

Bexley Homecare Services Ltd

Carewatch (Bexley)

Inspection report

1st Floor Office
118 Upton Road
Bexleyheath
Kent
DA6 8LX

Tel: 02083033330

Date of inspection visit:
20 July 2017

Date of publication:
21 August 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 July 2017 and was announced. At the previous inspection of this service in November 2016 we found two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because medicines were not managed in a safe way and the service had not always responded appropriately to allegations of abuse. During this inspection we found these issues had been addressed.

The service is registered with the Care Quality Commission to provide support with personal care to people living in their own homes. At the time of our inspection 86 people were using the service.

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.

During this inspection we found one breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because staff had not received all appropriate training to provide the skills and knowledge for them to carry out their duties in a safe and effective manner. You can see what action we have asked the provider to take at the end of the full version of this report.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

People were able to make choices for themselves where they had the capacity to do so and the service operated within spirit of the Mental Capacity Act 2005. Where the service supported people with meal preparation people told us they were able to choose what they ate and drank. People were supported to access relevant healthcare professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs and these were subject to review. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. The service had various quality assurance and monitoring systems in place, which included seeking the views of people on the running of the service.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not always effective. Staff training was not up to date.

People were able to make choices about their care and the service operated within the spirit of the Mental Capacity Act 2005.

People were able to choose what they ate and drank.

People were supported to access relevant health care professionals if required.

Is the service caring?

Good ●

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive. Care plans were in place which set out how to meet people's needs in a personalised manner. Care plans were subject to regular review.

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good 

The service was well-led. People and staff told us they found senior staff to be supportive and helpful. There was a registered manager in place.

Systems were in place for monitoring the quality of care and support at the service. Some of these included seeking the views of people using the service.

Carewatch (Bexley)

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.

This inspection took place on 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 contacted the local authority with responsibility for commissioning care from the service to seek their views.

We spoke with seven people who used the service and two relatives. We spoke with eight staff. This included the registered manager, the nominated individual, a care coordinator, a field care supervisor, a senior support worker and three care assistants. We looked at nine sets of records relating to people including their care plans, medicines records and risk assessments. We reviewed the staff recruitment, training and supervision records. We examined quality assurance and monitoring systems and looked at various policies and procedures.

Is the service safe?

Our findings

At the previous inspection of this service in November 2016 we found they were in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because they had not always acted appropriately where there was an allegation of abuse. Specifically they had failed to refer an allegation of abuse to the local authority. During this inspection we found this issue had been addressed and the service now had systems in place to help safeguard people from the risk of abuse.

The service had a policy on safeguarding adults which made clear they had a responsibility to refer allegations of abuse to the local authority. The registered manager told us there had been one allegation of abuse since our last inspection and records showed this had been referred the local authority in line with the policy. The registered manager and care staff were aware of their responsibility to report any allegations of abuse. One member of staff said, "I would notify a member of staff in the office." Another member of staff said, "If you think someone has been abused I have to contact the office to let them know. If it's not dealt with I can go to social services."

The service had a policy to protect people from the risk of financial and material abuse. This made clear there were restrictions on what staff were permitted to do. For example, it made clear staff were not allowed to borrow money from people, be involved in any gambling or lottery syndicate or to accept gifts from people. The policy also included information about protecting people where staff spent money on their behalf. It stated that where staff carried out shopping for people they had to produce receipts and make a record of what they had spent the money on. The registered manager told us at the time of inspection the service provided a shopping service for one person. We spoke to a relative of this person who confirmed that records and receipts were kept of monies spent and they regularly checked them and found them to be satisfactory.

At the previous inspection of this service in November 2016 we found that they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because medicines were not always managed in a safe way. During this inspection we found this issue had been addressed.

Care plans and risk assessments were in place which covered medicines and providing guidance to staff on what support was required with administering medicines. Risk assessments included information to help ensure medicines were administered safely. For example, one risk assessment made clear that the person taking a particular medicine should not consume grapefruit products. Medicine administration record [MAR] charts were in place which set out details of each medicine including its name, strength, dose and the time it was to be administered. The registered manager told us since our previous inspection they had contacted supplying pharmacists and requested they produce the MAR charts to help ensure they contained accurate and up to date information. The service had introduced a comprehensive auditing system since our previous inspection to check medicines were administered appropriately and to identify if there had been any errors so that appropriate action was able to be taken to address concerns. This meant the service had taken steps to help ensure medicines were administered safely to people.

People told us they felt safe using the service. One person said, "I've got a hoist I'm put on, I feel safe when they are doing it." Another person said, "I do feel very safe, definitely."

Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks. For example, the risk assessment on moving and handling for one person stated, "Uses Zimmer frame sometimes but needs encouragement as sometimes they prefer not to use it. Carers are not to hold Zimmer frame for [person]. Carers to talk [person] through any moves and be there to assist if any problems whilst [person] is walking. If there are any issues with weight bearing or walking with the Zimmer frame carers to report it to the office." Other risk assessments covered medicines, falls and a safe working environment and assessed the risks to staff as well as people. For example, the risk assessment about the physical environment for one person stated, "Carers need to keep to the pavement area for their safety as the road is used by heavy traffic."

Staff told us they had enough time to carry out their duties and they had enough time to get between appointments. They said where a person required the support of two staff there had never been any occasions when they had to support the person on their own. One member of staff said, "They set up a round so we are local to each person so we have enough time to get between them."

People told us that staff stayed for the full amount of time they were supposed to and carried out all required tasks. They said staff were usually punctual and that if they were late someone called to let them know. One person said, "If they are late they will phone me to let me know."

The service had robust staff recruitment practices in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they were able to commence working at the service. One staff member said, "They took references from people I'd worked for, they did a DBS check on me as well." DBS stands for Disclosure and Barring Service and is a check on staff to see if they have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed that checks carried out on prospective staff included criminal records checks, employment references, proof of identification and a record of their previous employment history. This meant the service had taken steps to help ensure that suitable staff were employed.

Is the service effective?

Our findings

The registered manager told us the service was not up to date with staff training. They told us that in April 2017 the office manager who had responsibility for making sure staff training was up to date had left their employment and it transpired that they had not kept staff training up to date and had not communicated this to the registered manager. However, the registered manager said they had a responsibility themselves for ensuring training was up to date. The most up to date training records available confirmed that much of the health and safety training was not up to date. For example, health and safety training and fire safety training were expected to be carried out annually by all care staff. Records showed that of 27 care staff 16 had not undertaken health and safety training and 17 had not undertaken fire safety training in the past 12 months. In addition, 17 staff had not undertaken dementia training in the past two years as they were expected to do, despite the fact that many staff worked with people living with dementia. Lack of staff training potentially put people at risk of poor or unsafe care and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

New staff undertook an induction training programme. This included classroom based training and shadowing experienced staff to learn how to support individuals. One newly recruited staff member said, "I was sent out to shadow before I could go on my own." New staff were also expected to complete the Care Certificate as part of their induction. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector.

Staff told us and records confirmed they had regular one to one supervision with a senior member of staff. One member of staff said of their supervision, "We talk about if there are any concerns with the job or other carers. If there is anything we need to make them aware of and how we feel in the job, if we are happy." Records showed supervision included discussions about performance and issues relating to people who used the service.

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.

Care plans included information about people's capacity to make decisions about their care. People signed 'customer consent forms' whereby they consented to various things. They were able to indicate which things they gave consent to and which they did not. Topics covered included assistance with medicines, allowing staff to have a key to their property, allowing staff to access their records and sharing of confidential information with relevant parties.

People told us they were able to make decisions about their care. One person said, "I can direct them [care staff] to do what I want." Another person said, "I tell them what's required and they go along with that." Where people lacked capacity to make decisions family members had been involved in planning their care.

Care plans had been signed by people or their relatives where people lacked capacity. A staff member told us, "If we work with people with dementia the family help us. They can advise on what they like to eat, what they like to wear. We have the families [phone] numbers so we can always ring them and ask them anything."

The service supported people with meal preparation and this was detailed in care plans, which indicated people were to be able to choose their meals. For example, the care plan for one person stated, "Carers to support me to prepare and serve meals of my preference. I am able to eat and drink independently." The care plan for another person stated, "I will have a microwave meal in the evening. I would like the carers to get this out of the freezer in the morning, offering me a choice." People told us they were able to choose what they ate when staff prepared meals for them and staff told us they offered choices. One person said, "They always ask me what I want [for lunch]." Another person said, "They say 'what do you want for lunch'." One staff member said, "I ask them if there is anything in particular they want to eat. With some people I bring the food out and give them a selection and they pick which one they want."

The registered manager told us the service was pro-active in supporting people to access health care agencies if required and records confirmed this. For example, we saw referrals had been made to the occupational therapy services where reviews had shown that people's mobility had deteriorated over time. Staff were aware of their responsibility for contacting health care agencies if a person required medical intervention. Relatives told us that they were kept informed if there were any health concerns with people. One relative said, "They let me know straight away if anything is wrong."

Is the service caring?

Our findings

People told us staff treated them in a caring and respectful manner. One person said, "They are polite." Another person said, "Oh yes, they are very nice. I am well pleased with them." A third person said, "Very good, I've not got any problems with them. All the staff are good. They are very kind and helpful." A fourth person described staff as, "Very nice, I could not wish for nicer." A relative said, "They are very good, she has a good rapport with them."

Care plans included a section on people's past life history. These included details of their previous employment, where they lived and their family. They also contained information about people's likes, dislikes and interest. For example, one care plan stated, "I have always enjoyed knitting, reading and attending [place of worship]. I do a little bit of reading but not a lot now." The care plan for another person stated, "I used to play lots of sport like rugby and cricket. When I got older I enjoyed playing golf." The care plan for another person gave personalised details about what they liked to watch on television, stating, "[Person] likes to watch TV, especially murder mysteries, documentaries, historical programmes, nature and gardening programmes." The personalised care plans meant staff had the opportunity to get a full picture of the person to help them develop good relations with them. Staff told us they sought to develop and build good relations with people through chatting with them and being friendly. One member of staff said, "I don't just talk to them about the caring, I speak as a human. I speak about their family and holidays, what they did as a job. They are at ease and relaxed." Another staff member said, "The first thing I ask is if they had a nice sleep, how are they feeling. I ask about their family and that kind of thing. We talk about television shows we like."

Care plans included information about people's communication needs. For example, the care plan for one person stated, "Carers to please speak slowly, clearly and loudly to me so I can understand what is being said. I wear glasses, carers to make sure my glasses are on or within reach. I have poor hearing in both ears but do not want to wear a hearing aid."

The service sought to promote people's independence. A person told us, "I try to do what I can myself and they give me the time to do it." Another person said, "I wash part of me and they wash where I can't get at. They always say 'don't rush, take your time'." Care plans included information about promoting independence. For example, the care plan for one person stated, "I am independent and like to do things for myself. I am able to ask for support when needed." Another care plan stated, "I am able to wash and dress the upper half of my body and require carers to do the rest." Staff told us how they promoted people's independence. One staff member said, "I always ask first if they want help. I know they are able to do things themselves. If they are able to wash their front parts themselves I let them do that and I take over the bits they can't do."

Staff had a good understanding of how to support people in a caring way which promoted their dignity and privacy. One staff member said, "If I am washing somebody's top half I cover the bottom half with a towel. If there were other people in the house I would make sure the doors were shut." Another member of staff said, "First thing I do is make sure curtains and doors are closed for dignity. I let them do it in their own time, I

don't like to rush them. If they can do things themselves I let them, I don't take over. I tell them everything I am going to do so they know what's happening. I talk to them a lot."

The registered manager told us they sought to match staff with people who they would work well with, for example if they shared a common language or if they had similar personality traits. The registered manager told us they tried to provide people with the same regular care staff so they could build good relationships. Where people required the support of two staff they always sought to ensure that at least one of those was someone who had worked with the particular person previously. People confirmed they usually had consistency of care staff, one person said, "It's usually the same few carers that come. It's more or less the same ones."

Is the service responsive?

Our findings

People told us they were happy with the support provided. One person said, "The ones [staff] I've been having in the last few weeks have been very good. I get the help I want." Another person said, "I give them all ten out of ten."

The registered manager explained the referral process to us. They said after receiving an initial referral a senior member of staff met with the person and their relatives where appropriate to carry out an assessment of their needs. This was to determine if the service was able to meet those needs. The registered manager said of the assessment process, "It's all about the clients, their needs and wishes. Finding out about them and their previous history. Speaking with families." They told us on occasions they had been unable to meet needs and had not taken on the care package in those circumstances. They said, "We don't take on every care package, only those where we think we can manage and meet the needs of the service user." For example, they had recently been asked to provide care to a person that spoke a language other than English and as the agency did not employ any staff who spoke that language they were unable to provide the care.

The registered manager told us the initial assessments formed the basis of the care plans. They said they signed off on each care plan to ensure it was of a satisfactory standard. We saw care plans in place which set out how to meet people's needs in relation to personal care and hygiene, medicines, tissue viability, continence management, dressing and household tasks. Care plans set out how to meet people's individual needs in a personalised manner. For example, one care plan stated, "I will need to have assistance from staff to give me a full body wash and to get dressed. Ensure I am wearing a continence pad and net knickers." The care plan for another person stated, "Please check that I have got clean clothing on as I do not always remember to change my clothes."

Care plans were subject to regular review and people and relatives told us they were involved in these reviews. One relative said, "We get a review from Carewatch which we are invited to." Records confirmed care plans were subject to review which meant they were able to reflect people's needs as they changed over time.

Staff were sent their weekly rota by email and this included details about each person. A member of staff told us, "With our rota we have a mini care plan about their needs and when we get there we can see their full care plan." This meant if staff were working with a person for the first time they had some knowledge of the person's needs before they arrived at their home.

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of whom people could complain to if they were not satisfied with the response from the service. People and relatives were provided with their own copy of the complaints procedure. People we spoke with were aware of how to make a complaint. One person said, "I would talk to [nominated individual] if I had a complaint." Another person said, "I would talk to [senior staff] or the other one [if they had a complaint]." A relative told us they had made a complaint and it was addressed. We saw that complaints made since our previous inspection had been recorded and dealt with in line with the

complaints procedure.

The service kept records of compliments. One relative wrote, "They [care staff] do a sterling job and treat her with kindness and compassion." Another relative wrote, "Your staff were absolutely brilliant, above and beyond their remit. They always talked to my [relative]. They made him laugh and were very gentle."

Is the service well-led?

Our findings

People told us the service asked them about their views on the care provided. One person said, "Somebody [senior member of staff] came down last week and did a review and asked how things were going. If I was happy with everything." Another person said, "They have been round, there was a lady came round asking how things were going." A third person told us, "I saw [senior staff member] just a couple of weeks back, she asked the same sort of things as you."

The service had a registered manager in place. They were supported in the running of the business by the nominated individual, two care coordinators and two care field supervisors. Staff spoke positively about the registered manager. One member of staff said of the registered manager, "Absolutely brilliant. She is very supportive if you need to talk to her. If you contact her, straight away she will advise on what to do." Another member of staff said of the registered manager, "She is very nice but she is stern when she needs to be. She praises you when you have done something good. She is fair." A third member of staff said, "I think [registered manager] is very open, very fair. She listens to what you say and she acts on things straight away. She is very approachable and the carers really respect her as a manager." Staff spoke positively about the working atmosphere at the service. One member of staff said, "It's a good team, they are all very supportive. I am very happy to be working here."

Staff told us there was an out of hours on-call phone system so staff could seek advice from senior staff anytime they required. Staff said the system worked efficiently and that someone had always answered when they had phoned the on-call number. The registered manager told us the on-call staff member had access to records which showed which staff had worked with which people. This meant if they had to arrange cover at short notice they were usually able to send a staff member that had previously worked with a person.

Staff told us and records confirmed that the service held staff meetings. One member of staff said of the meetings, "We all get together and talk about any training dates. What's going on with the service. If carers have any issues that need to be raised we can do that." Another staff member said, "We have carers meetings once every two or three months, something like that. If I miss one I get a copy of the minutes so I don't miss out."

Senior staff carried out unannounced spot checks at people's homes to check that staff were providing good quality and safe care. A staff member with responsibility for these spot checks told us, "We go out every three months to do a spot check. I turn up unexpectedly. They are to make sure the client gets the care they need. I check the staff wear their uniform, they have their ID badge. I speak with the client and ask if they are happy with the care they are getting." A staff member told us, "We get spot checked, they observe us carrying out care and remark upon that." We saw records of spot checks which showed they also included an assessment of the staff member's competence to administer medicines.

The service carried out an annual survey of people and relatives to see how satisfied they were with the support provided. The most recent survey was completed in July 2017 and the registered manager told us

they had not yet analysed the results. We viewed some completed survey forms which asked questions about if people felt respected, if they were provided with enough information about the service and if they felt well cared for. The surveys contained mostly positive feedback. For example, one person wrote on their survey, "The care worker who visits me is very punctual and able." The service also carried out an annual staff survey which was in the process of being completed at the time of our inspection.

The Carewatch organisation carried out an annual audit of the service. The most recent was in September 2016. This included an audit of care files, missed calls, safeguarding and accidents and incidents.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the provider did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform. 18 (2) (a)