

Carewatch Care Services Limited

Carewatch (Bentley Grange)

Inspection report

Bentley Grange
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13 August 2018

20 August 2018

22 August 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Carewatch (Bentley Grange) on the 13, 20 and 22 August 2018. The first day of which was unannounced which meant they did not know we were coming. The further days were arranged so as to meet and talk with people who received care and support from Carewatch services at both locations.

Carewatch (Bentley Grange) is a domiciliary care agency (DCA). This service provides care and support to people living in extra care housing in a purpose built block of flats so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Carewatch (Bentley Grange) is situated in Hailsham, East Sussex and has a satellite location, Cranbrook, which is situated in Eastbourne, East Sussex. They provide personal care for people living in extra care housing in a purpose-built block of flats. Extra care housing is designed for people who need some help to look after themselves, but not at the level provided by a residential care home. People living in extra care housing have their own accommodation and have care staff that are available when needed. The people supported by the service had a wide range of needs including dementia, care needs related to age and people who live with a learning disability. There were 69 people being supported at this time.

At our comprehensive inspection in December 2017 and January 2018, the service was rated inadequate and placed into special measures. This was because we found five breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. These related to the delivery of safe care, including medicine management, receiving and acting on complaints, consent to care provided, staff deployment and good governance. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carewatch (Bentley Grange) on our website at www.cqc.org.uk.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Following that inspection, the provider sent us an action plan on how they would meet these regulations. At this inspection we found the provider had made the required improvement and now complied with our regulations. The service has now been taken out of special measures. We have rated the service overall as Requires Improvement. This is because of the previous rating of inadequate in the safe and well-led questions. We needed to be sure they were delivering consistent safe care and were well managed before we can change the rating of safe and well-led to Good.

The last inspection report separated the two locations, Cranbrook and Bentley Grange, as the services had

very different outcomes for people. As there had been significant improvements made at Cranbrook we have reported as one service.

There was a registered manager in post who was also the registered provider. 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 felt safe with their care staff. Staff understood the importance of keeping people safe and knew the action to take if they had any suspicions that someone was at risk of harm. Risks to people within their home environment and out in the community had been assessed and where issues were identified action was taken to mitigate the risk of harm. People were protected by the prevention and control of infection. Staff understood their responsibilities to report safety incidents, and improvements were made when things went wrong. There were enough staff to meet people's assessed needs. People were provided with consistency and continuity of care, with a small staff team that knew them well. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff were trained and supported to have the skills and knowledge to meet people's needs. Staff enjoyed their role and felt valued by the registered manager. People that received support with their medicines did so safely. Staff had been trained in medicine administration and regular checks were made to ensure people were receiving their medicines safely.

People's needs were assessed before staff began to support them. The assessments took into account people's protected characteristics such as their ethnicity and religious beliefs. Where staff were responsible, people were supported to eat and drink enough to maintain a balanced diet. Referrals and advice was sought from relevant health care professionals to ensure people remained as healthy as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were asked for their consent prior to any care or support tasks being completed. The registered manager had taken the necessary steps to ensure that people only received lawful care that was in line with legislation.

Staff treated people with kindness and respect, whilst maintaining people's privacy and dignity. People were regularly asked for their views about the service and be actively involved in their care. Staff understood the importance of maintaining people's confidential information. The systems in place supported the management of confidential personal information, in line with legislation.

People and their loved ones were encouraged and supported to raise any issues or concerns with the registered manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records at their home. People were supported by staff to attend functions within their community and in the wider community.

The registered manager had made the necessary arrangements to ensure that regulatory requirements were met. People that were supported by the DCA, their relatives and members of staff were actively engaged in developing the service. Systems were in place to monitor and improve the quality of the service that was provided to people. The registered manager and the staff team actively worked in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst we saw improvements had been made and the breaches of regulation met, there were areas that still needed to be embedded in practice to ensure that improvements were consistently sustained.

There were systems in place to make sure risks were assessed. Measures were put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Requires Improvement 

Is the service effective?

The service was effective and meeting the breaches of regulation previously found.

Staff had received essential training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

Staff received training which was appropriate to their job role. This was continually updated so staff had the knowledge to effectively meet people's needs. Staff had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Good 

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People were supported to express their views and make decisions about their care and support.

People's privacy, dignity and independence was promoted by staff.

Is the service responsive?

Good ●

The service was responsive and meeting the breaches of regulation previously found.

People received care that was personalised to the needs and wishes.

People were supported to access their local community, if this was part of their care package.

Equality and diversity were promoted including supporting people to meet their religious beliefs.

People felt confident that any concerns or complaints they had would be dealt with promptly.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led

The registered manager promoted an open and inclusive culture.

Staff felt valued in their role by the registered manager and the management team.

People's feedback was sought and acted on to improve the service. Systems were in place to monitor the quality of the service people received.

The registered manager was aware of their responsibility to comply with CQC registration requirements.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Carewatch (Bentley Grange)

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 checked 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.

We visited the two locations on the 13 and 20 August 2018. We conducted telephone interviews to gain important feedback on the 22 August 2018 from people and health and social care professionals.

This was an unannounced inspection to follow up on the concerns we found at our last inspection where the overall rating was Inadequate and the service placed into special measures. The inspection team consisted of two inspectors.

Before our inspection we reviewed all the information we held about the service. This included the action plans that the provider had submitted to meet the breaches of regulation, statement of purpose and registration documents. As this was an inspection that was following enforcement action, a PIR had not been requested. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We contacted the Local Authority to obtain their views about the care provided by the service.

During the inspection, we spoke with 12 people from both locations, the registered manager, the deputy manager at Cranbrook, eight care staff and six relatives. We talked with people in the communal areas and by invitation in their flats.

We reviewed the records of the service, which included quality assurance audits, staff training schedules and policies and procedures. We looked at nine care plans and the risk assessments included within these, medicine administration records for those who were supported with medicines by care staff along with

other relevant documentation to support our findings. We also 'pathway tracked' nine people. This meant we followed a person's life and the provision of care through the service and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2017 and January 2018. At that inspection we found two breaches of the legal requirements. This was because the provider had not ensured risk assessments were up to date. The management of people's individual safety in respect of medicine management and safe moving and handling was poor and people's needs were not always taken into account when determining staffing deployment.

At this inspection we found improvements had been made and the provider now met the previous legal breaches of regulation. At the previous inspection the rating of this question was Inadequate. We need to be confident the improvements made over the past six months are sustained and embedded into practice. We need to be assured the provider is delivering consistent safe care before we can change the rating of Safe to Good.

People and their relatives told us they felt safe. One person told us, "Yes, I feel safe, there has been some good changes." Another person said, "I can honestly say I feel safe, if I have any problems, I see the girls in the office." A visitor said, "I have no concerns, things have improved." Another visitor said, "The place is safe and there are enough staff now to do things properly."

Risks to people were effectively assessed and regularly monitored and reviewed. Since the last inspection, people's health needs had been fully explored and appropriately risk assessed. A considerable amount of work had been undertaken by the management team over the past six months. This had ensured documentation was reflective of people's individual needs and risk to their health and welfare had been consistently assessed. For example, people who lived with diabetes had a care plan with a risk assessment in place. This guided staff in recognising the signs and symptoms of low blood sugar or high blood sugar levels and what actions they should take if they found the person unwell on their visit. We also found that people who were unable to communicate their needs had clear guidance for staff to follow in respect of recognising pain, discomfort or unhappiness. Moving and handling care plans and risk assessments contained clear guidance for staff to follow to ensure people were moved safely. When people had assistance from staff and from their partners, training had been provided so as to ensure safe practices and this was clearly reflected in their risk assessments.

The management of medicines was safe. The storage of medicines had been reviewed with each person and steps taken to ensure that risk to the person was mitigated. For example, for people who lived with dementia, their medicines were stored safely out of reach. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour. This meant it had been disclosed to the individual or their next of kin, an apology offered and an action plan discussed to prevent a reoccurrence. This ensured as far as possible lessons had been learnt.

Staff who were responsible for giving medicines received thorough training. Training included explanation of medicine administration record sheets, practical observation of administration, watching films about medicine administration and practical teaching sessions, for example how to give eye drops. Staff competency was checked through shadowing, observation, knowledge tests and scenarios. Staff confirmed they understood the importance of safe administration and management of medicines. One staff member told us, "We all receive really good training and then we are observed giving medicines to ensure we are doing it right." Staff confirmed stock checks occurred each day to ensure people had received all of their medicines.

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a list of their known allergies. MAR charts are a document to record when people received their medicines. Records confirmed medicines were received, disposed of, and administered correctly. People told us they received their medicines on time. One person told us, "I have my pills when I need them, always on time." Another person said, "They give me tablets and ensure they offer me a pain killer." Records were in place in relation to specific medications, for example body maps were used for topical creams.

People were kept safe by sufficient numbers of staff and there was adequate cover for sickness and unforeseen events. Over two sites Carewatch (Bentley Grange) supported 69 people. The staffing numbers changed throughout the day as they reflected the peoples support needs and contracts. Both sites have six care staff on in the morning which reduced to three in the afternoon to cover commissioned care calls unless more or less are required then rotas would be increased or decreased. The one staff at night responded to calls and people told us that they were confident of getting immediate support. One person said, "I have rung and the carer came immediately." There was no-one that required booked night calls or two staff for moving and handling after 10 pm and before 7am. One person told us "I am the first call at seven because I need two staff, but it suits me and is my choice." were told that if peoples' needs changed or they required more staff this would then be provided. Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. People confirmed visits were never missed and they were notified if staff were running behind schedule. People had information about the staff who would be visiting so they knew which staff to expect on particular days. This information was available in large formats for people with sight difficulty.

Late calls were monitored by the management team, and these had decreased significantly since the last inspection. One person told us, "My calls are pretty much on time, if they don't arrive I ring." A visitor said, "There were problems but I have to say things have improved, some minor time lapses but they do ring my relative to let them know."

The registered manager told us that people were always visited by the same members of staff to maintain continuity, build trusting relationships and ensure good communication between staff and the people they supported. Staff were knowledgeable about people's health history, including whether they had been in hospital and the reason for this as well as any current conditions they had and how they could recognise any signs of deterioration. People's care records included the contact details of healthcare professionals in the event of any incidents or changes in people's health and well-being. Assessments had been reviewed monthly or sooner when people's needs fluctuated and/or deteriorated.

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They were able to give examples of signs and types of abuse and discuss the steps they would take to protect people, including how to report any concerns. One staff member said, "I would report anything I was worried about to the office team and follow the procedure. The details are on our notice boards." Another staff member said, "We get regular training and I know what to do if I see or hear

something that worries me." Staff told us they had read the whistleblowing policy and that it was displayed in the staff office. People, relatives and staff said they had not seen or heard anything they were concerned about.

People continued to be protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults.

People were protected by the prevention and control of infection. Staff had been trained, and were given information regarding reducing the risk of cross contamination, and infection. Staff were provided with personal protective equipment (PPE) such as gloves and aprons, and the management team checked they were using them during spot checks in people's homes. This helped make sure good standards of hygiene were maintained in people's homes.

Bentley Grange and Cranbrook had security measures in place to ensure that people who lived in the premises were safe. The front doors were security coded and all corridors and garden/patio doors had a security door opened only by a card. All people we spoke with had their security cards.

Health and safety checks were undertaken to ensure people's homes, utilities and equipment were safe and in good working order. Staff knew to report any environmental concerns. Lone working policy and procedures were discussed and there was a procedure in place for nights which detailed on-call and emergency procedures.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's flats and emergency procedures to follow in the event of a fire. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. In the event of the building needing to be evacuated, a place of safety had been nominated. There was an on-call out of hours management rota for staff to call if there was an emergency situation.

We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A senior member of staff told us, "Everyone should be treated the same and be treated with dignity and respect. The same for the staff, we are all here to do a good job and personal differences and cultures don't change that." Staff were mindful of racism or sexism and respectful of people's differences. Staff had received training in equality and diversity.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2017 and January 2018. At that inspection we found two breaches of the legal requirements. This was because the provider had not ensured that care and treatment of service users must only be provided with the consent of the relevant person and that there were sufficient numbers of suitable qualified staff. At this inspection we found improvements had been made and the provider/service now met the previous legal breaches of regulation.

This inspection found that staff were working within the principles of the Mental Capacity Act 2005 (MCA). 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. In domiciliary care, these safeguards are only available through the Court of Protection.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. One person said, "They also knock before they come in. Always greet with a 'Good Morning and how are you' they [staff] are lovely." Another person said, "I have nice carers who won't do something like getting my clothes out until I tell them they can do it. They always ask my permission first." Staff had been trained in the principles of the MCA and followed the provider's policy and procedure. People's capacity to consent to care and support had been assessed and recorded within their care plan.

The registered manager kept a record of relatives or friends who had a Lasting Power of Attorney (LPA). An LPA is a legal document where a person being supported can appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. This ensured that people rights were being safeguarded.

People's needs were assessed and their care was delivered in line with current legislation. Pre-admission assessments were completed with people in their own home prior to receiving support from the DCA. The pre-admission assessment took into account the person's care and support needs, the person's ability to make decisions about their support and their personal preferences. People's protected characteristics under the Equality Act 2010, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred into the care plan. There were equality and diversity policies in place for staff to follow, and staff received training in this subject as part of their induction.

People told us they felt the care staff were adequately trained and skilled in carrying out their roles. One person said, "Yes, they are trained. They know how we take our medicines, and always sign my form." Another person said, "Definitely well trained, they encourage me to wash and dress myself and makes me a

cup of tea the way I like it and will sit with me and have a chat." Staff told us they received training to fulfil their role and meet people's needs. The organisation used a number of training courses which they considered as mandatory; these were monitored by the registered manager. Records showed staff had received regular training to meet people's needs. Staff were offered the opportunity to complete a formal qualification during their employment. For example, The Qualifications and Credit Framework (QCF) in Health and Social Care, this is an accredited qualification. New staff completed the Care Certificate (this is a set of standards for health and social care workers) during their induction. This gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff before working as part of the care team.

Staff told us they felt supported in their role by the registered manager and the management team. 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 organisation's policy. These meetings provided opportunities for staff to give and receive feedback about their role and working practices. Staff told us they felt valued and appreciated in their role by the registered manager. The registered manager was very aware of staff's family commitments and health restrictions and supported them as necessary. Where applicable staff received an annual appraisal with their line manager.

Where required, people were supported to maintain a balanced diet. Each person completed a 'dietary needs questionnaire' during the initial assessment, this contained information about people's specific dietary requirements and their likes and dislikes. Staff received training regarding food safety and nutrition, and followed specific guidance regarding people's preferences within their care plan. Staff sought and followed advice from the speech and language therapy team (SaLT) for people that had been assessed at high risk of malnutrition or dehydration or had a swallow difficulty. Staff gave us examples of where their observations of a person had resulted in a GP referral and felt that they had made a difference to the person's health. One staff member said, "I noticed that the person wasn't eating or drinking as much as they should. I reported it and the person was seen by the doctor and admitted to hospital."

Staff were working with organisations to deliver effective care and support. Staff had access to information about others involved in the person's care and support. People were supported to access healthcare services and receive ongoing healthcare support. Records showed if a person needed support, prompt action was taken. For example, a relative had raised concern about their loved one's mobility and balance. The registered manager contacted the person's GP and requested a referral to be made to the occupational therapy team. The registered manager had also developed a leaflet that contained information about the local services available to people. For example, chemists, chiropody and opticians.

Is the service caring?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2017 and January 2018. At that inspection we found improvements were required to ensure people's preferences were known and respected. At this inspection we found improvements had been made and they had met the breach of regulation.

People told us the staff were kind, caring and respectful. One person said, "All the staff are very caring. Very chatty and interested in me and my life, always ask about my family." Another person said, "It is just their general attitude and friendliness. I feel I can talk to them and ask them for help. I don't see anyone over the weekend, really nice having them come and help and have a little chat." A third said, "They [staff] are very kind. I can tell she is caring by the way she asks me if I am alright. She helps by mopping the floor and empties the bin out as she goes."

Staff knew people well and consistency was provided to people, with a small team of care staff. The registered manager only accepted care packages which were a minimum of an hour. The registered manager told us that this was to ensure consistency and continuity of care to people; and to enable time for people to talk with their staff. People told us they did not feel rushed during their care call and that staff always had time to spend talking to them. One person said, "I look forward to them coming the next day. Right from the start I felt that I was going to be comfortable with this company." Guidance about meeting people's emotional needs had been recorded within their care plan. For example, one person's care plan detailed how staff were to offer reassurance to the person if they became anxious.

People told us they were supported to express their views and were involved in making decisions about their care. One person said, "I am really pleased with the whole package, it's been changed and adapted as things have happened." Another person said, "The manager came up to see me and between us we decided what help would be best for me following a fall." Some people required support from their loved ones when making decisions about their care and support. One relative said, "Very comprehensive assessment, nothing was left out. I sat in with my mother for some of the assessment. We have got precisely what my mother needs and a proper record of what help the carers are going to provide." Another relative said, "Between social services and Carewatch nothing was ignored, we have recently had a review meeting, very thorough they constantly referred to dad so he was involved."

People told us that staff respected their privacy and dignity. One person said, "They [staff] always ask permission before fetching towels for me. They don't go round poking about anywhere." Staff understood the importance of treating people as individuals and gave examples of how they maintained people's dignity, whilst offering care. For example, closing doors, curtains and covering people with a towel. People's independence was promoted and encouraged by staff. One person said, "The carer knows I am quite capable and like to be independent. They stay with me in the shower for reassurance, I dress and cook for myself." People's care plans recorded what people were able to do for themselves, followed by the support they required from staff. Some people had recorded within their care plan that their aim had been to maintain their independence as much as possible. People confirmed that staff enabled them to do as much

for themselves as possible.

Information about people was treated confidentially. The registered manager and administrators were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected and all documents were encrypted and sent password protected.

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2017 and January 2018. At that inspection we found a breach of the legal requirements. This was because the provider had not ensured that all complaints received had been recorded appropriately, investigated and the necessary action taken in response to the complaints received. At this inspection we found improvements had been made and the provider now met the previous legal breach of regulation.

People told us the staff were responsive to their needs and offered an individualised service. One person told us about a health condition they had which the staff supported them to manage. They said, "My carer understands my needs." A relative said, "The carer understands what help my relative needs, it is all written down in the care plan. They help him to shower, dress and make him a cup of tea."

This inspection found that all complaints were logged and responded to following the organisational complaint procedure. People told us they felt the management team and staff within the office were very easy to approach, and felt if they had a concern it would be dealt with promptly. One person said, "I believe they would do anything in their power to sort any issue out." Another person said, "If I had an issue I would talk to the manager, I am sure she would sort it out straight away." A policy and procedure was in place which was made available to people when they started to use the agency. We looked at the complaint log and saw that actions had been taken in line with the Carewatch policy. It was apparent that some complaints had been difficult to manage and there was now a procedure that if a complainant had lost confidence with the way a complaint had been initially dealt with, a manager from another service would then take over for an independent review of the complaint.

The service had received a number of compliments from people using the service or their relatives in the form of telephone calls, emails or in person. One compliment, when talking about a member of staff from a person using the service read, 'What a delightful, sunny person. Nothing is too much trouble and she carries out everything without fuss and willingness.'

People received care that was personalised to their needs. People were involved in the planning of their care, and received support that was responsive to their needs. People's care plans included information such as, medical and life history, communication, emotional needs, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. This information guided staff to deliver the care the person needed and in a way the person wanted. People's care plans were reviewed with them on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

People were supported to take part in activities within their community, if this was part of their care and support needs. The registered manager completed a social inclusion assessment with people, this enabled people to create a plan to meet their specific needs and interests. Records showed that people were supported to maintain their religious beliefs, by accessing their place of worship. They were supported to

have coffee out in the local community and to go out for a walk.

The service was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Care plans contained information about people's communication needs. Documents had been made accessible to meet people's needs such as easy read versions and pictorial documents.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in December 2017 and January 2018. At that inspection we found two breaches of the legal requirements and areas to improve. This was because the provider had not ensured risk assessments were up to date. The management of people's individual safety in that the management of medicines and safe moving and handling was poor and people's needs were not always taken into account when determining staffing deployment.

At this inspection we found improvements had been made and the provider now met the previous legal breaches of regulation. At the previous inspection the rating of this question was Inadequate. We need to be confident the improvements made over the past six months are sustained and embedded into practice. We need to be assured the provider demonstrates consistent and sustained leadership at the next inspection before we can change the rating to Good.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager or a member of the management team on a weekly and monthly basis. These checks included making sure that care was being consistently provided in the right way, staff recruitment files were up to date and staff had the knowledge and skills they needed. We looked at accidents and incidents and found that these were recorded and actions taken immediately were documented. However, there was no analysis of accidents and incidents to identify trends, themes and repeated accidents. This was immediately actioned and the registered manager stated how helpful this was to pro-actively prevent a re-occurrence.

Action plans were generated as a result of organisational audits; these were monitored by the registered manager and action taken with timescales included. Audits of response to call bells had resulted in a review of calls and staffing levels. The audit of care plans had resulted in further training and development of care plans. For example, people with moving and handling needs had had a complete re-assessment and new care plan and risk assessment devised. People told us they felt the agency was well run and they found the management team and the office staff very approachable and easy to speak with. One person said, "The managers are very kind, well run, the service here is much better now." Another said, "I find the managers very approachable, very easy to talk too. Excellent service." A third person said they felt, "The office staff are very easy to talk to, like talking to and seeing an old friend. You can say what you feel and they always take notes."

The registered manager was supported on site by a deputy manager and Quality Officer. There was also support from the senior management team who visited regularly. Staff understood the management structure and who they were accountable to. Staff told us they felt there was an open culture and visible leadership. One member of staff said, "The management team are much more supportive now, the changes have been good. I enjoy my job and feel supported in my role." Another member of staff told us what made them feel valued they said, "It's been a hard few months because of necessary changes, but things are really good, there has been a lot of staff changes, we do get thanked more now and that makes it worthwhile, our

clients are really settled and happier I think."

The registered manager spoke passionately about providing people with a high quality person-centred service. This way of working had been embedded into the general working practice of staff. Staff told us they felt proud to work for the organisation and the registered manager. The registered manager had followed the action plans and was proud of what had been accomplished since the last inspection. The management team had shared the improvements with the staff and offered incentives for staff. Staff were encouraged to develop their roles within the organisation and were supported to do so. For example, becoming a senior and a champion of a specific area such as infection control. Staff were kept informed of changes within the organisation and plans for the future.

People and staff were involved in the development and improvement of the service. Surveys were sent out annually and staff were encouraged to make suggestions in team meetings. Staff were kept informed about changes to their working role and any updated policies and procedures, through a monthly newsletter. Records showed that changes were made to the service delivery as a result of people's feedback. For example, one person had mentioned that they had noticed that some people who lived in flats were letting people in without checking why they were entering the building. The registered manager was in discussion with the manager of the building to ensure security of the building was reviewed.

People were also asked for their feedback about the service they received through the telephone and face to face reviews. Action was taken as a result of people's direct feedback. For example., one person had said a member of their care staff was not the best at tidying up before leaving and the person confirmed that this had been addressed and things were much better.

The provider and registered manager worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. Staff followed guidance from health care professionals involved in the person's care and support. The registered manager attended regular meetings with other Carewatch services in the local area. These meetings provided an opportunity to network with other managers, discuss best practice and share experiences or concerns. Relationships with the local authority were open and transparent and demonstrated the organisation were committed to continuous improvement.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. We saw that any incidents that had met the threshold for Duty of Candour had been reported correctly. The provider had a range of policies and procedures in place to support staff in their role, any updates had been included in the staff news updates.