Carewatch Care Services Limited

Carewatch (Luton)

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?	Requires Improvement

Summary of findings

Overall summary

We carried out an announced inspection on 10 February 2016. The service provides care and support to people in their own homes, some of whom may be living with chronic health conditions, physical disabilities and dementia. At the time of the inspection, 153 people were being supported by the service.

During our inspection in February 2015, the provider required to make improvements in how they managed staff rotas so that people's care was not adversely affected by late or missed visits. People had told us that they did not always know who would be supporting them because they either did not receive a rota or this was inaccurate. There were mixed views about the response people received when they raised these issues with the office staff and the majority of people found the office staff not helpful. Some people were not confident that all staff had the right skills to support them appropriately and we noted that some staff had not received regular supervision. In addition, some people said that following a review of their care plans, the agreed changes had not always been made in a timely manner. We had found changes in managers did not promote stability within the service. Also, there was not always evidence of how the findings from the audits had been used to drive improvements. Following the inspection, we had also received concerns that some missed visits had resulted in people being left without appropriate care and support. During this inspection, we found the provider had made significant improvements in all areas.

The service did not have a registered manager in post. The current manager had been in post for nearly five months and they had started the process to register with the Care Quality Commission. 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 and there were systems in place to safeguard them from risk of possible harm.
People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks. People's medicines were being managed safely and administered by trained staff.

The provider had safe staff recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff's training was up to date and there had improvements in how often they received supervision. Improved staff deployment had resulted in a reduction in late or missed visits.

Staff understood their roles and responsibilities to seek people's consent prior to any care or support being provided. Where people did not have capacity to give informed consent or make decisions about their care, appropriate action had been taken so that their care was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People said that staff were caring and respectful, and they were supported to maintain their health,

wellbeing and independence.

People's needs had been assessed and there were care plans in place that took account of their individual needs, preferences, and choices. The provider had had an effective system to manage complaints. They had also improved how office staff dealt with people's concerns so that they felt listened to and supported.

The provider regularly sought people's feedback about the quality of the service provided. There had been improvements in how the service used information from audits to assess and monitor the quality of the service they provided. However, changes in managers meant that there had not been a long enough period for these to be fully embedded within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff knew how to safeguard them from the risk of possible harm.

There was sufficient numbers of staff to support people safely. Improved staff deployment had resulted in a reduction in late or missed visits.

People's medicines were being managed safely and administered by trained staff.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided. Where required, care and support had been provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs. There had been improvements in how often staff received supervision.

People were supported to access other health and social care services in order to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People said that staff were kind, caring and provided care in a compassionate manner.

Staff understood people's individual needs and they respected their choices.

Staff respected people's privacy and dignity. As much as possible, they supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. People's care plans were now being reviewed and updated in a timely manner.

The provider had an effective system to handle complaints and people had seen improvements in how their concerns were responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Changes in managers did not provide stability within the service. This also meant that there had not been a long enough period for the improvements made to be fully embedded within the service.

People had been enabled to routinely share their experiences of the service.

The provider had effective quality monitoring processes in place. Information from audits was now being used to drive improvements.

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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 10 February 2016. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service, including the report of our previous inspection. We also looked at notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit we spoke with the manager, one of the four field supervisors and an administrator responsible for managing the provider's electronic staff allocation system. We looked at the care records for 15 people who used the service, the recruitment and supervision records for eight care staff and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service provided.

Between the date of the office visit and 2 March 2016, the inspector spoke with seven staff and the expert by experience spoke with eight people who used the service and the relatives of two other people by telephone. We contacted two professionals by email and we received responses from both of them.

Good

Is the service safe?

Our findings

During our inspection in February 2015, we had found that staff deployment had not always been managed well so that visits to support people were not always late. The service had always used an electronic system to plan and monitor staff rotas, but this had not always been used effectively. Following the previous inspection, we had also received concerns about some missed visits resulting in people being left without appropriate care and support.

During this inspection, we found that significant improvements had been made in how staff rotas were being managed and this in turn, resulted in improvements in how people's care was being planned and monitored. Staff teams were allocated to designated geographical areas to reduce travelling times and lateness for visits to support people. They had also improved how they monitored the electronic system they used to plan staff rotas. We found this was now being monitored by a designated administrator during office hours so that any alerts of late or missed visits could be dealt with promptly. Out of normal office hours, the service operated an on-call system and it was the responsibility of the field supervisors to monitor the system and take necessary action to ensure that everyone had the care they required.

We noted that the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. We looked at the recruitment records for eight staff and we found that the provider had effective systems in place to complete relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Some people told us that a number of staff had left the service since our previous inspection and the records we looked at confirmed this. However, we saw that the provider had been able to recruit more staff so that they had sufficient numbers to support people safely and appropriately. Although people said that staff changes meant that they had to get used to new staff, they all said that there was sufficient staff to support them. The service also now had four field supervisors to lead each of the areas they covered and staff told us that this had ensured that they now received support quicker than they had been previously. The service's recruitment processes were being managed at the provider's head office and the manager told us that there had been some discussions about whether it would be more beneficial to have someone based at this office in the future.

People told us that they felt safe with staff who supported them because they had got to know them really well and understood their needs. One person said, "I have a small team and so they know me pretty well. This can change though if one of them is on holiday or ill." Another person said, "I usually get the same staff." The exception to this was one person who said, "They don't seem to be able to keep their staff. I have a lot of different staff."

We noted that the provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to report concerns they might have about people's safety. Whistleblowing is a way in which

staff can report concerns within their workplace. Information about safeguarding people was displayed in the office and this included the contact details of the relevant local agencies where concerns could be reported. Staff had received training in safeguarding people so that they knew how to identify when people were at risk of harm and we noted that this was up to date. Staff we spoke with told us that they would report concerns to the field supervisors or the manager so that appropriate action could be taken to safeguard people. A member of staff said, "I have never been concerned about anyone's safety. I have had training and I know that I need to report to the manager if I felt that a person was at risk."

Each person had personalised risk assessments so that staff had the information they needed to manage specific risks to people they supported. The assessments included those for risks associated with people being supported to move, developing pressure area damage to the skin, not eating and drinking enough, and injuries from falling. Any action taken by staff maintained a balance between minimising risks to people and promoting their independence. We noted that the manager and area manager had been working steadily to ensure that people's risk assessments were up to date and that they had prioritised those for people with high care needs. This was to ensure that they accurately reflected people's current support needs. An environmental risk assessment had also been completed for each person as part of the service's initial assessment process. This helped staff to identify and minimise any potential risks in people's home. The provider also ensured that staff had been trained to use equipment safely before supporting people.

Some of the people who used the service were being supported to take their medicines and the only person who told us that they had this support said that this had been done safely. They also said, "The staff pop my pills out into a container and then I can take them myself." We saw that staff had been trained to administer people's medicines safely and their competency was occasionally assessed. Staff we spoke with had no concerns about how people's medicines were being managed. The medicines administration records (MAR) we looked at had been completed correctly with no unexplained gaps. Old MAR were collected by field supervisions and returned to the office for auditing and safe keeping. We noted that these were now audited quickly so that any identified omissions in recording or concerns about how people's medicines were being managed could be dealt with promptly.

Good

Is the service effective?

Our findings

During our inspection in February 2015, some people were not confident that all staff had the right skills to support them appropriately. We also noted that some staff had not received regular supervision. Some people were not happy that they could not have consistent meal times because of the unpredictability of when staff would arrive to support them.

During this inspection, we found that improvements had been made to ensure that people were supported by appropriately trained and skilled staff. One person said, "They seem very competent with the hoist. I presume they have been trained on how to use it as I have not seen anyone being trained here." Others said that they were happy with how staff provided the care they needed. One person said, "Staff are good, they know what they are doing."

The provider's training record showed that staff had received effective training so that they had the right skills and knowledge to support people appropriately. We saw that staff had completed a range of compulsory training including infection prevention, dementia awareness, medication awareness, food safety, and moving and positioning people. Staff were complimentary about the quality of their training and they all said that they had no unmet training needs. Although people were not able to tell us what formal training staff had before supporting them, most of them said that staff knew what they were doing and they supported them well. Some of them said that they had been visited by new staff who were there to learn from the more experienced ones. One person said, "My usual carer will sometimes bring someone new with her. It is good they learn on the job."

Staff told us that there had been improvements in how they were being supported since the service had employed more field supervisors. A member of staff said, "It has meant that we can get support a lot quicker." We noted that most staff had received supervision in the six months prior to the inspection. The manager told us that the arrangement for supervisors to meet with staff in their local areas had increased the number of staff attending supervision meetings. Previously, staff who lived and worked in Hertfordshire had been expected to have their meetings at the provider's Luton office. Staff had not been very keen to travel to the office and therefore a number of them had not always attended the planned meetings. Staff we spoke with welcomed this change. A member of staff said, "I have had more regular supervisions because the supervisor comes to meet with me in my area." There was a plan in place to ensure that in the future, all staff received regular supervision and annual appraisal. Additionally, we saw that the manager had taken proactive action to deal with concerns about individual members of staff's performance. For example, there was a meeting with a member of staff when concerns had been raised about the quality of their work. We also saw that in such situations, competence assessments had been completed. The manager also routinely wrote to members of staff when audits had shown that they had not been keeping accurate and up to date records of the support they provided to people.

People said that they were asked for their consent before any care or support was provided. One person said, "They tell me what they are going to be doing and ask if I am happy with this." We saw that where possible, people had signed a consent form to agree to the service carrying out an assessment of their

needs, a risk assessment of the person and their home, annuals reviews of their care, staff recording information daily about the care or support provided, and sharing information with other professionals. Also, people consented to 'shadowing or spot checks' of care staff. Shadowing is a process where new staff learn how to support people by working alongside experienced staff. Spot checks were observations carried out by the field supervisors to assess staff's competence in carrying out certain tasks while providing care. Staff understood their roles and responsibilities in ensuring that people consented to their care and support. A member of staff said, "I would not do anything without first making sure the person is happy."

In some of the records we looked at, there was evidence that mental capacity assessments had been completed where a person did not have capacity to make decisions about some aspects of their care so that this had been provided in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

One person we spoke with told us they were being supported to ensure they had regular and nutritiously balanced meals. They told us that this had been done with care and staff respected their choices. Staff told us that they had supported a number of people with their meals and in most cases, they only needed to heat and serve already cooked meals. They also prepared hot or cold drinks for people. Staff we spoke with said that they had not been concerned about people not eating or drinking enough. They said that if they observed this, they would report it to the field supervisors so that appropriate action could be taken to support the person. A member of staff said, "I feel that people eat very well and I have not been worried about any of my customers."

People told us that when required, their family members normally supported them to access other health and social care services, such as GPs, dietitians, community nurses, and to attend hospital appointments. However, they told us that sometimes care staff did so if urgent care was required. For example, a person told us that a member of staff had rung for a doctor when they found them unwell.

Good

Is the service caring?

Our findings

During our inspection in February 2015, people had told us that they did not always know who would be supporting them because they either did not receive a rota or this was inaccurate. This was supported by members of staff, with one of them attributing this to the office staff being disorganised.

During this inspection, we found that more office staff had been employed and they had been given dedicated roles so that they were able to make the required improvements. There were two coordinators who were responsible for planning the staff rotas for each of the two counties covered by the service. People told us that they received a weekly rota, but that sometimes different staff from those named arrived to support them. A person described the rota they received as, "a list that is very loose." However, they understood that it was sometimes unavoidable for changes to be made at short notice.

People made positive comments about how their regular care staff supported them. They told us that they were kind, caring and provided care in a compassionate manner. One person said, "The staff are lovely, we get on well." Another person said, "My regular carers know me, we have a giggle sometimes." A third person said, "We have a nice relationship." Other comments about staff included, "They will stay and chat, depending on how pushed they are."

People told us that they had been involved in making decisions about how they wanted to be supported. Some of them told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. They said that the way in which staff supported them promoted their independence. Everyone told us that staff were patient and did not rush them during their visits. Although one person felt that they had begun to do things much slower and may need extra time in the morning, staff let them do as much as they could for themselves. They said, "The staff are very patient, even if sometimes we are running out of time. I don't think it will be long before they say I need to buy more time." A member of staff said the amount of time they spent supporting each person depended on their individual contracts. They added, "We can do a lot more for people with at least an hour. I have been able to chat with people a lot more and really get to know them if I support them for longer periods."

People told us that staff treated them with respect, and promoted their privacy and dignity. One person said, "They are all respectful, I have never been concerned about that at all." Staff demonstrated that they understood the importance of respecting people's dignity and privacy by supporting them in a way that promoted their human rights. Staff were also able to tell us how they protected people's personal information by not discussing about them outside of work or with agencies not directly involved in their care. We also saw that copies of people's care records were held securely within the provider's office.

People had been given information about the service when they first started receiving care to help them make informed decisions about whether the provider was able to meet their individual needs. We saw that they had been given a 'customer guide' which contained contact details of the service, the provider's core values, services provided, the provider's approach to quality monitoring, and how people could share comments, compliments and complaints.

Good

Is the service responsive?

Our findings

During our inspection in February 2015, people's comments indicated that they were not always happy with the timings of the visits and there were also mixed views about the response they received when they raised these issues with the office staff. In addition, some people said that following a review of their care plans, the agreed changes had not always been made in a timely manner.

During this inspection, people told us that the service had made improvements in relation to the above issues. Although there were instances when this was not possible, people told us that they were now mainly supported at their preferred times. Some people still found the timings of the visits erratic at times, but none said that this had an adverse effect on their health and wellbeing. One person said, "They are not always on time." Another person said, "We know that unexpected things can happen, but it is frustrating sitting around and waiting." However, people said that the office staff were now more likely to inform them that staff were running late. When we spoke with the administrator who monitored the electronic system, they told us that on receiving an alert that a member of staff had not logged in, they took immediate action to contact the member of staff to check when they would be arriving to support the person. They also contacted the person to tell them that the member of staff was running late and gave them an estimated time of when they should expect them. Where staff were not contactable, field supervisors were responsible for arranging for another member of staff to support the person.

People's needs had been assessed prior to them being supported by the service. We saw that personalised care plans were in place so that they received the care they required and that appropriately met their individual needs. Their preferences, wishes and choices had been taken into account in planning their care and they confirmed this when we spoke with them. We noted that the service had made significant improvements in ensuring that people's care records were reviewed and updated in a timely manner. People told us that staff provided the support they need to main their health and wellbeing. Everyone we spoke with said that they were happy with how their care had been provided. One person said, "I certainly get everything I pay for." A relative of a person who needed a lot of support because they were no longer able to attend to their own personal care needs said, "We are happy with the situation."

The provider had a complaints policy and procedure in place and we saw that people had been given this when they started using the service. Some people told us that they had complained in the past and they were happy with how this had been handled. One person said, "I have complained about the timings of the visits." Another person said, "The company do seem to be trying, but I know they sometimes have difficulty with staff availability." We noted that the provider had a system in place to manage complaints. The manager logged all complaints on a computer system and these were sent to the provider's Operations Director and the quality team for analysis. There had been a high number of complaints around the time of our previous inspection, including 20 being recorded in March 2015. However, we found these had significantly reduced, with a total of 19 complaints recorded between that period and January 2016. We saw that appropriate actions had been taken to investigate and respond to the concerns raised by people or their relatives.

Requires Improvement

Is the service well-led?

Our findings

During our inspection in February 2015, the service did not have a registered manager in post. The provider's Area Manager and the Quality Manager provided support to the newly appointed manager. Following our inspection, there had been two further changes in managers and we found this did not promote stability within the service. Some care staff did not find the office staff helpful because there was not enough communication of changes to the rotas, the rotas were not always accurate and they did not always inform people if care staff were going to be late. We found that the auditing of medicine administration records (MAR) had not always been done promptly so that any discrepancies could be rectified quickly. Also, there was not always evidence of how the findings of the audits had been used to drive improvements.

During this inspection, we found that the current manager had been in post for nearly five months and they had started the process to register with the Care Quality Commission. However, we noted that in their short time at the service, they had contributed to some of the improvements we saw including rearranging staff teams so that there was continuity of care for people who used the service. They had also developed a new system for managing supervision for staff who were unable to attend the office for this and we saw that this had produced good outcomes. Although the majority of people we spoke with said that they had not met the new manager, we found this would have not been possible in their time at the service. Three people told us that they had been recently asked if they would like a visit from the manager. Staff had positive comments about how the service was now being managed. A member of staff said, "I have seen more changes since the new manager started. The service is more settled and structured." Although the member of staff said that some staff had been resistant to this more structured style of management, they felt that this was positive and that it would bring about the required improvements. The feedback from the professionals also suggested that they had seen a lot of improvements in the quality of the service.

Staff were very positive about the improvements that had been made. They told us that communication with office staff had greatly improved and that their rotas were mostly accurate. Additionally, they said that having field supervisors allocated to each geographical area meant that they could get practical support much quicker than before. They said that on the main, people were now being informed by the office staff if they were going to visit them late. A member of staff said, "It has been good to have new office staff. They have been really helpful and I always get my rota on time." Staff meetings had been held with each of the teams based in Hertfordshire and Bedfordshire so that they could discuss issues relevant to their roles. The minutes of the meetings held in November 2015 and January 2016 showed that these were normally well attended and a variety of issues had been discussed. The manager told us that they aimed to have these quarterly. The manager also sent area specific newsletters to staff to give them updates about new trends within the care sector. We saw that the November 2015 newsletter gave updates on training, a request for fund raising ideas and an introduction of new staff. A member of staff told us that they found these useful.

There was evidence that people's feedback about the quality of the service was regularly sought. People provided feedback either by telephone or during home visits when a short questionnaire was completed. Two people told us that they had been contacted the previous week by one of the supervisors, asking them for feedback on the service. The manager told us that they aimed to contact each person at least quarterly

in order to capture their views and use any comments made to improve the service. Additionally, the provider sent a monthly survey to a percentage of people who used the service. We saw the reports of previous surveys that showed that people were mainly happy with the service provided. The manager told us that they were planning to send a survey to everyone who used the service and staff in 2016.

A number of quality audits had been completed in the months following our previous inspection. These included checking people's care records to ensure that they contained the information necessary to provide safe and effective care. Also, a percentage of medicine administration records (MAR) had been checked each month. We noted that records of the findings from the audits had been kept and these included information about the actions to be taken in order to make the required improvements. In December 2015, the manager started a tracking record to check if MAR and daily records had been audited. These were being audited by the field supervisors and checked by the manager to ensure that actions were taken where errors had been identified.

Although significant improvements had been made in all areas we had found shortfalls in during our inspection in February 2015, changes in managers meant that there had not been a long enough period for these to be fully embedded within the service.