Regional Care Services Limited

Carewatch (Meridian)

Inspection report

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Date of inspection visit: 9 December 2014
Date of publication: 18/05/2015

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

Overall summary

Carewatch (Meridian) provides personal care to people in their own homes. At the time of the inspection the service provided care to 97 people with a range of needs including those living with dementia and people who needed support following hospital in-patient treatment.

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 and associated Regulations about how the service is run.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff had a good awareness of the correct procedures to follow if they considered someone they provided care to was being neglected or poorly treated.

Summary of findings

Staffing was organised so people received a reliable service. We did, however, received some feedback from people where staff did not always arrive on time. For those people we spoke to about this they told us this was sometimes due to unforeseen delays and that they were informed of this.

People were supported by staff to take their medicines and this was recorded in their care plans. Staff were trained and their competency assessed regarding the support they gave to people with medicines.

Checks were carried out on newly appointed staff so that people received care from staff suitable to work with them. People were supported by staff who were well trained and motivated to provide a good standard of care.

People had agreed and consented to their care. There were policies and procedures for the use of the Mental Capacity Act 2005 (MCA). Staff had a good understanding of the principles of the legislation and knew what to do when someone did not have capacity to consent to their care.

People's nutritional needs were assessed and they were supported with meals and drinks. Arrangements were made to support people with their healthcare needs, such as liaising with community health services and monitoring people's general health.

People were treated with kindness and respect. People described staff as "gentle," kind and thoughtful. People were consulted about how they liked to be supported so care was provided in the way they preferred.

People said they were involved in reviews of their care needs and their care was adjusted and amended to suit their changing needs and preferences. Issues raised by people were addressed such as requests for changes in care times and care staff. People said staff carried out additional tasks if they asked them.

There was an effective complaints procedure. People said they knew how to raise any issues they had about their care and that these were addressed to their satisfaction. Complaints were investigated and responded to by the registered manager.

The provider used a number of methods to monitor its performance and to check people received the right care. These included people being asked if they were satisfied with their care. Checks were made that staff behaviour and performance promoted a caring and effective service. Staff were committed to providing a good service and knew what to do if they had any concerns about people's welfare and safety. Systems were used by the service's management team to monitor that care was reviewed with people on a regular basis. Plans were put in place where quality assurance checks showed improvements were needed to 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?

Good

The service was safe. Staff knew how to recognise, respond and report any suspected abuse of people.

People's needs were assessed where any risk was identified and there was guidance for staff to follow so people were safely cared for.

There were sufficient numbers of staff to meet the needs of people safely. Checks were made that newly appointed staff were suitable to work with people in a care setting.

Staff were trained to safely support people with their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills to provide effective care.

People agreed to the care and treatment they received.

People were supported to have a balanced and nutritious diet and the staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and staff listened and acted on what people said.

Staff treated people with kindness and dignity and had respect for people they cared for. They showed a commitment to caring for people and ensuring people were treated well.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their changing needs. People's care needs were reviewed and changes made to the way care was provided when this was needed.

People felt able to raise any issues with the provider which they said were acted on.

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.

Is the service well-led?

Good

The service was well led.

Staff were supported to raise concerns and showed a commitment to the safety and welfare of people. Management structures were in place so the provider could review staff behaviours and attitudes.

The provider encouraged open communication with staff, people and their relatives to identify areas of concern or where improvements might be needed.

Summary of findings

The registered manager and provider carried out audits and checks on the standard of care and took action where needed.	

Carewatch (Meridian)

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. The 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 9 December 2014 and was announced. We gave the provider 48 hours' notice of the inspection because it was a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector and an expert by experience who completed telephone interviews to ask people, and their relatives, what they thought of the service provided by Carewatch (Meridian). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the Provider Information Record (PIR) before the inspection. We also looked at our own records such as any notifications of incidents which occurred and records regarding safeguarding investigations. A notification is information about important events which the provider is required to tell us about by law.

We looked at care records for 17 people and spoke to 15 people and to two relatives, to ask them their views about the service they received. We also sent survey questionnaires to people and relatives to ask them for their views on the service. Twenty one surveys were returned to us from people and six from relatives.

We looked at the records of five staff including staff recruitment, training, induction and supervision records. We spoke to four staff, the registered manager and the deputy manager. Survey questionnaires were sent to 11 staff and were returned by three. We also accompanied a member of staff on visits to two people who received personal care from Carewatch (Meridian). We spoke with these people, observed some of the care they received and spoke with the staff member who was supporting them. Records of complaints, staff rosters, satisfaction surveys, and policies and procedures were reviewed.

We contacted social services staff who commissioned services from Carewatch (Meridian) to ask for their views on the service and to the local authority safeguarding team.

This was the first inspection of this service since their registration in September 2013.

Good

Is the service safe?

Our findings

People and their relatives we spoke with and surveyed told us they felt safe with the care staff. Comments included the following, "I've had this company before when we needed help and they are extremely reliable, so I didn't hesitate in getting them in again when I needed help for my wife. They're so good I can safely leave her in their hands and I get the shopping done and things like that." People also commented that they felt safe when staff supported them when they needed to be moved as part of their care. One person said, "You can't fault any of the girls. They are absolutely meticulous and very careful how they handle me." Another person said the staff were gentle and said they felt "very safe in their hands." We observed staff checked with people if they were safe. People said there were enough staff so they were safely supported.

Staff were aware of the need to protect people's rights and knew how to protect people from possible abuse and harassment. We looked at the service's policies and procedures regarding the safeguarding of people and these included guidance for staff on the signs of possible abuse and the different forms abuse may take. Staff training records showed staff received training in the safeguarding of adults and that this was regularly updated with 'refresher' courses. The registered manager and staff were aware of the procedures to follow if they suspected someone had been abused and knew about the different types of abuse people might experience. They knew they could report any concerns to the local authority safeguarding team. Staff said people received safe and reliable care.

The registered manager said she encouraged staff to raise any concerns about people's safety. A member of the local authority safeguarding team told us the provider cooperated with any safeguarding investigations and always responded to any requests for information or to carry out investigations as part of the local authority safeguarding procedures. One senior staff member told us how her role involved liaison and attendance at any safeguarding meetings with the local authority which aided effective communication regarding any investigations about people's safety. Records were maintained by the registered manager where safeguarding concerns had been raised and investigated by the local authority and the manager of the service. Action was taken to address any findings from the investigations including the use of disciplinary proceedings for staff.

Assessments of people's needs and any identified risks to people were comprehensively assessed and recorded. These included risks to physical and mental health as well as risks associated with people's home environment. Guidance was recorded for staff about entering people's homes when a key safe system was used. Staff knew what to do if they could not gain access to someone and would use the service's 'on call' system to alert their manager so this could be followed up.

There were separate risk assessments regarding people's mobility along with detailed risk management plans which gave staff guidance on how to safely move people. These were available for staff in people's homes and staff told us the risk assessments and care plans gave them the guidance they needed to safely support people. Care procedures were reviewed and updated following any injuries or incidents to people so there was up to date guidance for staff to provide safe care.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. Application forms were completed by staff and these included an employment history for the staff member. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. The service had taken action using formal disciplinary procedures where the safety of people was affected. Records of these were available for us to see.

There was a system for arranging and allocating work to staff so care appointments were met. A staff duty roster was devised for each staff member with the details of the care appointments for the week ahead. Staff told us they received this which allowed them sufficient time to get to people at the agreed times. The provider informed us in the PIR that in previous 28 days 5094 visits were arranged and only one was missed, indicating the service had sufficient staff to meet people's needs. The registered manager informed us this was due to an administrative error. People and staff told us the service had sufficient staff to safely meet people's needs. One staff member, however, felt there were occasional pressures from those who referred people

Good

Is the service safe?

for a service when there were not enough staff; in these circumstances the staff member said care packages could be refused. People we spoke with told us they were supplied with a roster of the names and times staff would be providing care to them, which they found helpful. Two people however, commented that the care staff who arrived were occasionally not those on the duty roster they were provided with and would have preferred to be informed of these changes. The majority of people we contacted told us care staff arrived on time and stayed for the agreed length of time. Ninety five per cent of those who returned a survey said they received care from 'familiar and consistent' care staff who stayed for the agreed length of time. There were a minority of comments that care staff were not always on time but most people understood this was due to unavoidable delays such as traffic.

People told us they were safely supported by staff with their medicines. The service had policies and procedures regarding the management and handling of medicines. Records were maintained when staff supported people with their medicines along with the support each person needed. Staff received training in medicines procedures as part of their induction when they started work. Staff competency to handle and administer medicines was assessed before they did this unsupervised, which included direct observations of staff working with people. Records of these observations and assessments were recorded. Staff confirmed these assessments of their competency took place and that they received annual 'refresher' training in these procedures.

Good

Is the service effective?

Our findings

Eighty- five per cent of people who retuned a survey said they were supported by care staff who had the knowledge and skills to give them the support they needed. One relative said the standard of basic care was good but that attention to detail was "poor." Fourteen of the 15 people we spoke with said they were satisfied with the standard of care provided by care staff. Comments made by the people we spoke with included, "All of them are very good and they treat me really well. They will do anything for me so I am very happy with the service." Another person commented on the standard of training staff had as follows, "They all do the same thing and they're obviously trained the same way as they know it backwards." One person we spoke with said they had three or four new staff in one week and had to explain to each one what they needed which they said was tiring. These comments were passed to the registered manager for future consideration in planning services.

Staff told us they received five days' induction training before they started work with people. Staff said this included a period of 'shadowing' more experienced staff. Records of the staff induction included training in the role of the care worker, end of life care, dementia, moving and handling of people and the Mental Capacity Act 2005. The induction training met nationally recognised standards for the induction of new care staff. Staff said the induction was sufficient to prepare them for their role as a care worker and said they were supported during this time. Staff also said they could ask for more induction training if they felt they needed it. Each staff member underwent a three month period of assessment and training at the end of which they were subject to formal assessment of their competency. This included appraisals and reviews of their performance and observations of their work when their punctuality, behaviour and skills were assessed. Records of these assessments were maintained.

Staff told us they received training in a variety of relevant subjects such as equality and diversity, emergency aid awareness, nutrition and first aid. Staff considered the training to be of a good standard and that they had opportunities, via supervision, appraisals and staff meetings to suggest training courses which were then provided. The registered manager used a staff training spreadsheet to monitor when staff had completed mandatory training and when this needed to be updated. Staff said they had opportunities to complete nationally recognised qualifications in care such as National Vocational Qualifications (NVQ) or the Diploma in Health and Social Care. However, the registered manager identified only four staff had completed such qualifications.

Staff told us they received individual supervision when they were able to discuss their training needs as well as their work with people. Staff also said they were able to seek day to day support from the care supervisors who they reported to. Records showed staff received regular supervision and that their performance was monitored by observations of their work with people and by appraisals.

The registered manager informed us that each person who they provided a service to had capacity to consent to their care. This was reflected in care plans and assessments, which showed people were involved in these and had signed a record to agree with their assessment and care plan. The service had policies and procedures regarding the Mental Capacity Act 2005 for situations where people did not have capacity to consent to their care. Staff said this training gave them a basic understanding of this legislation and when it should be considered.

Where needed, people were supported with their eating and drinking needs. Staff were trained in nutrition and hydration as well as food safety. Initial assessments of people's needs included nutrition and where this was applicable there was a care plan for how the person was to be supported. This could include assistance with meal preparation, support to have a soft or diabetic diet and recording of meals to monitor food and fluid intake. Staff worked with district nursing services and other health services so people's weight was monitored and appropriate assessments and support were provided. For one person we saw this included staff facilitating a referral to speech and language therapy services via the person's GP so the person's swallowing could be assessed. Staff were observed supporting people to have a meal which was provided by the person themselves or by a meal delivery service. People who received support with food said they were able to choose what they ate and were supported to eat well.

Care records showed people's physical and mental health needs were assessed and care plans in place to support people with these needs. Staff liaised effectively with community health services so people received the correct

Good

Is the service effective?

support when their health needs changed. These were recorded and showed staff referred people to community nursing services regarding the management and treatment of skin pressure areas and other health care concerns such as the monitoring of pain. Records showed staff referred people for reassessment by occupational therapy services where it was identified people needed more suitable equipment for moving and handling.

Good

Is the service caring?

Our findings

People told us they received care from staff who were kind, respectful and caring. Ninety- five per cent of those people who returned a survey said care staff were kind and caring and 100 % of relatives said care staff were kind and caring. People made comments such as, “They do have some lovely people working for them. They are very kind and thoughtful and would never dream of being rude or anything like that.” People said they felt listened to and were asked how they wanted to be helped, which staff acted on. Another person said they were always involved in decisions about their care, “They never do anything to me before they ask my permission. I think that is very respectful and makes me feel in control.”

We observed staff respecting people’s privacy by knocking on their doors and calling out before entering their homes. The staff member we observed was skilled in listening to what people said and talked to people in a warm, polite and caring way. The staff member was patient with people and took time to listen and converse about events the person wished to talk about so the visit was not just about the completion of the care tasks but what was important to the person. The staff member knew how people preferred to be helped and asked people if they needed any additional help. There was a good rapport between the staff member and people. The observations showed people felt able to express their needs and preferences to the staff.

People and their relatives said care staff were introduced to people so they had a chance to get to know the staff who would be supporting them. However, 19% of people and 17% of relatives said this did not always take place. All of the staff we contacted said they were introduced to people before they provided care to them.

Care plans were recorded to reflect people’s preferences and were structured so the person’s wishes were central to how care was to be provided. These were available in people’s homes so they had information about how they were to be supported and the times staff would be visiting them. People had information about the service so they knew what to expect and who they could contact. People said they were involved in decisions and plans about their care. This was reflected in the care plans, which people had signed to acknowledge their agreement to. Care was provided to people as set out in the care plans and the staff member we observed made sure people were not experiencing any discomfort. Staff told us how they encouraged people to retain their independence, which was also reflected in care plans.

Care staff were committed to treating people in a caring way and that care was provided on an individualised basis. Staff knew the importance of good communication with people in order to find out how they wanted to be helped. People commented how staff kept them informed by clear communication, “Sometimes I forget things and repeat myself but they are so good. They always listen and make sure I understand what is going on.” The provider confirmed the service had access to translation services including the use of braille so staff could communicate with people. Where needed, the provider was able to access advocacy services to represent people’s views.

Staff said they treated people with respect and dignity. Staff knew that people’s information was confidential and were aware of the policies and procedures for this. The provider made checks by observing that staff promoted people’s dignity and privacy. The provider told us staff recruitment procedures were being enhanced so there would be an additional check to ensure applicants had a caring nature.

Good

Is the service responsive?

Our findings

People, and their relatives, told us they were involved in the initial assessment of their needs and that they contributed to decisions about how their care was to be provided. People were aware they had a care plan which they said was provided to them and that these reflected how they wanted to be helped. There were arrangements for people to have their care reviewed and people said changes were made to their care packages when they requested this. For example, one person told us how they asked for a change of care worker which was arranged. Other people said staff did what they asked them to do and that staff would do additional tasks if requested. People also said the service provided them with a telephone number so they could ask for help at times when they were not receiving care, such as at night time. People told us they used this service, which they found helpful when they needed help at short notice.

People had comprehensive care plans which reflected their needs and preferences. Each person's needs were assessed and the provider had copies of the referring local authority assessments and care plans which contributed to the assessment and planning of people's care. There was a 'person centred care plan' which included details about people's care needs and preferences. Care plans also reflected what people expected from their care under a heading, 'What Are Your Expected Outcomes,' for a range of needs including health, mobility, personal care and daily living. Care records also showed how people's needs were reviewed and updated. Where needed, staff had responded to people's changing health care needs by contacting the appropriate healthcare services such as people's GP, occupational therapy services and community nursing services.

People told us that following the start of their care package they received a telephone call to ask if they were satisfied with their care and if they needed any adjustments made. A record of this was maintained with people's care records. People also said they were visited at home by a member of staff who checked if they were satisfied with their care and if any changes were needed. People said the office staff dealt with any requests or queries to their satisfaction. Staff sought people's views about their changing needs and preferences by asking them if they needed any additional help. Staff also checked with people if their needs had changed in any way and recorded these details so care needs could be monitored.

Staff encouraged people to maintain and develop their independence, which was reflected in care plans. For example, details were recorded for those tasks people could do themselves and where staff needed to provide support, such as with their medicines and meals.

Support to people was predominantly personal care although assessments of needs included social needs, hobbies and relationships so support could be arranged in these areas if needed. Relatives told us the support from the service allowed them a respite from caring so they could carry out their own household tasks. Relatives also said staff were skilled in engaging people in conversation which lessened any feelings of isolation.

People said they knew how to raise any concerns they had, which they said were dealt with. Eighty nine per cent of people who returned a survey said they knew to how make a complaint and that care and support workers responded to any complaints they made. People said they felt able to raise any concerns they had, that staff listened to what they had to say and acted to resolve the issue. One relative did not feel their complaint was dealt with to their satisfaction.

The provider maintained a record of any complaints made. There were four complaints made to the service in writing. There was a process of monitoring the progress of the complaint investigation and outcome so complaints were dealt with and responded to in a timely manner. The registered manager had a thorough knowledge of each of the complaints made and the outcome of any investigations. Records showed how complaints were investigated, the results of this and what the service planned to do as a result. Any follow up action was recorded such as meeting with the complainant to ensure they were satisfied with the action being taken.

Good

Is the service well-led?

Our findings

People told us there were good communication channels with the service's management, although one relative said communication about care needs was not always passed on by the management team to the care staff. People said the provider checked if people were satisfied with the care they received by either a telephone call from the office management team or the provision of satisfaction survey questionnaire. For example, 95% of people we surveyed as part of our inspection said they knew who to contact if they needed to and 89% said they were asked what they thought of the service. People also said information was provided to them which they easily understood. Some people said they were visited at home by a member of staff to ask them if they were satisfied with the care they received. However, one person we spoke to said they had never been contacted to ask if they needed anything.

Staff demonstrated they had a set of values based on compassion and respect for people as individuals. They were aware of the whistleblowing policy and their responsibilities to report any concerns to the registered manager, or to the local authority safeguarding team. Staff said they had opportunities for raising any concerns and felt confident in reporting poor practice to their manager. The registered manager had a thorough knowledge of the issues raised in the last 12 months such as investigations into safeguarding incidents. She was able to tell us about each concern, how it was investigated and any action which was being taken to make improvements. The registered manager was committed to open communication with staff and people so any areas of improvement or concerns were identified and acted on.

There was a management team so that work could be delegated and spread between senior staff. This included a registered manager, a deputy manager, and a team of six senior care staff with responsibility for supervising care staff and arranging care for people. Staff told us they felt supported by the management team. Staff from the management team told us how they worked to meet key performance indicators to ensure a good standard of service delivery.

The registered manager encouraged and enabled staff to communicate with her about the service provision to people. Staff said they were asked what they thought about the service and their views were taken into account. Staff views were sought by surveys, regular supervision and staff meetings. Staff meetings were also held for the senior care staff so they could discuss any performance issues. Results of staff surveys were compiled with action plans for any areas identified as in need of improvement along with checks of when any changes were made. This feedback was used to improve the service. There were effective systems for monitoring staff so the management team could review staff attitudes and behaviour. An award was made each month to a different staff member in recognition of achieving a good standard of work. A member of the management team said this had motivated staff to achieve a higher standard of work.

There was a structured approach to obtaining the views of people about the service. This included 10% of people being surveyed each month and the results were summarised so any trends could be identified and appropriate action taken to improve the quality of the service.

The provider used a number of audit tools to monitor its performance and to identify where improvements were needed. These included a monthly self - audit which involved the review of 10% of people's care records and staff files as well as checks on the premises and health and safety procedures. The latest audit scored 97% and the registered manager told us these were forwarded to the provider's head office for further monitoring and oversight. An annual audit was also carried out by the provider to check the quality of the service. This included reviews of how complaints and safeguarding incidents were dealt with as well as looking at care and staffing. Forty-nine areas were looked at and the service had failed three of these. An action plan to meet these standards was implemented. Records confirmed that improvements had been made and there were plans for further checks to ensure the service continued to meet these areas of service performance.

The results of the audits, as well as data for incidents such as accidents, were passed to the provider's headquarters for further checks and so any necessary action could be identified if needed. The Provider Information Return (PIR) identified areas where service development was to take place. These included improvements in the provision of training for management and senior staff, such as the

Good

Is the service well-led?

introduction of a new risk assessments format. The provider was also piloting a customer forum and focus group so the service could understand what people wanted and to involve them in service development plans.