

I & S Dutton Limited

Carewatch (Bath & North East Somerset)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 14 and 17 November 2015. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

Carewatch (Bath & North East Somerset) is registered as a domiciliary care agency to provide personal care and support for people living in their own home. The agency provides services predominantly to older people, but also to adults with disabilities and long term illnesses. At the time of this inspection 184 people were using the service.

There is a registered manager in post at Carewatch (Bath & North East Somerset). 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. The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the registered manager to provide feedback about the service.

Summary of findings

Staff were knowledgeable of people's preferences and care needs. People told us the regular staff they had provided them with the care and support they needed and expected. However a few people commented negatively on the lack of consistency of staff sometimes.

People using the service, and the relatives we spoke with described the staff as being "caring", "knowledgeable" and were "experienced." Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

Staff had received training in how to recognise and report abuse. All staff were clear about how to report any

concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. However three out of the five staff we spoke with were less knowledgeable about the requirements of the Mental Capacity Act 2005. Staff said they "felt supported", and they "received regular supervision."

The registered manager had systems in place to monitor the quality of the service provided, and was working towards action plans where some shortfalls had been identified. Staff were aware of the organisation's visions and values and spoke about being 'valued and proud' to work for Carewatch (BaNES).

Summary of findings

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 safe. People and staff told us they felt safe.

Staff we spoke with had a good understanding of the people they were supporting, and their working practices were monitored.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had systems in place to ensure people received their prescribed medicines safely.

Good



Is the service effective?

The service was effective. People and relatives explained their regular staff knew their needs well. However, not everyone we spoke with experienced consistent delivery of care.

Staff received supervision of their performance and told us they felt supported by the management structure.

Not all staff aware of the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring. People and relatives told us the staff were “caring and kind.”

People were involved in making decisions about their care and the support they received.

Staff were respectful of people’s privacy, dignity and independence.

Good



Is the service responsive?

The service was responsive. Care plans were in place outlining people’s care and support needs. Staff were knowledgeable about people’s support needs, their interests and preferences in order to provide a personalised service.

Complaints were listened to and responded to appropriately.

People who used the service and their relatives felt the staff and registered manager were approachable and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well led. Staff were supported by their line manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

The quality of the service provided was checked regularly and action had been taken to address identified shortfalls.

Good



Carewatch (Bath & North East Somerset)

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.

This inspection was carried out by two inspectors 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 service. The expert by experience gathered information from people who used the service, their relatives and two staff by speaking with

them. Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide by sending us a notification.

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 used a number of different methods to help us understand the experiences of people who used the service. This included talking with 20 people, three relatives and five staff. We looked at documents and records that related to eight people's support and care and the management of the service. We spoke with the registered manager.

Is the service safe?

Our findings

Everyone told us they felt safe with the staff who provided their care. Comments included: “Oh yes I do. I feel very safe with the girls who come here; I have no problems about that at all.” Another person said “Yes I am safe and very happy in my own home. I feel very safe with the girls who come to assist me.” Everyone was aware of who to contact if they needed to in an emergency. One person explained they had a pendant alarm they referred to as “a red button. I have used it so I know I can get help if I need someone.”

People receiving a service from Carewatch (BaNES) were safe because arrangements were in place to protect them from abuse and avoidable harm. We saw appropriate referrals had been made to the Local Authority Adult Safeguarding team. Staff told us they were aware of the whistleblowing and safeguarding policy and said they attended safeguarding training as part of their induction. Staff described how they were able to identify the signs if someone was at risk of being abused. Staff explained that they felt confident reporting any concerns they had, and they said they “would be listened to”. We saw safeguarding incidents were monitored and action had been taken. For example we saw contact had been made with relevant health professionals and a person’s social worker.

We saw assessments had been undertaken to assess the needs of the person using the service and to determine if the care and support could be provided. The assessments included risk assessments to identify potential hazards and management plans to minimise the risk. We saw these were in place for environmental hazards, equipment and any risks due to the health and support needs of the person. We saw some people had health issues and were at risk of falling; staff were made aware of the risk and provided with information about how to support them in their home. The risk assessments we saw were regularly reviewed. Staff told us people had equipment in their home to meet their needs and they received training to use this as part of their induction.

The registered manager explained there was an ongoing recruitment process in place. This had resulted in a full senior team and enough staff to fulfil current care packages at the time of our visit. The registered manager explained

they would not take on extra packages without the staffing in place. We looked at five staff files which showed clear recruitment processes had been followed to ensure the new staff were safe to work with people.

Staff explained a computer system created schedules for daily care calls; the system included allocated time for travel between calls. Staff told us they had their visits allocated close to where they live and that the office knew where they were at all times, they confirmed time was put into their daily schedule for travelling. The registered manager told us there wasn’t a system in place to monitor missed care calls; there was a policy and procedure in place. This included an on call system with a supervisor available from 7am to 10pm to take calls. The registered manager explained the person using the service, or the staff would contact the on call supervisor.

We saw a record of a complaint received from a family member about a missed appointment which occurred four months ago. The registered manager said this was the last missed care call, we saw records to show it had been investigated and resolved quickly.

Records and procedures for the safe administration of medicines were in place and being followed. Training records showed staff had received training in the safe management of medicines. Staff told us that medicines were put in dosset boxes (a box including the person’s medicines which is dispensed by the pharmacy). Staff explained the level of support the person

needed was detailed in the person’s care plan, such as prompting. There was a process in place for managing staff medicine errors and we saw records to show support and disciplinary action had been followed where necessary. We saw medicines errors had been reported and appropriate action had been taken. The registered manager explained these included instances of staff not completing the Medicines Administration Record (MAR) sheets.

We saw staff accessing the office to collect protective clothing such as gloves and aprons. All of the staff we spoke with confirmed there was always plenty of stock available. People told us that all staff wore aprons and gloves during personal hygiene or domestic tasks. People were confident in staff awareness of health and safety issues, and conscious of the need for infection control.

Is the service effective?

Our findings

Everyone we spoke with described the staff as “knowing what they were doing appeared to be trained and able to meet their needs which were identified within peoples’ care plans”. We received the following comments: “I love having a bath but my mobility is so poor the girls have to use the hoist to allow me to have a bath. They have been trained to do this, there are always two of them and I know I am safe in their hands.” “I have my medication given to me, with a glass of water. I don’t ever miss out on forgetting my pills, my carer sees to that for me.” Another person described the staff as “lovely, she does a lot in the house for me and takes me shopping. It gets me out of the house twice a week and I see other people. I think I am very well cared for and helped.” Another person said “I am getting my confidence back and it is down to the staff that I am doing so well.” Three out of 20 people we spoke with described how they were “constantly getting new carers unknown them. They wanted to have stability, regular carers who they could get to know”. One relative said “X gets upset when someone comes to help her who she does not know. She does not like strangers and needs to recognise and have regular carers she recognises, who are consistent and not changing all the time.” Each of the three people described the care they received was “good”, The registered manager explained a recent recruitment campaign had been successful and this had resulted in new staff being introduced to people, which might explain some of the inconsistency. Staff explained they had regular scheduled of work. This meant they were able to get to know the person and identify any changes quickly. There were systems in place to communicate these changes; staff told us they generally received details of changes from the office.

People’s nutrition was monitored and appropriate people were contacted where there were concerns. For example a person was identified as losing weight. Records showed the GP had been contacted and prescribed drinks and advised to increase the person’s calorie intake to support weight gain. This had been documented in the persons review and formed part of their care plan. We saw people had access to other healthcare professionals, such as the district nurse. Staff were able to recognise the effects of conditions such as dementia and the impact this can have on people. They told us how they were able to support people in ways

which respected their individual needs. One person explained how “I like to do as much as I can for myself. My carer recognises that and helps me keep my independence.”

Some of the care plans we viewed included consent forms that were signed by people who use the service. These identified if they agreed to the provider carrying out assessments and holding information to ensure the health, safety and wellbeing of people are maintained. The registered manager informed us they had plans to ensure that all people using the service had this in place. We saw records to show people agreed with their care plan.

Staff told us they attended an induction that included mandatory training and they shadowed senior staff for two weeks as part of their induction. A staff member said “it is the most thorough training I have ever had and it prepared me for the job”. Another staff member told us they did not feel confident following the two weeks of shadowing so they were offered further support. Staff told us they receive regular updates on their mandatory training they told us “training is good and refreshed every year”. Three out of the five staff we spoke with did not demonstrate a good understanding of the Mental Capacity Act. The MCA came into force in 2009 and is designed to

ensure the human rights of people who may lack mental capacity to take particular decisions are protected. Registered persons must ensure that their staff receive training in how the Act affects their work, so that they are able to comply with it. We saw refresher training was arranged for all staff.

Staff told us they had supervision but this was not regular, however their working practice was monitored by senior staff during ‘spot checks’. Staff explained they felt able to raise any concerns and were confident they would be dealt with appropriately and quickly. We saw delivery of care was monitored by senior staff carrying out regular ‘spot checks.’ Staff explained they were unannounced and the supervisor always spoke with the person receiving the care, their comments were then feedback to the member of staff. We saw staff received regular supervision and appraisal of their performance.

The service had a contingency plan in place should staffing levels be affected by staff sickness or adverse weather conditions.

Is the service caring?

Our findings

Everyone we spoke with was satisfied with the support they were receiving. Comments made to us included; “I don’t know what I would do without them. They treat me so kindly and look after me well.” “Very caring girls, nothing is too much for them to do, all you have to do is ask and they do it.” “I am highly satisfied with the care I get from my carer. She has even taken me to see my GP in her own time. Absolutely a first class carer.” “Chatty, bubbly, so lovely to have around, a great caring girl.” A relative said “there are some brilliant carers.” Without exception everyone agreed the staff were on time and stayed the full allotted time as agreed in the care plan.

Staff told us they supported people’s privacy and dignity by ensuring they were covered and curtains were closed when receiving personal care support. One person said “they (staff) help me retain my dignity, close the curtains and the door.” One staff member told us when they are providing

support “I always ask how they want it done and talk it through and I always ensure they are covered when dressing”. We could see privacy and dignity was discussed during spot checks and reviews with people.

The care plans we saw identified individual outcomes for people and focused on maintaining peoples’ independence and their preferences. We saw records showed people’s plans of care had been reviewed with them and other relevant people. Comments we received from people included; “I just had my care plan reviewed last week. We agreed to keep it as it is, I don’t need any extra help at the moment.” Another person said “I get my plan reviewed every six months. It is going well, I find the Manager very good to deal with. I get all the help I need at the moment. If I needed more help then I would ask for it.” The records also included comments from the person about their views of the service. One comment stated ‘I am very happy with all of my care workers’.

The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Is the service responsive?

Our findings

The care plans we looked at were individualised and contained details of the persons' daily appointments times and the support they were assessed to receive. Care plans were based on the information contained during the initial assessment. Staff stated they felt they knew people well and what is important to them, they stated this was recorded on the weekly information they receive about their calls. Staff told us this information was also recorded in care plans. Staff described how they had reported that a person's needs had changed and they required more support, they explained staffing input was increased for a period of time to enable the situation to be safely managed.

There was a complaints monitoring file in place, this recorded complaints made, the nature of the complaint, actions taken outcome and date closed. The complaints we viewed were responded to and resolved in a timely manner; people who had made the complaints were kept informed of progress and outcomes. There was a system in place for the monitoring of complaints to be sent to the local authority on a quarterly basis. Without exception, everyone we spoke with said they knew how to make a complaint. One person explained "Yes, I do know how to make a complaint and I would do so if I felt it necessary. I did make a complaint once and it was resolved quickly." Another person said "I know how to make a complaint, but have never had the need. I think it is a good Service." A third person explained "I have had nothing to complain about, quite happy with the help I get."

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability from Registered person to care worker. Staff were able to tell us about their roles and how each part of the organisation worked. Staff spoke highly of the management team and said they felt valued and supported in their role. Staff told us there was a good management structure in the company and they “always had someone to talk to”. They described the management team as “fantastic, they are really supportive and genuinely care about the staff.” Another member of staff said “the management team are fair, approachable and sort out any problems, they listen and act on what we say, and we can see action is taken as a result which we value.” When we spoke with staff they displayed a caring and respectful attitude towards people. The registered manager described how the culture of the service was promoted through training and induction.

The provider had a system in place to monitor the quality of the service. This included monthly audits completed by

the manager. The audits covered areas such as staff levels, supervision and appraisals, care plans, management of medicines, incidents and accident reporting. Where the audits identified any trends, action was taken, such as disciplinary action for staff who were not completing MAR. Surveys were sent out to 177 people in July, 58 were returned and showed overall satisfaction, and concerns were actioned, such as the use of certain terminology. Staff had the opportunity to respond to a survey, however no one replied. All of the staff we spoke with said there were sufficient opportunities to discuss opinions/concerns about how the service is run, and they received a newsletter frequently.

The registered manager explained one of the ways they kept up to date with best practice was to attend conferences and meetings with other organisations. The registered manager said meetings with staff had been overall unsuccessful as it was “difficult to arrange convenient times for all staff” however they were trailing a ‘hub’ style meeting for staff with the senior care coordinators.