

Carewatch Care Services Limited

Carewatch (Newark)

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

We carried out an unannounced inspection of the service on 25 and 31 May 2016. Carewatch (Newark) is a domiciliary care service which provides personal care and support to people in their own home. At the time of the inspection there were 101 number of people using the service.

There was a manager registered with the Care Quality Commission (CQC). 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 felt safe and were supported by staff who knew how to keep them safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to identify and reduce the risk to people's safety. There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

People were supported by staff who received appropriate induction, training, supervision and appraisal. Staff were fully supported by management. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required to have enough to eat and drink. External professionals were involved in people's care as appropriate.

People were treated with kindness and compassion and spoke highly of the staff. People reported positive and caring relationships had been developed between themselves and the staff. People felt able to contribute to decisions about their care and were involved in the planning and reviewing of their care and how they wanted their care delivered. People were treated with dignity and respect by staff who understood the importance of this.

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. Care plans provided sufficient information for staff to provide personalised care. A complaints process was in place, and people felt able to make a complaint. People felt confident that staff would respond in a timely manner.

People felt empowered to contribute to the development of the service. The registered manager actively sought people's views and acted on them. There were systems in place to monitor and improve the quality of the service provided. The service was led by a registered manager who had a clear understanding of their role and how to improve the lives of all of the people at the service. They had a robust auditing process in place that identified the risks to people and the service as a whole and they were dealt with quickly and effectively.

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 keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training, supervision and appraisal. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare services when they needed them. Referrals were made to healthcare professionals when required.

Is the service caring?

Good ●

The service was very caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and arranged. People were actively involved in making decisions about their care and support. Care records provided sufficient information for staff to provide personalised care.

People were also encouraged to share their views on the service.

A complaints process was in place and people felt able to make a complaint. They were confident that staff would be respond in a timely manner.

Is the service well-led?

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Good ●

Carewatch (Newark)

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.

We visited the service on the 25 and 31 May 2016, this was an announced inspection. We gave 48 hours' notice of the inspection because the service provides care in the community and we needed to be sure that the registered manager would be available. The inspection team consisted of 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 also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the commissioners of the service, health and social care professionals who had contact with the service to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with ten people who used the service, five relatives, two members of care staff, one field support worker, one care coordinator, the registered manager and the provider's representative. We looked at the care plans of five people who used the service and any associated daily records, such as the daily log and medicine administration records. We looked at four staff files, as well as a range of records relating to the running of the service, such as quality audits and training records.

Is the service safe?

Our findings

The provider had procedures in place to help staff protect people from abuse and avoidable harm. The systems in place helped to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

People told us they felt safe with the staff that cared for them. One person said, "I feel safe and at ease with them [staff]." Another person said, "I feel safe and relaxed with the staff." A relative told us their relation was safe and looked forward to the staff coming round to their home to care for them. Staff we spoke with had good knowledge of how they should protect people they cared for. 90% of staff had received up to date safeguarding training. 10% of staff had been booked on a safeguarding course. One member of staff described the process they followed when reporting any concerns. They said they felt confident to report to the local authority and identified who they should report to.

The registered manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been one safeguarding concern in the last 12 months. We discussed this during the inspection and found the service had taken appropriate action when reporting concerns to the local authority.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents or accidents that may occur. There was a culture within the agency of learning from these incidents to make sure they did not re-occur. People we spoke with told us they had not had any injuries or accidents, but felt confident the staff would report appropriately if they did.

Assessments of risks to people's health and safety were carried out. One person said, "They [staff] help to keep an eye on me in case I have a fall or injure myself." We saw examples of these in the care plans we viewed. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. For example, One person was at risk of taking their medicine themselves in between their care call times, which was a potential risk that they may over dose. The risk assessment identified that the medicine would be put in a safe place to minimise the risk. Another person liked to monitor their insulin intake and what they had eaten each day. The risk assessment identified the person's involvement and how staff should support the person to do this.

People felt confident that staff were able to deal with any emergency situation that should arise whilst people were in their care. The service had plans in place which meant that the service to people could continue even if there were, for example, severe weather conditions. The service provided a 24 hour call service to enable people, families and staff to be in constant contact with senior members of staff. This meant that people would not be left without support in such an emergency.

People and their relatives told us they felt there were enough staff to meet individual care needs. One person told us they received regular care staff, but sometimes had a replacement when the regular staff were unavailable. They said, "They are all very nice staff, the best I have ever had." One person said, "I have

regular staff on my morning call. They [the service] try to send the same staff when the regular staff are not available. The staff are on time and stay for the duration of the call. If there were any problems, i.e. running late they always give me a call to let me know." A relative told us their relation did not always receive care from the same member of staff, but were happy with the care they received. Another relative said, "The service tries to keep staff regular to provide [relatives] care. They are not too bad." Staff told us they felt there was enough staff to cover the number of calls they made. One staff member told us the staff all worked as a team and covered any shortfalls, such as holidays or absences. The provider's representative told us they schedule staff on a two week rolling rota. They had to produce a weekly report on the corporate system to ensure each branch had sufficient staffing levels. We saw copies of the rota, which identified the number of staff on duty on the day of our visit. The registered manager discussed with us how they managed the staff skill mix on each shift and regularly reviewed staffing levels to make sure they adapted to people's changing needs. They told us if necessary they would provide care, if there were any shortfalls in the staffing levels required to provide appropriate care for people.

The service followed robust recruitment processes. Staff we spoke with and records we viewed confirmed staff employed had been subject to relevant checks to ensure they were suitable to work with people at home. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people. The provider told us through the provider information return form that all staff had an enhanced Disclosure & Barring Service (DBS) checks, relevant references were requested and that staff were enrolled in a comprehensive induction training programme once they started work. We reviewed four staff files and records we saw confirmed this.

People received the support they required from staff to safely manage their medicines. Most people we spoke with told us they or their family members were responsible for administering their medicines. However, where the service was responsible appropriate steps were taken for people to receive their medicines safely and correctly, as prescribed. Staff described the procedure they followed when administering medicines. One staff member said, "I always oversee people take their medicine and complete the MAR chart. Where necessary I follow the cream chart when I need to apply creams for a person." This told us there were appropriate systems in place to ensure medicines were administered safely as and when required.

People's care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records (MAR) to confirm whether or not people had taken their medicines. We saw copies of the records that were completed. If any gaps were identified in a person's MAR chart the registered manager carried out an immediate investigation and took appropriate action to address the issue.

Staff confirmed and records we looked at showed they had received up to date medicine training. The registered manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent. The registered manager told us staff had not completed any formal competency tests, but they were observed by field support workers on a regular basis. All MAR charts were audited monthly to ensure medicines were administered safely and as prescribed.

Is the service effective?

Our findings

People received effective care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities. People gave positive feedback about their care and support. One person said, "They [staff] take time to do things properly." Another person said, "They help me with most of my care needs. Staff knows what they are doing." A third person said, "The care staff are mainly experienced, but generally they are OK." A relative told us the staff took the time to do things right. They said, "[Name] is getting a good service from the care staff." Another relative said, "They [staff] were very well trained, especially in dementia care."

Staff confirmed they had opportunities to undertake specialist training for their role. One staff member said, "As part of the induction training they undertook different scenarios to help them understand people's different and changing needs. Records showed staff had received training as part of their induction and they had attended a wide range of training to ensure they had the skills and knowledge to do their job. The registered manager told us staff undertook sufficient training as part of their induction, "My Footsteps Programme." This included eight steps that would help staff to be confident and competent in their roles. Each step offered further training and development opportunities that were discussed during staff supervision.

Staff told us they received supervision and appraisals on a regular basis and felt supported by the management. The registered manager had systems in place to ensure staff were supported and able to share good working practices. This included observation of staff delivering care and feedback to the staff about this. We reviewed a sample of four staff files and found that they had completed an induction, attended relevant training such as food hygiene, pressure care management and moving and handling. This told us staff were sufficiently trained and appropriately supported to carry out their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us staff always gained their consent and asked their permission before they provided care or general tasks. One person said, "They [staff] always ask if there is anything else I want doing before they leave. Staff had a good knowledge of how the MCA was relevant to their role and what it meant for people using the service. They told us that they had received training in MCA and demonstrated they understood the principles of this legislation.

We checked whether the service was working within the principles of the MCA. From the sample of care records we looked at we found that people had mental capacity to consent to their care and support.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person told us that staff helped with their meals, but most times they had meal on wheels. Another person said, "The staff make my breakfast, lunch and tea on a daily basis." Relatives we spoke with did not raise any concerns about their family members not receiving sufficient to eat and drink.

Staff told us they made food and drinks for people they cared for. One staff member said, "I ask if they want a drink at each call. One person likes a cup of tea each time I visit." The registered manager told us they ensure people received sufficient to eat and drink as this was recorded in the person's daily notes which were monitored on a regular basis. They told us if they found any discrepancies or concerns they would refer the person to the GP. The registered manager gave us an example where they had referred one person to a speech and language therapist as they had difficulty swallowing their food. The member of staff providing care had monitored the person's intake of food and drink. They then reported back to the manager to make an appropriate referral. The service was recommended to increase support for this person, so they could arrange more suitable food and prompt more drinks throughout the day. This showed us people were supported to eat and drink appropriately.

People we spoke with did not raise any concerns about how staff supported them to maintain their health. One person said, "If the staff have concerns about my health they prompt me to get the doctor, for example if I get a sore or bruise." Another person said, "They [staff] are good at getting the doctor if they think I need one." A relative told us sometimes when my relation is not feeling well they ask me to call a doctor to get them checked out. Another relative told us the staff were good at alerting them to any injuries, such as a skin sore. They said, "They help pick up on things like that and contact the district nurse if required. Each person had a daily care note book that identified their daily care. We saw details had been recorded when staff had either prompted the person to get health advice or had contacted a GP or District nurse on the person's behalf.

We saw referrals were made to external healthcare professionals when required. Staff gave examples of when people's needs had changed. Records we viewed show staff had contacted the person's GP and made referrals to other health care professionals. This showed us people were supported to maintain good health.

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships with staff. People told us they were treated very well by staff. We received many complementary comments about the staff and the service they provided. One person said, "They [staff] are very good and kind." Another person said, "Staff were nice and polite." All people we spoke with said they would recommend the service to others. One relative told us their family member looked forward to the staff visits, as they get on well. Another relative said, "The staff were well talkative and chat to my relation. They all get on well with him. There was a time when [relation] would not talk much, but they [staff] were very attentive to him." This encouraged them [relation] to communicate better.

People were treated with kindness and compassion in their day to day care. People told us staff were kind. One person said, "I am very satisfied with the service. The girls [staff] are very pleasant." Another person said, "They are very good. Excellent." A relative told us the staff were caring and kind. They said, "The staff talked to and helped my relation all the time and in a respectful way." Staff were aware of people's needs and knowledgeable about the people they cared for. They gave examples of how they cared and spent time with people. The registered manager told us people were the focus of the service. They told us the needs of people were tailor made to ensure the care was person centred and provided in a way the person wanted. Care records we sampled confirmed this.

People received care and support that respected their privacy and dignity. People's independence was also encouraged. People and their relatives made positive comments about how they were treated. We often saw evidence that the staff were considered polite and respectful by people and that staff respected people's rights and independence. Care plans we looked at identified what people could do independently. For example, one file stated the person was able to shave independently. This showed us the service promoted independence where possible.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that they had been involved in developing their care plans. This also enabled them to say how they wished staff to provide their care and support. They told us staff also involved them in day to day decisions by providing choices and that they felt their opinions and decisions were respected. Staff described how they ensured people were treated with dignity and respect. One staff member gave examples of covering people with a towel when providing personal care, such as a shower. Staff also told us how they ask visitors to leave the area when they had to provide care to a person to make sure they had privacy at all times. Care records we looked at showed how people wanted their preferred care provided. This told us people had the opportunity to make choices about their care.

People that used the service had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person who expresses a person's views and represents their interests. The provider told us through the Provider Information Return that they were able to offer links with advocacy services and support groups in the community. The manager told us they had people who had chosen a family member

to be involved with decisions about the persons care. This was identified in people's care plans. The registered manager gave us an example of a time they had supported people to go on holiday. Where an incident happened and one of the person's had to be admitted to hospital. The registered manager described how they and staff were supportive, and went the extra mile, by offering transport, so the person's family member could visit the person as they had difficulty making the journey alone. This showed us the service promoted a caring and supportive service.

Is the service responsive?

Our findings

People's care and support was planned and arranged and they were actively involved in making decisions about their care and support. People told us they had their needs assessed and were able to make changes if they needed to. For example one person said, "From time to time they check my needs are OK." Another person said, "They [the service] came and saw me when the care package was first set up, and after the initial assessment to make sure things had not changed." The person also told us they felt listened to by the service and that the service would respond to their needs. Care files we looked at showed people's preferences and wishes had been discussed and assessed. This included consideration of people's religion and spiritual needs.

People's feedback about the service they received was overall good. People received care and support that was focused on their individual needs and preferences. One person told us they received their calls on time and staff stayed the full duration of the call. Another person said, "I mainly have regular staff. They work in two's and if one staff member is going to be off the service sort it out." A third person said, "They [staff] are generally on time. If they are going to be late then they phone to let me know." However, all people we spoke with felt they would benefit from a list of care calls, so they knew which staff member to expect at each call. One person said, "I normally get a list of who is going to call, but we have not had one for a little while." Another person said, "I usually receive a list of whose calling and it is normally over a two week period. Staff tries to tell me who will come, but I need it written down." A relative told us their family member got frustrated when they did not know which staff member was completing their care call. They said, "It is not good when [Name] doesn't know, we feel messed about."

They also said that they asked people how they wanted their care and support. One staff member said, "I give people choices and ask them what they want me to do for them. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The assessments of care had been reviewed, but this had not been completed on a regular basis and changes made to the support people required, the times and frequency of visits they needed. The registered manager told us there was a system in place to address this. They had implemented a quality officer's role [this role would replace the field care supervisor], whose responsibility would be care planning and reviews.

People were also encouraged to share their views on the service. One person told us they had completed a review of the service. They said, "I have completed customer feedback forms." Comments we found from the last survey were positive. They named staff who had gone the extra mile to ensure they met the person's needs. One person had commented that all the care staff they had had been lovely, kind and cheerful. Nothing was too much trouble for them [Staff]. The person also went on to say they thought the service was excellent. Another comment we saw talked about how satisfied the person was with the care they received. The person said, "Staff were very amenable to my needs, kind, considerate and professional."

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People we spoke with were aware of the complaints procedure and some had used this process. One person told us about the way their complaints had been dealt with. They said they spoke with

the person in charge. They told us one of the concerns they had raised was not well handled, but they felt it had been resolved. Another person said, "I have now and again complained about issues of concern and they had been dealt with well. I am confident to complain if I need to. The service just put things right." Most people we spoke with said they had no complaints in regards to the service, but would know who to contact if they did.

Staff were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was identified to them as a concern and they could resolve it, they would do, but they would also speak with the registered manager. We found that the provider had a complaints policy and procedure in place and that this was shared with people. The complaint procedure also formed part of the service guide. There was a system in place to record and monitor complaints. The registered manager told us they had received four complaints in the last 12 months and these had been dealt with as per the provider's policy and procedure. We checked the complaint log and found systems in place to monitor themes and trends. We saw complaints that had been reported had been dealt with in a timely manner.

Is the service well-led?

Our findings

People who used the service and their relatives were positive about their care package they received. All the people we spoke with said they would recommend the service. One person said, "The care is very good." Another person said, "I would rate them good to excellent." Two relatives commented that they were kept informed about their relations changing needs.

People we spoke with overall felt communication with the office was fine. Only two out of ten people said that communication could improve. One person said, "The staff in the office [care coordinators] are very polite." Other people told us they had no trouble getting through to the office care coordinators. One relative said, "We can get the office staff all right. If it is out of hours there is a mobile contact number we can use. They always respond."

We spoke with four staff who told us they felt supported by the management. One staff member felt they were sufficiently supported to do their job and the registered manager was very approachable. Staff said, "The team meetings are open and informative." Staff had a clear understanding of the provider's vision and values for the service. This included an understanding of their different roles and responsibilities. One staff member said, "I am happy working with the company. If I need to contact the management or a care coordinator they respond well and we get the equipment and support we need."

A registered manager was in post. The registered manager was an excellent role model who actively sought and acted on the views of people. They had developed and sustained a positive culture. The service had innovative ways of communicating with care workers who worked in the community, to make sure they were informed of changes, knew about best practice and could share views and information. Staff told us about different ways they received information about the service and people's changing needs. For example, the service produced a newsletter. The service used text and telephone calls to update staff if people had gone into hospital or needed a change to their care. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed.

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole, and how it met their individual needs. In addition, the registered manager told us they sent out questionnaires and we found the feedback was positive.

Staff told us that management completed unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform, and that they were competent in the support they provided. Staff said that they received feedback on their performance and that this was helpful. We saw records that confirmed what we were told.

We saw monitoring systems in place to review, analyse and improve the service. For example telephone monitoring, surveys and reviews of care. We saw results and feedback were addressed accordingly from the action plans we viewed.

The provider's representative told us they had been developing a customer forum and focus group. This was to enable the service to engage with people, relatives, other professionals', agencies and commissioners. This had been piloted at this service and it was the intention of the provider to roll out to all other branches the provider owned. This showed us the service was developing ways to share people's views and information.

Staff were aware of the reporting process for any accidents and incidents. The registered manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from re-occurring. The provider's representative told us they believed that incidents and errors were a learning exercise and an opportunity to review and improve the service provided.

Staff were aware of the provider's whistle blowing policy and procedure. A whistle-blower is protected by law to raise any concerns about an incident within the work place. Staff told us they would not hesitate to use the policy if required to do so.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified when necessary.