County Care Services Limited

Carewatch (North Lancashire)

Inspection report

The Lighthouse Care Centre
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection visit at Carewatch (North Lancashire) was undertaken on 05 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure someone would be in at the office.

Carewatch (North Lancashire) provides personal care and support to people living in their own homes. The agency covers a wide range of dependency needs including older people with a physical or learning disability and older people living with dementia or mental health problems. The agency's office is located close to Morecambe town centre. At the time of our inspection there were 253 people receiving a service from Carewatch (North Lancashire).

The service had a registered manager in place. 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.

At the last inspection on 21 November 2013, we found the provider was meeting the requirements of the regulations that were inspected.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One person told us they always felt they were in safe hands, because of the continuity of staff. They said, "I've got to have trust and I trust them."

The provider had put in place procedures around recruitment and selection to minimise the risk of inappropriate employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care planned requirements in relation to medicines.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. The provider ensured staff had the skills to fulfil all care tasks required by people being supported. For example, the registered manager had sought specialised training to ensure staff delivered effective

support to one person with complex care needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People told us they were mostly supported by the same group of staff. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. One person we spoke with said, "I don't like change. I like the same team because they are in my life. They have been brilliant."

Comments we received demonstrated people were satisfied with the service they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care. Field care supervisors' met with people prior to care being delivered. This allowed personalised care plans to be in place before care staff visited. Field care supervisors are not office based and oversee the care staff deliver within the local community setting.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented. Staff spoken with felt the management team were accessible supportive and approachable and would listen and act on concerns raised.

The registered manager had sought feedback from people receiving support .They had formally consulted with people they supported for input on how the service could continually improve. Quality audits had regularly been used at the time of our inspection. Surveys, telephone monitoring and spot checks had all regularly taken place. They had not always acted on the feedback they received. Meetings for care staff had occurred when management had introduced new policies or procedures. Regular team meetings for staff to meet with the manager, to share information, learn and receive feedback had not occurred.

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 had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

Risks to people were managed by staff, who were aware of the assessments in place to reduce potential harm to people.

There was enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the service had in place were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and support to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and had knowledge of the process to follow.

People were protected against the risks of malnutrition.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service which responded to people's changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had in place clear lines of responsibility and accountability.

People and staff felt the registered manager was supportive and approachable.

The management team had oversight of the service provided.

The registered manager had sought feedback from people receiving support for input on how the service could improve. They had not always acted on information received.

Carewatch (North Lancashire)

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.

The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of domiciliary care.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We visited three people who received support in their home and looked at their care plan and medicine records. We spoke with eight people and five relatives via the telephone. We spoke with the registered manager and 12 staff members. We reviewed six people's care files, eight staff files, the staff training matrix and a selection of policies and procedures. We reviewed records related to the management and safety of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas focussing on how staff provided care within a geographical area. We looked at how many visits a staff member was completing per day. We looked at the continuity of support people received.

Good

Is the service safe?

Our findings

We asked people if the care they received made them feel safe. One person told us, " When I came out of hospital I said I want Carewatch back again. I feel safe with Carewatch." A second person said, "They are very good at their job, they encourage me to walk to the door when they are leaving so I don't forget to lock the door. It makes me feel safe." A third person stated, "They are all very nice I like them. I feel safe with the carers."

During the inspection, records we looked at contained information that the registered manager and staff had received abuse training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any issues or concerns about care practices or conduct. For example one staff member stated, "I did report a staff member once, I made a statement and had to have an interview. I was pleased with how it was dealt with." This meant the provider had systems in place to guide staff about protecting people from potential harm or abuse.

All the care records we reviewed held an assessment outcome section. The document sought to highlight potential risk around visual impairment, falls, memory loss and diabetes. It also looked at lifestyle, independence, moving and handling and the environment. The form highlighted issues and risk. Documented procedures staff should follow when supporting the person were in place to reduce risk.

The provider operated an on call service to maintain staff safety and manage risk. When staff were lone working or working unsocial hours. This meant should it be required staff could contact someone for guidance and support.

We looked at how the service was being staffed. We reviewed past and present staff rotas focussed on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs. One relative told us, " Staff have never missed a visit, and are punctual." Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member said, "I don't drive all my clients are in a small area." A second staff member told us, "They keep us in areas to make getting to clients easier." This showed the provider ensured people received timely and safe support.

We looked at the recruitment procedures the service had in place in eight staff files. We found relevant checks had been made before new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. The application form completed by the new employee's had a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers and details of any convictions

recorded. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep vulnerable people safe.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not supported people until all their safety checks had been completed. The provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We looked at the procedures the provider had in place for the administration of medicines and creams. The provider followed National Institute for Health and Care Excellence (NICE) guidelines on the administration of medicines. The provider liaised with the person or their family about the medicines they had been supported with. Staff received training as part of their induction plus refresher training. The management team completed medicine competency spot checks on staff.
The provider had recently introduced new medication forms for staff to complete. Staff had received a half day training session on how to complete the new forms. Regarding the administration of medicines one person told us, "They always come and give me my medication on time." A relative stated, "Medication is given on time from the blister packs and this is recorded." This showed the provider had ensured staff had the knowledge and skills to administer medicines safely.

Medicine records we checked were complete and staff had recorded the support they had provided people to take their medicines. Discussion with 11 staff members confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with three people about the management of their medicines. They told us they were happy with the medication arrangements and had no concerns. Regarding the administration of medicines, one person told us, "They check my tablets against the form in case I've got something new and I've not told them." This showed the provider had taken steps to minimise risk and keep people safe when administering medicines.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. People told us staff understood their needs and said they received a good level of care and support. One person supported by the service said, " They are very good, I can't complain." A second person stated, "They know exactly what they are doing." A third person stated, "They ask me what I need doing they are very skilled in the tasks that they do for me."

We spoke with staff members, looked at individual training records and the services training matrix. Staff told us the training they received was provided at a good level. Carewatch had a central training team and all training was delivered at the office base. There was an initial four day induction followed by day five within the following twelve weeks. Each new staff member had to complete an assessment of learning workbook and log which documented their learning and assessed their knowledge through questions. One staff member said regarding induction, "I shadowed staff during my induction period. It was useful learning and gaining experience at the same time." Regarding ongoing training another staff member said, "The training is superb, we do refresher training as well which is good." A third staff member stated, "They do very well with the training. I have done all the training."

Records seen confirmed staff training covered a range of subjects including safeguarding, moving and handling, first aid and food hygiene. Discussion with staff members and reviewing training records confirmed staff received specialised training relevant to their role. For example one team of staff had training on the care of one person with specialist medical equipment. This showed the provider had delivered personalised, effective support to develop and equipped staff for their role.

All the staff we spoke with felt communication between the care staff and management team was excellent. One staff member told us, "I see my supervisor every Friday when I visit the office. If I have anything I wish to discuss I know I can speak to her then." Records seen and staff spoken with confirmed staff received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA.

Staff files showed they had received training related to the MCA and the principles of consent. A staff member we spoke with stated, "It was very informative, there is a lot more to it than you think. We have not got to assume anything especially with people with dementia." Regarding consent one person told us, "They

[staff] always ask me before doing anything." A second person commented, "They ask permission about the task they do for me." This showed the provider had trained staff in the principles of capacity and gaining consent prior to supporting people with care tasks.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. For example care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation at mealtimes was completed by staff members with the assistance of people they supported where appropriate. One person we spoke with said, "They ask what are you having for dinner? I can cook myself but they open tins and cut onions. Then they wash up." A second person commented, "They heat meals for me and leave me with a drink." A relative told us, "They support my [relative] well and leave her with fluids for between visits." We saw staff documented the meals provided to confirm the person's dietary needs were met. Tasks had been recorded along with fluid and nutritional intake where required. For example we saw minutes of a meeting which centred on one person's reluctance to eat. Minutes contained information related to the carers role. Recorded was how to offer encouragement, what to document, planning a weekly menu and contacting a dietician. This showed care plans were regularly reviewed to ensure staff were supported to be responsive to the changing needs of the person. Staff spoken with during our visit confirmed they had received training in food safety and were aware of safe food handling practices.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care requirements. For example, staff had recorded in one care plan the person had to have visits at a specific time. This was to work alongside district nurses who visited to complete a medical procedure. One relative told us, "The carers have the right skills for the job, there is a book in the house to sign and leave messages for each other as to mum's condition or if the nurse has been." This showed the provider had systems in place to share information and promote good health.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who visited were friendly and caring. One person commented about the staff, "They are not like workers, they have been coming that long they are more like friends." They further commented, "They listen to you. You can talk to them." A second person told us, "They are very caring. You don't feel so alone. You know you have someone." A third person said, "They are very good, very caring. They go that extra mile." A relative stated, "The carers take their time when seeing to my [relative] and treat them with dignity and respect." A second relative commented, "The carers always do tasks at [my relative's] pace and respect the confidential aspects of [my relative's] care.

When speaking with both people receiving a service, and staff, it was evident good, caring relationships had developed, and carers spoke about those they visited in a warm, compassionate manner. For example one person told us, "They do a lot that they shouldn't for me." A staff member told us, "I love my job. I have had some clients since I started over seven years ago." A member of the management team told us, "Continuity is essential in this job. It is how we get to know people."

Care files we checked contained records of people's preferred means of address, and how they wished to be supported. People supported by the service told us they had been involved in their care planning arrangements. They said they were satisfied staff who supported them had up-to-date information about their needs. This information was delivered in the way they wanted. One person told us, "I have a care plan which is looked at every day and I was involved in putting it together." This demonstrated people were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. This ensured the information staff had about people's needs reflected the support and care they required. For example one person did not want staff to wear a uniform. They did not want the public to see they were supported by carers. The provider had respected this and staff wore their own clothes. One person told us about the care they received, "The girls listen. I always thank them for listening, they are good listeners." A second person commented, "I get on well with the carers we have a laugh and a joke." This showed the provider had guided staff to interact with people in a caring manner.

The provider had a palliative care team that specialised in end of life care. Staff had attended an end of life care pathway training course with the local hospice. The course looks at how to meet people's care needs within a dignified environment. This highlighted the provider was caring, respected people's decisions and guided staff about end of life support.

Good

Is the service responsive?

Our findings

We found assessments had been undertaken to identify people's support needs prior to the service commencing. The field care supervisor had met with people in their home prior to care staff visiting. A personalised care plan had then been developed outlining how these needs were to be met. We saw people had been encouraged to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. We saw people had expressed when and how they wanted their support provided. For example one person told us, "They come at my times, when I need them." Care plans were in place and people were getting the care they required. Each care plan contained a service user contract which was signed by the person. This showed people had contributed to their assessment and agreed to the care being delivered.

Everyone we spoke with said they were happy with their care and staff were responsive to their requirements. The care records were informative and enabled us to identify what support people required with their daily routines and personal care needs. One person told us that they were able to ring the office and change their times if they have an appointment. A staff member told us that if they notice a change in people's care needs they ring the supervisor who will change the care plan if required. The staff member commented, "I feel I can talk to the supervisor daily" and added they had been told, "Not to hesitate to ring if they have concerns about people." This showed the provider was flexible and responsive in delivering care when it is needed.

The service sought regular feedback from people who used the service. People were asked about the quality of the service they received. Files we looked at contained telephone monitoring and customer review information. This showed the provider regularly sought the views of people who received support. The information we looked at showed people were happy with the support they received. For example one person said, "I am happy with [one staff member]. I get on well with her." A second person stated, "I am happy with all the girls they are great."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made the response they should expect from the registered manager. We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service told us they knew how to make a complaint if they were unhappy about anything. One person said, "I know how to complain and they have listened to me when I did." A second person commented, "I know how to make a complaint but I have not had to." A relative told us, "We have had reviews of the care plan and we have had no complaints about anything."

Requires Improvement

Is the service well-led?

Our findings

The management team had a good knowledge of the service and the care delivered. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager had delegated responsibilities to members of the management team. For example the service employed office co-ordinators who were responsible for an area each. This covered Morecambe, Lancaster, Caton and Carnforth. They were responsible for allocating support in those areas. Field care supervisors were employed to carry out initial visits, spot checks and observations, and monitored the paperwork in people's homes. Staff we spoke with knew who to approach regarding specific issues. This showed the registered manager had allocated their resources effectively.

Spot checks were also undertaken whilst staff completed their visits. These were in place to confirm staff were punctual, stayed for the correct amount of time allocated and people supported were happy with the service. Regarding spot checks, one staff member said, "They [management] turn up randomly to make sure we are not late to our appointments."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction surveys and telephone monitoring. We saw feedback consisted of mixed comments like, "Very happy do not want anything to change." And "Happy with [one staff member] get on well with her." However we noted one person had stated, "Carers sometimes bring their problems to work." We noted the registered manager had not investigated this comment further. This showed the provider had not always sought to improve service delivery based on information received.

Care reviews with people and their family members were also being undertaken to assess the service being delivered. One person told us, "A member of staff comes from the office to review my care about every 6 months. I have completed a survey and I have not seen the manager of the agency." A relative stated, "We have completed a survey but have little contact with the office." People told us they were happy with the staff and happy with the care they received. However several people told us they did not know who would be visiting as they never received a rota. They said they liked to know who would be coming. One person told us, "I do not receive a rota each week." A relative stated, "It would be useful if there was a rota of carers sent to us every week." The registered manager confirmed that rotas were not usually sent to people each week, but agreed to talk to these people or sort out rotas for them.

There were no regular team meetings to enable care staff to share any concerns. Meetings for care staff only occurred to keep them up-to-date with information or changes within the workplace. We were told the palliative care team had supervisor meetings. One staff member stated, "It is so we all know the state of play. It is a hand over and sharing information." We saw the office staff had met weekly to review what had occurred over the weekend and plan for the forthcoming week. They also looked at compliments, complaints and any safeguarding alerts that may have been raised. We spoke with the manager regarding team meeting and supervisions. They told us they were behind and are catching up.

Regular audits were being completed about the service annually by an internal auditor. These included safeguarding incidents, customer records, care records, and staff records and staff training. The registered manager analysed the information gathered and acted upon any issues raised. They used an action plan which contained evidence of improvements. For example we noted risk management documentation was seen as an area for improvement. In response field care supervisors had received training to enhance the quality of the assessments. Medicine administration records were identified as needing updating. The registered manager provided training to all care staff prior to the introduction of the new chart. New induction training to reflect the care certificate was identified as an area of improvement. This had been introduced and on the day of inspection we observed the registered manager and trainer discuss the training being delivered. They discussed changes in the content, the quality of the training, and for information to be jargon free. They discussed how the training could be person centred and how to standardise the training across the service. This showed the registered manager had systems in place to monitor the quality of the care delivered and lead on improvements when required.