

Sundial C. S. R. Limited

# Carewatch (South Midlands) Harborough Branch

## Inspection report

112 St Mary's Road  
Market Harborough  
Leicestershire  
LE16 7DX

Tel: 01858 466999

[www.carewatch-southmidlands.co.uk](http://www.carewatch-southmidlands.co.uk)

Date of inspection visit: 7 January 2015

Date of publication: 13/04/2015

### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

### Overall summary

This inspection took place on the 7 January 2015 and was announced.

At the last inspection on 23 April 2014 the provider was not meeting six of the Health and Social Care Act 2008 Regulations. Following our inspection we asked the provider to take action to make improvements. We asked them to improve practice in relation to respecting and involving people, consent to care and treatment, meeting

people's care and welfare needs, supporting staff and the systems for assessing and monitoring the quality of the service. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make. At this inspection we found that some improvements had been made but further improvement was needed to meet the relevant requirements.

# Summary of findings

Carewatch (South Midlands) Harborough provides care and support to people with needs associated with age, dementia, learning disabilities, physical disabilities or mental health living in the own homes in the community. At the time of our inspection 95 people were receiving personal care from the service.

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 time of our inspection an acting manager was managing the service, they had submitted an application form to us to become the registered manager.

People that used the service told us that improvements had been made with regard to the service they received. On the whole people said they received consistent care workers who provided their care and support. However, whilst improvements had been made to missed calls people were still experiencing late calls.

Care workers were aware of their responsibilities with regard to people's health and safety. We found people received their medication safely and as prescribed by their doctor.

Care workers received an induction and ongoing training opportunities. We found care workers received inconsistent support and supervision. Some care workers had received opportunities to review their practice and training needs and others had not.

People's human rights were protected because the acting manager was aware of the requirements of the Mental Capacity Act 2005. People were asked their consent before care was provided.

People received appropriate support to manage any dietary and hydration needs.

Care workers were compassionate, kind and caring. They provided respect and dignity when providing care and support.

People had been involved in the development and review of their care package and had been asked about their routines and how they wished to be supported.

People had access to information about the provider's complaints procedure.

There were quality and safety assurance systems in place that monitored the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People told us that whilst missed calls had improved they sometimes experienced care workers arriving late and this was a concern to them.

Care workers were aware of their responsibilities of how to keep people safe and report concerns. Safe recruitment procedures were in place but concerns were identified with the provider's practice around disciplinary action when concerns about care workers' practice were reported.

There were arrangements in place to deal with foreseeable emergencies and known risks had been assessed and planned for.

Requires Improvement



### Is the service effective?

The service was not consistently effective.

Consent to care and support was sought before care was provided. The acting manager was aware of the Mental Capacity Act 2005 and the requirements of this legislation.

Care workers received an induction and ongoing training. Further improvements were required with the arrangements to support care workers.

People were supported with their dietary and hydration needs. People's health care needs were monitored and the service worked with health professionals to meet people's individual needs.

Requires Improvement



### Is the service caring?

The service was caring.

People received care from care workers who were compassionate, kind and caring.

Care workers provided care that was respectful and dignified and people's independence was promoted.

People's confidential information was managed appropriately.

Good



### Is the service responsive?

The service was responsive.

People were involved in the development and review of their care package.

Care workers knew about how to meet people's needs including what was important to them in the way their received their care and support.

People had access to the complaints procedure and were confident any concerns would be responded to appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

Further improvements were required with the systems and process of monitoring, communication and support in place for care workers.

There were systems used to assess and monitor the quality of the service.

People received the opportunity to share their views about the service.

**Requires Improvement**



# Carewatch (South Midlands) Harborough Branch

## 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 7 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

We looked at and 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 additional information the provider had sent us, such as safeguarding notifications. These are made for serious

incidents which the provider must inform us about. We also contacted the local authority that had a contract with the provider and health and social care professionals for their views on the service provided.

This inspection was carried out by inspector and an 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.

At the provider's office we reviewed 10 people's care files and other documentation about how the service was managed. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems. We spoke with the acting manager, the provider's training manager, one senior care worker and a total of 11 care workers who we either spoke with on the day of the inspection or contacted by telephone afterwards to gain their views about the service. As part of this inspection we also spoke with 16 people who used the service or their relatives by telephone to gain their views and experience of the service.

# Is the service safe?

## Our findings

People told us that they felt they received a safe service and that they would not hesitate to contact the office if they had any concerns about their safety. One person said, "I'm quite happy and feel safe with the service I receive", whilst another said they were, "Very happy and that staff supported them to remain safe."

Care workers said that risks associated to people's health and welfare needs were assessed. They confirmed that the environment and their health and safety were also assessed to ensure their safety. One care worker told us, "People's risk assessments provide us with the information we need to know of how to support people and reduce any risks." Another said, "People are involved in identifying any risks, we work together to see how they can best be managed." From the care files we looked at they confirmed that risks were assessed and management plans were in place.

Care workers said they had been shown how to use any equipment they needed to use and that they checked equipment before they used it so people were not placed at any harm. Risk plans were reviewed regularly for changes. Care workers gave examples of when they had identified changes to a person's needs and the action taken. One care worker said, "We report any changes and concerns and usually the senior, deputy or manager will act quickly and visit the person to reassess their needs."

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised the management team and office staff of the procedure to follow in the event of an emergency affecting the service.

Care workers were clear about their role and responsibilities in protecting people from risks associated with abuse or avoidable harm. One care worker told us, "We know about the safeguarding and whistle blowing procedures, I wouldn't hesitate reporting any concerns to the manager." Another said, "I act on any concerns I have. People's safety comes first."

Care workers had received training on safeguarding procedures and had access to the provider's policy and procedures. The acting manager had taken appropriate action in relation to safeguarding concerns.

People told us they had concerns relating to staff turnover, this resulted in different care workers visiting. They said that sometimes care workers arrived later than agreed and that unfamiliar care workers had not always been advised of what the person's needs were. One person told us, "The office staff doesn't allocate travelling time so care workers are often late arriving." Another said, "Staff are overloaded." We also received positive comments from people who said that late or missed calls had reduced. One person said, "Things have been much better recently regarding staff."

Care workers told us that improvements had been made to the service with the ongoing recruitment of staff. One care worker said, "Staffing levels have improved, consideration is taken into account about staff's experience and skills when the staff rota is drawn up." Another said, "There are far less missed calls, sometimes we might be late to calls when there has been an emergency where we have had to stay with a person for longer." Care workers told us that generally they provided care and support to the same people to provide consistency. One care worker said, "We have regular 'runs', it obviously sometimes changes when other care workers are off." Another said, "If we are running late we call the office they then let the person know."

The acting manager told us about the recruitment of care workers to ensure there were sufficient numbers of care workers to keep people safe and meet people's individual needs was ongoing. They also told us travelling time for care workers was considered when the care workers roster was developed. We saw examples from care workers work sheets that showed sometimes travelling time was allocated but not always. Most care workers raised concerns about travel time not being allocated and the impact this had on people. This was a concern that people were waiting for their call. Some people may have required a time critical call due to their specific health condition.

We saw that five missed calls had been recorded since our last inspection in April 2014. This had greatly improved and late visits were electronically recorded and monitored by the acting manager. Whilst improvements had been made, people's experience of receiving care on time and in accordance to their plan of care was variable. All care workers agreed that the length of time allocated to provide the actual care and support was sufficient in meeting people's needs.

## Is the service safe?

Care workers employed at the service had relevant pre-employment checks before they commenced work. This included a check with the 'Disclosure and Barring Service' (DBS) which checks criminal records and staff suitability to work with people who use care services.

We were aware of an instance of unsafe practice by one care worker. Appropriate disciplinary action had been taken. However, since the inspection we received information that this person had been re-instated by the provider whilst police and safeguarding investigations continued into the original incident. This information also indicated that the risk management plan for this person may not have been effective. We raised these concerns with the acting manager and shared this information with the local authority safeguarding team.

Some people required assistance from care workers to support them to take their medicines safely. People that used the service and their relatives did not raise any concerns with us about how they were supported with their medicines. Care workers told us that they received training on the safe administration of medicines. They said this included observational competency assessments by a member of the management team, this was to check that care workers supported people safely with their medicines. Care workers recorded what the person had taken and when, to confirm the instructions given by the GP were followed correctly and that people received their medicines safely.

# Is the service effective?

## Our findings

At our last inspection we identified some concerns with consent to care and treatment. The Mental Capacity Act 2005 (MCA) was not always adhered to. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

People that used the service told us that their consent to care and support was sought. This included both written and verbal consent. Care workers gave examples of how they gained people's consent before they provided any care and support. One care worker told us, "I always ask the person's permission before I do anything, It's important to be respectful and get people's consent." Another said, "Although I know people very well, I don't take anything for granted and ask before I provide any care."

We found the pre-assessment form used to assess people's needs before they used the service, included consideration to a person's capacity to consent to their care and support. We saw the acting manager had gained people's consent before the care package commenced. This was by means of formal written consent and where other people had given consent, this was either authorised by the person using the service or legal authorisation had been granted by the court of protection.

People's human rights were protected. Where people had been assessed as not having capacity to consent to their care and support, the acting manager showed us a two stage mental capacity assessment and best interest decision documentation they were in the process of implementing. This was in line with MCA legislation.

At our last inspection we identified some concerns in how care workers were supported. The formal support arrangements for care workers to review their practice and discuss their training and development needs were insufficient. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

People that used the service and relatives said that they found care workers to be sufficiently skilled and experienced and supported them in the way they wished. However, one person said, "The younger carers sometimes

don't manage to cope very well and need to be told what to do by me. I have to tell them to read the notes that the last care worker left and the information about what needs to be done." We shared this information with the acting manager.

The acting manager told us of the action they had taken to better support the staff team. These included one to one opportunities for care workers to meet with their line manager to discuss and review their practice, training and development needs. Care workers also received observations whilst providing care to enable them to have feedback from their supervisor about their practice. The acting manager advised they were aware that further improvements were still required to ensure all care workers received the same level of support and had plans in place to do this.

Care workers told us that improvements had been made since our last inspection to the support they received. However, we found there were some discrepancies between care workers experience dependent of which geographical area they worked in. One care worker told us, "Supervisions have got better, they could be more frequent but they are helpful, you can say whatever you want, they take notice." Another said, "The observations and spot checks are good, it keeps you in check, sometimes you need reminding about things." Negative comments included, "I've had a spot check but never had any feedback." Another care worker said they had not received either supervision or a spot check. These examples show that further improvements were still required to ensure care workers received consistent support to effectively review and develop their practice.

Some people told us that new care workers were introduced via 'shadowing' other care workers, whilst another person said new carers 'just turned up'. Two newly appointed care workers told us about their induction. They spoke positively about the induction process including the shadowing of more experienced care workers before they provided care independently. One care worker told us, "I had no previous experience, the induction was more theory based, and I learnt more when shadowing other care workers."

We received a mixed response from care workers about their training experience. Whilst all care workers said they felt the training was sufficient to meet people's needs, concerns were raised by more experienced care workers

## Is the service effective?

that they thought the quality of the training could be improved. Other care workers told us that they were happy with the training opportunities they received. The provider had identified training needs for care workers which was based on the needs of people that used the service. We spoke with the provider's internal trainer who told us about the training opportunities care workers received and the new initiatives they were introducing to enable care workers to have more specific detailed training. The provider had recognised that further training was required to support care workers with their role and responsibilities.

Some people had specific dietary and hydration needs. People told us that care workers supported them to

maintain a healthy diet. This included support to maintain their general health. Whilst people were generally supported to attend health appointments by their relatives they said care workers had taken appropriate action to call for assistance if they were found to be unwell during a visit. Care workers gave examples of how they met people's dietary and hydration needs including supporting people with their general health. Comments included, "We have information in people's care plans about the support they need with eating and drinking and if they are on special diets. We support some people to be weighed weekly because of concerns and the need to monitor their health."

# Is the service caring?

## Our findings

At our last inspection we identified some concerns with how people were respected and involved in their care. The provider had failed to treat people who used the service with consideration and respect. People did not either have opportunities to express their views and wishes or they were not listened to. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

We received positive comments from people that used the service including relatives about the care and support they received. They told us they found care workers to be caring and that they were treated with dignity and respect. One person said, "I love my care workers from the bottom of my heart." Another said, "On the whole, the carers are very good."

Plans of care showed how people were encouraged to maintain their independence, where appropriate care workers prompted people to undertake certain tasks rather than doing it for them. A care worker said, "If you start 'doing' for people this can take their dignity and independence away." Care workers were aware and sensitive to the fact that some people were socially isolated. One care worker said, "Sometimes we might be the only person someone sees all day. I give people my full attention, I don't rush people, and I chat about all sorts of things and make sure they have all that they need before I leave."

The acting manager told us of the improvements they had taken to ensure people were better involved and consulted in their care and support. A review programme had been developed to ensure people received a formal opportunity to have their care package reassessed with them. The acting manager acknowledged that this work was ongoing. We saw in people's care files examples of where people had received a visit from the management team where they

were consulted about the care package they received. Where people had requested a change or raised concerns these had been acted upon. For example, care packages had been either increased decreased or the time of visits had changed to meet people's needs.

We spoke with 11 care workers about their role and responsibility, examples they gave about the care they provided showed they had great commitment to their job and that they were caring, compassion and kind. Care workers were aware of people's needs but also what was important to the person in the way they wished to be cared for. One care worker said, "I treat every person as an individual and give them my full attention when I'm supporting them." Another said, "I love what I do, I visit people feeling happy, I'm cheerful, I don't rush people, I will go the extra mile." Care workers were respectful of people's privacy and maintained their dignity. Care workers told us how they gave people privacy whilst they undertook aspects of personal care, and ensured they were respectful of being in people's own homes.

We spoke with two social care professionals who made positive comments about care workers and gave some examples of how the service as a whole had successfully met people's needs. Comments included, "For this person, the staff were helpful, it was a supportive package, we met and worked together." And, "The staff and the service went the extra mile in meeting the person's needs."

The provider had considered the risks to people's confidential information. People's personal and confidential information was securely stored in the provider's office. Staff received information each week that gave brief details of the people they would be visiting. Care workers were informed that this information had to be treated with the upmost respect, kept confidential and stored securely. They were asked to return this information when it was no longer required to the office for safe disposal.

# Is the service responsive?

## Our findings

At our last inspection we identified some concerns with the care and welfare of people who used the service. People were not fully protected from unsafe care and support because plans of care had not always been reviewed and risk assessments were missing for some people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

People told us they felt involved in discussions and decisions about how their care should be managed, this included choices about how identified risks could be reduced. People confirmed that their needs were assessed at the start of using the service and were continually monitored for changes.

People that used the service and relatives told us that they had been involved in the development of plans of care and asked how they wanted the care package to be provided. This included information about their routines and what was important to them. People said, they were clear about their plans of care and who to contact with regards to queries and complaints.

Care workers told us that they had information available to them that included people's health and support needs, routines of how best to support the person and their preferences and social history where people had shared this.

Some care workers said that their roster did not always take account of people's individual needs and preferences with regards to the timings of visits. One care worker gave

an example of how they had changed their roster to accommodate people's wishes. This showed how care workers could be responsive and that they had a person centred approach in meeting people's needs. A care worker said, "I treat people in a manner that I would want myself or my family to be treated. The most important thing is providing care in the way that is important to the person." Another care worker told us how they promoted people's choices and respected their individuality when providing care and support.

People had access to information about the providers complaints procedure should they wish to make any complaints. People told us they were aware of how to make a complaint. Whilst the service did not provide people with information about independent advocacy services the acting manager gave an example where they had sign posted a person for independent support. The acting manager said that they would provide this information for people to enable them to have access to independent advocacy should they wish.

The provider had a formal system to record and respond to complaints received. This enabled the acting manager to monitor if there were repeated complaints and themes that required additional investigation. Since our last inspection the provider had received 12 complaints. The acting manager told us that complaints were about care workers running late, people not happy with particular care workers and not knowing which care worker would be visiting. We saw what action the acting manager had taken to resolve these issues to a satisfactory resolution and noted that this was completed in a timely manner. This meant people could be assured that their concerns and complaints were listened to and acted upon.

# Is the service well-led?

## Our findings

At our last inspection we identified some concerns with the quality assurance systems in place. They had failed to identify shortfalls and take appropriate action in a timely manner. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements.

People told us that they were happy overall with the service they received. They said that improvements had been made. For example, as a result of concerns raised by people about not knowing what care worker was visiting them, the manager produced a weekly programme they sent to people with this information. Whilst on the whole this was working well, one person told us, "I haven't had a rota for the past three weeks." We informed the manager of what this person told us.

Since our last inspection the provider had developed new, more detailed and regular audit systems to monitor the quality of the service. Whilst the management team completed these checks the service had an external organisation they used to review the audits every six months. We looked at the audits completed for July 2014 and January 2015, they showed where the provider was meeting the required standards and any actions that needed to be taken to continue to do so. These showed us there had been an increase in the overall quality, with a marked improvement in the area that directly affected people that used the service. The acting manager had developed systems and processes that had addressed the previous shortfalls we found and was driving forward improvements.

We looked at the system for monitoring visits, there were five recorded missed calls since April 2014. The electronic recording of visits meant that the acting manager could monitor the delivery of care to ensure care was provided within the specified times and take action where necessary when reoccurring concerns were identified.

Care workers told us that since our last inspection the acting manager had made improvements to the quality and safety of the service. One care worker said, "The management team are very good, the manager is a good leader and is supportive. They keep the service rolling on."

Another said, "The atmosphere in the office is much better, office staff are more approachable. The leadership has stabilised. We have more confidence that issues are dealt with appropriately."

Whilst we found the acting manager had made improvements to the service we identified that further improvements were required. This was particularly with regard to some of the support systems for care workers. For example, some care workers were positive about the communication systems in place and that they could contact the office easily and support was readily available when required. However, but this was not the experience for all care workers and caused them some concerns. One care worker said, "It can be really difficult to get through to the office, especially to the on call at weekends." Another said, "We call when we need support and we need to be confident it will be responded to."

The acting manager produced a weekly newsletter for care workers and sent memos to inform care workers of any changes affecting the service, including new people using the service and any changes to a person's care package. Care workers confirmed they received this information but most care workers said that whilst this information was important they felt it would be more beneficial to have meetings to discuss changes. This would enable them to feel more involved and give an opportunity for them to share their views. One care worker said, "We don't have staff meetings very often, we tend to rely on each other for support."

The provider monitored the quality of the service by contacting people via the telephone for verbal feedback about their experience of service. The acting manager told us that telephone monitoring calls were completed every four to five months. From the information we saw we found that people were not all receiving these monitoring calls as we were told. Whilst this was a good method to gain feedback from people, some people who had communication needs may have experienced some difficulties in effectively expressing themselves. The acting manager told us that they usually sent out an annual questionnaire as an alternative method to gain people's feedback, however, the management of the service were considering appointing an external organisation to do this independently. The acting manager said they wanted to encourage people to share their experience about the

## Is the service well-led?

service and felt this was the best way to do this. As part of the quality assurance process care workers were spot checked to ensure they were appropriately dressed and delivered care according to the person's plan of care.

Care workers were aware of the reporting process for any accidents and incidents. The acting manager showed us

how these were recorded and gave examples of action that was taken to reduce incidents from reoccurring. The acting manager also monitored and analysed accidents and incidents for themes and patterns. The acting manager understood their responsibility for notifying us of incidents and injuries that people had experienced at the service.