

Quod Curamus Limited

Carewatch (Mid Bucks)

Inspection report

13a South Street
Wendover
Buckinghamshire
HP22 6EF

Tel: 01296625385
Website: www.carewatch.co.uk

Date of inspection visit:
04 April 2019
05 April 2019

Date of publication:
31 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Carewatch (Mid Bucks) is registered to provide personal care to people living in their own homes. At the time of the inspection 92 people were being supported with personal care. The main office is located in the market town of Wendover.

People's experience of using this service:

- People and their relatives gave us positive feedback about how they had been supported. Comments included "They're very nice ladies. It helps me a lot really," "The carers themselves are brilliant. They're fantastic girls. They know straight away how I am, even if I tell them otherwise" and "I've got a regular one and got to know her. She's very good." Another person told us "All carers (staff) are kind and friendly, it is not just a job of work."
- People were not always supported to have maximum choice and control of their lives and staff did not always support in the least restrictive way possible; the policies and systems in the service did not always support this. We found some people were subjected to restrictive practice, for instance had bed rails in place. We checked if the service had followed the code of practice for the Mental Capacity Act 2005, we found they had not ensured this was followed for all the people who had equipment in place which restricted their movement. We have made a recommendation about this in the report.
- Systems were in place to monitor the service provided. Feedback provided by people, relatives and staff was used to drive improvement to the service. The service had recently reviewed the processes in place to support people with their medicines.
- Prior to people receiving care and support, an environmental risk assessment was carried out. Risks associated with people's medical conditions were assessed and staff had access to additional guidance on how to minimise the likelihood of harm. However, records showed that additional risk assessments were required for the use of bed rails and the risk of pressure damage to skin. We found these were not routinely in place. We have made a recommendation about this in the report.
- People were supported by staff who had been employed following a robust recruitment process to check their suitability and safety.
- People were cared for by staff who were assisted to keep their skills and knowledge up to date and received support from a line manager.
- Where required people were supported with maintaining their hydration and nutritional needs.
- People told us they felt involved in decisions about their care and support. People told us "The supervisor comes every so often, putting new papers in the book and checking on the carers. They ring me up and go through a questionnaire with relevant questions," "There's a questionnaire over the phone normally. A supervisor takes certain papers out of the folder, we have a chat" and "They visit and ring me up as well."
- Staff were aware of people's communication needs. Where required picture cards were used to support people to express how they were feeling.

Rating at last inspection:

The previous inspection was carried out on 28 September 2016 (Published on 4 November 2016). The service was rated Good at the time.

Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Carewatch (Mid Bucks)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an 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. Their area of expertise was care of older people. They made telephone calls to people who use the service and relatives.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people in their own houses and flats. It provides a service to older adults and younger adults who have physical disabilities, mental frailty and or end of life care needs.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in and available to support the inspection.

Inspection site visit activity started on 4 April 2019 and ended on 10 April 2019. We visited the office location on 4 and 5 April 2019 to see the manager and office staff; and to review care records and policies and procedures. On the 10 April 2019 we sought further feedback and reviewed the information we had gathered at the office visit.

What we did:

- Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.
- We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.
- We spoke with 11 people who used the service and seven relatives. We received written feedback from two people and four relatives.
- We sent 50 emails to staff and 10 emails to health and social care professionals to seek feedback about the service.
- When at the office we spoke with the registered manager, a director of the company and two staff.
- We reviewed nine people's care records.
- We looked at five staff recruitment and training records.
- We read incident and accident records, complaints and complements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- People who required support with their medicine had this detailed in their care plan.
- The service had a medicine policy dated August 2018, which followed best practice and national guidelines.
- People were encouraged to self-medicate. For people who required support, staff were required to complete a medicine administration record (MAR), we looked at completed records, we found these were completed in full and when medicine was not administered a reason was recorded.
- Following a breakdown in staff observing the provider's policies and procedures, which resulted in a person not receiving their prescribed medicines, the service reviewed the way they supported people with medicines. All staff had received additional training to refresh their skills and the provider carried out an investigation to ensure the risk of a similar incident was minimised.
- Staff who supported people with medicines, only did so after they had carried out training on how to administer this safely and had been assessed as competent. When medicine errors were identified staff received further training and checks on their competency.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe in the company of care staff. Comments included, "I feel very safe. They do what they have to do. I always chat to them. I'm friends with them," "Yes, I feel safe because of their manner and the reassurance they give" and "I do feel safe. I feel relaxed. I know I can trust them."
- People were protected from abuse, staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- Staff had access to the local authority safeguarding policy and procedures.
- The registered manager was aware of the need to report all safeguarding concerns to the local authority.
- Staff had a good understanding on how to support people to keep safe. One member of staff told us "I would sit and listen to the client first, not putting any words into their mouths and inform them that I would have to inform my manager as it was in their best interest and how would they feel about it. I would ensure that the client was safe, document my conversation, ask them if they would like me to contact anyone for them i.e. family member, Dr, police. I would keep it as confidential as possible."

Assessing risk, safety monitoring and management.

- Prior to people receiving support an environmental risk assessment was carried out. This included checking on external and internal risk factors. For instance, outside lighting, car parking facilities, indoor lighting, electricity safety and if people had pets.
- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of choking had a risk assessment in place.

- People who required support to move position had a risk assessment in place. However, the service did not always ensure other risk assessments were in place when required. For instance, some records referred to a requirement for a bed rail and tissue viability risk assessment to be completed. However, we found no record of these being present. We discussed this with the registered manager. They advised us the corporate Carewatch group was changing the current care planning paper records and the service was in the process of changing records over to the new format. Following the inspection, we received copies of completed bed rail risk assessments.

- We recommend the service ensures all risk assessments are in place.

- We spoke with the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was forwarded to them during the inspection as a reminder of what they may need to do in the event of a 'no deal scenario'. The registered manager told us staff who were EU citizens had received information on arrangements regarding their rights to settlement in the UK. The service had considered the impact and had a policy in place to ensure continuity of essential supplies.

Staffing and recruitment.

- The service had an identified member of staff to roster care calls. We spoke with the member of staff. They advised us how they balanced care needs against staff skills and knowledge.

- We received mixed feedback from people about care visits. Some people told us the care workers always arrive on time and stayed for the agreed length of time. Other people told us care staff arrived late.

Comments included, "Visits are on top of each other. It mucks up the day,"

"Even in bad weather they turn up on time," "Sometimes if I get up early and they arrive late, I need to hang around", "The office usually ring. It's never the people it says on the rota. People are off sick. I don't mind."

Other comments included "They haven't been running late. In fact, sometimes they arrive early and give advance notice" and "They take the trouble to ring you when there's a problem." We noted in the last quality exercise completed by the provider there had been an increase in the number of people stating they were happy with the time of their care visit.

- People were supported by staff who had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Preventing and controlling infection.

- People were supported by staff who had a good understanding on how to minimise the spread of infections.

- Staff had access to personal protective equipment (PPE), such as aprons and gloves.

- We observed staff visiting the office to obtain replacement supplies of PPE.

- Staff who supported people with preparing food had received training on food safety and hygiene.

Learning lessons when things go wrong.

- The service had systems in place to reflect upon and change practice when care was not delivered as planned.

- The registered manager recorded lessons learnt from events and feedback received from the people and their relatives. Learning was cascaded to staff in meetings.

- Incidents and accidents were recorded. Staff told us the management team responded to any concerns raised. One member of staff told us "The Management act on what I tell them."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance.

- People were supported by staff who had received training on the MCA. Staff who provided feedback to us had a good understanding of the MCA. One member of staff told us "One of the main things I have learnt is that clients have the choice to make poor decisions and it is not my job to prevent them for doing this unless it is a risk to the safety of others. But to ensure they are aware of the options and to work to minimise the risk whilst supporting them in their choices."
- We noted people who had a diagnosis of dementia did not have a capacity assessment in place for restrictive practice. For instance, the use of bedrails. We discussed this with the registered manager. They advised us the corporate Carewatch was in the process of changing paper work and they had prioritised other assessments. We noted bed rails were only in use following an external healthcare professional assessment and were referred to in people's manual handling risk assessment. Following the inspection, we were provided with capacity assessments and evidence of a best interest process. At the time of the inspection no-one who was supported had been referred to the COP.

- We recommend the service ensures it complies with the MCA code of practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Prior to a person receiving support from the service a full care needs assessment was carried out. The assessment gathered information about the person's physical and mental health, communication and social history as examples.
- Where the assessment identified a need for equipment this was in place prior to care starting.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations
- A social care professional told us "The client assessments have been carried out efficiently and thoroughly

covering all associated care needs and the home environment."

Staff support: induction, training, skills and experience.

- People were supported by staff who received an induction to their role. This involved initial training in subjects the provider deemed mandatory and working alongside existing staff.
- A new member of staff only worked unsupervised when a supervisor had signed them off as competent.
- Staff told us they felt supported by the management. We observed staff received regular meetings with a line manager to talk about their performance.
- Staff were observed whilst they supported people and had knowledge checks carried out. Staff were asked to complete a questionnaire about specific topics. This provided the provider with confidence of staff knowledge and identified any additional learning needs.

Supporting people to eat and drink enough to maintain a balanced diet.

- Where people required support with meeting their nutritional needs this was detailed in their care plan.
- Comments from people about the support they received with meals included "I get a meal served. They make me lunch. It's arranged with Carewatch. They leave me a sandwich [for tea time]. It's OK," "At lunch they call and give some lunch. At dinner time they microwave it for me" and "They get my breakfast ready in the morning. They ask me what I want."
- Where people were at risk of malnutrition or choking, additional guidance was available for staff on how they should support the person.
- Concerns regarding people's nutritional needs were escalated to healthcare professionals as required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to maintain their health. The service made referrals to external healthcare professionals when required. For instance, to occupational therapy and district nursing services.
- People told us staff were aware of their medical needs and had confidence in staff to respond to any medical emergencies. Comments from people included "They called the ambulance and got me to hospital. It was impossible to get hold of a doctor" and "They'd ring the doctor or paramedics."
- Staff were updated with any changes in people's needs to ensure they provided effective care. We noted staff used team meetings to share how best to support people. Where an action had been identified in a team meeting we saw evidence this had been followed up. For instance, the need for a new piece of equipment.
- A relative told us "When they had urgent concerns about [Name of person], or indeed on the few occasions when [Name of person] had had a fall or was showing symptoms of ill health they raised the alarm immediately and took the necessary steps to ensure his health and wellbeing."
- A handover email was sent to the member of staff who held the 'on call' phone. This was to ensure they had up to date information about any planned changes in people's care.
- We saw evidence of the service working with health and social care professionals. A social worker had requested to be informed of any changes in a person's behaviour. It was clear from the records this had been communicated to all staff who supported the person. This was communicated in a timely manner.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People and their relatives told us they had a good relationship with the care workers. Comments from people included, "On the whole they're trying their best. It's an important job. We are the recipients of their deeds," "They're very nice ladies. It helps me a lot really," "The carers themselves are brilliant. They're fantastic girls. They know straight away how I am, even if I tell them otherwise" and "I've got a regular one and got to know her. She's very good." Another person told us "All carers are kind and friendly, it is not just a job of work."
- A relative told us "Throughout this time the carers without fail displayed an exemplary level of compassionate and dignified care. The carers both young and older made every effort to engage with [Name of person] seeking points of common ground that truly personalised the relationship."
- The provider had an equal opportunity and diversity policy dated November 2018 and followed the core principles of the Equality Act 2010.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they were asked about their care needs and involved in decisions about their care.
- Comments included "The supervisor comes every so often, putting new papers in the book and checking on the carers. They ring me up and go through a questionnaire with relevant questions, like, is the uniform worn?" "There's a questionnaire over the phone normally. A supervisor takes certain papers out of the folder, and we have a chat" and "They visit and ring me up as well. Supervision happens fairly regularly. They change the paperwork."
- A person told us "The carers are amazing they make sure I'm happy, making sure I'm coping each day they listen to me. They are always polite we have a laugh and joke whilst the care is given. Always making sure all my needs are met before they leave."
- Some people told us they would like to see more of the management team visiting them to check on the service provided. We have given this feedback to the registered manager to action.

Respecting and promoting people's privacy, dignity and independence.

- People told us they were supported to maintain their dignity and care staff promoted their privacy.
- Comments from people "They always make sure no one can see me whilst I am receiving my care always asking me do I feel comfortable with them being there as I do the things I can do" and "I don't feel at all on edge. They say hello when they come in. They even greet my parrot."
- Care staff were knowledgeable about protecting people's dignity. One care worker told us "Dignity in care is crucial to care work. This involves various things on how care users want to live, for example, when someone prefers to have a shower or when they like to have breakfast. It is supporting people how they choose to live. Different clients prefer different things, and it is important to understand and know these

things. Dignity is respecting users' views, choices and decisions, and not making assumptions about how they want to be treated, working with care as well as respecting confidentiality."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support.

- People told us where they had support from a consistent and known care worker they received a personalised service. Some people who had received support from a new care worker or a worker who they had not met before told us the care was more difficult as they had to spend time telling them where things were in the house.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. A care worker told us how they support people to communicate by "Using different techniques, picture cards, writing, acting and showing them, sending in carers that are able to speak the client's language if there is a language barrier."
- People were supported by staff who understood they needed to adapt their communication style to meet people's needs. One care worker told us "If someone has hearing difficulties, for example, I ensure they have their hearing aids in; this also applies to ensuring that people who need glasses wear them. Expressions people have, are also important to recognise."
- People's likes and dislikes, personal preferences, cultural and religious needs were recorded in each person's care plan.
- Care plans were reviewed when changes occurred. People and their relatives told us the service was responsive to requested changes. One relative told us "We have also been very impressed by the flexible service Carewatch has consistently provided, notably when we have made requests, often at very short notice, for changes to the care package such as an additional visit or a sudden cancellation."
- Relatives of people who had been supported with end of life care had thanked the service for the level of care provided. One relative had written to the service and stated, "As dad's mobility and health deteriorated especially over his final days we felt deeply touched and supported by the dignity, tenderness and respect that your carers showed towards him."

Improving care quality in response to complaints or concerns.

- The service had a complaints policy dated February 2019. The service held a complaints log detailing who had complained, when and what was the complaint, who dealt with it and when was it resolved.
- We found there were clear processes in place to monitor feedback from people.
- People told us they knew who to speak with if they were concerned about the service provided. Some people told us they were still waiting for issues to be resolved by the service. We have provided feedback to the provider and registered manager about ensuring people have an opportunity to meet with senior management.
- The service received many positive comments from people and their relatives. Feedback included "[Name

of person] called today to say how happy he was with [Name of care worker], he says she is the kindest, sweetest lady he has known. Nothing is too much trouble for her and he says she deserves a medal for what she does," "To everyone at Carewatch, the care I have received this past two years has been outstanding. I have really appreciated it," "We hope you know and carry in your hearts the difference you make to people who are struggling in their daily life, this is a true gift" and "Since May 2013 you have been a lifesaver for my family and myself. The love and care you all gave to [relatives name] opened my eyes to what wonderful things human beings can do to and for others."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted quality and person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The provider had a policy for DOC which reflected the requirements needed and the registered manager was aware of the requirements.

- We received mixed feedback from people and their relatives regarding the management of the service. Some people felt feedback provided to the service was not always acted upon. However, the majority of people and relatives gave us positive feedback. One relative commented "I have never felt that the company is anything other than absolutely client focused and professional, but with a genuine warmth and goal to provide the best all-round service they can... but I would never have any hesitation in recommending Carewatch as a well-run care provider with a true service ethos."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a registered manager in post.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service, we found we had been notified when required.
- The provider had policies and procedures in place which reflected best practice. Policies had review dates and a version number on them.
- The service was audited by the corporate Carewatch and any actions arising were noted and completed where identified.
- Call log forms were audited any themes and trends in records, were communicated to the staff to drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Senior staff held regular staff meetings.
- Spot checks on care workers were carried out, people could give feedback about the care provided.
- Review meetings took place with people face to face and via telephone calls to ensure care was delivered in line with their wishes.

- Staff told us they felt valued and were given an opportunity to give their views on improvements which could be made. Comments from staff included "I have been very much involved in some of the decisions that have been put forward over the years. I feel I am listened too and some of my ideas have been used."
- Staff told us they felt valued by the management team. We saw thank you cards and flowers were sent to staff.
- Thank you notes were written to staff when the office had received positive comments about the support they provided.
- Staff told us and we saw evidence of suggestions for improvements being taken on board by the company. One example was a system for returning medicines to the pharmacy.

Continuous learning and improving care; Working in partnership with others.

- The registered manager and provider kept themselves up to date with legislation which affected the care industry.
- The provider was a member of the United Kingdom Homecare Association (UKHCA) and received regular updates from them.
- The provider and registered manager had forged strong links with the local community. The registered manager told us in the provider information return "We actively support local schools, by sponsoring events such as football tournaments and Christmas parties held for the elderly. We work with the community police officers and are made aware of any situations that may affect the well-being of our clients or staff and equally report any suspicious activities ourselves, such as services offered door to door that give cause for concern.
- The service worked in partnership with local businesses, the local authority and charities supporting older people. For instance, the Independent age and Age UK.