

Sharon Robshaw Limited

Carewatch (Maidstone-Ashford)

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

We inspected this service on 21 July 2016. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Carewatch Maidstone-Ashford provides care and support for people in their own homes. This includes children, older people, people with a learning disability and people with a physical disability. The office is situated in the centre of Maidstone. At the time of our inspection they were supporting approximately 72 people.

At the time of our inspection there was a manager in place who had applied to become the registered manager. 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.

People received a service that was safe and told us they felt safe. Staff and the management team had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Systems were in place to monitor and review any safeguarding concerns. The safety of staff who were working out in the community had been assessed with systems put into place to reduce the risk to staff. Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified.

People received support and assistance from enough staff to fulfil their expected care packages and meet their assessed needs. Staff had received the training they required to meet people's needs. A comprehensive induction programme was in place which all new staff completed. Staff had a clear understanding of their roles and people's needs. Staff were supported in their role from the management team.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. The provider had a continuous recruitment programme in place to ensure there was enough staff to meet peoples needs.

Where staff were involved in assisting people to manage their medicines, they did so safely. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. Detailed guidance was provided to staff within people's homes and on their work phone about how to provide all areas of the care and support people needed.

People were supported to remain as healthy as possible. Guidance was available within peoples support plans to inform the staff of any specific health condition support. People were encouraged to maintain as much independence as possible.

People were treated with dignity and respect whilst receiving care and support from the agency. Staff understood the principles of the Mental Capacity Act 2005 and people said they were always asked their consent before any care or support tasks were carried out.

Systems were in place for monitoring the quality and safety of the service and assessing people's experiences. These included telephone reviews, face to face reviews and annual questionnaires.

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.

People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to the safety of people and staff were appropriately assessed and managed.

Safe recruitment procedures were in place to protect people from being supported by staff who were unsuitable.

People were supported to receive their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet people's needs including any specialist needs. An induction and training programme was in place for all staff.

Staff understood their responsibilities under the Mental Capacity Act and used these in their everyday practice. Staff understood the importance of gaining consent from people before they delivered any care.

People were supported to remain as healthy as possible including maintaining their nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

Staff were caring and respected people's privacy and dignity.

People were involved in the development of their support plans. People's personal preferences were recorded.

Staff had access to people's likes, dislikes and personal histories.

Information was available to people using the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed recorded and reviewed.

Systems were in place to ensure staff were responding to people's needs.

People were included in decisions about their care and support.

A complaints policy and procedure was in place and available to people.

Is the service well-led?

Good ●

The service was well-led.

The manager ensured effective communication between the management team and staff working within the community.

There were effective systems for assessing, monitoring and developing the quality of the service being provided to people.

Records were maintained appropriately and were up to date.

Peoples views were sought to develop and improve the service people received.

Carewatch (Maidstone-Ashford)

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 21 and 22 July 2016 and was announced. The inspection team consisted of two inspectors. One inspector made phone calls to people using the service and to the care staff. The provider was given 48 hours' notice because the service provides a domiciliary care service; we needed to be sure that the registered manager was available and someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the agency, what the agency does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with eight people or the representatives about their experience of the service. We spoke with three staff, a coordinator, the manager and the provider to gain their views.

We asked five healthcare professionals for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at seven people's care files, five staff record files, the staff training programme, the staff rota and meeting minutes.

A previous inspection took place on 18 February 2014; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People using the service told us they felt safe with the staff that supported them. Their comments included, "I do feel safe in the hands of the carers, they are so caring." Another said, "They are marvellous can't say a thing against the girls." Feedback from the provider's annual survey in 2015 showed that 100% of people who completed the survey felt safe and confident with the care that was provided to them.

People were protected from the potential risk of abuse. There was a safeguarding policy and procedure was in place which staff had access to. Staff received training in safeguarding vulnerable adults and were aware of how to protect people and the action to take if they suspected abuse. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting their line manager or the registered office. Safeguarding concerns had been raised by the manager to the local authority safeguarding team and CQC when necessary. A process was in place to monitor and record any actions taken following a safeguarding. Staff told us they were confident that any concerns they raised would be taken seriously and dealt with straight away by the manager.

A safeguarding file in place which is audited by the manager on a regular basis. The manager updated the Care Quality Commission when any safeguarding's were closed, or followed up with actions. Staff were aware of the whistleblowing procedure and followed the providers policy regarding any concerns they had.

There was a disciplinary procedure which outlined the requirements for managers and employees to follow, where staff were not performing their role to an acceptable standard, in line with the requirements of the company and the policies and procedures in place.

People received their medicines safely when they needed them if this was part of their care package. Staff were trained in the administration of medicines and followed detailed guidance within peoples care plans of the exact support they required. Each person had an individual medicine administration record MAR in place which was provided by Carewatch. The MAR sheets were audited by a member of the management team on a monthly basis. Action was taken when errors were identified for example; a missing signature had been identified on a MAR sheet. The manager had sent an email out to all staff reminding them of the process and their role within this. The processes that were put into place by the agency gave people assurance that their medicines would be managed safely.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Each staff file we viewed had a recruitment file checklist at the front which documented the information received as part of the recruitment process such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health and medical fitness. Potential staff completed a pre-screening questionnaire prior to being invited for a formal interview. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff employed to meet peoples assessed needs. Each person had been assessed on an

individual basis and had a set amount of care and support hours. The provider told us there was a continuous recruitment process in place to ensure that there was always sufficient staff to meet people's needs.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis and to the care staff who supported them. For example, risks relating to personal care, medicines, environmental risks, location of the property and mobility. Each risk had been assessed to identify any potential hazards which were then followed by detailed precautions and arrangements to inform staff how to reduce the risk. The risk assessment informed staff what people were able to do for themselves and what specific support they required from staff. Some people had restricted mobility, there was clear information within people's plans about how to support them when moving around their home and transferring in and out of chairs and their bed. For example, a moving and handling risk assessment we saw included photographs and pictures of how the equipment should be used, along with step by step instructions. People could be assured that the staff supporting them had up to date guidance to manage any risks.

The safety of staff that were lone working in the community had been assessed and recorded. A policy regarding lone working was in place which was followed by all staff. All care staff were issued a mobile phone that they used to log in and out whilst supporting people in the community. A text service was in place for staff lone working in the evening. An on call system was in place which included four on call supervisors who contacted the member of staff if they had not sent a text message to say they had arrived home safely. A disaster recovery plan was in place for the event of an emergency within the registered office such as a flood or failure of the IT equipment. This also covered the procedure to follow in the event of extreme weather and a major transport disruption. The pack contained an emergency response checklist for staff to follow, the key contact list of people and the policy for an emergency situation.

The safety of staff working within the registered office had been managed. All office staff completed a visual display unit (VDU) assessment to minimise any potential risks from the use of a computer. Fire drills took place on a six monthly basis to evacuate the whole building. The fire alarm system and firefighting equipment was regularly maintained to ensure they were in good working order. All of these checks ensured the safety of people and staff had been considered and processes were put into place to ensure everyone's safety.

Is the service effective?

Our findings

People we spoke with told us they felt the staff that supported them had been well trained. Their comments included, "I know the staff have training, they know what they are doing that's for sure." Another said, "The staff are well trained. I think they know how to look after alright."

The provider had a training room within the building of the registered office. This included equipment that people may require the use of. For example, a profiling bed or standing hoist. Staff were provided with an induction when they joined the service. The induction process included a four day classroom based training where staff completed mandatory training courses and scenarios to ensure that staff met the required level of knowledge and skill to undertake the role. For example, staff completed a scenario supporting someone with washing and dressing. Staff then completed a 12 week induction programme with a supervisor which incorporated the Care Certificate. Training regarding effective communication formed part of the induction programme. Staff were also given an employee handbook which contained information about important policies that they may need to refer to whilst carrying out their roles.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Records showed and staff confirmed that the induction included a complete observation shift which the provider called, "A fly on the wall shift". This was followed by shadowing shifts where new staff would work alongside more experienced staff to observe their practice until they felt competent. Staff told us they had received the training they required to meet peoples' needs. Comments from staff included, "We do get plenty of training. I have just started an End of Life course." The manager had a training matrix in place which recorded when staffs' training was due to be updated. The training matrix matched the staff files we checked during our inspection.

Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. Staff said that they were encouraged to develop their skills and progress in their careers. Staff also said that if they required additional training or support, they were able to ask for it. For example one member of staff told us that they had recently started working with a new individual and they had requested additional training to support them. The member of staff said that they had requested this training and the provider "Will be happy to help me."

Staff told us they felt supported by their manager and the provider. Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the provider's policy. The face to face supervision provided opportunities for staff to discuss their performance, development and training needs. Spot check supervisions included checking staff appearance and that they were wearing the appropriate identity badge, record keeping, time keeping, how tasks were completed on the call and notes or concerns. These checks also included an observation of the member of staffs working practice. The manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff

had been trained to understand and use these in practice for example, how they applied it to their work such as through capacity assessments, offering choices and asking people if they were happy to proceed before carrying out any care. One member of staff said, "I know we should always respect people's wishes." Another member of staff said, "People can make unwise choices and if they are deemed to have capacity we cannot do anything." The manager told us they would seek guidance from the local authority if they felt people may lack capacity. People's capacity to consent to care and support had been assessed and recorded within their 'My individual needs and support plan'. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People we spoke with said the agency did not support them with their meals, however one person said their meals were always prepared in advance which required staff to reheat their meals. People who required specialist support with eating and drinking had support from health care professionals when it was required. Staff had been trained to meet these specialist needs. For example, PEG Feeding (percutaneous endoscopic gastrostomy), this is when a person is unable to swallow food or fluid. Detailed guidance was available to staff within people's support plans to ensure peoples' needs were being met. People's nutrition and hydration needs had been considered and met by staff who had the knowledge and skills.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their call and any equipment staff were required to use. For example, the use of any moving or standing aids. Some people had a hospital passport in place which included past and present medical history and the support people required to meet their day-to-day health needs.

Is the service caring?

Our findings

People told us the staff were reliable, caring and respected their privacy. Their comments included, "All the staff are very caring." Another said, "I have found the staff to be very polite and respectful." A third said, "The staff do treat me with respect. They are mindful when assisting me with personal care."

Staff were able to give examples of how they maintained and protected people's privacy and dignity. For example one member of staff said, "I am mindful of peoples dignity when helping them with personal care, keeping people covered and closing the curtains." Another said, "I keep curtains and doors shut and keep people covered up as much as possible." People we spoke with confirmed the staff maintained their privacy and dignity. Staff received training as part of their induction in privacy and dignity. Feedback from the 2015 survey which had been sent out by the provider showed that 100% of people felt they were treated with dignity by the staff that were supporting them.

People were encouraged to share information about their life history which was recorded in their individual support plans. Examples we saw included information about past occupations, family history and social activity likes. This information enabled staff to get to know the people they were supporting and they were used to engage people in conversations.

People were encouraged to maintain as much independence as possible. People told us that the staff promoted their independence and encouraged them to do as much for themselves as possible. One person said, "I find the staff do help me rather than do it for me which is good." Another said, "Staff do promote independence, they don't take over and I have time to do things for myself." Peoples support plans contained information for staff to follow to promote peoples independence. For example, details regarding what people were able to do for themselves. People could be assured that their independence would be encouraged and promoted.

People told us they made their own decisions about the care and support they required with the involvement of their relatives in some cases and the staff at the agency. Some people had specific preferences which were recorded within their individual support plan. For example, a specific exercise routine which required completing each morning. People said they had been involved in the planning and delivery of the service they received. People had an individual needs and support plan in place which had been developed with them, their relatives and a senior member of staff. These recorded the exact support needs people had for each of their calls, what they were able to do for themselves and what they required staff support with. Each person had an essential information sheet which contained bullet points of essential information that the staff needed to know to give people the correct support. This information was also available to staff on their work mobiles as well as being kept within peoples own homes. People's views were listened to and acted upon by the staff who supported them.

Feedback from the 2015 survey showed that the majority of people using the service felt they had adequate information about the service they received. The provider had produced a comprehensive service user guide which was given to people prior to them receiving a service. This document was regularly reviewed to make

sure it had up to date information.

The document included information about the management structure and peoples experience and qualifications. It included the aims and objectives of the agency, mission statement, quality assurance and information about what people should expect from the agency. The terms and conditions of the service were recorded as well as the fees and charges to people in a separate document. People using the agency were given the information they needed about what to expect from the provider and the service they were receiving.

Is the service responsive?

Our findings

People told us the staff were reliable, on time and stayed for the length of their call. People said that they would receive a call from the office if their member of staff would be later than arranged. Feedback from the 2015 service users survey questionnaire showed that the majority of people said they received the support they wanted from staff when they needed it.

An initial assessment was completed with people and a member of the management team before the service could commence. Referrals were made directly from the local authority but people could also make direct contact with the agency themselves. The referral form detailed the specific support which was required from staff, the frequency of visits and the duration. A record of people's emergency contact details and medical history was recorded which included any aids the person used such as a ceiling hoist or stand aid. It also included the expected outcomes the person wanted from using the agency. The assessment and referral process supported staff to find out people's expectations of the service and to provide what had been requested.

Information from the initial assessment/referral form was used to develop 'My individual needs and support plan' with people and/or their relatives. People were involved in the development of their support plan by advising staff how and when they would like the service provided. Records showed and people confirmed that they had been involved in the development of their support plan. The provider used a personality profiling tool with all staff which gave the management team "Insight into whether staff would be suitable with particular people."

Systems were in place to ensure people's individual support plans were reviewed with them on a regular basis. People told us that the manager visited them regularly to check they were receiving the correct support and were happy with the agency. An online system was used which alerted the management team when reviews for people were coming up for review or if they were overdue. The reviews were completed on a rolling programme which included a six monthly face to face review with a member of the management team and a three monthly telephone review. Records showed people had been involved in the development and review of their care plans.

A call monitoring system was in use which highlighted the log in and out times for staff at each call. This also highlighted if a person's call had been missed. Two care coordinators were employed for the agency whose role involved ensuring that all care calls were covered. The coordinators would call and let the person know if their member of staff was running late. We observed this in practice during our inspection. A record was kept of any missed calls where people did not receive their support from the agency. Records showed there had been three missed care visits in the six month prior to our inspection. These people were written a letter of apology by the provider. People told us they usually had regular care staff who they knew well. Systems were in place to cover annual leave and sickness to ensure continuity for people who were receiving a service.

The mobile phone list all their calls and the bullet point care plan for the people they will be supporting.

People told us they were aware of how to make a complaint and who they would contact if they were not happy, but they had not needed to. A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. There had been three complaints over the past 12 months prior to our inspection. A log was kept of all complaints that had been made with details of any action that had been taken. Records showed that the complaints process had been followed for the complaints that had been made. Staff spoke about the processes that were in place to support people and or their relatives to raise concerns and, the action they would take. For example, contacting the registered office and arranging for a manager to visit the person to discuss their concerns.

Is the service well-led?

Our findings

The agency had a manager in place who had applied to become registered with the Care Quality Commission. People we spoke with told us the communication from the registered office was good, and, that they would recommend the agency to others. Staff said there was visible leadership within the agency and they knew what was expected of them. One member of staff said, "We know who is responsible for what. We get newsletters which tell us what is going on and who does what."

Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. One staff member said, "I have got a job description and these are discussed at supervision." Another said, "We have a staff handbook and there are the support plans with instructions of what we need to do." Staff had access to a range of policies and procedures at the registered office which offered them additional support and guidance in their role. Procedures were in place for the manager to follow if staff were not performing as they should be. These processes ensured staff knew who they were accountable to and what they were accountable for.

Staff felt there was an open culture between them and the management team. One member of staff said, "I do know what is going on, communication is good and we have regular meetings. I can call into the office or phone up at any time, there is always someone available." Another said, "I think there is an open culture, everyone is approachable and the communication is good." The manager held regular team meetings and office meetings which were used to discuss work practices and any contractual concerns.

The manager understood their responsibilities in providing quality care and support to people. The manager told us they were supported by the provider, who they met with on a regular basis to discuss any concerns or potential risks. The manager had a number of years' experience within the health and social care sector and kept up to date with training and current best practice. The manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly.

People and their representatives were involved in the development of the service being provided to people. Systems were in place to regularly monitor the quality of the service that was provided. People and their representative's views about the service were sought through annual questionnaire. These were written in a way people could understand. The results were collated into a newsletter which was sent out to people. Results from the 2015 questionnaire showed that a high proportion of people were happy and had been involved with the service they received. People and those acting on their behalf had their comments and complaints listened to and acted on.

An audit schedule was in place to monitor the quality of the service being provided to people. This included audits by a member of the management team to discuss people's experience of using the service. A review of the service took place with people on a quarterly basis which included telephone reviews and face to face reviews. An annual audit was completed by the senior manager who own Carewatch. When shortfalls were

identified either through the audits or questionnaires these were discussed with staff and action taken. Reports following the audits detailed any actions that were required.