

## Carewatch (Lewisham)

## Carewatch Lewisham

## 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 ●

# Summary of findings

## Overall summary

### About the service

Carewatch Lewisham is a domiciliary care service. It provides care to people living in their own homes. At the time of our inspection they were supporting 100 people. The agency is registered to provide services for children, younger adults and older adults with a range of needs including physical disabilities, autism and dementia.

### People's experience of using this service

People and their relatives spoke highly of the service they received. They told us they were receiving good care from reliable staff who listened to them and understood their needs. A relative told us, "The carer is lovely, a diamond... some do more than they have to."

People told us they felt safe and they were cared for by staff who were well-trained and understood how to protect them from abuse and the risks they faced.

People were promoted to live independent, confident lives and take risks in a positive way. They had continuity of care from reliable staff who knew them well.

Some of the assessments and support plans we looked at during the inspection did not reflect the detailed knowledge that staff had of the people they supported, however the service had already identified these issues and reviews had been planned.

Medicines were being managed well and staff followed good infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a positive culture of person-centred, high quality care throughout the organisation. Staff told us they enjoyed working here and that they were well supported by the management team.

People and their relatives told us that when things went wrong they were comfortable in contacting the office and that they would be listened to. People who had raised concerns in the past said their concerns had been dealt with appropriately.

The management team was committed to maintaining high standards and there were robust quality assurance systems in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection:

The last rating for this service was good (published 28 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Carewatch Lewisham

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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 care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 06 September 2019. We visited the office location on 13 August 2019, 15 August 2019 and 03 September 2019.

#### What we did before the inspection

We reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the head of franchise, a care co-ordinator and five care workers. We spoke with nine relatives and seven people. We reviewed a range of records, including 12 people's care records and medicines records. We looked at two staff files and various records relating to the running of the service, including quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and protected from abuse. A person told us, "I feel very safe when they are around me."
- People were supported by staff who were aware of the signs of abuse and how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood their responsibilities to raise their concerns with management and how to escalate them further if necessary. A member of staff told us, "Safeguarding is key... everyone could be vulnerable. We go in to shine our little torch and protect them."
- There were suitable policies and procedures in place, and staff were following them. For example, staff who assisted people by shopping for them kept records and receipts to help protect them from financial abuse. A relative told us, "I give her money to buy food and trust her, no problems at all."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed before the service started, and then regularly reviewed. The management team also routinely audited people's assessments, records and care plans. Prior to our inspection, they had identified that several were not completed in adequate detail and required urgent review. There was a detailed action plan being followed. Staff who were completing the reviews had been well-briefed and refresher training given.
- Most of the records we looked at were completed appropriately. However, we found that one person did not have the full moving and handling assessment they required, and another person's risk assessment did not fully reflect the risks they faced around choking. These issues were scheduled to be addressed and we saw the updated risk assessments on the last day of our visit. These were completed to a high standard and reflected the detailed knowledge care staff had of the people they visited.
- Risks were assessed in a positive way to promote people's independence. For example, one person was supported to participate in sponsored sporting events that boosted their independence and confidence, and another was trying new community activities with their support worker. A staff member said, "We don't want people to be suppressed... We have to safeguard, but it's important to bring out people's potential."
- Staff were vigilant in monitoring people's safety and reporting concerns. People felt able to divulge their worries to staff. Relatives told us, "I trust them, and I know if there was anything they are not happy with, they would say something" and "They are amazing really, on the lookout all the time." Staff told us, "Any changes, I'll call my supervisor they will give us advice" and "I have reported concerns... I spoke to the office, and they acted very promptly."

Staffing and recruitment

- The service had enough staff to meet people's needs and to cope with changes to the services required.

Electronic call monitoring (ECM) was in place, and the records were routinely reviewed by the management team. Staff told us they had enough travel time between visits.

- People usually had continuity of care. A person told us, "I have the same carers all the time. They are very friendly and always come on time." Relatives told us, "It's good to know [relative] has reliable carers" and "We get four visits a day and have the same carers Monday to Friday, then different but from the same team at the weekend. There is consistency in their work."
- Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- The support people required with their medicines was assessed and documented. People were encouraged to be as independent with their medicines as possible. There was clear guidance for medicines being taken 'as required' and homely remedies.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine. Staff knew the agency's procedures and told us they adhered to them.
- Staff completed medicine administration records (MAR) each time they supported someone with their medicines. These records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.

#### Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. They confirmed there was a plentiful supply of PPE.
- People told us that staff were clean and tidy, and disposed of waste appropriately. One person told us, "They clean the house, and it's always clean. They leave the house as I like it."

#### Learning lessons when things go wrong

- The service had a proactive culture of learning from its mistakes and near-misses. Good records were kept and these were reviewed by the registered manager. The service had detailed action and improvement plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's personal care needs and preferences were assessed and recorded in an appropriate level of detail for their needs. This included information about people's preferred routine and important details such as oral and denture care.
- Staff were delivering care in line with current guidance and best practice. Information was made available to staff through staff meetings, supervisions and on the staff noticeboard. The registered manager proactively kept up to date using various resources, for example CQC publications and best practice guidelines from Skills for Care and the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff. A staff member told us, "They just don't throw you in at the deep end." Staff were further trained according to the needs of the people they visited, including areas such as autism and diabetes.
- There was a strong culture of learning and progress at the agency. At the time of inspection 98% of staff had completed vocational qualifications at level 2 or above. 25% of staff had level 3 or above. The registered manager told us, "We aim for everyone to start their NVQ as soon as they complete their probation period... training is integral in ensuring we have an effective workforce." A person told us, "The carers are well trained and go on courses, they seem to do a lot of training." A staff member said, "The training is fantastic here."
- Staff were experienced and confident, and told us they felt supported in their role. They had regular supervision and appraisal with their supervisor. Staff told us, "Yes, they are very supportive. If I had any problems I'd phone my supervisor and she'd help me out" and "The office is really supportive."

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

- People's needs around eating and drinking were assessed and documented. Their preferences and special diets were documented and recorded. Care workers monitored people's food and fluid intake as required and followed guidance from the speech and language therapist (SALT).

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

- The service worked well with other organisations. Care plans and records showed effective liaison with other health and social care professionals and other care services. Staff told us they had worked with a variety of professionals including district nurses, occupational therapists and physiotherapists.

- Staff supported people to live healthier lives and to access relevant services. Several people were being supported to participate in activities, such as swimming and walking, that would promote their health and wellbeing.
- People were supported to receive good care when they had to transfer between services. For example, each person's home folder included a transfer section with a summary of their needs and a list of medicines and vital personal items such as their handbag and glasses.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions relevant to their care and support were assessed and documented. However, we saw records where relatives had given consent on behalf of people who had capacity to make their own decisions, and others where it was noted that a relative had lasting power of attorney (LPoA) but no evidence of this had been seen. The registered manager made arrangements to review and update these records.
- Staff knew and applied the principles of the MCA. They told us they assumed people had capacity unless they had been specifically assessed otherwise and this was recorded in the care plan. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care. A person told us, "They always ask permission."

# 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.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same. This meant 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

- Staff were caring and treated people well. A person told us, "[My regular care worker] is brilliant. I always tell the younger carers, they could learn a lot from her." Relatives told us, "They are always talking and laughing... they are informal and relaxed and treat [person] with respect" and "Staff are friendly and chat... [family member] loves them and they love [family member]... they go above and beyond to help out... I can't praise them enough."
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. The service matched people to staff who best understood those needs. A relative told us, "The carer comes from the same country, so she talks to them about home. They respond as they remember far back and like sharing stuff about home."
- Staff were passionate about providing good care and spoke of the people they supported with warmth and kindness. They said, "We provide affection and reassurance... I believe that by helping someone else you become a better person" and "We really do care about our people, we put ourselves in people's shoes and go above and beyond."
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People felt comfortable expressing their views and felt involved in decisions about their day to day care and support. One person said, "They are supportive and ask me what I want to do... I don't always feel like it." A staff member told us, "If we don't know what people like, how could we support them properly?"
- People's support plans promoted their independence. Staff spoke in detail about how they supported people, including those living with dementia, to remain independent. Staff said, "We always promote independence as much as possible."
- People were treated with respect and care workers promoted their dignity. One person said, "I feel they are listening to me and trying to get me to do my best." Relatives told us, "They treat them respectfully and always talk to them about what they are doing as they wash them" and "They treat them respectfully, they are good with them."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised. Their plans included a background history of the person, medicines, communication needs, continence management, oral hygiene, nutritional support, shopping, housework, financial and health conditions. Staff had a good knowledge of the needs and preferences of the people they visited.
- The service involved people in drawing up their support plans and reviewing them. People told us, "The supervisor comes two or three times a year, and telephone if they have a query" and "They come and see me every six months and assess me but if I need more I tell the carer and she takes it back [to the office]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed in line with the AIS and recorded in their support plans. Staff told us about the different ways they communicated with different people, including one member of staff who had used Makaton signs. Staff understood that behaviour was a form of communication and this was reflected in people's support plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with their interests and social activities. Some people's support plans included time for them to be supported to access the community, such as going shopping with the care worker or being taken to attend church activities. People's care visits were planned in accordance with their social needs, for example, earlier morning visits when the person was attending a day centre.
- Visits from regular, caring staff helped people feel less isolated. People told us, "I am glad, I always get the same person and she is a lovely lady. I sometimes feel depressed and she comes in and is concerned... it cheers me up." and "We always talk together, she makes sure I am OK."

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident they would be listened to. People said, "I would just call and tell them, no problems" and "the office is good on the phone, responsive." Records were kept of all complaints and concerns raised by people or their representatives. These were detailed and

included action taken and outcomes.

- The management team were responsive to concerns and this was reflected in the feedback we received from relatives. For example, some relatives mentioned that in the past they had raised concerns and these had been responded to appropriately. One of them said, "I told them and it's getting better... they listened and took it on board".

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. Policies and procedures were in place and staff had been trained in end of life care. People's end of life wishes and preferences were noted where known.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were at the centre of the service's culture. Staff told us, "The whole point of the care is it's about them." It was clear when talking to both the managers and caring staff that person-centred care was inherent to the culture of the service and informed its practice.
- Feedback from people and their relatives described good outcomes. Comments we saw included, '[Family member] has become very confident and independent' and '[Care worker] made such a difference to their lives and helped them live independently at home for such a long time.' Relatives told us, "I am happy and [my family member] is happy" and "They are very good. Best care agency we've had."
- Staff felt engaged in the service and supported by the management team. They told us they enjoyed their work. Staff told us, "Carewatch is the best. The best, the best", "It's a really good company" and "There's a family feel to the business, I think it's really helpful." Staff turnover was accordingly low. Relatives told us, "[Family member] has had the same carer for at least five years, even longer" and "Since we've been with the agency hardly any carers have left."
- The office usually communicated well with people, relatives and staff. Relatives told us, "They never let you down, if someone is off they tell you", "There can be a lack of communication... but twice in two years so pretty good" and "They did not used to contact clients. I had to tell them to do that, and now they do. I'm happy with them, the only problem was communication but that's now got better." A staff member told us, "The communication between the office and the carers is excellent."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour. We could see from the detailed records being kept that complaints and concerns had been dealt with in a candid and honest way.
- The registered manager understood her responsibilities around notifying the CQC and had submitted all the required notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles. People told us that their support workers carried out their tasks in a caring and responsible way. A relative told us, "[Care worker] is an amazing role model."
- The service had a strong culture of learning and improvement, and there were robust quality assurance

systems in place. This included regular quality checks with people and their relatives, annual satisfaction surveys, audits of all the service's records and analysis of incidents and complaints to identify any concerning trends. Realistic action and improvement plans were developed and adhered to. Good records were kept.

- There were regular, well-attended staff meetings and detailed records were kept. These included discussions of good practice and ways the service could improve.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.