

Carewatch Southend

Carewatch (Southend)

Inspection report

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Date of inspection visit:

10 July 2017

11 July 2017

12 July 2017

17 July 2017

18 July 2017

25 July 2017

Date of publication:

01 September 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place over a number of days and these included 10, 11, 12, 17, 18, 25 and 26 July 2017.

Carewatch Southend provides personal care and support to adults who live in their own homes in the geographical areas of Rochford, Rayleigh, Castle Point, Basildon and surrounding areas. It is a large service and provides care and support to over 800 people and employs over 250 staff.

The service has a registered manager in post. 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.

Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed. However, we did find that people had sometimes received their medication too close together due to times of visits and that one prescription tablet did not always have sufficient time allocated for administration. Action was taken to rectify this straight away.

There were generally sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service, but some people had experienced late or early calls which did not always meet their needs. The provider was very proactive at dealing with these types of concerns and we had confidence that people's visit times would be addressed as a matter of priority.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and asked how they would like this to be provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had where possible been developed around each individual's needs and preferences.

The registered manager had a good understanding of the Mental Capacity Act and mental capacity assessments had been completed with additional assessments requested from the appropriate government body where people were not able to make significant decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought, as a result improvements had been made through learning from people's views and opinions.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Carewatch (Southend)

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.

The inspection was unannounced and took place on the 10, 11, 12, 17, 18, 25 and 26 July 2017.

The inspection team consisted of three inspectors and four Experts by Experience.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we gained feedback about the service in a number of ways. We spoke with the deputy manager, the strategy and planning manager and a partner of the business. We contacted 42 staff members and 25 chose to speak with us. The Experts by Experience spoke with 58 people who received a service and also 21 relatives to gain their views. We also visited seven people within their own homes. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report where possible. Before the inspection we sent out questionnaires and received responses from people who received a service (17), relatives (4) and health care professionals (2). Where possible feedback and comments have been incorporated into the report.

As part of the inspection we reviewed 24 people's care records and seven care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of ten staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and risks to people's safety as at the previous inspection, and the service's rating continues to be Good. People told us, "Yes, I do feel safe and that's because I know that somebody will be coming in, to at least check on me four times during the day. I was always a bit wary about having carers coming in before they started, but I can definitely see the benefit now and it has stopped me worrying about being here on my own, stranded if I did have a fall and couldn't call anyone to help." Others said, "The staff are very good. I trust them. They all know what they are doing and that makes me feel safe," and "I am very happy with them. They are very kind and gentle with me and all are nice and friendly. They also handle me safely and this makes me feel safe in their company."

Although some people raised concerns around timings of visits, staff spoken with stated they had enough time to provide the care people needed and over half had a regular rota. Staff feedback included, "I will not take on loads of work and will only take on what I can do. Management are very good and always listen" and, "I would feedback to management if the calls are taking more than the time allocated, so they can get the time the person needs." People told us that it was usual for care staff to arrive within a 45 minute window of their allocated time and this seemed to suit most people. Some people said that when a care staff member had got held up that either the office or the carer themselves would contact them to let them know what was going on, however, others added they were not always informed and stated they would like this to happen. No one spoken to had experienced any missed calls and did not feel the care staff rushed them.

Carewatch Southend are a very large service who provide care to a large number of people in their own homes every day. Management told us they were constantly monitoring the times of calls people received and trying to ensure everyone had regular carers and times. We were advised that the service constantly advertise and new recruit staff. Due to issues around times of calls that was raised at the last inspection the management restructured and created smaller dedicated teams who managed smaller geographical areas, with a hope to improve the efficiency of the service and ensure there are sufficient staff to provide the care. Staff told us that this had been very positive and they enjoyed working in smaller areas and having less travel time, which meant they had more time to spend with people. Management also continually looked at data from each geographical area to monitor and help ensure they had enough staff available; this took into consideration staff sickness and annual leave. It was clear the service managed the work they took on and there were clear records of care packages that had been referred via the Local Authority and what the service had accepted and refused due to not having sufficient staff to provide a regular and safe service.

Although the service had taken action to ensure there were sufficient staff to provide the care and support people needed, others stated they still experienced problems at weekends or when staff were off sick or on annual leave. From care records seen during the inspection we also found that the timings of calls could have an impact on the administration of people's medication and their meals. Some care records seen had a very short periods of time between the morning and lunchtime call or the tea time and night time call, this was sometimes as short as an hour and a half. This meant that people could be offered two of their meals within a very short time span or their medication did not have the required time span between each dose.

Management told us that they regularly audited time sheets and were aware that issues around people's timings sometimes occurred. They had taken action to change the times of some people's calls to try and ensure there was sufficient time in between visits and said that this seemed to occur more often when regular care staff were on leave or off sick. They added they were constantly advertised and recruiting for new staff to help ensure people had regular carers and times. Although there had been some improvements in this area since the last inspection it still needed further development. It was agreed that comments from the questionnaires and telephone interviews that CQC conducted would be sent to the provider to enable them to analyse the data and help them to improve call times for people. The service was very proactive at dealing with these type of concerns and although improvements were still needed we had confidence that the provider would address people's concerns and ensure further improvements were made.

The deputy manager and staff at the service knew how to protect people from abuse and avoidable harm and had completed relevant training. This had been provided during their initial induction and they had also received regular updates. Staff were able to express how they would recognise abuse and who they would report their suspicions too. It was noted that the service had 'Ask SAL' posters in the office, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. The provider had recently met with local authority teams to build up working relationships and improve communication. They added, "By building bridges with local teams we are identifying potential safeguarding's and reducing the risk to people."

The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to and also reminded staff that everyone had a duty of care to uphold good standards. The service had introduced a whistle blowers 'hot line' where staff were able to raise concerns in a safe environment regarding staff's practice within the community. Staff who had used this system felt it was an excellent way to raise concerns and ensure good care was provided.

Risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. These had been regularly reviewed to ensure the information available to staff was always up to date and relevant. People confirmed they had been part of the risk assessment process and a variety of risk assessments had been completed in relation to the environment, medication and people's mobility needs. This documentation had been placed in each person's home with clear instructions to staff on how risks were to be managed to minimise the risk of harm. It was noted during the inspection that one person did not have a risk assessment in place for bedrails. This was brought to the deputy manager's attention who was pro-active and arranged a risk assessment to be immediately completed. They also changed the universal risk assessment form to include bed rails and sent out a memo to staff to advise them of the risks.

People were able to gain access to staff outside of the office hours and the service had an on call system for each of the seven geographical areas they covered. This meant that each area had one designated person for staff to contact out of hours. It was clear from this information that they monitored this closely to try and ensure they had sufficient staff to provide the care people needed. The service had clear information in their service users guide which provided guidance on times of visits and that people could only offer 'time critical' visits for medical reasons.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. The recruitment files of the last three staff employed at the service were viewed and these included evidence of health declarations, identification, references and checks from the Disclosure and Barring service (DBS). Staff told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service. The service also had a disciplinary procedure in place, which could be used when there were

concerns around staff practice and keeping people safe.

The service had completed a large piece of work over the last three to four years to improve the administration and recording of people's medication within the community. They had clear systems in place to assist with the safe management of people's medication and these were regularly reviewed and changes made when practice issues were brought to their attention. Systems were in place for staff to record and monitor people's medication and staff had received appropriate training to help ensure people received their medication safely. People had medication profiles in their care files that described the medication they were taking and the reason they were taking it. Medication risk assessments had been completed and these identified how much assistance may be needed and it was then clearly recorded in people's care folders. There were also auditing and monitoring systems in place which identified any concerns or missed medication. The service had identified staff who would visit people to oversee any medication issues and liaise with doctors and pharmacists when needed. They also visited people to 'scribe' medication requirements, complete risk assessments and provide staff with general support and advice. One staff member told us, "Medication is much safer now. The staff in the office are really good and if we have any concerns we can just ring them and they will come out and visit and we get the support and advice we need."

People were happy with the support they received with their medication. A relative had written into the service to express the difference they had seen in their relative since the service had been coming in and they had been receiving their medication regularly. They stated, 'Wow! What a difference in [person's name]. Thank you so much for all that you are doing, they really do like you coming in. I know the medication has helped their health, but you have definitely raised their spirits and they have improved.' Others told us, "They do my tablets as I am diabetic. The tablets I have are in packs they get them out and give them to me with water and then sign the book or Mars sheet afterwards" and, "My tablets have to be taken after food, so I have them given to me by my carer once I've eaten the breakfast she gets ready for me. When I've taken them, it gets written in the notes."

When looking at medication administration sheets it was noted that one person who was on Alendronic Acid only had a 15 minute gap between taking this and their normal medication but it should have been 30 minutes. Staff had also not been given guidance on ensuring the person was sitting up when administering this. On bringing this to the deputy manager's attention on our next visit they provided up to date action that had been taken on the issues raised regarding the Alendronic Acid and when and how this was being administered. An audit had been completed on the medication profiles for service users receiving this medication and they found 18 people had this administered by staff. They also checked 12 weeks of medication administration charts and found 16 service users had received this on the correct day and given the correct time between other medications. The deputy manager had arranged for a memo to be sent to staff to clearly advise they must ensure the person is sitting upright before being given the medication and that 30 minutes must be given before other medication is administered. Supporting documentation was provided to show this had been fully audited and correct action taken to keep people safe. They had also tightened up the ordering of medication and ensured it is clearly recorded who took responsibility if family were also involved in the care.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs as we found at the previous inspection. People were supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

People were happy with the care they received and felt staff had the right skills and knowledge. Newly recruited staff had completed a six day induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service and 'shadowing' an experienced member of staff until they felt competent. This allowed the new staff member the time to understand their role and the standards expected of them. We spoke with six staff who were presently attending the induction and they stated it had provided them with the knowledge and experience they would require. Feedback from staff included, "The induction training was very good. We were given lots of important information. We also did shadowing and role play, which I found very helpful."

We found that staff had been provided with initial and on going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Staff had been provided with mandatory training and also further training for specific areas of need for people using the service. The staff confirmed that their training was up to date and many had also completed a recognised qualification in care. Staff comments included, "The training is brilliant. They send our letters and dates you can choose to attend" and, "My training is all up to date and if there is something I need I can ask and they will provide it." Another told us the training was very good and when they had had trouble fitting the training due to work commitments the management had arranged for them to have a one to one so they could keep up with their training. Staff received regular supervision and appraisal. Supervision included spot checks to check staff's competency in their work, meetings and individual one to one sessions.

People felt the staff had the appropriate knowledge and skills to meet their care needs. People told us, "I think they are very well trained. I use a hoist and all seem competent with it. I am always comfortable in the sling. They do usually send at least one who is used to me" and, "We used to have to use a hoist, but the staff have got my (relative) moving. They encourage (relative) to do what they can. They never rush (relative) They will do a little walk each day with (relative)." Another relative told us how their relative could sometimes become anxious and aggressive, they added, "The staff are very good with (relative), they will speak calmly and (relative) listens and becomes calm."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. We checked whether staff were working within the principles of MCA and found that the management team had a good understanding of MCA and staff demonstrated an awareness and confirmed they had received training and information about protecting people's rights and freedoms. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. Some people at the service had 'do not attempt resuscitation' requests in place and we were told these would be clearly displayed in the front of the care folder and easily accessible for the

staff to ensure they followed people's wishes.

People told us that they had agreed to the service providing their care and support and staff knew to check that people were consenting to their care needs during all interactions. Files contained consent to care forms which had been completed by the person receiving the care or their relative.

People told us that staff always asked for their consent when providing them with support.

Most food was either prepared by family members or frozen ready meals. Staff were required to reheat the food and had received training in food safety and safe food handling. They told us that they ensured that people had access to their food and drink before they left the person's home. Those people who were supported at meal times had access to food and drink of their choice. One person told us, "I thankfully don't need any help eating, but these days my carer comes in and heats me up a microwave meal at lunchtime. While it is cooking, she will also make me a sandwich or cut me a slice of cake so that I've got something for later on in the afternoon. She usually covers it with some cling seal to keep it fresh, so all I have to do is take it off when I'm ready to eat again. She always asks me what I would like and never forces anything on me that I don't fancy." Someone else added, "Yes they make breakfast for us, lunch when we prefer sandwiches and get us a hot meal at night. They won't let us do cooking or go in the kitchen as we are both on zimmer frames and fragile. They always see that we have drinks too"

People had been supported to maintain good health and had access to healthcare services and received on going support. People told us that mostly their relatives would support them with their healthcare appointments however, they added that staff had supported them to access healthcare support if necessary. Staff had liaised with health and social care professionals and referrals had been made when needed and this showed that staff tried to maintain people's health. One person told us of a time when they were taken unwell and the staff assisted them in calling the emergency services, they added, "I am a diabetic and felt unwell. When they [the staff] came they called the ambulance out to me and stayed until they came. I was admitted to hospital. They wouldn't leave until I was on my way." Another added, "I had a funny turn and nearly passed out a couple of months ago. I said I would be alright but my carer insisted on calling for help and they stayed until the paramedic arrived. It was all written down in the records and they even phoned my daughter. They were so caring and I didn't feel frightened or anxious at all."

Is the service caring?

Our findings

At this inspection we found people were happy with the care they received as they had been during our previous inspection. The rating continues to be Good.

Staff had an awareness of the day to day care needs of the people they worked with. They understood the support each person required to meet their needs and to help keep them safe. The service gained details of people's diverse needs at the assessment stage, which helped to ensure they have an understanding of people's care needs around disability, religion and cultural needs. Although they gained some information about people's history but the deputy manager advised they were looking to develop this further and added, "We feel it is important to know the person and having details of their history can help; especially where they may have some form of dementia, it helps staff to connect with them and have a meaningful conversation." All staff spoken with enjoyed their job and felt they made a difference to people's lives. One staff member told us that they really enjoyed their work and felt it was important for people to "Remain comfortable in their own homes, keep safe and well and live in their own familiar environment." People told us that staff listened to them, supported them and when possible responded to their changing needs.

People were happy with the care and support they received and added that they were treated with dignity and respect. They were complimentary about the staff and provided us with examples of how staff had made a difference to their lives. This included, "The other evening, I just happened to mention to my regular carer, that with my arthritis, I couldn't manage to get the washing machine door open. They told me to leave it to them and the next morning when I came down to the kitchen, I saw that not only had they got my clothes out of the washing machine, they had put them in the tumble dryer and they were now all dried and ready for me just to fold up, and they had put the next load of washing in, which had washed overnight and was now ready for the tumble dryer itself. It saved me so much time and effort and they did all that without me even asking them to. I don't know what I'd do without them." Another person told us, "My carer is very good. My eye sight is not brilliant these days and I don't always see when I've have a bit of a spillage down my clothes. My carer is excellent though, and if in the morning they pick up any of my clothing that I've said I'll put on and they notice any marks, they tells me straight away and it goes in the laundry basket so I can put on something that is clean. It's only a little thing but it really makes a big difference to me because I've always taken great pride in my appearance."

People told us the staff were kind and caring and provided us with examples. These included, "My carer comes in the afternoon to wash and cream my legs before helping me put my stockings on. They are always so patient and they take their time because they knows it is quite painful for me and they always make sure that I'm comfortable with the stockings before they leave me to go to their next client. Nothing is ever too much trouble for them, and they always make time to make me a nice cup of tea, so I can sit and have that once we have finished struggling with my legs." People's privacy and dignity was respected. One person told us, "The first thing my carer does every evening is to close my big windows and pull the curtains too so I'm not overlooked by my neighbours while she's helping me get ready for bed and in the morning; the curtains don't get opened until I'm fully dressed." Another added, "They are excellent, very attentive. They let you do as much as you can for yourself and always treat me with dignity. They will make sure I am covered up well

after my shower. They are friendly but professional."

For people who needed extra support to make decisions about their care and support there was information about advocacy services in the agency's guide. Advocacy services support and enable people to express their views and concerns and may provide independent advice and assistance.

Is the service responsive?

Our findings

People told us that the service generally met their needs and they were involved in the assessment and planning of their care. Staff we spoke with were knowledgeable about the people they supported and some had cared and supported people for a number of years. They were aware of their likes and dislikes as well as their health and support needs. One relative who had received end of life support for their parent from the carers had written in to say thank you. Their comments included, 'Every carer who came was so caring, compassionate, respectful and supportive to the whole family and they were an absolute credit to your company. So a big thanks to you Carewatch, excellent care and professional behaviour.'

People's care needs had been fully assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded. Staff were aware of people's dietary, cultural and mobility needs. One relative told us, "Mum only started with the Agency in April, when she left hospital. We met with [person's name] from the Agency who talked to us for a couple of hours about what help Mum needed and how they could provide this. We were also asked what times we would like the calls and also mum was asked what sort of person she would prefer. We said that it was important to us that she was bombarded with lots of different carers all the time. [Person's name] sent us a written up care plan and that is now in mum's folder. We felt fully involved with planning mum's care." Care plans had been reviewed regularly and updated when changes were needed and people stated they had been involved in the planning of their care and received the support they needed. One person said "If a new member of staff comes I will go through my care plan with them. I feel fully involved in my care. I sometimes look at the plan. I have been improving so it has changed a bit over the time I have had them coming." Another person had written in to say thank to the staff for picking up the rubbish that the foxes had removed from the black bags and added that they had left it tidy and secure which is something that they could not have done themselves.

At the last inspection some stated that they would have like more information about new people they were asked to attend. During our visits to people we found that each had a folder with information about the service, emergency contact details, general information, risk assessments and a plan of care. Staff spoken at this inspection confirmed that this had improved and we received positive feedback about the information in people's homes. Staff added that if they were unsure they could always speak with a team leader or speak with the office if they needed more information.

The service had systems to be responsive to people's needs and had introduced a system where they were able to identify which people would be considered at risk in emergency situations such as adverse weather or high levels of unplanned staff absence. The service had a system to record missed visits that may have occurred in each month. The provider advised that they take these issues very seriously and investigate each one and take appropriate action if needed.

The service had also introduced a nail cutting service as they found many of the people they provided a

service to were unable to gain access to this form of service.

Most people received personalised care that was responsive to their needs. The deputy manager advised "We try to focus on what people can do for themselves and help them to be as independent as possible." Most people had regular carers and had been with the service for a while. Feedback we received included, "Because my carers have been looking after me for a long while, I think they understand my needs and my likes better than some members of my family" and, "I'm only still here in the family home because I have my carers coming in four times a day. My husband and I brought up all our children here and it holds so many memories for us that we want to stay here as long as we can." One family had written into the service to say thank you to the staff as their relative had had a fall and it was suspected it could be due to a urine infection. They added that the staff had arranged extra 'pop ins' to help push fluids due to the hot weather, and the family had found that this interaction had put their minds at rest considerably and helped the person to improve.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Most people thought the management to be effective and had confidence that any complaints would be listened to and acted on. One person told us, "I would certainly not hesitate to make a complaint if I felt it was necessary. Because I've got to know some of the office staff who come out each month to check through the records and talk to me about my care, I am certain that if I was to raise an issue with them, they would do their best to sort it out for me." Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the office. Where complaints had been received there were records that these had been investigated and appropriate action taken. Senior management in the organisation also monitored complaints so that lessons could be learned from these, and action taken to help prevent them from reoccurring.

Compliments the service had included, 'Amazing carers that always go above and beyond. [Person's name] is always happy with the communication and feels any issues we need to raise get resolved quickly and we know if there is something that needs addressing they are always happy to help.'

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The service's rating continues to be Good.

The service had a registered manager who has been in post for over four years. On the day of our inspection the registered manager was on long term sick, but the deputy manager was overseeing the running and day to day management of the service. The Provider and the Strategy and planning manager were also supporting the service. Staff we spoke with were complimentary about the office supervisors and management team and stated that they felt well supported and listened to. They said that they had received supervision, attended regular staff meetings and could gain support and advice when needed. Many of the staff spoken with had worked for the company for over ten years and all stated they felt they were a 'good company to work for.' Staff told us that they felt 'listened to' and were kept up to date with information about the service and the people.

The service had clear aims and objectives and also a 'service user's charter', which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. People spoken with felt staff were respectful, they generally received the time they needed and their care was provided in a dignified way. The service had introduced a code of behaviour card for staff which provided guidance and information on general do's and don'ts, whistle blowing, safeguarding, mental capacity and equality. This assisted staff in being aware of essential information and assisted accountability whilst doing their job.

The service had a newsletter which was distributed to people who used the service and included general information and also details of any development plans the service had. This was a good way to keep people up to date on general issues and included them in the running of the service. A management meeting occurred each week to identify areas of work that would need to be completed and to look at any audits that had been completed and discuss plans of action. The service had introduced a 'forum' to look at ways to help shape the future service and see improvements on how care service are delivered. This was open to any service user or their family and they welcomed new members. They met three times a year and from this they gained feedback on what the service was doing well and also what may need to be improved. They had also arranged charity events with staff and people who used the service and this included a coffee morning for McMillan Nurses and a walk for a 'world without dementia'. Management stated this had been well supported and raised money for a good cause.

The service had long service awards and presented staff with a token of appreciation for the years they had been with the service. Staff spoken with confirmed they had received a watch when they had completed ten years, one added "I think this is brilliant. I wear my watch with pride and it really boosts staff morale to know you have been appreciated." They also pay an introduction fee to any staff who introduce new staff members and this is paid once the new staff member had completed their induction and the six month probation period. The provider added that they had found some very good and loyal carers through this

scheme.

The management team had systems in place to continually improve the quality of the service people received and act when issues are brought to their attention. Over the last few inspections they had restructured the service, improved information in people's homes, not taking on more work unless they have the capacity to do so and improved medication systems and processes. They had also introduced a full time internal quality audit team who used audit tools against national legislation, their policies and procedures and industry best practice. Regular audits had been completed weekly, monthly and annually and senior management oversee the reports and look for ongoing improvements. Management stated they would continue to look for ways they can ensure that people have regular staff, they arrive on time and provide the care people require. Evidence was seen that the service had moved forward and listened to feedback from the people they provided services to. Regular reviews had taken place to ensure people were receiving the care they needed.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. Management had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. We found management very pro-active and where issues were highlighted during the inspection the deputy manager rectified these by putting systems in place to help ensure it reduced the chances of it occurring again. Examples of this included improving medication audits in the service, introducing extra information on forms, contacting staff to discuss issues and improving communication.

The service carried out regular postal and telephone surveys with people and they asked questions around the five domains of safe, effective, caring, responsive and well led. People were asked whether they felt safe with the service provided by Carewatch, whether they had any concerns, how satisfied they were with the service and also questions around infection control. A memo had recently been sent out to staff which provided staff with feedback from the questionnaires and advised them that 41% of people were 'extremely satisfied' and 37% 'very satisfied' with their care. The remainder 22% were 'quite satisfied.' Comments people had made included, 'They have helped me to gain confidence when I'm trying to walk with the aid of a walking aid,' 'I know they are always here for me to offer support for things I find difficult to do' and, 'I am able to say at home with this support.' From the information received back the provider had compiled reports from the findings and summarised people's responses and the actions taken regarding any issues that had been raised. Previously from people's feedback from the telephone calls the service had extended their out of hour's service over the weekends to provide support to staff and people in the community at busy times.

Staff felt well supported and received regular support and guidance from the management team. They had regular face to face supervision and attended meetings and they were able to approach their team leaders or phone the office for advice. Senior staff carried out spot checks to observe staff practice and ensure that good standards were being upheld and a quality service was being delivered. Telephone surveys had been completed monthly with staff and during June 18 Staff had been interviewed. From the feedback they had gained they had produced an action plan which included providing more specialist training such as dementia, 1st Aid, mental health, end of life and different illnesses and conditions.

The service had also received external audits via the Carewatch head office and also a local authority. The last local authority inspection had taken place in January 2017 and the service had scored 97%, and the head office one in March they scored 100%. Comments included, "It is very evident that Carewatch Southend have a strong management structure, encompassing of the Registered Manager, Compliance Manager and Operations Manager. The restructure of the Branch has enabled more transparency and

accountability to the individual team members, but especially to the Team Planners and the Community Support Assistants who have been given a specific geographical area to work within" and, "My team undertook a comprehensive quality audit at this service a couple of months ago. The overall outcome was 'excellent' with no serious concerns."