

CSN Care Group Limited

# Carewatch (Harborough)

## Inspection report

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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

### About the service

Carewatch Harborough is a domiciliary care service. It provides care for people living in their own houses and flats to enable them to live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 53 people were receiving personal care support.

### People's experience of using this service and what we found

People felt safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were identified, assessed and managed. Staffing numbers were sufficient to meet people's needs. People received care and support from a consistent staff team who knew them well. Staff were recruited in a safe way, staff retention rates were high and staff were proud of the service they delivered.

People received their medicines in a safe way and at the right time. Staff had the training and support they required. Staff competence was checked, and they had opportunities for additional training and development.

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

Staff were compassionate, kind and caring. They involved people in making decisions about their care and support and promoted independence. People's privacy, dignity and confidentiality was protected.

Care and support was person centred. Staff knew the most effective way to communicate with people. People knew how to make a complaint should they need to. People and relatives were confident staff and managers would listen to them and take appropriate action.

Managers were open and inclusive. The culture of the service was kept under review, people and staff were asked for their feedback. Changes were made to drive improvements and quality monitoring was effective.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 April 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 19 October 2018.

### Why we inspected

This was the first inspection of the service since the new provider took over and registered the service with the CQC on 17 April 2019.

### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Carewatch (Harborough)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector and an 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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to gain consent to contact people using the service by telephone.

Inspection activity started on 6 April 2022 and ended on 12 April 2022. We visited the office location on 11 April 2022.

#### What we did before the inspection

We reviewed the information we had about the service. This included any statutory notifications received. A notification is information about important events the service is required to send us by law. We sought feedback from partner agencies and professionals. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with eight people who used the service and to nine relatives about their experience of the care provided. We spoke with the registered manager and deputy manager and to two care staff. We reviewed a range of records. This included four people's care records. We looked at a variety of records relating to the management of the service, including staff training.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and could speak with staff if they had any concerns. One person said, "I feel that I am safe just by the way they [staff] always ensure that I am secure and comfortable before they leave me." A relative said, "I can tell they make [person] feel safe just by the way that they calm [person] down if they become stressed due to their dementia."
- Staff had training and knew how to recognise signs of abuse and how to report it. Staff were confident prompt action would be taken if they raised concerns.
- We were given examples of when the provider had activated safeguarding procedures when abuse was suspected, and this included contacting other authorities such as the local authority safeguarding team and the Police.

Assessing risk, safety monitoring and management

- Risks were assessed, and management plans put in place. For example, risk of pressure sores was assessed and where this was identified, other professionals were involved such as community nurses and pressure relieving mattresses and cushions were ordered.
- Staff were trained how to use moving and handling equipment and where necessary, assessed by an occupational therapist'. People and relatives confirmed staff were careful and competent when using equipment. A relative said, "They use a full hoist so there are always two of them and they always wait for each other. They explain what they are doing as they go along so they [person] knows what is happening."
- Accidents and incidents were recorded and analysed. Action was taken to prevent further risk where required. Environmental risks were also assessed before staff began providing care and support.

Staffing and recruitment

- Most people told us staff arrived at the right time and stayed for the required amount of time. Some people said care staff do at times run late but they are usually informed by telephone. Everyone confirmed they had never had a missed call.
- We looked at staff rotas and saw that where possible, people received care and support by a consistent team of staff. The provider's call logging systems would alert managers if care staff did not commence the call at the expected time. This meant managers could monitor calls were taking place at the right time and that care staff stayed for the required amount of time.
- The registered manager told us about staffing difficulties they had due to the COVID-19 pandemic and ongoing difficulties recruiting new staff. However, this had not impacted on people who used the service because there was a core team of experienced staff and managers were also used to cover any gaps in the duty rota.

- Analyses was carried out of all completed calls and this showed a compliance with call times and duration of above 90%. Staff we spoke with told us they did have enough time to spend with people to meet their needs. However, when people's needs increased there was often a delay in reassessment by commissioners to increase call times.
- Staff were recruited in a safe way because pre employment checks were carried out before new staff were offered employment. Staff suitability to work with vulnerable people was reviewed annually and frequent staff observations and supervisions were carried out.

#### Using medicines safely

- People told us staff managed their medicines in a safe way. People said, "Medicines are all given correctly, and I think it is written up on their mobile phones." "My medicines are all given correctly from the dossett box and written up correctly on their phones."
- Staff had received training and had their competency assessed regarding managing people's medicines in a safe way. A care staff member explained how they followed safe procedures when administering medicines, they knew what to do in the event of a medicine error including contacting medical support.
- The provider's electronic records allowed managers to monitor all medicine administration. This system flagged any missed medicines or any errors in medicines so swift action could be taken if it was not given correctly.
- Advice was sought from healthcare professionals regarding the administration of time critical medicines. Best practice advice regarding medicine administration was communicated to all staff.

#### Preventing and controlling infection

- The provider had an infection prevention and control policy and ensured staff followed this as well as up to date government guidance about COVID-19.
- People and relatives told us staff wore personal protective equipment (PPE) and practiced good hand hygiene. One person said, "They all wear their gloves, masks and aprons and wash hands regularly."
- Staff we spoke with told us how their practice minimised the risk of spreading infections. They were provided with all the PPE they required and kept up to date with government guidance.

#### Learning lessons when things go wrong

- The provider learned lessons when things went wrong and took action to prevent reoccurrence. For example, staff were reminded to only carry out planned tasks following an incident which led to a medicine error.
- A cause and learning analyses model was used, and any learning was communicated to all appropriate staff. The provider had multiple locations and any lessons learned were shared with all locations and appropriate staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they began using the service. This included people's physical, mental health and social care needs. Needs assessments we looked at were comprehensive and included people's equality and diversity needs.
- Care and support was based on current and best practice guidance and the law. Senior managers communicated changing guidance to staff. Registered managers also received any safety alerts and cascaded these to all staff.
- The provider's electronic call monitoring and care planning system ensured all appropriate staff had the information they required and any deviation from planned care and support was flagged so that action could be taken.

Staff support: induction, training, skills and experience

- People told us staff were trained and knew how to meet their needs. One person said, "I would say they are well trained and know what to do." A relative said about the staff, "I would say they are all really well trained and know how to treat people and how to react to them. They are all very competent. I have never seen anything untoward at all. I have every faith in their abilities."
- Staff told us they received all the training and support they required and could request additional training should they require this. Staff received supervision and appraisal of their performance. People who used the service were asked for their feedback about staff performance and competence.
- Staff received induction and ongoing training. The registered manager sent us their staff training matrix which showed the majority of care staff training was up to date or booked in. More than 82% of care staff employed had achieved a nationally recognised qualification in care.

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of our inspection there was no one identified as at risk of not receiving enough to eat or drink.
- Staff followed Speech and Language Therapy advice for one person who was at risk of choking and required a modified diet.
- People told us staff supported them to have enough to eat and drink. One person told us, "They do help me with meals, and it is nicely prepared, and I am offered a choice. They always wash their hands before they start any food preparation."
- The registered manager told us how their care planning and risk assessment system could be used to monitor people's food and fluid intake where this was required. They told us that in warmer weather, staff ensured people had additional drinks and this was recorded.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare professionals and services they required. For example, staff consulted with and referred people to GP's, community nurses and occupational therapists.
- A relative told us, "If there is a medicine change for any reason I call the office and they soon put it in place. If the carers think [person] needs the district nurse, staff will call the office to contact them.
- Feedback about the service from local authority commissioners was positive. They told us they were confident in the registered manager and had no concerns about the care and support delivered.
- Some people were supported to access healthcare appointments and healthy activities such as swimming.

Ensuring consent to care and treatment in line with law 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection there was no one having their liberty deprived. People's capacity to make decisions was assessed when planning care and support. People's relatives were involved in decision making where this was appropriate.
- People said staff always asked for their consent before delivering care and support. One person said, "They always ask my permission before carrying on with things." A person's relative told us, "They always ask when they need to do anything for [person] and treat them nicely."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect. One person said, "They are very kind to me and I feel that I can rely on them to make sure I do not have falls due to my sight. They show me a lot of respect and always tell me what is going on and what is going to happen." A relative said, "Yes they [staff] show how caring they are just by the way they react. If we needed anything else we would ring up the office and I know they would help if they could. They always make sure [person] is covered up and kept warm when they are drying after their bath and they chat to [person] which I know they like."
- Staff we spoke with told us how they made people feel important and how they reassured people who were upset or in any distress. A relative told us, "They [staff] always have time to chat away to [person] and they are all so good at what they do. [Person] likes all of the staff and I can just tell they make them feel good which is so important and a credit to them all."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care and support. One person said, "They ask me what I want done. They do encourage me to help with washing my hair but I do find that difficult as I cannot use my arm easily. They accept my decision not to do that without being unkind to me."
- Care and support reviews were held every three months or sooner if required. People were asked if they wanted any changes, they were asked about the staff who supported them. Changes were made accordingly. We were given examples of changes to people's call times and changes to care staff where this was requested. One person said, "I was involved in my care plan and they follow what it tells them to do. They know what I like."
- Staff were given the time, training and support they required to provide care and support in a compassionate way. Staff we spoke with told us their managers were caring and supportive.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and promoted their independence. One person told us, "They promote independence in various ways such as encouraging me to dress myself and letting me choose what clothes I want to wear. They are there if I need them which is so reassuring for me." A relative said, "When they shower [person] they encourage them to do some of it for themselves, they always make sure they feel comfortable showering. They make sure they feel warm enough and [person] will choose what they want to wear."
- Staff had training about protecting people's privacy and dignity. We were given examples of how staff had

provided reassurance to people in times of distress.

- Peoples equality and diversity needs were respected and their characteristics under the Equality Act were protected. Care staff were able to provide examples of how they supported people to follow their chosen religion.
- People were asked if they preferred male or female care staff and their preferences were respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was person centred. Staff knew people well and understood their individual needs and preferences. One person said, "My care began back in 2002 and I have known some of my carers 20 years. I get on well with them all. They know what I like, and dislike and they always treat me so kindly. I would be lost without them."
- Each person had a care plan which was developed with the person or with their family members where this was appropriate. This included information about people's unique life histories and the things and people that were important to them.
- Staff had access to all of this information and knew people well. Staff were organised into teams and shift patterns so people received care and support from a consistent group of staff. One person said, "I have no sight and when we go out shopping, they guide me and that makes me feel safe. I feel that I can trust them in all circumstances. I have the same, regular staff and I know them all." A relative said, "We asked to have regular carers when we started having them as [person] needs continuity of care and that is what they get."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standards. Written information had been translated for people whose first language was not English. Information was also available in large print, braille and easy read formats.
- Staff we spoke with gave us examples of how they met people's communication needs. A care staff member said, "Communication is a lot of what we do, we look out for non-verbal signs and cues."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were assessed and incorporated into the care and support plan and people were supported to follow their preferred hobbies, interests and chosen religion.
- Staff we spoke with understood the importance of maintaining relationships and avoiding isolation. They told us about the things they did to support people to access activities they enjoyed. Some people lead

active lifestyles and were supported to go on holiday.

#### Improving care quality in response to complaints or concerns

- The provider took complaints seriously and used these as an opportunity to learn. For example, improvements were made to providing feedback following a complaint. Staff involved in complaints were spoken to regarding standards of care to try to prevent any reoccurrences. Additional care staff observations were carried out where needed.
- People knew how to make a complaint and felt confident doing so. One person said, "The managers are always helpful and never rude to me when I call them about anything. If I needed to complain I feel that I could but so far we haven't needed to. The carers we have are all very nice and I would recommend this agency to friends."

#### End of life care and support

- At the time of our inspection no one was receiving end of life care. People's advanced end of life preferences and resuscitation status were recorded with care records.
- Staff had received training about end of life care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person centred. People we spoke with praised the care and support they received. A relative told us, "They go above and beyond getting to know [person], sometimes I feel that they know them better than I do."
- Staff and manager's shared the same vision and values. The culture of the service was kept under review through care and support reviews and through staff supervision and performance reviews. Staff we spoke with were proud of the service and motivated to deliver person centred care.
- People and staff felt supported and said managers were open, accessible and approachable. One person said, "They are all very helpful in the management office and call regularly to see how everything is going. I would definitely recommend this agency to friends. Nothing needs to be improved."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities to be open and honest when things went wrong. Legal requirements were understood and met, including the submission of notifications to tell us about incidents and events as they are required to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear organisational support structure consisting of senior managers (including a quality compliance manager) available to support the Registered Manager and their staff. Systems were in place to monitor compliance and risks.
- Audits were carried out to make sure staff were following expected policies and procedures and delivering good outcomes for people.
- External agencies were also used to carry out audits in order to monitor quality and performance of the service.
- The service had developed an improvement plan. Improvements made included the use of an electronic care planning system so that care notes and medicine records could be audited in real time and any issues or concerns could be quickly identified and responded to.
- Staff excellence was promoted and encouraged through 'carer awards' and recognition of good work which resulted in improvements for people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged and involved in developing the service. One person said, "Yes we know who the management are and they are all easy to talk with. They do spot checks every three to four months. They are one of the best care agencies we have ever had. They always go that extra mile for us."
- Staff meetings were held, staff were given opportunities to give feedback and to suggest changes and managers listened to them A staff member said "I do feel listened to and our [staff] views are well received."
- The provider supported staff to develop and continually improve their practice. Staff performance was monitored through observations and seeking feedback from people who use the service. Staff were given the opportunity to feedback on their role and request further support and training.

Working in partnership with others

- The provider worked with appropriate partner agencies such as healthcare professionals and the Local Authority. This meant people received joined up care and had access to all of the services they required.