

Carewatch Care Services Limited

Carewatch (Luton)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection was carried out between 12 April 2017 and 9 May 2017 in response to concerns about the quality of the service raised by one of the local authorities that commissioned the service.

The service provides care and support to people in their own homes, some of whom may be living with dementia, chronic conditions and physical disabilities. At the time of the inspection, 93 people were being supported by the service within a geographical area that covered Central Bedfordshire, Luton, North and West Hertfordshire.

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. The registered manager was supported by a team of senior staff (quality officers and coordinators) to manage people's care on a day to day basis.

People told us they were safe because they were supported well by care staff. Staff had been trained on how to safeguard people. However, some people said that inconsistent visit times put them at risk of unsafe care because of the subsequent delays in providing the care and support they required. Although people had risk assessments in place, these had not always been updated in a timely way to reflect people's current needs so that staff knew how risks to people could be minimised. Senior staff had not been appropriately trained to complete the new risk ratings and this meant the quality of risk assessments varied depending on who completed them. Apart from a few occasions when there had been missed visits, people's medicines were mainly managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was an on-going recruitment programme to ensure that they had sufficient numbers of staff to support people safely.

People told us they were supported effectively by their regular staff, who knew their needs well. Although the record of staff training (training matrix) was not up to date, we saw that training had been provided to staff whose refresher training was overdue. Staff were complimentary about the quality of the training and they told us that they received regular supervision. However, there were mixed views about whether they were well supported by the senior staff and the manager. The requirements of the MCA were being met, but the quality of the records needed to be improved. People were happy with how they were supported with food and drinks. Where required, the service had ensured that people had been supported to access healthcare services and equipment they needed to maintain their health and wellbeing.

People told us that their regular staff were kind and caring, but they were not so positive about staff who supported them occasionally. They also said that staff treated them with respect, and supported them to maintain their independence as much as possible. People made choices about how their care was provided and they valued staff's support, particularly when they helped them with tasks or issues that were not part of their care plans. People were happy with the amount of information they had been given by the service,

although some would have liked to receive their rotas regularly so that they knew who would be supporting them. We saw that the manager had taken appropriate action to ensure that rotas were sent to people on a weekly basis.

People's needs were assessed prior to them using the service, but some staff said that thorough assessments were not always completed resulting in people not receiving appropriate care. Some staff also said that there were sometimes delays in developing people's care plans or updating them when their needs had changed. People told us that their individual needs were being met and they were happy with how their care was being provided by staff. The provider had a system to manage people's complaints, but they needed to review how they dealt with concerns and suggestions that would not normally be recorded as complaints, so that they could assure themselves that they dealt with these in a timely way.

Although people told us the service was good and they would recommend it to others, they were not so positive about the responses they received when they contacted the office. Some people found the staff at the office were sometimes rude, not always helpful and did not pass on messages they would have left for others to contact them and this was echoed by the feedback we received from staff. We found concerns about poor performance by some of the senior staff were not managed in a timely way and this had an impact on the quality of care provided to people in one of the geographical areas covered by the service. Although we found regular audits had been completed by senior staff and the manager, these had not always been used effectively to drive continuous improvements.

The provider was not meeting some of the fundamental standards. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The quality of people's risk assessments varied depending on who completed them and these were not always updated in a timely way.

People felt safe with how regular staff supported them and staff were trained on how to safeguard people.

There was an on-going staff recruitment programme to ensure that there were sufficient numbers of staff to support people safely in all the geographical areas covered by the service. However, inconsistent visit times put people at risk of unsafe care because of delays in providing the care and support they required.

People's medicines were mainly managed safely, although there were a few occasions when people had not been given their medicines because of missed visits.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The record of staff training was not up to date, although we saw that training had been provided to staff whose refresher training was overdue.

Staff received regular supervision, but they did not always feel well supported by the senior staff and the manager.

People told us they were supported effectively by their regular staff, who knew their needs well.

The requirements of the MCA were being met, but the quality of the records needed to be improved.

People were happy with how they were supported with food and drinks. Where required, the service had ensured that people had been supported to access healthcare services and equipment they needed to maintain their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us that their regular staff were kind and caring, but they were not so positive about staff who supported them occasionally.

People said that staff treated them with respect, and supported them to maintain their independence as much as possible.

People made choices about how their care was provided and they valued staff's support, particularly when they helped them with tasks or issues that were not part of their care plans.

People were happy with the amount of information they had been given by the service, although some would have liked to receive their rotas regularly so that they knew who would be supporting them.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's needs were assessed prior to them using the service, but some staff said that thorough assessments were not always completed resulting in people not receiving appropriate care.

There were sometimes delays in developing people's care plans or updating them when their needs had changed.

People told us that their individual needs were being met and they were happy with how their care was being provided by staff.

The provider had a system to manage people's complaints, but they needed to review how they dealt with concerns and suggestions that would not normally be recorded as complaints, so that they could assure themselves that they dealt with these in a timely way.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People told us the service was good and they would recommend it to others, but they were not so positive about the responses they received when they contacted the office. Concerns about the attitude of senior staff echoed the feedback we received from staff.

Requires Improvement ●

Concerns about poor performance by some of the senior staff were not managed in a timely way. This had an impact on the quality of care provided to people in one of the geographical areas covered by the service.

Information from people's feedback and audits had not always been used effectively to drive continuous improvements.

Carewatch (Luton)

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 between 12 April 2017 and 9 May 2017, and was announced. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by one inspector and two experts 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.

We planned this inspection in response to information of concern we received from one of the local authorities who commissioned the service. They had a number of concerns about how people's care was being managed by the service.

Before the inspection, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office, we spoke with the registered manager and one of the senior staff (quality officers and coordinators). We looked at the care records for 15 people who used the service to check how their care was planned and delivered. We also looked at six staff files for staff employed in 2017 in order to review the provider's staff recruitment processes. We reviewed the training and supervision records for all staff employed by the service. We also reviewed information on how the provider assessed and monitored the quality of the service, and how people's medicines and complaints were being managed.

The experts by experience spoke with 16 people who used the service and eight relatives, and the inspector spoke with 10 care staff by telephone including two senior staff. We also spoke with the commissioners of the service during the two meetings we attended to discuss the concerns one of the commissioning local authorities had raised about the service. We contacted Healthwatch Luton to check if they had any

information about concerns raised by people who used the service in that area and they had none recorded.

Is the service safe?

Our findings

Prior to the inspection, we received information of concern from a one of the local authorities who commissioned the service. This showed that some of the people who used the service did not receive safe care because their care records had not been updated and therefore, did not fully identify their care needs. Furthermore, some missed and late visits meant that some people were not always supported at agreed times, resulting in them not having their meals or medicines in a timely way. The local authority were particularly concerned that very little progress had been made to deal with these issues some four months after they initially discussed these with the provider. We therefore planned this inspection in response to these issues and other similar concerns we received from a member of staff who worked at the service.

There were risk assessments to minimise potential risks to people's health and wellbeing. For example, risk assessments were in place to manage risks associated with mobility, falling, skin integrity, eating and drinking, medicines, and equipment such as hoists or wheelchairs. Additionally, environmental risk assessments had been carried out to ensure that people's homes were safe for them and the staff who supported them. Some of the people we spoke with were aware that they had risk assessments in place including a person who told us, "I remember [Name of the senior staff] came to meet me just before Christmas when I was home from hospital and she had a look round my home to see if there was anything that needed moving, that would be in the way. I was waiting for a hospital bed and a commode to be delivered which have made it easier for me." Another person said, "I think [Name of senior staff] walked around my flat, but I wasn't too sure why she was doing it. I just thought she wanted to see how much room I'd got here."

However, we noted that the quality of the information contained in risk assessments varied depending on which quality officer (senior staff) completed them. Some contained detailed information on what staff needed to do to support people in a way that reduced the risks, while others did not. The provider had also changed their care records and how they recorded risks to people who used the service. It was not clear whether the senior staff had been appropriately trained to understand how to calculate and record the risk ratings. When this concern was raised during a multi-agency meeting, the manager said that they had arranged training for senior staff, but no date had been confirmed yet. The records we looked at showed that the risk assessments the local authority were concerned about had been updated to reflect people's current needs. We were however concerned that the time taken to update those records meant that timescales to review other people's risk assessments were now becoming overdue.

Some staff told us that people's risk assessments were not always updated in a timely manner and four of them named the same senior staff as being the cause of this in the specific geographical areas they covered. One member of staff said, "There are two senior staff who do not do what they have to do. [Name of the senior staff] is the worst one. [Name] offloads work to carers and lies about what has been done. You can't trust [Name] to do what they say they will do. Another member of staff said, "We call the office to tell them that a customer's needs have changed, but you could never rely on [Name] to update the care plans and risk assessments." A third member of staff said, "It's frustrating when you know you rang the office to report something and [Name] completely denies that they ever spoke to you about it." The local authority had also

shared similar concerns raised by people with the provider and we found the provider had failed to take prompt action to ensure that people were protected from the risk of unsafe care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives we spoke with told us that people were safe because staff knew how to support them safely. One person told us, "I do feel safe; they know what they are doing." Another person said, "I have them to maintain my safety in the shower and they certainly do that." A third person said, "I have a weekly schedule, so I know who is coming. This makes me feel safe." When we asked about whether they had ever been concerned about possible abuse one person said, "I would certainly know if one of the staff was abusing me, but I don't recall anybody from the agency ever talking to me about it. You do you see such wicked things on the television news these days so I certainly know what you mean by abuse."

Staff told us that they had been trained on how to safeguard people from harm or abuse and we saw evidence of this in the training records we looked. The provider also had effective processes in place including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff we spoke with showed good knowledge of how to report concerns they might have about people's safety. They told us that they would initially report concerns to the manager or other senior staff. They would also contact the relevant local authority or the Care Quality Commission if they felt that the manager was not taking appropriate action to safeguard people. There was evidence of this as we received concerns from two members of staff in 2016.

Although staff told us that they had never been concerned about people being at risk of abuse, some staff said that poor timeliness of visits put people at risk of unsafe care. One member of staff gave us an example of this by describing the impact of delays in supporting people in the morning. They said that people who were unable to reposition without support were at an increased risk of developing pressure ulcers if they remained in bed for prolonged times. They added, "There've been times when some customers have been in bed for more than 12 hours and that can't be good for them." Another member of staff told us, "Service users are on the whole safe. The area where I work seems to be fine as carers go out of their way to make sure service users get good care."

We reviewed the provider's staff recruitment processes and we found they had effective systems in place to complete all relevant pre-employment checks. These included obtaining references from previous employers and Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. There had been a number of staff leaving the service since our previous inspection in February 2016, but the manager told us that they had an on-going recruitment programme to ensure that they covered vacancies as they occurred. The manager also told us that the staff changes had been positive as they now had a more dedicated, motivated and skilled staff team.

Some people said that inconsistent visit times put them at risk of unsafe care because of the subsequent delays in providing the care and support they required. Some people said that they did not understand why delays were a regular occurrence as they had been told that staff rotas were planned to allow for travelling times between visits. Of those people who did not have concerns about the timeliness of the visits, one person told us, "They are usually on time and would ring if going to be late." Another person said, "The timing is good normally, but can go quarter of an hour either way. They have never let me down. If they are going to be very late, someone will ring. I am lucky as a couple of the girls (staff) live locally." A third person said, "They are mostly on time, but the office would let me know if they are running late." One person who

had not had a positive experience told us, "They don't seem to understand timings. There is supposed to be a gap between calls, but they can be 20 to 25 minutes late and never let me know." Another person said, "They can be a bit late. Sometimes I have to ring them."

Of those people who experienced inconsistent visit times, some told us that they thought this was because there were not sufficient numbers of staff to get to everyone on time. One person said, "I'm sure the agency could do with a few more staff." Another person told us, "I don't think they have enough carers." This view was not supported by the manager who told us that they had enough staff to support people, although there were vacancies in some of the areas they covered, which meant that some staff had to travel longer distances to support people. Also, they said that there were staffing challenges during periods where some staff needed to take leave, such as school holidays for those with young children. The records we looked at showed that there was normally enough staff planned to support people at their agreed times. We also observed the manager and other senior staff calling care staff to ensure that all planned visits to support people were covered.

Staff told us that it was usually quite challenging to find cover at weekends or at short notice when a member of staff was not well. Some staff told us that they also felt pressured to work extra shifts even if they would have preferred to spend that time with their families. One member of staff said, "Staffing is not really bad, but can be difficult to cover calls if carers cancel shifts at the last minute." Another member of staff told us, "We've been told that there are enough staff in most areas we cover, but we seem to be often asked to do extra shifts. I have found some senior staff to be abusive if carers don't agree to do extra calls." A third member of staff said, "There has been a staffing problem since they started taking more care packages again. Office staff see a gap in the rota and fill it, but in reality there is actually no gap to fill. This means that carers can work for long hours without breaks and can make them ill." Another member of staff said, "There are not enough staff in North Hertfordshire. They are changing service users' call times to accommodate new care packages, which is a very big mistake. If you don't accept more hours, you are made to feel guilty."

People told us that they were mainly supported by a consistent group of four to five care staff to meet their individual needs. One person said, "Most times, it's the same carers. They all know me and I know all of the girls (staff)." Another person said, "It's normally the same except for when one is off and then I get a new one. I get a list each week, so I know who is coming." One relative told us, "We have two staff and usually there is one regular. They sometimes send new people, but if they get stuck I can put them right. There is a routine and all the staff know that we work together." Everyone said that staff normally stayed for the duration of their planned times including one person who said, "I've never had a problem about carers not staying for the amount of time that they are supposed to. To be honest, my usual carers will often stay a little bit longer than they should because they like to make sure I'm alright and that there is nothing else I need before they go." Another person said, "The girls have to clock in and out with the office, so I always know that they stay for the amount of time that they're supposed to." We found this meant that people received consistent care from staff they knew and trusted.

Some people told us that they managed their own medicines or they were supported by their relatives with this. Some people who told us that staff supported them with their medicines said that this had been mainly done well. However, others said that they had not always been given their medicines in a timely way when staff were late, although they said that this did not have an impact on their treatment. One person said, "When my regular carers are here I always have my tablets on time. When they are off or at weekends, my tablets can be a bit late if the carers are running late as well. Thankfully my tablets don't have to be taken at a set time each day, so it's not really any problem for me to take them a little bit later than I would usually." Another person told us, "I would say that about 99% of the time, I take my tablets on time. It's only if my carers get delayed with a previous client or there is trouble on the roads that they can be a little late, but that

happens very rarely." Although there had been some instances when people's medicines had been missed due to missed visits, none of the people we spoke with had experienced this.

Is the service effective?

Our findings

Prior to the inspection, a local authority that commissioned the service had shared concerns that staff's training was not up to date, which meant it was not always evident that they had been trained to support people effectively. Although we saw the record of staff training (training matrix) was not up to date, the manager showed us evidence that training had been provided to staff whose refresher training was overdue. It was therefore evident that staff received training in a number of subjects relevant to their roles. These included health, safety and fire awareness, dementia awareness, safeguarding, infection prevention, and medicines awareness. Staff we spoke with were complimentary about the quality and effectiveness of the induction and on-going training. They also said this supported them to learn new skills necessary to support people well. One member of staff said, "Training is good and I initially did four or five days of induction training. I get support from other colleagues and we share knowledge about how to support service users better."

Staff also said that additional training was provided if they needed it to meet people's individual needs. One member of staff told us about the benefits of doing Percutaneous Endoscopic Gastrostomy (PEG) training because they felt more confident if they had to support a person who required this procedure to take nutrition and medicines, if oral intake was not possible. Another member of staff said, "Training is really good, but sometimes planned training is not always communicated to all staff." A third member of staff said, "I'm doing NVQ level 2 and that's good. I am waiting for dementia training, but I've got no dates for this yet."

People told us that they thought staff were well trained because their regular care staff knew their needs and supported them well. One person said, "I am confident they know what they are doing." The person's relative added, "I make sure the staff understand my [relative]'s condition. I ask them to read all about it as I need to be confident they would know what to do in an emergency situation. I do feel I have that confidence with the staff we have at present." Another person said, "I use a hoist and a standing frame at times. None of the staff have caused me any concern that they do not know how to use the equipment." A third person said, "I think they are quite well trained, although sometimes I think some of them could do with a bit more. Some of them are just more confident and comfortable in their role." This was further supported by other relatives who told us that staff were confident in providing the care that people required to meet their needs. One relative said, "They are very confident with the hoist. All the staff know how to use it safely." Another relative said, "They seem well trained. They know how to move and handle [relative]. My [relative] likes them well enough and would say if there was a problem."

Staff told us that they received regular supervision, but there were mixed views about whether they were well supported by the senior staff and the manager. We saw evidence of regular supervision in the records we looked at and the manager told us there had been some improvements in the number of staff attending planned supervision meetings. One member of staff said, "The manager is alright to talk to. Three different senior staff have done my supervision so far and it has been okay. I feel I could get support if I need it, but sometimes it is hard to get hold of the on-call person." Another member of staff told us, "The support is not always there for staff. Senior staff think work finishes at 5pm, but we haven't finished because we are working until 11pm." One of the senior staff we spoke with told us that they provided support to staff they

worked closely with by ensuring that they were always contactable by phone. They added, "I have contact with carers even on my day off. If I expect them to answer their phones on their days off, I answer my phone on my day off if they need me." Two members of staff told us that this senior member of staff was one of the most reliable and supportive ones.

People told us that they were able to make decisions about their care and staff asked for their consent before any care and support was provided. We spoke with relatives of some of the people whose health needs meant that they did not have capacity to make decisions about some aspects of their care. They told us that they were involved in discussions about their relatives' care so that any decisions to provide support were in their relatives' best interest. Although there was a section to record mental capacity assessments within people's care plans, this had not always been completed fully to evidence that the care of people who lacked capacity to make decisions about some aspects of their care was managed in line with the requirements of the Mental Capacity Act 2005 (MCA). The 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.

Some of the people told us that staff supported them with their meals. Where this was done, staff mainly warmed and served ready-made meals of people's choice. They also served breakfast, and prepared drinks and snacks for some people. There were mixed views about whether people were happy with the support they received with their meals. One person said, "The staff make sure I get something to eat." Another person told us, "I have microwave meals. Some will ask me what I fancy but some will pick one out of the freezer without asking me and then bang it down on the table." A third person said, "My carers make all of my meals for me. I usually have cereal or toast in the morning and then they will do me a microwave meal at lunchtime and prepare me a sandwich for tea. They will always ask me what I would like and they make sure that my main meal is piping hot before they give it to me." Another person told us, "My carer gets me breakfast every morning. Sometimes I like some cereal, but she never mind's making me something like eggs on toast if I'm feeling a bit hungry from the night before."

People told us that they were not normally supported by the service to access health services such as GPs, dentists, chiropodists, opticians or to attend hospital appointments as they or their relatives managed this. However, staff provided support to people to contact health services if urgent care was required when people became unwell. People also told us that they had the equipment needed for their care to be managed safely and effectively in their own homes. One person told us, "At present I am having to stay downstairs because I can't manage the stairs yet. I have a hospital bed and a commode and I really don't have room for anything else even if I needed it." Another person said, "I have a hoist and a manual wheelchair that I use during the day and I don't really think I need anything else."

Is the service caring?

Our findings

People told us that their regular staff were kind and caring. One person said, "They are brilliant and they always speak nicely to me. We get to know one another. I know their family stories and they know mine. My grandchildren are here sometimes and the carers make a fuss of them." Another person said, "They are all very good, very caring." A third person said, "I think they are caring and compassionate. They are all alright."

However, some people found staff who supported them occasionally were not always caring and did not always support them well. One person said, "The care I receive from my regular carers is excellent. It would just be nice if some of the other carers that I only see at weekends or when my regular carers are off, could be as good. They just don't seem as dedicated to their work as my regular carers are." Another person said, "Staff are fine, but it is just the one who is not as gentle. I don't feel as comfortable with this one member of staff." When we asked what the issue was with this one member of staff, the person said, "I have a bed that can reposition me when you use the controls. One of the carers laughs when they are doing this. I have told them I am in a great deal of pain, but it makes no difference. I think it is her way." The person told us that they had once reported this to community nurses who visited them, but they had never told the manager of the service as they did not want to get the member of staff in trouble. We advised them to report this to the manager if it continued.

Staff told us they were happy with how they supported people and that they had developed close relationships with people they supported regularly. One member of staff said, "We definitely try our best to make sure customers get good care." This was supported by most people we spoke with, including a person who said, "My regular carers are professional and dedicated and to be honest, they are like members of the family now." Another person said, "I can definitely say that I wouldn't still be with the agency were it not for the professionalism and care of the regular carers who look after me. It wouldn't be fair to them for me to leave, as I wouldn't want it to reflect badly on them." A third person said, "I think my regular carers probably know me better than some members of my family do by now. That doesn't mean that I'm criticising my family, it's just that my carers spend much more time with me than some family members ever do." Another person said, "I like the fact that my carers and I can have a chat while they are here because sometimes, they are the only people I see all day."

People also told us that most staff did not hesitate to support them with tasks and issues that were not part of their planned care. One person said, "To be fair, I think the care I get is very good and the carers are very dedicated to their work. They never mind doing extra jobs for me like feeding the cats, which very definitely isn't on my care plan." Another person said, "My regular carers definitely understand my needs and these days are very good at interpreting how I'm feeling on a daily basis as well. That only comes with them spending time with me, so they get to learn about my symptoms and how they can best help me overcome them." A third person said, "My carer is very good and notes down my diabetes readings in the records so that it is easier for my district nurse to look at them when she comes to visit. I don't think it's actually in my care plan that she needs to do this, but it is really helpful to me because it saves me having to write it down elsewhere. It also keeps it all in one place." Another person said, "They go the extra mile sometimes. If I have run out of bread or milk, they will pop out and get me some even though it really isn't part of their remit."

People told us they made decisions and choices about how they wanted to be supported. They had been involving in planning their care and some of the relatives said they had contributed to this too. One person said, "They will always ask if I am ready to get up. I never feel under pressure even though I know they haven't got a lot of time." Another person said, "If I am not ready to do something, I will tell them." A relative told us, "We have a care plan and I am very happy with it. It was reviewed quite recently. I am confident it is comprehensive and it tells the staff what to do." It was written with us and I signed it". People also said that as much as possible, they were supported to maintain their independent living skills. For some, this was because they had the equipment they needed and that staff assisted them to do as much as possible for themselves. One person told us, "I am fairly independent and they let me do as much as I can for myself. They never rush me and they are very encouraging."

People told us that staff supported them in a way that respected their privacy and dignity. One person said, "They are always respectful and I have never been concerned about that." Another person told us, "My carer will always go and run the water for my shower before she helps me undress so that I don't get too cold in the morning. She also warms my towel up for me so it's ready when I get out." A third person said, "When my carer arrives at supper time, she will always close all the curtains first before putting the lights on so that I can't be seen from outside. I hate being overlooked by my neighbours as it is, so at least with the curtains shut I feel that my privacy is protected as much as it can be." Another person said, "I like to be treated as I would treat any other person and they do that. I would tell them if they didn't." Staff told us that they promoted people's privacy and dignity by ensuring that personal care was provided in private, particularly where people lived with relatives. Staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People told us that they had been given information about the service, including contact details and the complaints procedure. They also knew the times they would be supported by staff and at most times, they knew the names of the staff who would be supporting. One person said, "I certainly can't think of any other information that I would need that I haven't got access to already to be honest." Another person said, "I think I have everything here in my folder that I need and if there was anything else, I would probably try and phone the office to get hold of it." Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authorities that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being provided by staff. Although we saw that assessments of people's needs had been completed prior to them using the service, three members of staff told us this was not always the case. One member of staff said, "They took on new care packages without doing assessments before-hand and care staff could not meet their needs." Another member of staff told us, "They take in care packages without fully understanding people's needs and whether they could be managed with current staff. This is a problem because there is not enough staff in North Herts." A third member of staff said, "They've had to hand care packages back where clients cannot be safely supported at home. There is clearly a problem with assessing clients' needs prior to agreeing to provide care." They also said, "I accept that emergency calls (visits) are sometimes necessary to safeguard people, but I expect that an assessment and care plans are put in place within 24 hours or a decision made that we cannot provide the care. It is not good for anyone when you are expected to care for a person who clearly needs to be in hospital or a care home."

We noted that people's care plans identified their care and support needs, and took account of their preferences, wishes and choices. Some of the people could recall being involved in planning and reviewing their care plans including a person who said, "I was given the opportunity to read the care plan once it was typed up following my discussion with [senior staff]. She told me that ordinarily, a review would be held every 12 months, but that if anything changed for me before then, I would need to call the office and arrange for a review to take place sooner." Another person said, "I read and then signed my care plan, which is in the folder where the carers complete their notes every day. I've only been with the agency a few months, but I was told that if I felt my care needs were changing then I should call in and ask to speak to [senior staff] to arrange for her to come back and visit me again. I do also sometimes see her because she will cover when they are short staffed, so I could always make use of this opportunity to talk to her about any changes I felt were necessary."

However, concerns we received from a local authority that commissioned the service showed that some of the people's care plans were not updated in a timely manner and therefore, did not always reflect their current needs. We saw that the quality of care plans and the timeliness of reviews varied depending on which quality officer (senior staff) completed them. Although these issues were not prominent in the other areas, there had been inconsistencies in the time it took to type care plans and send copies to people's homes in the areas covered by the local authority that raised the concerns. Staff we spoke with also told us of these inconsistencies, with some describing specific senior staff who did not carry out their roles in a satisfactory manner. One member of staff said, "It is hard to get [senior staff] to assess a client as it could take longer for them to do this and we then don't have up to date care plans." Another member of staff said, "[Senior staff] doesn't do what is required of them."

In addition to annual reviews completed in people's home, the service also completed telephone reviews to check if people were still happy with how their care was managed. Some staff told us that they routinely asked people if they were happy with their care, but if people wanted anything changed, this was not always acted on promptly when they reported it to the senior staff. The records of the telephone reviews we saw

showed that people were mainly happy with their care. However, where concerns were raised or changes requested, it was not always recorded what action had been taken to resolve the issues. For example, not all the forms had information about what had been done to meet people's needs or preferences. Where actions were recorded, there was not always information showing that these had been completed. This meant that it was not always clear if the service responded to people's changing needs in a timely manner.

The provider had a complaints procedure which had been given to people when they started using the service. This was confirmed by people we spoke with and some had made formal complaints in the past. Most people told us that in the first instance, they would speak with the care staff if they were concerned about any aspects of their care. Although the timings of the visits was what people told us they complained mostly about, some occasionally complained about other issues too. One person said, "If I had any concerns and didn't feel happy about talking to someone about them, I would ask my daughter to do that on my behalf. She tends to look after that side of things for me these days." Another person said, "I have told the manager that I'm not happy with some of the carers that I get sent when my regular carers are on days off. It is very often a carer who I don't know and they really struggle to understand what it is I need help with. It can be really tiring having to explain over and over again to a new carer each time, how you like things to be done." A relative told us, "I'm fed up with complaining about the contact details of my [relative]'s care plan being completely wrong. They have the next of kin as my best friend rather than me and all the contact details like telephone numbers are completely wrong. I've tried calling them, but I don't even know who they go through to. I have told the manager so many times that this just isn't good enough, but still nothing has been done." This meant that staff would not have the correct information if they ever needed to contact the person's relatives, which could result in delays in taking appropriate actions. We reviewed the complaints records and saw that the manager responding in writing to all complainants. However judging from the above comments, the manager would need to review how they dealt with concerns and suggestions that would not normally be recorded as complaints so that they can assure themselves that they are dealing with these in a timely way.

Is the service well-led?

Our findings

There was a registered manager (manager) in post who was supported by a team of senior staff (quality officers and coordinators). The provider's regional manager also provided support to the manager, particularly following one of the local authorities that commissioned the service raising concerns about the quality of the service.

During this inspection, we looked into the issues raised by the local authority and found concerns about poor performance by some of the senior staff had not been managed in a timely way. This led to a reduction in the quality of records, timeliness of visits and subsequently, the quality of care provided to people in one of the geographical areas covered by the service. There was evidence that people who used the service, staff and officers from a local authority had shared their concerns about specific senior staff, but the provider had not acted quickly enough to put systems in place to deal with these concerns. This subsequently resulted in shortfalls in the quality of the care provided to some people. Although we found action had been taken to deal with concerns about staff performance, some staff were still concerned about the conduct of one of the senior staff. This was summed up by a member of staff who said, "You can tell when [senior staff] is on holiday. The office atmosphere improves and I am more than happy to go there when [Name] is not around. I can't trust [Name] as they make mistakes and get away with it." We shared with the manager the names of the senior staff people and staff were concerned about so that they can manage the performance of these employees appropriately.

Although most people told us that the service was good and they would recommend it to others because of the way care staff supported them, not everyone was positive about the responses they received when they contacted the office. Some people told us that the staff at the office were sometimes rude, not always helpful and did not pass on messages they would have left for others to contact them. One person said, "I do get really frustrated when I have to chase the office because no rota has arrived. They just don't seem to understand how important a little thing like a rota can be. I've heard somebody say that it's rather like a comfort blanket so that at least if a carer is running late, I can check and see who it is that should be coming to me." Another person said, "Unfortunately, the office staff let the carers down. They either don't pick up the phone at all or they pick it up just as you're about to put the phone down, and they never pass messages on." A third person told us, "They have a new girl in the office now since the last useless girl left. I hoped things would improve, but when I spoke with her last week, I told her that I had a really important message that needed to be given to my main carer, but she didn't pass it on at all. I was so cross."

Some staff also did not find the provider's regional manager and other 'Head Office' staff supportive to the manager in leading with poor performance by some of the service's senior staff. When commenting about poor performance by some members of the senior staff, one member of staff said, "I understand [registered manager]'s hands are tied due to protocol. If she got rid of the worst ones (senior staff), then there is a chance of developing the others." They further said, "Carewatch is a terrible company to work for. There is no support at all from the 'Head Office.'" Another member of staff said, "There are two office staff who are not helpful. You ask them to do stuff like amend rotas, but it doesn't get done. The manager is good and tries her hardest, but she is let down by some of the office staff." A third member of staff said, "Communication is a

big problem and it makes it difficult to get things done. Rotas are not always accurate and information told to office staff doesn't always get passed to other staff."

Some staff said they did not always feel supported or respected. One member of staff said, "Compared to the service I worked for before, I have found it easier to work with the manager and senior staff here." Another member of staff said, "Some senior staff are rude and could be abusive to staff if you don't agree to do extra shifts." They further told us, "Staff are not treated with respect, that's why Carewatch are not able to keep staff." A third member of staff said, "The manager is alright to talk to and the quality officer in my area is okay, but they don't always get back to you when you call."

Although we found that regular audits had been completed by the manager and senior staff, these had not always been used effectively to drive continuous improvements. For example, where audits had found shortfalls in the quality of records, prompt action had not always been taken to rectify these. There were examples where errors or omissions had been identified in the medicine administration records or daily records, but there was not always evidence of what action had been taken to rectify these. We also discussed with the manager the lack of information on how they acted on people's comments following reviews. For example, a telephone monitoring form completed on 13 January 2017 did not show whether anything had been done about the person's concerns that their care plans were wrong; they do not get a rota; the coordinator was rude and not helpful. The manager told us that they were reviewing all the telephone monitoring forms and had created a record so that they could monitor the issues raised and the actions taken. They also told us about other improvements they had made, such as personally making sure that people got their rota on a weekly basis, either by post or email.

We saw that the service's quality risk assessment and improvement plan identified the following areas for improvements and monitoring: timeliness of staff spot checks, supervision and appraisals; trainings; complaints and surveys; people's visit times and reviews; people's risk assessments and care plans to be updated and signed by May 2017. The manager told us that they were working through these areas so that they could be updated within the planned timeframes. The provider's quality team had also completed a monitoring log in March 2017 and the manager told us that they were working towards improving on the areas where shortfalls had been identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Only two of the people we spoke with knew who the manager was because they had either spoken with them by phone or the manager had previously visited them to address concerns they had about their care. Others named some of the senior staff when asked if they knew who the manager of the service was. One person said, "I am not sure who the manager is." Another person said, "I only have the one number which I think is the office. I have no idea who the manager is or how to contact them." A third person said, "I have met the manager once, but they don't come out often. The lady who sorts out the carers (senior staff) comes to cover sometimes."

Some people could recall being asked for feedback about the quality of the service either by telephone, during home visits or when they had been asked to complete a questionnaire, and we saw evidence of this in the records we looked at. One person said, "I think I remember being sent a survey, but it would've been way back into last year. I don't think I ever heard anything after I'd filled it in." However, some people could not remember being asked to contribute to the development of the service. One person said, "I honestly can't remember whether I've been sent any questionnaires to complete recently."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's risk assessments had not always been updated in a timely way to reflect people's current needs so that staff knew how risks to people could be minimised</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not act on concerns about the quality of the service in a timely way. This put people at risk of unsafe care.</p>