

Carewatch Care Services Limited

West Dorset

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



Overall summary

This inspection was announced and took place on 4, 5, 9 & 17 November 2015. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the first inspection of this service.

Carewatch West Dorset provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to more than 100 people.

Carewatch West Dorset has a registered manager 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 2008 and associated Regulations about how the service is run.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. This meant that people may not always receive their medicines as they were prescribed.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff.

Summary of findings

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Carewatch West Dorset and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible; staff had received training in safeguarding people and whistleblowing and were confident when asked about this. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

Staff knew people well and understood their needs although care plans were not always sufficiently detailed and up to date to provide information for staff if they did not already know the person they were supporting.

There was a clear management structure. People and staff said the managers were approachable and supportive. There were systems in place to monitor the safety and quality of the service.

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.

Medicines were not managed safely.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Care workers were recruited safely and there were enough staff to make sure people had the care and support they needed.

Requires improvement



Is the service effective?

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Good



Is the service caring?

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Good



Is the service responsive?

The service was not always responsive.

People's needs were met but care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy and complaints were responded to appropriately.

Requires improvement



Is the service well-led?

The service was well led.

There was a clear management structure in place. People and staff told us the registered manager and management team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

Good



Summary of findings

There were systems in place to monitor and assess the quality and safety of the service provided.

West Dorset

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 checked 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 4, 5, 9 & 17 November 2015. Two inspectors undertook the inspection.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and contract monitoring teams to obtain their views. A Provider Information Return (PIR) had not been

requested from the provider on this occasion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited four people in their homes and spoke with 14 other people on the telephone. We also spoke with two relatives and spoke with or had contact with 11 staff. We spoke with the registered manager and two office based staff who were involved in supporting people who used the service. We looked at six people's care and medicine records in the office, and four other individual care and support records that were held in people's homes. We saw records about how the service was managed. This included four staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

All of the people who received care and support from Carewatch West Dorset told us that they felt safe with the staff who supported them. One person told us, “I’m very happy with them. They come every morning and I know who to expect”.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. We found that there was no assessment or plan of care relating to the skin condition for any of these people. There was no guidance in place to ensure that creams were applied in accordance with the prescriber’s instructions. Not all of the creams had been recorded on the Medicines Administration Record (MAR). In these cases some staff had occasionally recorded the administration of the cream in daily records which showed they were aware that the creams should be applied but had not recognised that it should be recorded on the MAR. This meant that people may not have received some of their medicines as prescribed.

MAR charts were created from care records held in the office and printed and sent to each person’s home in time for staff to use from the beginning of each month. Office staff checked and signed the MAR’s before they were sent. Some of the records we checked showed that people had been prescribed additional medicines part way through the month. In this situation, staff had handwritten the new medicine onto the MAR chart. We found that they had not fully recorded the name of the medicine and strength of the medicine or the times it should be administered and that the entry had not been checked and signed by a second member of staff to ensure that the correct instructions were being followed.

Some people received help to administer some of their medicines but continued to self-administer some of their other medicines. There was also a situation where staff took medicines out of the original container and left them in a container for the person to take at a time when staff were not there. None of these situations had been risk assessed or documented in a care plan and staff were signing the MAR to say that all medicines had been taken when they had not witnessed this to be the case.

Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked regularly. Staff were knowledgeable about each person’s medicines and how to administer them. They were regularly “spot checked” whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records. However during their spot checks none of the shortfalls we identified had been highlighted.

The registered manager showed us that all completed MAR’s were returned to the office at the end of each month audited by office staff. Where issues had been found, the staff concerned had been spoken with and a record was made in their file. In some cases, additional training had been provided. However, the audits had not always found the issues that were found during this inspection.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

The service had satisfactory policies and procedures in place to protect people from abuse. Staff received regular training in safeguarding and whistleblowing and information about this was included in the staff handbook which was given to all staff. Staff knew the different signs and symptoms of abuse and told us they were confident about how to report any concerns they might have. The registered manager had made notifications to CQC of any concerns that they had reported to the local authority and discussed with us the lessons that had been learned from previous safeguarding investigations.

A system was in place to identify and manage risks so that people were protected from harm. Risk assessments were undertaken at the start of a package of care and included the person’s home environment, risk of falls, malnutrition, medicines, moving and handling and skin integrity.

Staff told us there were systems in place to enable them to respond to emergencies. For example, if they arrived at a visit and found someone was unwell or if a care worker was unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

Is the service safe?

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had the occasion to call the out of hours service.

The registered manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Carewatch West Dorset and there was no reliance on agency staff.

The service had a satisfactory system in place to ensure that recruitment practices were safe. Records for four people who had been recruited to work as staff were checked. We found that procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

People told us that they had confidence in their staff because they were kind and caring and understood their needs. One person commented, “They are always on time and are well trained.”

People were generally happy with the service they received. However, three people told us that they could not rely on staff arriving at the time stated on their schedule and that this affected their ability to go out, or attend appointments.. Two people commented that staff were often rushed and did not stay for the allocated length of their call. Rotas for the week of the inspection showed that staff were always allocated a minimum of five minutes travel time between calls and sometimes more if a longer distance was involved. The registered manager showed that a new audit had been introduced by the company with effect from 1 November 2015 that required each branch to check the arrival and departure times of staff and cross reference this with people’s records to ensure that staff were arriving on time and staying for the contracted length of time. Office staff told us that if staff told them they needed more time to travel between calls, this was always added into the schedule.

People received support from staff with suitable knowledge and skills to meet people’s needs. Carewatch West Dorset had access to a company wide, national training department which was run by qualified trainers. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards, undertook regular training updates in essential areas such as health and safety, moving and handling and infection control and first aid.

Staff received regular supervision either through spot checks, informal meetings and planned meetings in the office as well as an annual appraisal. Staff told us that they always felt able to request additional support and training.

Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff and the registered manager confirmed that this support was provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to community services. The registered manager confirmed that they had completed training in this and was aware of the definition of a deprivation of liberty.

Staff had been trained in the Mental Capacity Act (MCA) 2005. Examination of records and discussions with relatives and staff highlighted that there was not always a sufficient understanding of the processes to assess capacity, make decisions in people’s best interests where necessary and to accept that people have the right to make unwise decisions. For example staff identified a person that did not have capacity and the reason for this but no assessments or best interests decisions had been undertaken. This was an area for improvement.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists; GP’s and district nurses being contacted by staff on their behalf when they requested it or when their care worker identified a concern.

People told us that they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals.

Is the service caring?

Our findings

All of the people that we spoke with told us that they felt respected by the staff who visited them. They also said that staff mostly stayed the same which gave them a chance to build up a relationship with them.

Care plans included information about people's preferences, likes and dislikes. Discussions with the registered manager and staff evidenced that they were aware of people's needs and described in detail how they provided the care to suit the individual. For example, one

person had some behaviours that could be challenging to others. Staff had worked with social services staff and had developed plans to try to ensure the person received the care they needed with as little distress as possible.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by their staff.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Is the service responsive?

Our findings

People told us that staff asked them how they liked their care to be provided and that, if they wanted their care completed in a particular way, staff would listen to them and respect their preferences.

People's care needs were not always fully assessed and planned for. For example, people with conditions such as diabetes, dementia, Parkinson's disease and multiple sclerosis did not have care plans outlining what the condition meant to the person, how it affected them, how it may progress and any risks or possible complications that may occur. Information leaflets about some conditions were included in people's care plans but these were not specific to the person and did not cover all aspects of some conditions.

For a person with diabetes the care plan stated they were at risk of hypo or hyper glycaemia but there was no information about the signs or symptoms of these and the action to take if this occurred, or any other risks associated with diabetes. There was also no information about the medicines the person took to manage their condition or how the timing of their meals affected their condition. The person also told us that they needed their tea time call within a certain time frame to ensure they ate within a suitable period to manage their diabetes. Visit records showed a variation in the times the staff arrived for the tea time call. The person told us they often made their own meal, although this was very difficult for them to do, because the rota showed that staff would not arrive in time and they were worried about becoming ill if they did not eat on time.

One person told us how they experienced almost continuous pain due to their health condition. There was an information leaflet in the person's care file that gave staff an overall summary of the condition but there was no specific plan of care for the person which reflected how the person needed to be cared for.

Most care plans and risk assessments were up to date. However, some were in need of review due to changes in people's needs. For example, one person had different moving and handling equipment to that recorded and risk assessed in their care plan. During a telephone conversation with one person, they told us that when staff visited them for the first time they were not expecting the moving and handling equipment that was in the home and did not know how to use it so the person would have to tell them how to use it. We also found staff were helping people with items such as hearing aids and leg braces which were not assessed and planned for. In three of the six care files that we examined, reviews had been undertaken since the changes had taken place but the reviewer had not gathered the information that we found or amended the care plans to reflect this. Discussions with staff confirmed that they were aware of the changes and worked in accordance with people's current needs although there were no instructions for these.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. The registered manager told us that they tried to work closely with people to try to resolve any issues and explained how they used any concerns or complaints that arose as an opportunity to learn and improve the service as well as to try to prevent further occurrences. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been responded to appropriately.

Is the service well-led?

Our findings

Feedback from the people, relatives and staff showed us that service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

There were arrangements in place to monitor the quality and safety of the service provided, however these were not fully effective. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. The registered manager had examples of MAR chart and daily records audits where they had identified issues and addressed these with the staff concerned. The audits completed had not always identified the shortfalls in care planning or recording of medicines. This was an area for improvement

During this inspection a number of different records were examined. These included care plans, daily records, medicines and staff records. A number of these records were not dated, timed or signed. In addition, some records

were illegible. This meant that, in some instances, it was not possible to establish which was the most recent and current information. It also meant that other staff may not be able to read important information or know who to ask if they had queries about the entries that had been made. We raised this issue with the registered manager who advised us that this had been picked up during a recent audit. They had created a training programme for all staff and showed us the timetable and staff attendance lists as evidence that the concern was being addressed. They also stated that staff had been sent memo's reminding them of the standard of record keeping that was required.

All of the staff and office staff that we spoke with confirmed that they were well supported and felt able to raise any issues or concerns either directly with the registered manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

All of the staff we spoke to knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

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

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with the unsafe management and use of medicines.

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Proper steps had not been taken to ensure that people's needs were assessed, and planned for, to provide the care, treatment and support they required to meet their needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.