Care Quality Commission

Carewatch (East London)

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Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of Carewatch (East London) domiciliary care agency on 20 January 2015.

We told the provider two days before our visit that we would be coming. The Carewatch (East London) agency provides personal care services to people in their own homes. At the time of our inspection approximately 120 people were receiving a personal care service.

At our last inspection in November 2013 the service was meeting the regulations inspected.

People told us they felt safe and that staff treated them well. Policies and procedures were in place in relation to safeguarding people. Staff understood how to protect the people they supported from abuse. Sufficient staff were employed to meet people's needs.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had received the training required to support people with their care and support needs.

Summary of findings

Senior staff carried out regular unannounced checks on the staff team and their working practices were observed. There was an out of hours on call system in operation, which ensured that management support and advice was available for staff.

Staff knew the people they were supporting. Care plans were in place detailing how people wished to be supported and they were involved in making decisions about their care. People told us they liked the staff and staff knew how to look after them.

People were supported to eat and drink. Staff supported people, if they wished, to liaise with their GP and other healthcare professionals as required to meet their needs.

The service had a registered manager in post. 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 and associated regulations about how the service is run. The registered manager was approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service. The senior staff undertook spot checks to review the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and that staff treated them well. Staff recognised the signs of abuse and knew how to raise concerns.

Risks were managed effectively, keeping people safe from possible harm and to ensure that they were supported as safely as possible.

Appropriate recruitment checks were undertaken before staff began work to keep people safe.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink according to their plan of care.

People's health and wellbeing were monitored and staff contacted healthcare professionals if they had concerns about a person's health.

Good

Is the service caring?
The service was caring.

People told us the staff were kind and that they looked forward to them coming to support them.

Staff were respectful of people's privacy and maintained their dignity.

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

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff and manager were approachable and they were enabled to feedback about the service.

Good

Is the service well-led?
The service was well led.

Staff felt supported by their manager and felt there was good communication within the staff team.

Good

Summary of findings

The manager regularly checked the quality of the service provided and made sure people were satisfied with the service they received. Improvements were made as a result of feedback received.

Carewatch (East London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection of Carewatch (East London) took place on 20 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one 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 service.The expert by experience helped us make telephone calls to get feedback from people and their relatives.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us.

During our inspection we went to the provider's office and spoke to the manager, the operations manager and four staff. We reviewed the care records of three people who used the service, records for three staff and records relating to the management of the service.

After the inspection visit we spoke to 14 people who used the service and relatives to seek feedback about the service.

Good

Is the service safe?

Our findings

People told us they felt safe having the staff in their homes to provide care to them. They said, “Yes I feel safe with them” and, “We definitely feel safe”.

People knew how to raise concerns if they had any. They had been given information about “safecall” (safeguarding helpline) who they could contact confidentially to report any safeguarding concerns.

Staff supporting people had completed training in safeguarding adults. They told us about their responsibilities to raise concerns about suspected abuse and the records they needed to keep. Staff were confident that managers would take action in response to the concerns.

Where safeguarding concerns had been raised in relation to allegations of abuse, the registered manager had taken appropriate action with support from the local authority safeguarding adults team. They had contacted the relevant agencies and forwarded notifications to the Care Quality Commission. They took the necessary action to make sure people were safe.

Risks to people and staff were assessed before the service began. These included making sure the equipment and environment were safe. Senior staff carried out periodic checks to assess if sufficient systems were in place to keep people safe. Staff completed health and safety training and said any concerns would be reported immediately to the person using the service and to managers. Risk assessments described how any hazards people faced had been minimised to keep them safe. For example, when people needed help with moving and handling, a range of equipment such as hoists or sliding sheets had been provided. Records indicated what people could do for themselves and any support they needed from staff to reduce risks they faced. People had been involved in decisions about how risks were managed. For example, for people at risk of developing pressure ulcers, their records highlighted this risk. Strategies were in place to prevent skin deterioration and staff knew people's skin condition had to be checked daily. Relatives confirmed that if staff noticed any changes in people's skin integrity they told them straight away. Managers confirmed that health professionals were contacted if a person’s health conditions changed.

Staff recruitment records showed that appropriate pre-employment checks were completed before they started working for the agency. For example, a Disclosure and Barring Service (DBS) check was completed and two references were sought. A DBS check allows employers to check whether the applicant has any criminal convictions that may prevent them from working with vulnerable people. This meant that people received support from staff who were of good character.

Some people needed help with their medicines. They had given their consent for staff to administer their medicines. Plans of care stated what level of support people required, whether it was just a reminder or staff giving them their medicines. We saw that medicine administration charts were used to record when medicines had been given by staff. Staff confirmed they had completed training in the safe handling of medicines. They were periodically re-assessed to make sure they were competent. This meant that people received their medicines safely.

As a result of feedback from people and staff, the service had planned improvements such as increased travelling time between calls as well as requiring staff to consistently follow their rota so that they arrived at care calls at the person’s preferred times. They notified people of any delays to keep them informed. For example, an electronic system was used by staff to log in and out at each visit which was used to monitor the length of visits or missed visits. A recruitment campaign was also under way to increase the number of staff.

Good

Is the service effective?

Our findings

The provider information return stated that there had been some staff turnover in the past 12 months. Newly appointed staff confirmed they had completed an induction program and shadowed an experienced staff member before being allowed to work alone. A senior care worker observed their practice, for example, moving and handling or administering medicines in order to check their competency to carry out these tasks. People told us new staff usually worked with existing staff until they had learned their routines. Three people told us they had several different staff and often needed to prompt them about the routines. The provider had recognised these issues and had made changes to the allocation of staff to improve consistency of care with positive outcomes for people who used the service.

Staff confirmed that they received specific training in order to meet people's individual needs. For example, training in infection control and tissue viability, dementia awareness and end-of-life care. This was in addition to training considered mandatory by the provider such as safeguarding vulnerable adults and moving and handling. Staff who carried out personal care were monitored and observed by senior staff to make sure they were competent. Where issues were identified these were addressed in individual meetings with the staff member's line managers. Additional retraining was arranged when needed to make sure that staff were fully competent to carry out tasks and effectively meet people's needs.

The staff were aware of and had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation which protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Staff were also aware of the meaning of deprivation of liberty, and understood what processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. At the time of our inspection no one using the service was deprived of their liberty. People confirmed that staff sought their permission before providing personal care or supporting them to take their medicines.

Staff received regular supervision (one to one discussions with a senior person) and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training needs. It also gave them an opportunity to discuss any issues or concerns about the people they supported.

Staff were matched to the people they supported according to the needs of the person, ensuring that communication, cultural and religious needs were met. For example, people who were unable to speak English received support from staff who were able to speak and understand their language. The registered manager found out about people's interests and hobbies during the assessment, so that staff that share similar interests were allocated to them when possible.

People were supported at meal times to access food and drink of their choice. Generally staff were required to reheat and ensure meals were given to people. Staff had received training in basic food preparation, food safety and were aware of safe food handling practices. Staff confirmed that before they left the person they ensured that people were comfortable and had access to food and drink.

People and their relatives told us that most of their healthcare appointments and health care needs were coordinated by themselves or with their relatives. However, staff were available to support people if needed by monitoring people's health and wellbeing and contacted their relatives or health care professionals when needed.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. When staff had more immediate concerns about a person's health they called for an ambulance to support the person.

Good

Is the service caring?

Our findings

People commented, “Care is good. They listen to me and look after me well”, “10 out of 10”, and “The staff are excellent”. People told us that they were treated with dignity and respect. A person told us “They are very respectful, no problem.”

People were treated with kindness. They told us that staff were polite and courteous. People said that when they had the same staff helping them they got to know their likes, dislikes and routines. Staff paid attention to people's needs and made sure they were happy with the care provided.

One person told us they usually had the same care workers and communication between them was good. However, two relatives told us that lately they had experienced a number of new care workers which disrupted their family member’s routines as they got used to each other. People told us they enjoyed the staff’s company and often “laughed and joked with them”. Care plans guided staff about people's preferences and how they liked to be supported. People confirmed that staff understood their individual needs and preferences.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but they were nearby to maintain the person's safety, for example if they were at risk of falls. People's independence was promoted. Care records identified what people could do for themselves and what they needed help with.

The majority of people who received personal care from Carewatch agency had capacity to make their own decisions. Those funding the service through direct payments had made the choice to use Carewatch and had a contract in place outlining the expectations of both parties. People who used the service told us they been involved in developing their care plan and identified what support they required from the service and how this was to be carried out. A person told us, “I have a care plan, they do what I want them to. We've got our routine. If I get someone new I tell them what to do.”

People's religious and cultural beliefs were recorded in their care plans and were considered when delivering care.

Good

Is the service responsive?

Our findings

People's needs were assessed and they were involved in making decisions about their care. They said they were given information about the service and knew what to expect in terms of support visits. Information to the agency was also provided at the assessment stage, from the local authority to determine whether they could meet people's needs. Individualised care plans were based on these assessments and provided information to staff about how people liked to receive their care and support. Staff told us they read people's care plans and checked with them how they wished to be supported.

People received personalised care that met their needs. A person described how staff supported them with their stockings and creamed their legs to look after their skin, to make sure it remained in good condition. Records showed that people were asked about their background and preferences. Care records reminded staff to monitor people's health and wellbeing, for example, their mobility and skin condition. Any concerns were raised with senior staff and managers at the office so they could monitor changes. The registered manager said they worked closely with social and health care professionals to make sure people stayed well and their independence was maintained. People confirmed they were involved in reviews of their care and any changes in their needs were reflected in the care records.

We also saw that, where staff had raised concerns about changes in a person's needs action was taken by the manager. They told us that they contacted the local authority to ask them to review the person's needs and agree the change. Staff told us that they were always updated verbally of a change in a person's needs when these changed.

People who used the service and their relatives told us they were not aware of a formal complaint procedure but they felt comfortable to ring the office and speak to the registered manager if they had any concerns. They told us that the registered manager always listened to them and "put things right". For example, one relative told us they had raised with the manager that they wish to change the staff supporting their family member due to concerns raised and this was addressed satisfactorily by the manager.

Good

Is the service well-led?

Our findings

There was a clear management structure at the service which involved the registered manager, the operations manager and senior staff members. Staff told us that they were always available for support and guidance.

Staff spoken with were fully aware of their role and the purpose of the service delivered by Carewatch. Information made available to people detailed the services they could expect from the agency.

Most of the people we spoke with told us positive things about Carewatch. Their comments included “The care is good. They come round every 3-4 months to check how we are. They phone as well”, “ We can phone the manager at any time during the day if we have any concerns. She puts things right” and “I am very happy with them”.

However, this was not everyone's experience. Two relatives expressed concerns about the timing of visits and consistency of the staff as well as response from office staff. Comments included, “Timing is poor, and my relative has recently had a number of different carers each day.”

Staff received regular support and advice from the registered manager/senior staff via phone calls, texts and face-to-face meetings (coffee mornings). Staff told us the registered manager and senior staff were available if they had any concerns. They told us, “I know if any if I have any problems I can call someone.” They told us that the manager and senior staff were approachable and kept them informed of any changes to the service or the needs of the people they supported.

A range of quality assurance systems were in place such as monitoring care plans, observing care being provided and seeking feedback from people, relatives and staff via questionnaires and phone calls. These were used to drive improvements in the service. For example, people had expressed concern that certain staff were unable to deliver basic food requests such as fried egg and bacon or a meat and pickle sandwich. We saw that to address this, the service had arranged a food preparation training manual which was used during staff induction. Prompt cards were developed for staff to refer to as they prepared and cooked food. Therefore the service took action when needed to support or develop staff to drive improvement in order to meet people’s needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.