

Carewatch Care Services Limited

Carewatch (Tyne & Wear)

Inspection report

Unit 107, 1 Kings Manor
Kings Manor Business Park
Newcastle Upon Tyne
Tyne And Wear
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16 December 2016

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Tel: 01912302004

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 16 December 2016. The inspection was unannounced. We spoke with people and staff on the 19 and 20 December 2016.

At the last unannounced, comprehensive inspection completed on 12 November 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to staffing, safe care and treatment, need for consent, receiving and acting on complaints and good governance. We asked the registered provider to take action to make improvements. The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook this comprehensive inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

The service is registered to provide personal care to people in their own homes. At the time of our inspection the registered provider had 316 people using its 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 there was a registered manager in post.

We found that all the breaches of regulation found in our visit in November 2015 had now been met.

We found all care plans had not been reviewed. There was a risk therefore that people's needs had changed. We did see the service had consulted with people about their care via telephone calls and quality visits.

Staff told us they were supported by their management and could get help and support if they needed it. Staff did receive supervision through observations and discussions but these were not always recorded.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated. The registered provider had in place clear guidance to staff regarding gifts and gratuities to prevent people from being placed at risk of financial abuse.

People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support package met their needs. People who used the service told us that they had a team of staff, who were generally reliable and arrived when expected.

The service had systems to ensure staff were appropriately recruited and trained. The service had introduced the Care Certificate for new staff and staff were being supported to achieve National Vocational

Qualifications in health and social care.

The staff undertook the management of medicines safely and in line with people's care plans. The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with the person's environment and delivering the person's care.

People's consent had been obtained by the service to deliver care and people and their relatives and carers told us the service was caring.

The service had considered people's food and fluid intake and put in place specific plans to meet individual people's needs.

The registered provider had in place a statement of confidentiality and staff we spoke to understood the statement.

The service had in place arrangements to gather information about people before they visited people to assess their needs before delivering care. Care plans were person centred.

There were quality assurance systems in place to gain the views of people using the service and to check on the safety and quality of the service.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

We found that there were effective processes in place to make sure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns.

Effective recruitment procedures were in place.

Risk assessments were undertaken of the environment and personal risks.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good 

The service was effective.

Staff were trained to deliver the care and support people required. Supervision had not been consistent nor had staff meetings and the management team told us they were aware this was their key priority.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken and staff had been trained in the Mental Capacity Act.

Where the service provided support with mealtimes, we saw that people were provided with effective nutritional support by trained staff.

Is the service caring?

Good 

The service was caring.

We heard the staff had developed positive relationships with people and were caring and kind.

People told us their privacy and dignity were very well respected.

People were supported to retain their independence.

Is the service responsive?

The service was not always responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. Care plan reviews were not always up-to-date but people were consulted about their care.

People had been provided with information on how to make formal complaints and said that they knew how to access the complaints procedure .

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Records in relation to care plan reviews and staff supervision needed to be up to date. The service needed to ensure quality monitoring was more consistent and the senior staff team was recruited to and embedded to support this.

People received a reliable and caring service, and expressed good levels of satisfaction with their care.

The service sought regular reviews of client care and feedback.

Requires Improvement ●

Carewatch (Tyne & Wear)

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.

At the last unannounced, comprehensive inspection completed on 12 November 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to staffing, safe care and treatment, need for consent, receiving and acting on complaints and good governance. We asked the registered provider to take action to make improvements. The registered provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook this comprehensive inspection to check that the registered provider had followed their plan and to confirm that they now met legal requirements.

This inspection took place on 16 December and we spoke with people and staff via telephone on the 19 and 20 December 2016.

The inspection team consisted of one adult social care inspector and an Expert by Experience. The Expert by Experience had experience of supporting older people.

Prior to the inspection visit we reviewed the information we had about the service. We reviewed the action plan from the previous inspection in November 2015 where the registered provider stated how they would meet the breaches in regulations we identified. We also viewed notifications sent by the registered provider to the Care Quality Commission. We contacted local authority commissioners prior to the inspection.

During the inspection we reviewed eight people's care files and looked at six staff records. We contacted 20 people and their relatives by telephone and spoke to eight care members of staff as well as the registered manager, deputy manager, regional manager, co-ordinator and a recruiter.

Is the service safe?

Our findings

The people who used the personal care services told us that they felt Carewatch staff delivered safe care. One family member said, "We are happy, we have a conversation, we know them," and one person said, "Yes I feel safe the staff are trained and very friendly."

People said, "If regular staff are sick they send other carers, the substitutes are fine." Another person said, "Yes initially, care did not come promptly or regularly. We involved the manager and now it is excellent, on time and regular people. There is no need to communicate with the office it's all working well."

The staff we spoke with were aware of the different types of abuse and what would constitute poor practice. The staff members we spoke with told us they had confidence in the registered manager responding appropriately to any concerns. One staff member told us, "If I felt I wasn't being listened to I would go up the chain and if needs be call CQC but that hasn't happened."

A staff member told us; "I would immediately report to the manager and follow the safeguarding procedure", and another said, "If I had a concern about the clients I would scream it from the rooftops, I just mean I wouldn't ignore it."

Staff told us that they had received safeguarding training at induction. Staff said they understood the whistle blowing procedure and would not hesitate to follow this if it was required. The service had a safeguarding policy that had been regularly reviewed and included all the local contact details for safeguarding issues. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We looked at the arrangements that were in place for risk assessment and safety. The service provided a copy of their health and safety policy. This set out the health and safety duties related to the service and its staff, and referenced other relevant policies and procedures. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. These risk assessments had been personalised to each individual and covered areas such as moving and handling. The risk assessments provided staff with the guidance they needed to help people to remain safe.

The six staff files we looked at showed us the service operated a safe and effective recruitment system. Since our last inspection, the service had employed two staff members to deal with the recruitment of care staff. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

Through discussions with people and staff members and the review of records, we found there were enough staff with the right experience and training to meet the needs of the people who used the personal care service. One person said. "It has to work so times change but it's manageable I just sit and wait for them coming'. They carers are alright, they chat and are pleasant, getting very young ones now but they have to

learn."

We found that all the staff had completed recognised safe handling of medication qualifications. The service provided us with a copy of their policy on managing medicines, which provided information on how the service assisted people with their medicines. The training record the registered manager gave us showed that all staff who provided care had completed training on the safe handling of medicines. One person told us how the carers supported with their medication and changed over the oxygen tanks that the person used on their wheelchair to the piped oxygen near to their bed." The person said the carers support was of good quality. They said, "The standard of the staff is over and above the other agencies I have used."

We looked at the information that was available in people's care records relating to their medicines and the help provided by care staff. Medicine administration records (MARs) were in place to record the medicines staff had administered. The records we looked at had been completed fully and showed that people had been receiving their medicines safely and as prescribed. From the review of records and discussions with staff, we confirmed staff had undertaken training competency checks regarding medicines. One staff member told us, "With my training and observations I feel competent with dealing with medication." One relative told us the management of their relative's medication was good, carers administered it four times per day and the relative said, "It puts my mind at rest, they are very careful with the medication." This showed the service had policies and procedures in place to ensure medicines were administered safely.

The staff we spoke with told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff we spoke with told us they had undertaken training in first aid. We saw records to confirm this training was up to date. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

We also looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. Staff we spoke with told us that any incidents or accidents were reported to the office, so that they could be recorded and monitored. We discussed accident monitoring with the registered manager. They showed us how individual accidents were recorded and reviewed within 24 hours and any actions taken to reduce risks.

Is the service effective?

Our findings

People told us they had confidence in the staff members' abilities to provide good care. They told us the staff from Carewatch were able to deliver the care and could readily carry out the tasks they had been requested from their assessment. People told us they were very happy with the arrangements. One person wanted to praise individual carers and said, "I really can't find fault with anyone." One family member said their relative was comfortable being supported by the carers into their walk in shower. They said of the service, "This one just really works."

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to do their jobs and care for people effectively. All of the people who used the service and the relatives we spoke with told us that their regular care staff understood what people needed and appeared to have the appropriate skills. People and families felt that regular carers knew their support needs. They felt carers communicated well one person told us, "We have a laugh and a daft carry on."

From our discussions with staff and review of staff files we found people had obtained suitable qualifications and experience to meet the requirements of their posts. All of the staff we spoke with provided personal care and told us they had received a range of training that was relevant to their role and this training was up to date. We found staff had completed mandatory training such as first aid, safe handling of medicines, moving and handling training as well as role specific training such as working with people with dementia. One staff member did say they had requested end of life training during their supervision but this had not yet occurred. We fed this back to the registered manager after the inspection for them to address.

One staff member said; "The training courses are all good."

We saw induction processes were in place to support newly recruited staff. This included completing all of the mandatory training, reviewing the service's policies and procedures and shadowing more experienced staff. One staff member told us they enjoyed taking out new staff members and sharing their experience and knowledge with them.

One family member said the first week with Carewatch they had 11 different carers in their house. The relative said, "I could not have that, I cut it down to four and they have kept to that. You know when they walk in who will have a connection with my relative." The relative told us the constant approach was paying off with the service and trust was developing between the family and service.

One person said, "I want regular carers so I know who's coming." We fed back to the registered manager that this person wanted to be kept informed and they stated they would check this with people in their telephone surveys and quality visits.

Most staff we spoke with during the inspection told us that they received supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw both supervision meetings and spot checks on staff practice were carried out by the management team but these

had not been consistent throughout 2016 as the management team was also responsible for a service in Northumberland. We were told that this had now ceased as the service in Northumberland had recently registered with the Care Quality Commission in its own right so the management team could focus purely on the Newcastle service. The registered manager told us, "I need to get back to meeting regularly with staff and ensuring they are supported as fully as possible."

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.

We observed that the service had sought consent from people for the care and support they were provided with and also that prior to administering medicines, people's consent was sought.

Carewatch staff supported people to have meals. This was in the form of preparing foods purchased by the person or family when they visited. They were not responsible for monitoring whether people's weights were within normal ranges but would raise concerns with visiting healthcare professionals such as district nurses when needed. Some of the staff assisted with shopping but this was to obtain items the person had listed not to design the shopping list. People told us they felt this was done to their satisfaction. Many of the family members would leave food they had prepared for the person and carer would put this out. There were no issues raised with us regarding meals or food preparation.

We saw records to confirm staff liaised with visiting healthcare professionals such as people's G.P or district nurses and took instruction from these staff. The service was shown to be proactive by visiting one person we felt was unwell during our telephone call with them. We contacted the agency and they visited the person and contacted their G.P. who visited and prescribed treatment. The person's next of kin was also made aware of the situation. This was an example of effective care being given.

We found the staff reviewed people's health with them regularly and included any new healthcare professional advice or instructions in the care records. This meant that people who used the service were supported to obtain the health care that they needed.

People we spoke with told us the staff were considerate and really interested in ensuring they remained well, so encouraged them to have regular health checks.

Is the service caring?

Our findings

People we spoke with who received personal care said they were very happy with the care and support provided. We found a range of support could be offered, which could mean staff visited once a day or several times a day to assist with personal care tasks; or completed domestic tasks or companionship. People and staff told us that care and support was not rushed. One person told us, "The carers supported me to cinemas, the theatre and museums."

One family member said, "They come on time and go on time we have no complaints I'm happy, she's happy (their partner)." People told us they felt that they were treated with respect and the carers did their best to meet their needs. They described the carers to us in very positive terms.

People said; ""The carers are devoted, we have very good conversations, they are cheerful and laughing", and another said, "I have nothing but praise, every personality is different but all lovely."

We reviewed six sets of care records and saw people had signed to say they agreed with their assessment and plan of care. The people we spoke with were readily able to discuss what type of support they received and how they had gone through with staff exactly what their needs were and how these were best supported as part of their assessment.

We found that each person had a detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of care plans being developed, which we found from our discussions with staff and individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their care plans.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The care records we viewed included information about Carewatch and the services they provided. Everyone we spoke with as part of this inspection had information about the service included in the front of their care file, so that they could access it at any time.

The people we spoke with told us staff always treated them with dignity and respect. People found staff were attentive, showed compassion, were patient and had developed good working relationships with them. People told us; "The carers always ask can I do anything else for you."

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told us that this was a fundamental part of their role. Staff could describe to us ways in which they supported people to preserve their dignity and showed respect towards them.

The service regularly contacted people to ensure they were happy with the staff and service. The feedback the service received showed this was the case.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was

evident from discussion that all staff knew people well, including their personal history preferences, likes and dislikes and had used this knowledge to form positive relationships.

Is the service responsive?

Our findings

People told us that Carewatch staff generally turned up as planned and that if, on odd occasions, they had been delayed by a few minutes the staff rang them to say why this had happened. Relatives and people using the service told us that they were usually kept informed of any changes to the appointments. Some people told us they wished for more consistent carers but understood that people needed to take time off for holidays.

Staff told us they encouraged and supported people to remain as independent as possible. One family member said their relative was partially sighted and so the carers need to explain what they are going to do. The relative said the carers always did this.

Staff also said they were able to have sufficient time allocated to travel between calls.

The coordinator outlined the assessment process and we confirmed from the review of care records that this mirrored what had been outlined to us. We found that people's needs were assessed upon referral to establish if the service was able to meet the person's needs. Information was provided about person's care and support needs by, either the person or their carer or family member. This enabled the service to produce a care plan. One person told us, "The coordinator had visited me at home when I employed the agency and stayed two hours. She asked me what my needs were and they accommodated me."

We found that care plans were person-centred. We found that systems were in place to monitor people's feedback but not all care plans showed they had been reviewed. Four of the eight care plan files we reviewed had not been formally reviewed in the last year, and one was since 2014. This could mean people were at risk of not receiving the right care if their needs had changed. We discussed this with the registered manager at the time of the inspection. We saw that people were asked through telephone calls and visits if their needs had changed in anyway and this was recorded.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff visited people at defined times during the day or week and we heard that should someone appear unwell when they visited staff take prompt action to deal with this concern. One staff member told us; "I always read the care plan and the new phones we have now update you have any changes at all which has helped massively."

Care staff told us they were normally allocated the same people, which meant they could build good working relationships. Continuity of staff was the most important issue raised by people we spoke with, some people told us they did not have regular staff and had requested it. The service had told one family that they could not manage that before Christmas but would try after Christmas.

The people who used the service we spoke with told us they were given a copy of the complaints procedure

when they first started to receive the service. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the management team. Care staff we spoke with told us they would support people to make a complaint by raising it with the registered manager. The service had responded appropriately to complaints it had received in the last year and a clear record of investigations and outcomes was held. The management team told us that if they received any concern or issue no matter how minor, they immediately contacted the person via telephone or a visit to discuss and address their issues.

One person said, "I never complain I take what comes I need the carers." A relative of this person had contacted the office the week before as the carer was expected at 4.30pm and came at 6.00pm. Their relative said, "We don't know whether to give [name] her tea or not." They told us the office were apologetic and helpful.

Is the service well-led?

Our findings

People told us the service was well led. Comments included; "I thought Carewatch were well managed better than the other agencies." Many of the people and families we spoke with knew the name of the office manager. They said they felt the office staff were listening, and would try to resolve the issue.

There was a registered manager in place who was supported by a deputy manager. There was one coordinator in post and another person had just been recruited to also undertake this role. The service had employed quality officers but had struggled to retain people in this role. We were told that two new quality officers were undertaking their training. The coordinator we spoke with said, "We have not been able to retain quality officers, I think they have a different expectation of what the job is about, because it is 24/7 not a 9-5 role." The service needed to embed the senior team so that care plan reviews and staff support could be addressed.

The service had undertaken two meetings for staff in 2016 but the registered manager told us that due to the management team being stretched to full capacity, meetings had not been scheduled as regularly as they should have been and they knew that staff were keen to have more meetings. One staff member said, "We haven't had meetings that we have asked for", and another staff member said, "Staff meetings are a bit of a problem. We all talk in our local area and speak with each other."

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The registered manager discussed the process they used for checking if people were happy with the service and showed us the system. We saw that quality officers had regularly contacted people to check that the service was meeting their needs. Two care files we viewed where people had minimal support from the service did not have this feedback and we asked the registered manager to ensure everyone got an opportunity to have their care reviewed and to feedback about the service. People using the service told us they knew the registered manager and knew how to contact them if they needed to. Most people we spoke to had reviews via a visit and had been asked to complete a customer survey in the past. .

The service has a quality monitoring system called GMS that let the service track key issues such as missed calls, complaints and safeguarding so that actions were met within timescales and the head office would also monitor this system. The service had also introduced a new mobile phone system which sent messages to all staff via email which were security protected so that rotas and care plan updates could be transmitted to staff immediately. The staff we spoke it told us this had made a huge improvement as they could now plan their time off further in advance. The mobile phones could also be used to record hours worked and to input daily records for people. However one person told us they couldn't understand why staff would write in their paper file and then spend time inputting the same information onto their phone.

The service undertook regular survey questionnaires with people who used the service. The comments on this survey from people using the service and their families were generally positive. The registered manager

was fully involved in the day to day management of the care service and had a good knowledge of people's needs. Staff told us that the registered manager was open, accessible and approachable. One staff member said; "They have an open door." Another staff member said, "I've got a good relationship with everyone in the office. I have out of hours contact details if I need them."

All staff we spoke with did tell us they enjoyed their job. One person said, "I feel my skills and experience are appreciated by Carewatch."

We also looked at how Carewatch was meeting the requirement to notify CQC of certain incidents and events. Notifiable incidents are events that the service has a legal requirement to inform CQC about and when we prepared for this inspection we reviewed what the service had submitted and on viewing records on our visit we found the service had submitted all appropriate notifications.

The coordinator told us records were stored in people's homes and brought back into the office when completed. We looked at people's records and found staff filled out a contemporaneous record before they left a person's home. The records reflected what was required by the person's care plan at each call. Information in the office was stored in lockable cabinets and was easily retrievable. We found information was maintained and used in accordance with the Data Protection Act.

Any accidents and incidents that involved the service's staff and people using the service were monitored to ensure any trends were identified. The registered manager told us how they reviewed all aspects of the service and worked on an action plan from our previous inspection visit in 2015 where requirements were made. The registered manager told us this inspection had helped them highlight improvements the service needed to make although they were honest and knew about further improvements in relation to staff support and care plan reviews that the service still needed to make.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care plan reviews were not always up to date and the service needed to ensure staff records in relation to supervision were up to date.