

Carewatch Care Services Limited

Carewatch (Reading and Berkshire)

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 19 January 2016 and was announced. The provider had been given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people concerned would be present on the premises. This was the first inspection since the agency had re-registered on 28 September 2015 due to the change of its location's address.

Carewatch (Reading and Berkshire) provides support and personal care to people in their own homes. At the time of our inspection approximately 160 people were receiving personal care and support from this service. 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.

Most aspects of safe recruitment practices, such as police identity and character checks, were in place. However, the provider had failed to gather full employment history of their prospective staff members. As a result, people were not properly protected from the risk of being supported by unsuitable staff. The identified gaps in employment history had not been fully examined and explained.

At this inspection we found that arrangements were in place to monitor staff attendance at work and to minimise the number of missed calls. However, staff had not always been available to attend a call and to provide care to people at the agreed time. There had been two recent missed calls identified by the arrangements introduced by the manager.

People told us they felt safe and well cared for. Staff were aware of how to raise any concerns. Having received training on safeguarding adults, staff knew the signs of possible abuse. Possible risks to people were identified and plans were put into place to reduce those risks. Arrangements had been made to deal with emergencies, and staff had received first aid and fire safety training.

Staff were caring and positive relationships had developed between them and people. Staff understood the Mental Capacity Act 2005. Following the principles of that act, they always remembered to ask people for permission before providing support to them. Staff members treated people with respect and helped them maintain their dignity. People were encouraged and supported by staff to make their own decisions and choices.

The staff training matrix was up to date and one-to-one supervision meetings took place to support staff in carrying out their roles effectively. However, the relatives of people were not confident that staff had the skills and knowledge to deliver care to a good standard.

People who use the service told us that staff were caring, treated them with kindness and politeness, respected their privacy and encouraged their independence. Staff were able to describe what actions they

took to maintain people's privacy and independence. They also had a good understanding of people's individual support needs.

The various nutritional needs of people were met by the service where appropriate. People told us they were given a choice of what they preferred to eat. Depending on the individual, staff either prepared meals or supported people who were able to prepare meals for themselves.

People knew how to make a complaint, and the service had a complaints procedure in place. People told us they were not always involved in the process of planning and reviewing their care.

Staff told us the service was well-led and both the branch manager and the registered manager were approachable and supportive.

The registered manager had implemented a number of changes to the way in which the service had been run, and this appeared to have improved the overall quality of the service. Nonetheless, the ways of ensuring the quality of care were not sufficiently effective and the required records were not always maintained or available.

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.

Recruitment checks had not included staff's full employment history, thus people were not properly protected from the risks of being supported by unsuitable staff.

The service had appropriate safeguarding adults procedures in place and staff understood their responsibilities with regard to safeguarding.

Possible risks to people had been identified and staff knew how to help keep people safe.

Staff had not always been available to attend a call and to provide care to people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not all adequately trained or supported to deliver care effectively.

Staff understood the importance of the requirements of the Mental Capacity Act 2005 and gained people's consent in line with legal requirements.

People's healthcare needs were met. Where appropriate, people were provided with sufficient amounts of food and drink according to their dietary needs.

Is the service caring?

Good ●

The service was caring.

People were provided with information about the service. People's individuality was taken into account to ensure they were supported by staff who understood their individual needs.

The independence and privacy of people was always respected and promoted.

People who use the service and their relatives told us staff were very caring and always provided care and support in line with the agreed support plan.

Is the service responsive?

The service was not always responsive.

People received care that was responsive to their needs; however, they were not always involved in regular, formal reviews of their service and in planning their care.

People had access to the information in their care records about raising formal complaints if needed. Records showed that complaints had been investigated by the registered manager.

Requires Improvement 

Is the service well-led?

The service was well led.

The provider had systems in place to check whether people received appropriate care and support, but the systems needed enhancement.

Staff told us they felt well supported and valued, and that they could express their views freely. They said the registered manager was supportive and approachable.

Audit results were reviewed and analysed for themes and trends which might have either negative or positive impact on the quality of the service. The audits helped to identify and address areas for improvement.

Good 

Carewatch (Reading and Berkshire)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements 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 inspector. On the day of the inspection we visited the office premises and spoke with the registered manager. We spoke with four people who use the agency, three relatives who spoke on people's behalf at their request and five members of staff. We visited one person in their own home and we looked at support plans and risk assessments for four people. We also examined other records relating to the management of the service, such as training records, staff recruitment records, quality assurance audits and policies and procedures.

Before the inspection, we looked at information provided by the local authority. We reviewed the records held by the CQC, including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at the previous inspection reports, safeguarding notifications and any other information that had been shared with us.

Is the service safe?

Our findings

The service was not completely safe because it was unable to allocate staff to provide scheduled visits on several occasions. People told us and the records confirmed that the lateness of staff and missed calls had been a significant problem until the new registered manager had filled in the post and addressed that problem. As the old system of monitoring staff attendance had proved to be ineffective, a new one had been introduced. As a result, the number of missed calls had been reduced from 12 to 2 per quarter. However, the lateness of staff still posed a problem, which was highlighted to us by the local authorities. The authorities reported that less than half of the calls were carried out on time. The failure to provide people with support and medicine administration on time might result in putting their health at risk. The register manager told us that they were going to introduce an electronic monitoring system in order to control staff's attendance more effectively.

Safe recruitment practices were not fully followed. Staff told us they had undergone a thorough recruitment and selection process before they had started working for the service. Staff files included a checklist detailing all the pre-employment checks of new staff obtained by the provider. This included up-to-date criminal records checks, two references from previous employers, photographic proof of identity, a job application form, a health declaration, interview questions and answers, and proof of eligibility to work in the UK (where applicable). The provider's application form, however, only asked for the most recent employment history rather than an applicant's full employment history as required by law to protect people from potential risk of unsuitable staff. Applicants had only supplied the latest history of employment as requested on the form. We brought it to the attention of the manager who said this would be addressed immediately.

People we spoke with said they felt safe with the care and support they received. One person said "I feel very safe with my carers." One of the relatives stated, "[name] is very safe with them".

People's care plans included risk assessments which covered all crucial areas: moving and handling, personal space and possessions, premises, and Control of Substances Hazardous to Health (COSHH). Risk assessments were detailed and ensured that relevant risks had been identified. Staff members had access to safety-related information, which helped them provide care in a safe way.

There were policies and procedures in place to manage safe administration of people's medicines. Care plans clearly showed if people needed support with their medicines. Staff had a good understanding of what particular support each of the people needed. People told us that if they needed any help or assistance with their medicines, they could always rely on staff. The medicine administration records (MAR) we reviewed were completed accurately.

The provider had a policy in place for safeguarding people from abuse. Staff were provided with guidance and training on how to detect different types of abuse and how to report them. Staff had a good understanding of different types of abuse that might occur. They told us they would not hesitate to report it

if there were any signs arousing their suspicion. There was a whistleblowing policy in place for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy. This meant that people who use the service, their relatives and staff were encouraged to contact them at any time if any matters caused them anxiety.

A business continuity plan had been developed which helped to ensure continued service in the event of a variety of emergency situations. These included flood, severe weather conditions, flu pandemic and power failure. Staff we spoke with were aware of relevant procedures and actions to be taken in case of a medical emergency, such as a sudden collapse of a person. They knew what to do if they came to visit a person expected to be at home and the person did not respond to knocking on the door or ringing the doorbell

There were arrangements in place for managing accidents and incidents, and preventing the risk of their recurrence. A file containing incidents and accidents related records was available and it included information about the actions taken. Incidents were analysed and conclusions were drawn from them to prevent or minimise any risk of repetition. For example, there had been an incident caused by items left on the floor of a person's home by a member of staff. The service had dealt appropriately with the matter, using increased supervision and disciplinary action.

Is the service effective?

Our findings

Staff were not always sufficiently and appropriately trained to meet people's needs and provide them with proper care and support. On one occasion staff had to deal with a specific type of equipment without having been appropriately trained by a district nurse. Instead, they were shown how to operate the equipment by a family member, which posed risk to the person receiving care. One of the relatives told us, "I had to keep pressing for the carers to be trained in using a specific type of equipment. Some carers resented being shown it, in particular we had a very nasty incident concerning a [name] who did in fact caused my husband considerable pain and he could have landed up in hospital". It had been only after the incident that the relevant training for staff had been eventually arranged with the district nurse. The registered manager dealt with the matter according to the provider's policies using disciplinary action.

There had been concerns reported to us by the local authorities regarding the lack of formal assessment of new staff members who had just completed their induction. This matter had been addressed by the registered manager before our inspection. A 'Step by Step' folder had been introduced in order to assess the knowledge and skills of staff who were about to finish their induction. Its purpose was to improve the quality of the service and reduce the risk of providing However, as there were no members of staff who had just finished their induction, we were unable to check the effectiveness of the 'Step by Step' folder.

The registered manager stated and staff confirmed that each staff member was required to complete induction training when they commenced their employment. Newly recruited members of staff always shadowed a more experienced colleague for a period of one or two weeks, depending on their previous experience. The shadowing could be extended until the new member of staff felt confident and competent enough to carry out their roles effectively and unsupervised. Staff who had no previous experience as care workers were supported to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This helped staff who were new to care understand what was expected of them.

The registered manager had identified the problem of staff lacking relevant training. Following that, they had taken steps to ensure that all staff received the relevant staff training and the matric reflected this. Staff and told us they were provided with good opportunities for training since the present registered manager had been employed. One member of staff remarked, "Training is excellent. The training opportunities provided by Carewatch are brilliant. At my previous company we had not even received dementia training".

Appraisal records confirmed that work-related issues such as competencies or areas for development were discussed. Additionally, the registered manager had re-introduced individual spot checks where a care worker's practice was observed and the areas for improvement and areas for praise were identified. As a result, both formal supervisions and practical supervisions were used as means to improve staff's skills and knowledge necessary to perform their duties.

Regular staff meetings helped to enhance staff's care practice. During our inspection we attended a meeting and observed that staff freely and voluntarily discussed different areas for possible improvements with the

registered manager. These areas had been identified based on the results of internal audits and direct feedback from people and staff. The service had used staff meetings to promote teamwork, build morale and generate ideas of constant improvement of the service.

People's rights were upheld as the service was working in line with the principles of the MCA. 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.

Staff told us they had received training in the MCA and understood the need to assess people's capacity to make decisions. The members of staff we spoke with were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. They explained to us how they supported people to make decisions. For example, people told us they were shown a variety of clothes or food to choose from. Staff were aware that any decisions made for people who lacked that capacity had to be in their best interests.

When people started to use the service, they were asked about their nutritional preferences and dietary needs, if appropriate. As a result, staff knew exactly what people liked to eat and drink. They assisted people who were able to cook for themselves in preparing meals. In other cases, they prepared meals which suited people's individual needs and preferences. One person said, "Staff make my meals for me and I always enjoy them". Staff and people told us that they made sure that people had drinks and snacks available for the rest of the day before finishing their visit.

Any allergies people had were listed on care plans and staff were able to support people's health by ensuring they did not come into contact with anything they were allergic to. People's medical conditions and histories were also detailed in care plans. As a result, staff were able to pass on this information immediately to relevant health care professionals in the event of an emergency.

Is the service caring?

Our findings

People stated unanimously they were treated by staff with respect and kindness. One person said, "They are very caring." Another person remarked, "I have very good general experience with Carewatch. Their carers have mostly been very, very good."

We visited one person in the community in the course of receiving care from a care worker. This member of staff demonstrated a gentle and friendly approach toward the person she was supporting. She was very polite, well-mannered and considerate when performing her duties. She completed all the required tasks during her visit, to the satisfaction of the person using the service. Staff never neglected such subtleties as calling people by their preferred names. When we visited the person in their home, we saw that staff were respectful of the person's needs, preferences and expectations.

Staff who regularly visited people displayed a thorough knowledge of what and who was important to people. They knew which relatives were involved in a person's care. As a result, that they were able to coordinate their actions with them and complement each other's contribution to a person's well-being. However, people told us that when their regular staff were not able to attend the call, the new staff members were not always knowledgeable of their needs.

People who use the service described staff as kind, caring, considerate and eager to help. They told us staff understood the importance of maintaining their privacy and dignity. For example, staff members always remembered to close the doors and draw the curtains in people's homes, and tried to give them as much privacy as possible. People told us they were treated with respect and politeness.

Relatives recognised and valued staff's abilities and commitment. Sometimes they asked the agency to provide extra cover so that they could get some respite knowing that people were safe and well cared for.

People were supported to maintain their independence. They were encouraged and supported to do as much as possible for themselves. However, staff assisted them whenever help was required.

Staff members explained to us that they always informed people of what they were going to do before each activity was carried out. They said they ensured people were satisfied with how things were done for them. One member of staff said, "I always try to explain what I'm going to do and why. It involves people and makes them more comfortable."

Policies and procedures of the agency covered all significant areas, from equality and diversity, principles of care, confidentiality to dignity and well-being. These helped staff to understand the importance of respecting people as individuals and assisted in protecting their privacy and dignity.

Staff were aware of their responsibilities with regard to confidentiality and ensuring information security. They understood the importance of respecting private and personal information. They would only disclose information with individuals' permission on a need-to-know basis to a person involved in delivering care to

people, such as health and social care professionals.

Is the service responsive?

Our findings

The service could not ensure that each staff member knew people well enough to understand all their individual needs and preferences. Some of people we spoke with felt it was often difficult for them to develop rapport with staff members as they changed so frequently. One person told us, "All in all, when we get our regular carers now we are happy, they are polite and helpful. The only time we have a problem is if they take them off our call and do not inform us and a new carer comes who does not know the routine".

People told us that staff had been often late for a visit, and on two recent occasions they had failed to arrive at people's homes. We were told that some staff members had not called people to advise them they had been delayed. People said that being attended to by different staff members was a regular occurrence. People also stated they would much prefer to be supported by the same care workers. They told us this would enable them to build up steady relationships with their care workers and would also improve communication between people and the care provider. One person told us, "Communication with the office has been problematic. This is particularly because of their change of staff but more so because of my inability to use a telephone. If the carer is unwell or late I often do not get a message".

The registered manager showed us records to confirm they had taken appropriate actions in response to the concerns received about missed calls and lateness of staff. For example, the registered manager told us they had begun to include call time checks as part of their regular reviews. They were introducing a new call monitoring system which required staff to let the office know that their job was complete after attending each call. People were asked to sign staff's time sheets, which were later checked by the registered manager.

Staff told us they completed and read the daily reports at each visit. Then, if they had any concerns, they could report them to the registered manager or a member of the senior management team. Staff said that the registered manager responded immediately to issues they raised. They knew the management team was always on call outside of normal office hours to provide support in case of any unforeseeable events or emergencies. People who use the service and their relatives confirmed that staff always read the care documentation when they visited and completed the daily report sheets.

Most people organised their own activities within their community. However, staff supported some people to do other things, such as going out to the swimming pool, watching football matches at the stadium or going shopping. Staff knew what people liked to do and what people's hobbies were, so they could encourage and support people to maintain their hobbies and interests.

We spoke with four people who use the service and their relatives, and the majority of them confirmed they were aware of the complaints procedure. They said they would not hesitate to make a formal complaint if they had any concerns about the standard of the care provided. Their comments included, "I would report any concerns to the office. They would listen to me" and, "I have raised a concern once and they resolved it to my satisfaction." There were 13 complaints recorded in the complaints log book, each resolved in a timely manner up to the complainant's satisfaction. The service received five compliments since the registration.

Is the service well-led?

Our findings

There were processes to evaluate and monitor the quality of the service. Questionnaires were circulated annually, which offered people the opportunity to express their views about the service provided. Additionally, the service completed telephone monitoring checks to ensure people were satisfied with the care provided and all problematic issues were noted and relevant actions taken. People's responses were positive as they stated that the agency and staff paid attention to their choices, listened to them and provided the service they needed.

The registered manager told us and records confirmed that they carried out spot checks at people's homes after gaining their consent. The registered manager also said these checks were unannounced so that staff members did not know when a spot check was to take place. It gave the registered manager the opportunity to observe how staff interacted with people who use the service. It also helped to check staff's punctuality and record keeping.

The registered manager had introduced internal audit reports which helped to identify occurring shortfalls. The reports were used as a basis for amending the service's policies, care plans and arranging relevant training where needed. As a result, there was an improvement in the quality of care plans which were updated in a timely manner and were more person-centred. These care plans contained more information regarding people's likes and dislikes, their life histories and backgrounds. The information contained in care folders was up-to-date. Staff confirmed that the enhanced care plans enabled them to know people more thoroughly and deliver more individualised care.

Staff told us they thought the service was well-run and they recognised the impact and importance of the recent improvements introduced by the registered manager. They informed us there were clear lines of communication and accountability within the agency and they were supported through a planned programme of supervision and training. Care workers and office staff told us they felt well-supported by the branch manager and felt comfortable discussing any issues with them. The registered manager was described by staff as very helpful and approachable.

The agency had a clear vision for the future. This was to constantly improve the service and to provide a consistent and caring service that met people's needs and expectations. The registered manager and staff told us that people were at the 'heart of the agency'. It was obvious when speaking with the registered manager and staff that their approach was people-oriented.

Staff meetings were held on a three monthly basis so staff were kept up to date with changes in the provider's policies and procedures. Any issues which might affect the running of the service or the care and support people received were addressed immediately.

There was an incentive "carer of the month" scheme in place to promote best practice, and a loyalty scheme for staff who worked for the provider. This initiative had improved staff's morale and commitment, and was valued by staff as a genuine recognition of their efforts.

The service was monitored by the local authorities who commissioned the service. A visit had been made by the commissioners from one of the local authorities in November 2015. The manager had taken actions to address the issues identified at that visit.