

# Carewatch Care Services Limited

# Carewatch (Blackpool)

## Inspection report

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Date of inspection visit:  
01 September 2017  
05 September 2017  
11 September 2017  
12 September 2017

Date of publication:  
18 October 2017

## 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

The inspection visit at Carewatch (Blackpool) was undertaken on 01, 05, 11 and 12 September 2017 and was announced. The provider was given 24 hours' notice because the service delivered domiciliary care to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Carewatch (Blackpool) provides personal care and support to people living in their own homes. The agency is situated in the south of Blackpool close to the airport. The office is on the ground floor and is accessible to anyone with mobility problems. At the time of our inspection there were 440 people receiving a service from Carewatch (Blackpool).

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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.

We have made a recommendation about consulting people and reviewing visit times.

During this inspection, we found staff had received training to recognise abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required.

The provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed during discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people who were supported and their individual needs determined staffing levels.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005.

When appropriate meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve. Since the last inspection, the provider had increased the management team. They had introduced the role of senior carer. Staff spoken with felt the management team were accessible, supportive and approachable and would listen and act on concerns raised.

## 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.

Staff had been trained in safeguarding and were aware of their duty to report suspicions of poor care and/or harm.

Risks to people were managed by staff who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs safely.

Recruitment procedures the service had were safe. Gaps in employment were documented as being explored.

Staff were trained in the administration of medicines. Medicines protocols were safe.

### Is the service effective?

Good ●

The service was effective.

Staff had the appropriate training and support to meet peoples' needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. They had knowledge of the process to follow.

People were protected against the risks of malnutrition.

Staff members we spoke with said they were allocated sufficient time to be able to provide effective support.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff we spoke with told us they had developed strong relationships and spoke about those they visited in a warm,

compassionate manner.

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

### **Is the service responsive?**

**Good** ●

The service was responsive.

People gave mixed feedback on how the service was delivered in relation to visit times and punctuality.

People told us they received care that was responsive to their needs.

The registered provider was committed to providing a flexible service, which responded to peoples' changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff felt the management team were supportive and approachable.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had oversight of and acted to maintain the quality of the service provided.

The management team had sought feedback from people, their relatives and staff.

# Carewatch (Blackpool)

## 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.

One adult social care inspector and an expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people and people with ongoing health conditions.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service.

During the inspection, we visited seven people in their own homes. We spoke with a further 13 people who used the service and nine relatives. We also spoke with the registered manager and 21 members of staff. We looked at the care records of 21 people, training and recruitment records of 10 staff members, records relating to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

# Is the service safe?

## Our findings

We asked people if they felt safe when supported by care staff. One person told us, "I do feel safe with them." A second person commented, "They [staff] say if you have anything worrying you, tell me. So I do feel safe." A third person said, "They [staff] always have enough time. They are very very helpful, I am very safe."

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us, "I would report any safeguarding, not allowed not to, it is against regulations and it is not right." A second staff member said, "If someone is doing something wrong then it is wrong and needs reporting." Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly.

Records demonstrated the registered provider was responsive and appropriate referrals had been made by the service to the investigating authority when abuse had been suspected. The registered provider had policies and procedures in place to guide staff in safeguarding adults from the risk of abuse.

During the inspection, we viewed 21 care records related to people who were supported by Carewatch Blackpool. We did this to look how risks were identified and managed. We found individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw three people had specialised diets. Staff we spoke with were able to tell us effective ways to support the person to keep them safe.

We noted the service had a record of all patient safety alerts shared by Public Health England. They highlight identified risk and guide providers on how to keep people safe. This demonstrated the registered provider was knowledgeable of risks identified and how to address these.

We looked at how the service was staffed. We reviewed past and present staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member said their visits were structured, "I have a local route with the time factor tailored to me." A second staff member told us, "I have a set route; the furthest I am walking is 10 minutes apart [between visits]." People we spoke with did not have any concerns about staffing levels. No one we spoke with told us they had missed visits. This showed the provider delivered support to maintain people's safety.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed and to keep people who could be vulnerable safe.

We looked at the procedures the provider had for the administration of medicines and creams. The provider followed National Institute for Health and Care Excellence (NICE) guidelines on the administration of medicines. The registered provider liaised with the person or their family about the medicines they had been supported with. One person commented, "They always give me my medication." A staff member commented, "We are regularly drilled on the importance of administering medicines correctly." During our inspection visit, we noted additional training on the administration of medicines was being organised for all staff. The registered manager told us the training was in addition to the safe handling of medicine training already provided by the service. They commented, "It bulks up our training, it's not instead of our training."



## Is the service effective?

### Our findings

Before providing care and support, staff undertook an induction. People told us they felt staff were well trained to support them. One person told us, "They seem well trained. They stay the time they should and do all the bits." A second person commented, "They are well enough trained." A third person said, "They [staff] know lots of useful information." A relative told us, "They do seem well trained."

Carewatch had a central training team and all training was delivered at the office base. There was a five-day induction. Each new staff member had to complete an assessment of learning workbook and log. These were used to document their learning and to assess their knowledge through questions. One staff member said regarding their induction, "I learned a lot. Even though I had done the job before." Regarding ongoing training, another staff member said, "The refresher training is good and constant."

New staff worked alongside experienced staff before working alone. Staff told us they valued this and had the opportunity to extend this if they felt they required more support. One staff member told us, "The shadowing was excellent; [staff member] taught me a tremendous amount." A second staff member commented, "I asked and did a bit of extra shadowing just to be sure."

We spoke with staff members, looked at individual training records and the service training matrix. Staff told us the training they received was provided at a good level. We read thank you cards from staff to the trainer. These included, 'Thank you for all the time you have taken to train us, we will be forever grateful.' We also noted, 'Thanks for being so patient', and, 'Thank you for all your help'. This showed the provider had delivered effective support to develop and equip staff for their role.

We asked the registered manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. One staff member told us, "We discuss anything at the supervision." A second person commented, "We discuss training at supervision. I am currently doing my NVQ [vocational care course]."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff files showed they had received training relating to the MCA and consent. People who received support

had signed care and support plans and risk assessments. This indicated they had consented to the care being delivered.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. One person told us, "I don't force anyone to do what they don't want to do. I don't go against their wishes. I encourage them."

This showed the provider had trained staff in the principles of consent to support people to make decisions.

We looked at how people were supported to have sufficient amounts to eat and drink. For example, one care plan guided staff on how to prepare breakfast but not to put milk on the cereal. Another plan prompted staff to ask the person what they wanted to eat and drink. One person who received 24 hour support from Carewatch Blackpool told us, "They try and keep everyone's health in check." They further commented, "I have capacity so I help myself to snacks when I want." A second person commented, "The food is very good. I follow a certain diet and they help and support me." Staff we spoke with were very knowledgeable on how to support people effectively with their specialised diets. Care plans we looked at guided staff on how people liked their meals prepared. For example, one person's care plan documented, 'I like a hot meal at lunch time.' A second care plan indicated the person liked cereal, toast and a cup of tea with milk and sugar.' This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. Visits were planned to coincide with district nurse visits, so information was shared effectively. One person had been supported to build up their confidence and was now able to attend weekly medical appointments independently. We saw records that showed people had been supported to meet with health professionals, such as dieticians and opticians. A second person told us how they had been supported back to health by staff after an operation. We noted a third person no longer received support from Carewatch Blackpool. After a stay in hospital, the service, in partnership with the physiotherapist, reduced support from full hoist to standing hoist then to a walking frame. The outcome was the person was able to be independent and no longer required support. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

## Is the service caring?

### Our findings

"The girls are very nice, we have a laugh." In addition, "They are very caring and helpful. [care staff] are good amongst good." Were a couple of responses received when we asked if staff were kind and caring. A relative also commented, "The girls are lovely and [relative] loves them coming, they have a real good natter."

People spoke about care staff who visited in a warm, compassionate manner. For example, one person spoke about "My [carer's name] is excellent." Their face beamed when talking about their care staff. A second person told us, "It was [carer's name] today. I had run out of milk so she went and got some for me that was nice." They further commented, "Most of them ask is there anything else I can do for you which is nice."

We visited three houses where several people received 24-hour support from Carewatch Blackpool. We noted one person had recently moved into one of the homes and was anxious. We observed a staff member soothe, reassure and calm the person on more than one occasion. They spoke with the person as an equal contributor to the conversation. They listened to the person, acknowledged what they were saying and feeling. They offered sensitive and appropriate responses. This demonstrated staff considered their approach to people and ensured they were engaging with people in a respectful way.

During our house visits, we saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "They [staff] can always spare time." A second person told us, "They are very caring and helpful."

Regarding their role, a member of staff told us, "It's about 100% giving. They [people being supported] become part of your family." They further added, "If they need me that bit longer, then I stay that bit longer." A second staff member commented, "I'm making people laugh, I'm looking after them, that's the job."

Care records we checked were personalised around people's likes and preferences within a 'This is me section.' Information included, 'My faith is very important to me and I have travelled to Lourdes a number of times with church.' A second person liked to have the daily paper on the dining table when supported with their meal. A third care plan identified which radio station the person liked. Care plans also held information that guided staff on what people valued. We noted, family, friends, their home and their independence were topics identified as important. For example, we read, 'I brighten up when I have company. Chat to me even though I don't always give lucid answers.' This showed the registered provider had listened and guided staff to interact with people in a personalised and caring manner.

We discussed advocacy services with the registered manager. They told us no-one had an advocate at the time of inspection. They told us they had worked in partnership with advocates in the past. They confirmed should advocacy support be required they would support people to access this.

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us some staff had received training from a local hospice and they were keen to arrange more training for new staff. One staff member told us, "I feel privileged to be part of a person's last journey." This highlighted the provider recognised the importance of providing end of life support. They guided staff on how to support people who received end of life care positively.

## Is the service responsive?

### Our findings

We asked people who received support from Carewatch Blackpool if the care they received was personalised and met their needs. We received mixed responses to these questions. One person told us, "They always have enough time." A second person who received support told us, "We keep to a standard, a high standard. Everything is organised and done to time." However, we were also told, "Well it's the times, they come three times a day and it's all over the place, we get a rota but we still never know who is going to turn up." A second person told us, "Well my complaint is the lateness; it's been getting so much worse lately." About the care, a relative told us, "It's OK apart from the lateness." No one we spoke with told us they had had a missed visit.

We spoke with the registered manager about the feedback received. They investigated and resolved one person's concerns during our inspection site visit. Other people we spoke with wished to remain anonymous regarding their concerns. This made it difficult for the registered provider to investigate further individual concerns. They told us they would discuss the feedback with the management team and look at rotas.

We recommend the service reviews care plans and consult with people to ensure their preferences, expectations and wishes are reflected in their visit times.

"I don't work for Carewatch, I work for my clients. I work hard and stick up for them." We received this response when we asked one staff member how they ensured care and support met people's needs. Staff also told us they had regular visits that allowed relationships to form and they got to know people and their needs. People we spoke with told us staff members completed all of the required care during each visit. People also said they were happy with the care and support they received from the carers.

People and relatives we spoke with were happy with the quality of the care plans and they said that these met people's current needs. Care plans also took account of people's preferences, wishes and choices about how they wanted to be supported. For example, we saw one person wanted female only carers. We looked at their rotas and saw female carers identified to provide support. Two people had requested specific carers to visit them. Their rotas showed their preferred carers completed most of their weekly visits.

Care workers we spoke with told us they found the care plans easy to follow and informative about people's support needs. They told us everyone they visited had a care plan. We noted all the people we visited had care plans at their home. This showed the registered provider had ensured staff were supported to meet people's personalised needs.

We spoke with people who received 24-hour support about activities. One person told us how their rota was rearranged so they could celebrate an anniversary and go trampolining. The activity was organised so two staff they had identified could support them. We observed a second person go out for lunch and whilst visiting one home a person returned from the gym. A male carer had accompanied them as they had requested male support for the activity. We spoke with the registered manager about activities. They told us, they were willing to support people with social activities. They mentioned they had supported people with

activities such as holidays abroad and visiting family.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system in place for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded. People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I've never had to complain and I get on well with [member of the management team]." Other people told us they had complained and their complaints had been dealt with appropriately.

## Is the service well-led?

### Our findings

About Carewatch Blackpool, one staff member told us, "I like to be able to recommend the service I work for." One staff member told us about the registered manager, "She's a smart cookie." A second staff member commented, "She knows her staff, she's brilliant." About the management team, one staff member told us, "There is a decent level of support, always someone there."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. During this inspection, we were able to speak with several members of the management team regarding different areas of the service. They were all able to deliver comprehensive answers on the questions asked. This showed the management team were experienced, knowledgeable and familiar with the needs of people they supported.

The registered manager told us the service was divided into specific zones based on the geographical area. The 'on call' service was operated for each zone and they linked in with another area. A member of the 'on call' team told us, "I know the majority of people, the system works." This showed the registered manager had systems to manage the service and support the management team.

We were told area meetings took place for staff. We saw minutes for office, staff, quality officer and administrator meetings. Care staff told us they felt supported and meetings were planned but they did not always attend. However, one staff member told us, "The meetings are good, we discuss current issues and receive lots of feedback."

Spot checks were undertaken when staff completed their visits. These were unannounced visits to observe staff work practices and were in place to confirm staff were punctual and stayed for the correct amount of time allocated. Members of the management team who completed the spot checks asked people if they were happy with the service. Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. One staff member told us, "These are a regular occurrence." This showed the registered manager had systems to monitor and maintain effective working practices.

The service sought feedback from people who used the service. People were asked about the quality of the service they received. Files we looked at contained telephone monitoring and customer review information. This concerned staff contacting people to ask about the service they had received. We saw comments included, "I get on well with most of my carers and they help me a great deal each day." This showed the provider regularly sought the views of people who received support.

The service had a range of quality assurance systems. These included health and safety audits, medication and documentation audits. We noted a quality audit was completed every year by a quality manager employed by Carewatch. Findings from audits were fed back to the registered manager and actions were set when there was a need for improvement. For example, a finance risk assessment was suggested to be put in place for the safe management of monies. This was completed in the timescale identified. We saw call visits was monitored by the service and noted actions were taken when concerns were raised.

We saw evidence of partnership working. The registered manager attended provider forums to keep themselves up to date. We saw evidence of engagement with people who used the service. Senior members of Carewatch staff visited the Blackpool branch to meet with people. The visit was to discuss the skills of the staff and areas of future development. From the engagement session, actions included participation on recruitment panels and the introduction of specialised training. This showed the registered provider had system to consult with people who used the service.

The registered manager had ensured CQC were notified of any incidents or major issues related to the service in a timely manner. The registered manager discussed the regulations in terms of notifying CQC of any incidents or safeguarding concerns they may have. This meant we received all the information about the service that we should have done.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan in place. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans in place to protect people if untoward events occurred.

It is a statutory requirement registered providers of health and social care services display their performance assessment from the last Care Quality Commission (CQC) inspection report. Registered providers must ensure their performance assessment is displayed clearly at each location delivering a regulated service and on their website. We checked to see the registered provider had met this statutory requirement. We found the ratings from the CQC inspection carried out in 2017 was displayed on the registered provider's website and within the office base.