Care Quality Commission

Carewatch Care Services Limited

Carewatch (Derby)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced at short notice, to ensure there was a manager available to assist with the inspection process.

Carewatch Derby provides personal care to people in their own homes. At the time of our inspection the service was supporting 112 people. There was 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

Summary of findings

'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 our last inspection of 4 September 2013, the service was not meeting legal requirements required for care and welfare. This meant that people were not receiving safe or appropriate care because some calls had been missed and the provider did not have sufficient information about the risks to people and how those risks would be managed. Following the last inspection the provider had told us what actions they had taken to ensure that the service improved. During this inspection we found that risk assessments were in place where a risk had been identified, but there continued to be some concerns about how people's care was being delivered. There were examples of late care calls, which meant people did not always receive their care at the agreed time in accordance with their plan.

People who used the service gave mixed comments about the delivery of care and the support they received. This demonstrated that the provider had further work to do to ensure people received good quality care at all times.

The provider monitored the quality of the service and had developed action plans to address any shortfalls where deficits were identified.

Staff vacancies meant that people had not always received their care calls when they had agreed them, but there was an active recruitment drive taking place.

Staff recruitment procedures were robust and effective in ensuring that staff were suitable to work with vulnerable people, and induction and training of staff was provided. This ensured staff had the necessary skills and knowledge to meet people's needs.

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?

Requires Improvement

The service was not consistently safe.

Staff we spoke with knew how to keep people who used the service safe. They could identify the signs of abuse and knew the correct procedures to follow and who to report to.

There were systems in place for the assessment and management of risks to people but people did not always receive their care at a time they needed it and late calls meant that people were at risk of harm.

Recruitment procedures showed that pre-employment checks had been carried out to ensure new staff were suitable to provide support to people who used the service.

Is the service effective?

Good

The service was effective.

The provider completed observations of people's care and support to ensure staff were competent in their work.

Staff had access to training that was relevant to their role and equipped them to deliver appropriate care.

Supervision and appraisal of staff practice was completed to ensure that the standards expected by the provider were constantly delivered.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Most of the people we spoke with told us they were happy with the staff who supported them. We found staff had a good understanding of people's needs.

Some people made negative comments about some aspects of the care they received and felt improvements were needed. They felt that their care could be compromised sometimes because they received care from care staff who did not know them had care staff who didn't know them well.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People who used the service told us they knew how to raise a concern if they had one.

Care reviews had not always undertaken and people's needs may have been compromised because care not always delivered at correct time.

Summary of findings

We saw where peoples needs had changed the service responded to ensure appropriate professionals were involved.

Is the service well-led?

Good

The service is well led.

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

The provider undertook regular audits of aspects of the service to ensure it operated to the standards expected.

People's views on the service were sought and records showed they were addressed.

Carewatch (Derby)

Detailed findings

Background to this inspection

This inspection was carried out on 7 August 2014 by an inspector. An expert by experience spoke with nine people who used the service on 11 and 12 August 2014. An expert by experience is a person who has had personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at all the information we had available about the service. This included information from notifications received by the Care Quality Commission (CQC) and the findings from our last inspection. Providers are required to notify us of incidents and events that occur affecting the welfare of people who use the service, these are referred to as notifications. The provider had returned a provider information record (PIR) at our request. This is a document that we ask the provider to complete to tell us about the service and the plans it has to improve and develop the service. We also spoke with commissioners of the service from the local authority. The commissioners are a local authority department who contract with providers and monitor the providers compliance with the contract conditions to ensure the service is provided to the standard agreed. No concerns were identified. We sent questionnaires out to 60 people who used the service and received 34 responses. We used the information we received to plan the areas to focus on at our inspection.

During the inspection we looked at records of people's care, these included assessments of need, care plans and other related records. We looked at staff records of recruitment and training and the records of staff meetings, evidence of staff supervision, appraisal and checks of their practice. We checked how the provider monitored the quality of the service and made improvements based upon the outcomes of any audits undertaken. We looked at records of accidents/ incidents including any safeguarding concerns and complaints, and how they were managed. We spoke with the operational manager and other staff available in the office during our inspection. Following the inspection we contacted 21 people who used the service and spoke with nine staff.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of 4 September 2013, we found that care was not planned or delivered in such a way that was intended to ensure people's safety and welfare. Risk assessments did not contain sufficient information to reduce and manage risks that people may face. Some people did not consistently have their needs met due to inappropriate staff rosters and missed care calls.

We looked at a sample of six people's files and we contacted 21 people who used the service. People we spoke with gave mixed comments. People commented as follows: "They are very good at turning up on time. I can ask whatever I want them to do". Another person told us: "No problems at the moment. They do their best although I don't think they get travelling time in their rota" and: "Sometimes late. Mostly because the person who should have come has rung in sick. Most [staff] about 15 minutes late". "They are always on time apart from unforeseen circumstances". "Usually there are delays, but understandable delays from previous calls. Better to be advised of the delay". This meant that some people had experienced care calls, that were not always at the time they had agreed.

In the care files we looked at we found one example where it stipulated: 'I would like the carer to come at specified time as I tend to worry and get confused'. The preferred care call time had been agreed as 9:35am. In a sample of care call records for June 2014, we found that none of the calls had been carried out at the preferred time and five of the care calls had been either an hour late or early. In another example we found one person's care calls had been provided at or around the specified time. We spoke with the care staff and the operational manger about the person whose care calls had been consistently late for the period we had looked at. The operational manager agreed to undertake a review to determine why the care calls had not taken place at the agreed time.

We looked at how the provider checked that staff were attending care calls at the correct time. The provider used an electronic tracking system which recorded the time staff attended a care call with the aim of 80% arriving at the specified time. We were told: "We are doing okay with most staff at the moment, but there are a few staff that aren't achieving". A commissioner of the service told us that historically the percentage of care call times had not met their minimum standards, but recently they had noted a significant improvement. This showed that although the service recognised that there continued to be some difficulties, efforts were being made to ensure people received the support at the agreed time to ensure their safety and welfare.

Five out of the nine people we spoke with told us they had never had a care call missed. Other people commented as follows: "Yes on the odd occasion. The company notified me and asked if I could cope without anybody. I said no. The call was rather delayed, but someone did turn up". "Only once in all the time they have been coming. One night they missed me and they got told off". Another person said "Yes. I had missed calls. A letter of apology has been received" and another person thought they had had a missed call but couldn't remember specifically what had happened.

In the sample of care files we looked at we found one example of where a care call was not recorded as being delivered. Staff we spoke with told us: "There are occasions where a client does not cancel a care call when they don't require it, so this will show as a missed care call on our system. This will be because the carer arrives for the care call and no one is in which means they can't log into the system. At the moment we calculate missed care calls equate to 1% of the calls we make". "I have a fairly small case load, so don't have problems with getting to my care calls on time. I've not experienced any problems like that". This meant the provider was able to demonstrate improvements in this area and that systems were in place to limit the risk to people who used the service.

Most of the people we spoke with told us they felt safe. One person told us about a safeguarding incident that had happened and we have checked that it was reported under safeguarding procedures and investigated. The person thought that further improvements could be made, but were satisfied that appropriate action had been taken to address the concerns. Staff we spoke with confirmed they knew how to recognise and report suspected abuse and confirmed they had received training. They described the action they would take to safeguard people and how they would report any concerns they may had. Staff training records showed us that staff had received training in recognising and reporting abuse. Staff we spoke with knew

Requires Improvement

Is the service safe?

how to 'blow the whistle' if they had concerns about poor care practice. This showed people were protected from potential harm because staff were trained to recognise and report abuse.

From the people's files we looked at, the provider carried out assessments of individual risk at the initial assessment visit. Risk management guidance was recorded in the information provided to the person who used the service and retained in their home for staff to access. This included risks associated with the home environment, including access, manual handling, infection control and the management of hazardous substances. Records we looked at showed that risk assessments had been subject to regular review. This meant risks to people were minimised.

Care staff we spoke with told us there were procedures to follow if they needed to contact a senior staff or member of the management team in an emergency. People we spoke with confirmed they had been provided with the on-call contact number for the provider if they needed assistance outside of the normal office hours.

We looked at six staff recruitment files to ensure that people who used the service were protected against unsuitable staff. We found the recruitment procedures were robust with appropriate pre-employment checks completed, including a criminal records or disclosure and barring check (DBS) and references being undertaken before staff commenced their employment. Care staff we spoke with commented, that they had been asked to complete an application form and health questionnaire, in addition to providing the necessary identification and information for the DBS check. One care staff confirmed: "I had to provide at least two references".

At the time of the inspection the provider employed 63 care staff to deliver personal care to 112 people. We were told that recruitment of new staff was on-going to ensure that there were sufficient staff to deliver care to people. The operational manager told us, there were some vacancies, but she hoped that a recent recruitment drive would resolve this. This meant staffing issues had been recognised and the provider was acting to recruit to the vacancies, which would ensure people who used the service would receive their care calls at the time that had been agreed.

Procedures were in place to ensure people who used the service were safeguarded from abuse. The commissioner of the service we spoke with told us they were aware of safeguarding referrals that had been appropriately reported. The provider is required by law to notify us of certain events affecting people who use the service. A review of the records we hold showed that we have been notified of all the things we would expect including accidents and safeguarding incidents.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff had the necessary skills, knowledge and experience to meet their needs. Four out of the nine people told us they were satisfied in this regard. One person told us: "Not a 100%. A lot of the more experienced ones have left this year and some of them are not 100% at handling". A relative said: "Sometimes I have to go in and tell them [staff] how to handle him. Too many staff were being sent out without enough training. Doing their best, but it is a worry". A second relative told us: "My husband has dementia and I feel it would be better if they knew that before they arrived. Most people seem to be able do what is necessary for my husband".

We looked at six staff files to determine if staff had received the necessary training they needed to deliver effective care. Staff we spoke with told us: "Care staff we spoke with commented: "I've worked for the agency for a while, the induction was good and I had the training I needed. I shadowed other staff before I was expected to go to care calls on my own". "Since I started I have had updates to my training. We usually go to the office for two days and have the training there" and "I'm up-to-date with all my training". We found essential training to meet people's needs was provided for all new staff during the induction to the service. This included safeguarding and recognising abuse. Additional training linked to the needs of people who used the service was also provided. This included dementia care, the mental capacity act, medication management, stoma care and continence care. We saw that the provider monitored staff training attendance and had a plan showing when any training updates for individual staff were due. This meant the provider had systems in place to check and monitor that staff were suitably trained.

The provider had procedures in place to ensure staff received regular supervision and monitoring of their practice and performance, this included one to one meetings, spot checks and appraisals. 'Spot checks' are unannounced checks of the practice and performance of care staff, when they are delivering personal care to people, to ensure care staff are delivering care to the standards expected an in agreement with the care plan. We found that there was evidence of all these things in the staff files we looked at. One person we spoke with told us: "A supervisor has been here to check things are alright" and they will phone to check". Staff we spoke with confirmed they had received appraisals and one to one supervisions regularly. One staff member told us: "I haven't had a spot check yet but I know they are doing them now. It's a good thing really".

We looked at six care files to check if people who needed support to eat and drink sufficiently to maintain their health received the support they needed. We saw that daily records included reference to the support people needed and received. Staff we spoke with told us they knew which of the people they supported needed to be monitored to ensure they had enough to eat and drink and confirmed any problems or difficulties would be reported to the office for referral to the GP if necessary. This meant guidance was available for staff about how to support people.

The provider is registered to provide personal care to people in their own homes. This does at times mean working collaboratively with other professionals to ensure people's health needs are also met and need to ensure they are monitored and any deterioration reported. We saw information in one person's record about how their health needs were supported and a relative told us: "I'm not sure the staff know enough about how to properly manage the care of my relative". The relative however could not provide a specific example of how the care staff had not been able to assist. We saw and spoke with staff about their responsibilities in supporting people to maintain their health. Staff told us: "We are provided with training if there is something specific, for example, we are trained to recognise problems with catheters, and stomas".

Requires Improvement

Is the service caring?

Our findings

Most people we spoke with or their relatives were positive about the support they received. They told us: “All the staff are lovely. Wouldn’t want to swap any of them”. “Good at respecting privacy and asking what she wants”. “Most of the staff are really good. They do what he [person using the service] lets them do. Some of them are absolutely fantastic. One won an award. She’s fabulous”. However there were some comments that demonstrated improvements were needed, for example a relative told us: “There are two or three carers that he is not very happy with” and “One carer lacks a caring nature”. The operational manager said any concerns about staff attitudes would be addressed and further information would be sought so that any concerns could be addressed.

We looked at eight people’s care files. The provider had completed care assessments, and care plans were in place to reflect the individual needs of people who used the service. We saw that people had been involved in the assessment of their care where they were able or were supported by family, friends or advocates. We saw that most people had signed consent documentation indicating their agreement with their proposed plan of care. Where people had not signed, an explanation about their ability to do so was recorded. This showed that the provider ensured consent for care had been gathered.

People we spoke with told us they usually received their personal care from a regular staff team. People commented that there were occasions when they had received a visit from a member of staff they didn’t know. We spoke with the management of the agency about this. They told us there were occasions when they had to send someone else to cover annual leave or sickness. Staff we spoke with told us they usually had a regular service user group for whom they provided personal care.

Staff we spoke with told us they were conscious that they must always treat people with dignity and respect. One staff member told us: “Isn’t it obvious? You treat people as you would want to be treated”. One person we spoke with told us: “they all treat me well”. Office staff told us that the basic principles and values of good quality care such as individuality; choice; dignity and respect were included and discussed in staff inductions, through on-going training, supervision and appraisal.

We spoke with staff about the arrangements in place for them to meet new clients. We were told that it wasn’t always possible to introduce staff to a person prior to them attending to them. We were told: “That is something we would discuss at the initial assessment. If someone said they wanted to be introduced to staff we could arrange it, but it’s not something we do routinely. We always tell people they will receive a call from a female or male carer and who they are going to be”. Another staff member said: “It’s difficult but sometimes we don’t get much notice that a call is needed”. This meant there were occasions when people would receive personal care from a care staff who was a stranger to them. Potentially creating unnecessary anxiety.

The provider told us they were piloting customer forums and focus groups and planned to set these up in all of the geographic areas as an opportunity to get direct user feedback on the service they received. The forums and groups would be a method of encouraging people who used the service to meet periodically to discuss the service, how it was meeting their needs and any areas where it could be improved. The operational manager said they hoped that this would demonstrate how the provider was constantly trying to collect feedback to improve the service.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us staff who supported them usually knew how they should be supported. Most people told us their care plan was reviewed regularly and any changes were recorded. Comments included: "The supervisor calls regularly to review the care plan and makes any necessary changes. It's been done recently", "Somebody has been out and it was beneficial", "The regional manager comes every six months to review the situation and to replace and update the paperwork".

Two other people made comments as follows: "I've not had a review for a long time" and "Not for a year". This meant that some people's care records and plans may not be up to date.

Records we looked at showed that reviews of care had been carried out and any changes to people's care delivery had been acted upon. The provider had a service user review spread sheet which showed when a review had been carried out. It showed when reviews were due and if and when a person had been contacted on the phone. The records provided showed that 67.24% of people had received a full review of their care plan or had one planned, 85.34% had received a six monthly review and 92.24% had received a telephone call or were due to receive one. This meant the provider had a system in place for assessing and responding to people's needs.

The provider had procedures in place for the receipt, management and investigation of complaints. Information on how to complain was included in the information pack each person who used the service received. We looked at the records of complaints received by the service. There was evidence that the registered manager responded to them in line with the providers' stated procedure and timescales. We saw two complaints had been received and responded to for the month of July 2014. We asked all of the people we spoke with if they knew how to make a complaint. Comments varied from: "I have no complaints", "I have complained and it was dealt with" and: "I'd rather not say". Two of the people we spoke with or their relatives said they would not complain because they were fearful of any repercussions. This meant that although the service had systems in place for the management and investigation of complaints further work was needed to ensure people who used the service were enabled or felt confident to raise any concerns they may have.

Good

Is the service well-led?

Our findings

The office staff we spoke with told us they had regular contact with care staff via telephone to discuss any changes or concerns regarding the people who used the service to ensure staff providing the care were fully supported.

We spoke to nine members of staff who told us that they felt supported by the management team. One staff member said: "I don't have any problems. You can call the office if there's a problem". Another staff member said: "I can call or go into the office if I need to know anything". A care supervisor told us: "We ensure staff are as up-to-date as possible and have the information they need to support the people they go to see".

We found staff had opportunities to meet as a team approximately four times per year. This ensured they received updates and information relating to changes within the service. In addition to the training that was planned or changes to caseloads and people's care needs. Staff we spoke with told us the meetings were useful, but they were not always able to attend.

The provider had a process in place where people who used the service were asked about how they were treated and their level of satisfaction with the service. We saw that people were telephoned by a member of the office staff. The feedback was collated and used to improve the service.

There were procedures in place to monitor and improve the quality of the service provided. People's views were sought and there were plans for customer forum and focus groups. These were intended to ensure that local users of the service could meet and provide comments on the service to help it make any improvements or changes. We saw records of contact with users of the service and the responses from the manager.

The provider completed monthly audits of the quality of the service provided. Any areas that required development were recorded on an action plan for the registered manager and the management team to work through. This meant there was a system in place to drive forward improvements.

Information we hold about the service showed that the provider reported any incidents, accidents or allegations appropriately to us as is required by law and also reported to the local authority and commissioning team. The commissioning team told us they had seen evidence of improvements in the service".