Carewatch Care Services Limited

Carewatch (Milton Keynes)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 8 December 2017 and was announced.

Carewatch (Milton Keynes) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of our inspection, the service was providing care to 89 people across Milton Keynes and Bedfordshire.

The service did not have a registered manager in post, but did have a manager that was going through the process of registration with the Care Quality Commission. 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 they felt safe, and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. People told us that staff mostly arrived on time, and calls were not missed.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

Staff attended induction training where they completed mandatory training courses and were able to shadow more experienced staff giving care. All new staff were taking part in training based upon the Care Certificate which teaches the fundamental standards within care. On-going training was offered to staff and mandatory areas of training were kept up to date.

Staff supported people with the administration of medicines, and were trained to do so. The people we spoke with were happy with the support they received.

Staff were trained in infection control, and told us they had the appropriate personal protective equipment to perform their roles safely. We saw that staff had reported any concerns they had around infection control within people's homes to management, who had then acted appropriately.

Staff were well supported by the manager and senior team, and had one to one meet ups, spot checks and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act

2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Care planning was personalised and mentioned people's likes and dislikes, so that staff understood their needs fully. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Staff were trained in infection control, and people were protected from the spread of infection.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions, spot checks and observations.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

Is the service caring?

Good

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the manager and senior team, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Carewatch (Milton Keynes)

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 5 and 8 December 2017 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that senior staff would be at the office and information would be made available for us to inspect.

The inspection was carried out by one inspector.

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, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with nine people who used the service, one relative of a person that used the service five support workers, the manager, the operations director, the head of learning and development, and the chief executive officer. We reviewed eight peoples care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from the staff. One person said, "Yes I feel very safe, they do a good job." Another person said, "They do everything I need and leave me comfortable." The staff we spoke with understood the safeguarding procedures and policy that were in place. The staff all told us they were confident in reporting concerns when they found them. One staff member told us they had reported concerns to the manager regarding a person who was no longer able to tidy their own home and keep it clean. We spoke to the manager about this and saw that the concerns had been recorded, and were being followed up with the safeguarding authority. All staff were trained in safeguarding and updated this training as required.

People had risk assessments to document the risks that were present within their lives, and provide safe strategies for staff to support them and respond to any risk. We saw that risk assessments had been completed to assess the environment, inside and outside of a person's home, so that staff could work with people as safely as possible. Assessments for moving and handling, infection control, eating and drinking, medication, skin care and mental health were all completed for those people that required it. All the risk assessments we saw were reviewed and updated regularly.

There were enough staff employed by the service. People told us that staff arrived to provide care on time, most of the time. People told us that if staff were late, they would usually receive a call to let them know first. Most people told us their care was provided consistently by the same carers. The service used an electronic log in and out system to monitor the carers and the times that the visits took place, and how long they stayed for. This was done through each member of staff being given a mobile phone to log the information with. We saw data that showed the calls were timed correctly on most occasions. There were some gaps in the data caused by some staff either not fully understanding how to use the electronic system, or having a fault with the phone. The manager was aware of these issues and had arranged retraining, or for equipment to be repaired as required.

Safe recruitment procedures were carried out by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and personal identification before starting any work.

The service safely supported people with the administration of medicines. People we spoke with confirmed that they received support from staff and they were happy that it was done safely. One person told us, "I have my medication on time, the staff do a good job with it." The staff completed medication administration records (MAR). We checked the MAR and saw that they were filled out accurately most of the time. On occasions when signatures were missing, we saw that the MAR audits carried out had picked this up, and these had been investigated. Staff involved were given supervisions to discuss any errors and improvement plans were made. Staff we spoke with told us they felt confident in administering medicines, and had the necessary training to do so.

People were well protected by the prevention and control of infection, and staff understood their

responsibilities in this area. All the staff we spoke with told us they had the appropriate personal protective equipment to carry out care safely. Training records showed us that staff had received training in infection control.

All staff understood their responsibilities to record any accidents and incidents that may occur.
We saw that there was a clear path for information to be shared and used to make improvements when necessary. The service employed quality officers who audited areas of the service and fed-back to teams. We saw that through the process of team meetings, supervisions and workshops, identified areas of improvement were discussed and worked upon. The staff we spoke with confirmed that management responded to incidents and discussed actions with the team in order to improve.

Good

Is the service effective?

Our findings

People received pre assessments before receiving any care, to make sure that the staff were able to provide the correct care and fully understood their needs. One person told us, "[Staff name] came out and introduced themselves. I was then able to discuss what care I needed, and explain myself." We saw pre assessment documentation which confirmed that all aspects of potential care needs were discussed along with a person's preferences. This formed the basis of a care plan which was then updated and added to as required.

The service had staff that were skilled, experienced and confident in delivering care to people with a range of different needs. One person told us, "The staff have been brilliant with me from the start. They are very skilled." The staff we spoke with felt that training enabled them to confidently carry out their roles. We spoke with the head of learning and development, who showed us the induction programme for staff, as well as on-going training and support for all staff. We saw that the induction process involved mandatory training, assessments, and practical learning including the use of hoists. Staff also shadowed more experienced staff members to gain experience, and people who used the service were involved in feeding back on the staff performance during this shadowing period. People were not offered a formal position with the service until the induction programme was complete. The head of learning and development told us, "This means we can identify if someone is not right for the job."

We saw that successful staff members had regular points of contact with senior staff whilst they were new, to ensure they had the support they required. All induction training followed the care certificates basic principles of care. On-going training and refresher training for staff was extensive, and staff were kept up to date in mandatory areas such as safeguarding and moving and handling. We saw that the service had plans to implement further specialist training in areas such as motor neurone disease, stroke, and acquired brain injury. There were also plans to involve people that used the service within various training courses.

People could receive support with eating and drinking when required. Most of the people we spoke with said that either they or family prepared their meals, but staff did help sometimes. We saw that information around food preferences was recorded in people's files so that they could be supported correctly. Food and fluid monitoring recording formats were seen, but were not required to be used for anybody using the service at the time of our inspection.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that when a concern had been raised about a person, the service had communicated appropriately with professionals outside of the organisation to coordinate care and ensure that the correct support was in place. This required staff at all levels, to make sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

People were supported when required to have access to health appointments and professionals. One person said, "[carers name] understands my health needs brilliantly. They know when I'm a bit off, and will suggest that I see someone." We saw that care plans included a detailed assessment of each person's health

conditions and requirements, with relevant contact details of other professionals involved in their support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA 2005) and they were. MCA 2005 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection. We found that no applications to the court of protection had been made or required.

People told us that staff sought their consent before carrying out any care. One person told us, "They always ask first." Consent forms had been signed and placed within people's files.

Good

Is the service caring?

Our findings

People told us that the staff were kind, caring and respectful. One person said, "I can't praise them enough. Nothing is too much for them. Having them care for me has taken the stress away from my daughter who was doing it before. The impact on my family has been massive and I'm so glad I have got them in." Another person told us, "If it wasn't for them, I'd be bed bound. They make sure I get up and about. I wake up happy, and go to bed happy because of them." The staff we spoke with told us they mostly saw the same people and could therefore develop positive relationships and get to know people. One staff member said, "Sometimes changes are made to visits for practical reasons, but on the whole I get to support the same people." Care plans we looked at were centred on each individuals likes and dislikes, and provided staff with the detail required to deliver care that was positive and person centred.

People were able to express their views and be involved in their own care. One person told us, "My care is led by me. I have had several little reviews and checks ups of my care, and I control completely what goes on." We looked at people's files and saw review documentation that had been carried out with people, and their families when required. It showed that all aspects of their care were discussed, people's views and comments were recorded, and changes made when required.

People had the time they needed to be cared for as they wished, and express their opinions. One person told us, "[Carer] never rushes. Things are done at my pace, and I have the time I need to be involved."

People's privacy and dignity was respected by staff. People we spoke with confirmed that staff were respectful when delivering care. One person said, "I have never had any problems. I always feel respected. It's difficult to get used to someone helping you at first, but they were very good with just making it feel normal." The staff we spoke with all understood the importance of respecting people's privacy and dignity, and took pride in supporting people to maintain this at all times.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. One person told us, "I have got to know the staff very well. They understand what I am like and what I need. We saw that detailed care plans were in place which documented people's personal and family history, and contained an 'All about me' section.

People's likes and dislikes, and personal preferences were described so that staff could understand the individual needs of each person. For example, one person's care plan stated that the person 'dislikes bright lights'. This meant staff knew how to provide care to people that was personalised to them. The manager told us, "Staff have the use of company phones at all times, which they can use to access the internet. Staff can access music or videos that people like to listen to and watch."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw that the service was developing the use of electronic care plans that could be personalised by people. This meant that people's voices could be recorded, so that their own words were fed directly into their care plan. The manager told us they intended to implement the use of this technology soon, so that care plans could be further improved and personalised.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. We saw that the service had a complaints procedure and policy that was used to record and respond to all complaints. Complaints that were made, were recorded, and responses were documented with any actions taken to improve quality when required.

Good

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide positive care for people. The management team and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. The staff were happy that they had the support of management most of the time, although some problems with the on call system were pointed out. A staff member told us that the on call phone number in place for support was not always answered, particularly early in the morning at the beginning of their shift. We raised this with the manager who explained that as there was only one on call phone, if more than one call came in, it could not be answered. The manager acknowledged that this could be a problem for some staff, and would be speaking with support staff and management to make improvements with the system.

During our inspection, we spent time at the office of the service, and saw that several staff dropped in to speak to management. It was clear that they were welcomed and encouraged to come in. One staff member said, "The manager is very supportive. She hasn't been here for that long, but she is doing a good job."

The service did not have a registered manager in post. They had a manager who was going through the registration process with the Care Quality Commission. 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 manager was aware of the responsibility to submit notifications and other required information. The service displayed its CQC registration certificate as required.

All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. The office for the service was shared with the national headquarters of the provider, and was the base for the company directors, senior management and leads in learning and development. This meant that staff had the benefit of support and experience of senior colleagues from within the company. New ideas and processes that the company would be implementing, for example within training, was communicated to staff who had a good knowledge and understanding of the providers strategy.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people and their families to comment on the quality of care they received. The service also used phone calls to quality check and record feedback from people. We saw that the service had also hosted a service user feedback forum, where people that used the service were invited in to the office to discuss quality and improvement, as a group.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Quality assurance systems were in place to help the service continually learn and improve. Comprehensive audits were carried out by management and a team of quality officers whose main role was quality assurance. The quality officers were able to regularly monitor all aspects of the service, speak with people using the service and gather information that was fed into a central quality team. We saw that audit reports were collated where the service had scored themselves and created action plans for improvements. We saw that actions were carried out and improvements were made where required.

We saw that the service was transparent and open to all stakeholders and agencies. The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety.