they had become frustrated with contacting the office and the issues persisted despite their complaints about consistency of staff and late running calls. People were not always aware of which care staff would deliver their care. People were given timetables confirming call times and details of the staff but they were never told of changes. When we raised this with the management of the service, they agreed that communication with people required improving and that changes had not always been communicated to people and that continuity of care had not always been prioritised. The operations manager stated that "We can all improve and learn from each individual complaint to avoid a reoccurrence wherever we can". The registered manager had already taken steps to understand and resolve people's concerns.

People did however receive care which was reviewed regularly. We saw examples where people's care needs had increased and care plans detailed the necessary information for staff to understand what was required. Staff were given the necessary information in the care plans such as hoist usage or other equipment as appropriate. Where staff were covering for other staff members, staff were given essential handover information on the telephone as well as having information in care files to access. People's care was regularly reviewed and changed according to the person's needs. For example, a number of people had had periods of stay in hospital and their care requirements changed.

Requires improvement

Is the service well-led?

Our findings

Whilst people liked the care staff delivering their care, people told us they did not always have confidence in the management team they spoke to in the office. People expressed frustration and a lack of continuity in response to their requests. One person said, "They are alright for a bit, but then they slip back." Another person said they felt the office was "under stress because they were not very organised." One person described the organisational skills at the office as "not very good".

During the inspection a number of care staff asked that we speak with them to share their experience. The inspection highlighted some areas where staff communication could be enhanced. For example, staff identified areas of the service to us they should like improved that they hadn't raised directly with the registered manager. When this was raised with the management, they agreed and immediately put into place steps to facilitate easier and more open communication. The management of the service confirmed they had identified communication issues and that this had caused people to become frustrated. A new member of staff had been recruited and communication within the service and with staff had been prioritised.

We reviewed the provider's governance structure and how this operated. At the time of the inspection, the registered manager, who is also the provider, was managing two locations and relied heavily on the management team at this location to support her. The provider did not have systems in place to independently verify the quality of care being delivered. The structure in place had also been affected by care staff shortages. For example, senior care staff no longer provided line management and instead focussed solely on delivering care and as a consequence fewer quality checks/observed practices were being performed. Furthermore, three files were reviewed which confirmed once the induction process had expired further ongoing observations were not undertaken. When we raised this with the management of the service, they agreed this had been the case and confirmed they would revert to a system where they had more checks of actual care being delivered.

The provider had systems for exploring what people thought about the service through telephone and face to face questionnaires. However, the questionnaires did not reveal some of the dissatisfaction expressed when we spoke to people about the service. The provider also had a system for recording and responding to complaints. However, trends in complaints were not being identified. This system did not identify issues that were being raised by people and was not therefore effective. When we spoke to the operations manager, they agreed that their system had flaws. The provider immediately responded ensuring each person received a face to face meeting with a member of the management team to talk through their concerns.

The registered manager and provider did not make regular checks of the service and had not ensured high quality care had been delivered. This was a breach of Regulation 17(2)(a) HSCA 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance People who use the service did not receive care that was assessed and monitored to improve the quality and safety of the service provided. Regulation 17(2)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered manager and provider did not ensure sufficient numbers of suitably qualified, competent, skilled staff were deployed. Regulation 18(1)