

Sundial C.S.R. Limited

Carewatch (South Midlands) Harborough Branch

Inspection report

112 St Marys Road
Market Harborough
Leicestershire
LE16 7DX

Tel: 01858466999

Website: www.carewatch-southmidlands.co.uk

Date of inspection visit:
23 February 2016

Date of publication:
08 April 2016

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 23 February 2016 and was announced. The provider was given 48 hours' notice of the inspection, this was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The service provided personal care to adults with a variety of needs living in their own homes. This included people living with dementia, physical disabilities, older people, people with learning disabilities, children, people who misuse drugs and people with an eating disorder. At the time of the inspection there were 106 people using the service.

The service had a registered manager. 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.

People told us that they felt safe when staff supported them.

Risk assessments were in place which set out how to support people in a safe manner. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

People told us that staff arrived on time for appointments to support them. We saw that there was a system in place that monitored the time staff arrived and left each appointment.

People were supported to take their medicines by care workers who had received training in medicines management.

When people started to use the service a care plan was developed that included information about their support needs, likes, dislikes and preferences. This meant that staff had the relevant information to meet people's needs.

People were prompted to maintain a balanced diet where they were supported with eating and drinking. People were supported to access healthcare services and staff monitored people for changes in their health and well-being.

Care workers were supported through training and supervision to be able to meet the care needs of people they supported. They undertook an induction programme when they started work at the service.

Staff told us that they sought people's consent prior to providing their care.

Staff developed caring relationships with people and understood people's needs and preferences.

People were involved in decisions about their support. They told us that staff treated them with respect.

People were involved in the assessment and review of their needs.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The provider carried out monitoring in relation to the quality of the service that people received.

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.

People were protected from risk of abuse and avoidable harm. The provider had effective recruitment procedures and enough staff were deployed.

People were supported to take their medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent prior to providing their support. People were supported by staff who had received appropriate training.

Where staff supported people with eating and drinking people were prompted to maintain a balanced diet. People were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff were caring. Staff supported people to maintain their independence.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People received care which had been discussed and planned with them and was responsive to their needs.

People were not always told when the planned call had been changed and their preferences around call times were not always met.

There was a complaints procedure in place. People felt confident

to raise their concerns.

Is the service well-led?

The service was well led.

People were told what had happened in the organisation and were informed of changes.

There were quality assurance procedures in place.

People had been asked for their opinion on the service that they had received.

Good ●

Carewatch (South Midlands) Harborough Branch

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 23 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by an 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and information we had received about the service from people who had contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service.

We reviewed a range of records about people's care and how the service was managed. This included eight people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people who used the service and policies and procedures that the provider had in

place. We spoke with the registered manager, a field care supervisor and three care workers.

We contacted 16 people who used the service by telephone. We spoke with ten people who used the service and six relatives of other people who used the service. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "I feel very safe and at ease." Another person told us, "She [care worker] does it all properly and makes sure I'm safe." Relatives we spoke with told us that they felt their relatives were safe when they were receiving care. One relative told us, "They are safe enough now but mainly because I'm always there." Another relative told us, "Mum's care is done with dignity and safely."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to the office. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us that they had received training around safeguarding adults. Records we saw confirmed this training had been completed. All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission. We saw that the registered manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally, at the request of the safeguarding team, or by the local authority.

People's care plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. These included assessments about a person's general and physical health, and risk associated with moving and handling. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. This was important to make sure that the information included in the assessment was based on the current needs of the person. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly. We saw that the registered manager monitored any incidents that had occurred to see if there were any patterns or trends. Records showed that the registered manager had put an action plan in place that identified what actions had been taken as a result of each incident or accident.

We saw that risk assessments had been carried out to make sure that the environment was safe for the person and also for the staff. This included recording what specialist equipment people used in their home. However the records did not show that the equipment had been maintained in line with the manufacturer's guidance. The registered manager told us that they had been working with the company who carried out the maintenance to try and ensure that stickers were put in place on the equipment to confirm that the maintenance had been carried out. This had not yet been agreed and the registered manager told us that the field care supervisors would visit all people who had specialist equipment to check the dates of the last service. They told us that if there were any concerns with equipment that did not show it had been maintained they would contact the company who carried out the maintenance directly. We saw that where the environment was not safe for the person or staff, this had been discussed with the person and a referral

had been made to provide the correct equipment. For example, one person did not have smoke alarms in their house. We saw that the registered manager had spoken with the person and with their permission had contacted the local fire service and asked them to provide smoke alarms. This meant that the home had been made safer for the person and for the staff.

Staff told us that they felt there were enough staff to meet people's needs. The rota showed that staff had regular calls and that these were in a similar geographic area to make it easier to travel between calls. People told us that staff were on time, or usually told them that they were running late. One person told us, "They keep to the times." Another person told us, "They arrive on time." Another person told us, "Sometimes' they are a bit late. They have never left me waiting too long and call." Staff told us that they had enough time between calls to get to people on time. We saw that the system that was used showed the time staff were due to arrive, actually arrived and they had left. We saw that this was monitored to make sure that people had the call at the proposed time and that staff stayed for the required amount of time. Staff told us that if they were running late they would call the office and the office staff would contact the person to let them know.

People were cared for by suitable staff because the provider followed robust recruitment procedures. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. This meant that people could be confident that safe recruitment practices had been followed.

People told us that they were prompted to take their medicines. One person told us, "They have helped with my medication but they just make sure I have taken them." The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had an assessment carried out to determine the support they needed with medicines. There was also a medication administration record in place to record what medicine the person took. We looked at the records that related to medicines and found these had been completed correctly.

Is the service effective?

Our findings

People who used the service and their relatives told us that the staff were trained and knowledgeable enough to meet their needs. One person told us, "They seem well trained." Another person told us, "The staff are well trained." Another person told us, "The care staff are very good." A relative told us, "They really make a difference and it helps to keep him better."

People told us that new staff were introduced to them by their regular carers. One person told us, "The new staff call in first with the regulars." A relative told us, "Newer staff are usually introduced by shadowing experienced staff." The staff told us that they had a comprehensive induction. They described how they had been introduced to the people they supported and said that they had been given time to complete training that included an introduction to the organisation. The staff also said that they had shadowed more experienced staff before working alone with people who used the service. Records we saw confirmed that staff had completed an induction. The registered manager told us that they were going to implement the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides new staff with a set of skills and knowledge that helps prepare them for their role as a care worker.

People were supported by well trained staff. We looked at the matrix that was used to manage the training needs of the staff team. The matrix accurately recorded details of the training staff had completed. The staff we spoke with told us that they felt that they had completed enough training to enable them to carry out their roles. One staff member told us, "I do lots of training, it is good quality." All the staff we spoke with said that the training was of good quality and covered specific needs that people they supported had. For example we saw that staff had received training around working with people with specific health needs such as catheter care.

Staff were supported through training, team meetings and supervisions. Staff we spoke with told us that they had supervision meetings with their manager. One staff member told us, "I have had supervision with my manager. I feel supported. Another staff member told us, "I have regular supervision meetings." All staff told us that they felt supported and could raise issues with their manager. This showed that the staff felt that they could discuss issues with the manager at any time. We looked at records and saw that supervisions had taken place. We saw that staff had a mixture of observational supervision while they were working to monitor their practice and one to one meetings with their manager. Records showed that most staff had received either three or four supervisions in the last 12 months which was in line with the provider's policy. The registered manager told us that team meetings were held but that staff did not always attend these. They told us that they were trying to find different ways to communicate with the staff that was more effective. The registered manager told us that the director had held a drop in session and staff had come in and discussed individual issues with them. Records we saw confirmed that this had taken place.

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.

We checked whether the service was working within the principles of the MCA. We saw that each person had a care plan that included information about a person's capacity. We saw that people had signed their own care plan in most cases and that if someone had signed on their behalf this had been done when the person had said they had a legal authority to do this. A person can only sign to consent for something on behalf of someone if they have been granted a legal Power of Attorney (LPA) for Health and Welfare. The registered manager agreed that they would check that people did hold a LPA and obtain copies of the paperwork to make sure that they were working in line with the MCA.

Staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse care. Comments included, "I always ask before doing anything, "I always ask people and tell them what I am going to do to make sure they are happy," "If I was in the person's position I think what would I want? I talk to the person and ask them if they want the care," and "I respect people's right to say no."

Some of the people we spoke with told us that they received support with food and drink. One person told us, "They do food for me. They wash their hands. They cook food well and it's all done nicely." We saw from the records that where people did receive support with food, details of what had been made were recorded in the daily notes. We saw that as part of the initial assessment it had been considered what support people would need with eating and drinking. Care plans indicated that people were able to choose what they ate and drank and included information about the amount of support and assistance needed. Where guidelines were in place from dieticians about food texture or specific foods to be eaten, these were recorded in the care plan.

People told us that they were supported to call someone if they were not well. One person told us, "They alert me to get the doctor if needed." A relative told us, "They have spotted a couple of things that needed checking up by the doctor." Another relative told us, "They will alert us to get the doctor if [person's name] needed this." Staff were aware of their responsibility for dealing with illness or injury telling us they would call an ambulance or GP if required and report any concerns to the office. Staff told us that they would support someone to contact a health professional if they felt it was needed. The registered manager told us that they had developed a good relationship with healthcare professionals and would make referrals if they felt that someone needed additional support or required assessments as their needs had changed. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff were able to contact them in the event of an emergency.

Is the service caring?

Our findings

People who used the service generally spoke highly of the staff who provided support to them. One person told us, "They are wonderful staff and they make me feel at ease." Another person told us, "They are marvellous. I enjoy them calling." Another person told us, "They make my day. They will go the extra mile." However one person told us, "The staff are nice enough, but some are a lot better than others. If they were all as good as their best then they would be very good." A relative told us, "Knowing them makes a big difference for [person's name]." Another relative told us, "She is nicely looked after. They don't leave until [person's name] is really ok, for instance they make sure she has a drink."

Most people told us that they felt involved in making decisions about their care. One person told us, "[Staff member's name] came to see me and explained everything. It was agreeable to me and they have kept to that." Another person told us, "It [care plan] has been checked with me to make sure it is alright." A relative told us, "They send us a weekly list, but if they put times we don't want they just do it anyway."

People told us that they liked to have the same staff when they could. One person told us, "Generally I have regulars. It is comforting as well as helpful." Another person told us, "I mainly have regular staff and they let me keep them. We work together, it is a partnership." A relative told us, "We should not get too many care staff. Sometimes they send too many in one week." Another relative told us, "We have regulars and they are absolutely brilliant." Staff told us that they generally worked with the same people who used the service regularly and this made it easier to get to know each person. One staff member told us, "I do the same calls each day. I get to know people well and can tell if something is not right." I get to see the same people, it helps to build up a rapport with the person." Records we saw confirmed that people had the same staff team on a regular basis. Staff told us about what people liked and disliked and that this information was in people's care plans. One staff member told us, "The care plans tell us what people like and dislike. Some people like to be known by a different name." We saw that each person's care plan contained information about what the person liked, and how they wanted to be cared for.

People told us that they felt happy with the care that they received and that they mostly felt listened to by staff at the service. One person told us, "[Staff member's name] is excellent. She listens." A relative told us, "They send a weekly rota. If they put times we don't want, they just do it anyway." Another relative told us, "I did once call them when I wasn't happy with a carer. They did not send her again. They were very good about it." We saw that information about the service had been provided to people in different formats to make it easier to understand, for example the information had been made available in large print and also in braille. This meant that the provider was making sure that information was made available to people in a way that they could understand.

People told us that the staff encouraged them to do things for themselves. One person told us, "I can now do a lot myself, they help me to get a shower." Another person told us, "I like the fact that they are not intrusive and give me space to assist as I want and they don't take over." Staff told us that they encouraged people to be independent and to choose what they wanted. One staff member told us "I try and encourage people to do what they can." This meant that staff were encouraging people to maintain the skills that they had

instead of doing things for people that they could still do for themselves.

People told us that staff provided care in a dignified way and respected their privacy. One person told us, "They are polite and respectful. It's done with dignity." Another person told us, "They are all polite and respectful." Another person told us, "The staff are polite and respectful. They respect my house as well." A relative told us, "They help [Person's name] with a body wash and this is done with dignity." Staff told us that they respected people's privacy and dignity. This was through keeping doors and curtains shut, knocking, asking people before assisting them and making sure people were covered as much as possible during personal care. One staff member told us, "I treat people how I want to be treated."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs and that staff generally had a good understanding of how to support them. One person told us, "They have helped us in emergencies." Another person told us, "If I have explained things to them they come up trumps in an emergency." Another person told us, "They get it all right." A relative told us, "The staff are not always aware of [person's name] problems. We have told someone and a regular member of staff has told us that an alert has gone to all care staff."

People and their relatives told us that they generally felt that they had contributed to planning and reviewing their care. One person told us, "They do reviews each year, or more than this. They have done them a few times." Another person told us, "They come out each year and do a review." A relative told us, "They haven't done any review." Another relative told us, "We had a review with their supervisor. It was a useful chat. She checked up on the lot." Another relative told us, "They came to see me and they did a care plan. We were agreeable to it and they took on board all I said and it got noted." The registered manager and field care supervisor told us that after they received an initial referral to the service that they would meet with the person and their family if the person wanted to involve them, and carry out an assessment. This was to determine if the service was able to meet their needs. They said that care plans and risk assessments were developed based on information provided by the person, their relatives and information that had been provided by the funding authority. This involved discussions and input from the person and their family. This meant that people contributed to planning their care. The registered manager told us that they carried out reviews at least annually and that people also were contacted by telephone to check that they were happy with the service. Records we saw confirmed that reviews had taken place within the last year.

People told us that some of their preferences were met. One person told us, "I don't want male carers and I don't have them." Another person told us, "They know I prefer ladies but they do still send men. They never send them in the morning when I have my wash. They tell me that they cannot always get women for the evening call." One person told us, "The morning calls are ok but at night they are too early. They know we are not happy with the times." Another person told us, "The evening call was too early until about 3 or 4 months ago when I complained. They seem to have taken note and it is ok now." The registered manager told us that they tried to meet call times that people wanted and when people requested a change this would be agreed as soon as possible. They told us that this depended upon which staff were already completing the call and if they were visiting other people at the requested time. If the staff member who worked with the person were not available the request would be recorded and reviewed when staff call times changed. We saw that people's care plans included personalised information about what was important to the person, their preferences and information about the person's history. For example, the care plan for one person highlighted that they liked to have a wet shave and preferred summer fruits juice to drink. Staff had a good understanding of the care needs of the people they worked with and could tell us about these.

People told us that they were not always contacted when their rota had changed. One person told us, "It's the communications. They don't let us know. They send a weekly list but if they change it they just do it."

Another person told us, "The communications could be better, especially if the rota has changed." The registered manager told us that if the rota was changed during office hours that the staff in the office would call someone and let them know. They told us that if the call was changed outside of hours that the person who was on call would call the person to let them know. However they told us that if something happened at short notice this may not always be possible as the priority was to provide staff cover.

People told us they knew how to make a complaint and had made complaints. One person told us, "I have only complained once. They dealt with it well." Another person told us, "I have not had any serious complaints. They get dealt with now." A relative told us, "When I have had to complain they don't always like to hear what is wrong. I have complained and it has been followed up by them." Another relative told us, "I have complained. They were very good and fine about my complaint." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that this was also included within the service user guide. We saw records that showed that four complaint's had been received in the last twelve months. We saw that these had been investigated and the outcome of the complaint had been communicated to person who made the complaint. The complaint had been resolved within the timeframes that were described in the complaints procedure.

Is the service well-led?

Our findings

People told us that they were mostly satisfied with the service provided. One person told us, "I would recommend them they are very good." Another person told us, "They are very good. I am very pleased." A relative told us, "We are very much at ease with them. We would recommend them. They are superb." Another relative told us, "I would recommend them with the proviso that you need to check up on them. They are good but need to stay good." Another relative told us, "I was not that keen at first as I've had them before. It has convinced me. I'm very pleased with it."

We saw that a questionnaire had been sent to people who used the service and staff in June 2015. The feedback from this was positive. The registered manager told us that they reviewed all of the responses and put an action plan in place to make sure actions were completed. They told us that if there were concerns they would speak with people individually to try and resolve any concerns. The registered manager told us that people were not told about the results from the survey. They told us that they were going to implement a new system that provided feedback to people following the questionnaire. The registered manager told us this would be called, 'You said, we did.'

People told us that they were informed about any changes with the organisation. One person told us, "We got a letter telling us that they were going to be better and find out what we felt." We saw that people had been sent letters telling them about changes in the management team at the office and also about what changes the organisation had put in place to make them more efficient. Staff told us that they received a weekly newsletter that included information about changes to people's needs, and changes to the organisation. One staff member told us, "I get the newsletter each week. It tells me all about what I need to know." We saw that the newsletter included information about the senior managers and how to contact them, told staff if people were unwell, provided information about new people who were using the service and gave details of complaints, concerns and reminders about things staff needed to do as part of their role. We also saw that staff had been written to and informed of changes in the management team and what changes the organisation had put in place to make the service more efficient. This meant that the organisation was communicating with people openly and made sure that they informed people about what had taken place.

All staff we spoke with told us that they felt valued by the organisation. One staff member told us, "I feel valued, they always say good things." Another staff member told us, "I love my job. I think they are brilliant to work for." Staff were able to tell us about the values of the organisation. They told us that these were discussed with them at induction and through information they received. One staff member told us, "It is about supporting people to have independence in the community."

The registered manager undertook audits of quality. This included audits on the daily records, medication records, care plans, complaints, accident and incident forms and risk assessments. The registered manager told us that they monitored records to make sure that they had been completed correctly and were signed. They told us that if they found areas that had not been completed correctly they would follow this up with the individual staff member. Records we saw confirmed that this had happened. The registered managed

and field care supervisor told us that that they completed spot checks on staff. This type of check was carried out at people's homes while staff were providing support. These checks monitored staff behaviour and the work that they had completed. Records we saw confirmed these checks had taken place. This meant that systems were in place to monitor the quality of the service that had been provided.

The registered manager told us that they were supported by a deputy manager, a training officer, two field care supervisors and an administrator. They told us that they had developed a mentoring system for new staff. The registered manager told us that new staff were linked up with an experienced member of staff for support and advice. This meant that new staff had an experienced member of staff to contact if they had any questions and a named person to support them through the process of starting a new job. This role had been developed to give experienced staff more responsibility and enabled them to support new staff. We saw that three staff were currently designated mentors.

The registered manager understood their responsibilities under the terms of their registration with CQC. They understood their responsibilities to report incidents, accidents and other occurrences to CQC. They reported events they were required to report.