Carewatch Care Services Limited

Carewatch (Brighton)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Carewatch (Brighton) is a domiciliary care agency and provides support with personal care to people living in their own homes in the Brighton and Hove area. At the time of the inspection 167 people received personal care from the service.

At this inspection we found the service to be Good overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

●People told us they felt safe with the care and support provided. Staff had a good understanding of the risks associated with the people they supported. Risk assessments provided further information for staff. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns.

●People were supported to receive their medicines when they needed them. There were enough staff working to provide the support people needed, where possible at times of their choice. Recruitment procedures ensured only suitable staff worked at the service.

●People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

●People were supported with their food and drink and this was monitored regularly. People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them. Staff received training that enabled them to deliver the support that people needed. Staff received support from the registered manager and the office staff.

●People were supported by staff who knew them well. Staff understood people's needs, choices and histories and knew what was important to each person. People were treated with kindness, respect and understanding. They were enabled to make their own decisions and choices about what they did each day.

●People received support that was person-centred and met their individual needs, choices and preferences. Complaints had been recorded, investigated and responded to appropriately.

●The registered manager was well thought of and supportive to people and staff. They had a good overview of the service. There were systems in place to assure quality and identify if improvements to the service were needed.

Rating at last inspection: Requires improvement. (Report published 13 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Carewatch (Brighton)

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● The inspection team consisted of two inspectors and two experts-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. They undertook telephone calls to gain feedback from people using the service and their relatives.

Service and service type:
● This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to predominately older people who may also be living with dementia, people who misuse drugs and alcohol, have mental health issues, or a learning disability or autistic spectrum disorder.
● Not everyone using Carewatch (Brighton) received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 177 people were using the service but only 167 people received support with personal care.
● The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
● We gave the service a weeks' notice of the inspection visit. This was because we wanted to gain feedback from people using the service, which we used to inform the site visit. We also needed to be sure the management would be in the office. We visited the office on 26 February 2019 to see the registered manager, talk with care staff and to look at the records.

What we did:
● Before the inspection we reviewed the information, we held about the service and the service provider.

● The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with 21 people using the service and five relatives.
● We contacted the local authority and five health and social care professionals for their experience of the service provided. We received two responses.

• During the office site visit we looked at records.
This included:
● Four staff recruitment files
● Training records
● Eight people's care records
● Records of accidents, incidents and complaints
● Audits and quality assurance reports

● We also spoke with the registered manager, the area manager, a quality manager, two quality officers, a coordinator and eight care staff.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in December 2017, this key question was rated "requires improvement". This was because people had not always received the care and treatment required to meet their assessed needs, or which reflected their preferences or wishes. The scheduling of care calls placed people at risk of receiving late calls, or having their calls missed altogether. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Assessing risk, safety monitoring and management

● We saw that improvements had been made with the scheduling of care calls.
● Where people needed their care calls at specific times this was now identified on the scheduling system to alert staff when allocating care staff to cover the calls. A live system had been fully implemented and was monitored, which recorded the times care staff logged in and out of the care calls. This alerted office staff to any delay in covering calls. This meant they could make alternative arrangements or alert people to the delay in their call being covered.
● None of the people we spoke with reported calls being missed altogether without warning or explanation. People said staff usually arrived on time, but could occasionally arrive a bit late, maybe due to unexpected extra care needs of a previous person. One person told us, "They are so good to arrange everything at the right time. We call them Angels of Mercy."
●There was a full team of office staff and people and staff told us they were able to speak to staff in the office when they need to. A member of staff told us, "The office is readily available by phone. Recently on a visit the person had a temporary walking difficulty. I phoned the office as the person was going to need more care than usual, and they covered my next visit so I could give the person the time they needed. Allocation always take account of people's special requirements, for example if they will only accept female staff, although they will ask people if they are prepared to make exceptions if staffing is very difficult at the time. Matching of users to staff is very good."
● People's care and support plans included detailed risk assessments in relation to the environment and in relation to their specific care needs. A system was in place to monitor that these had been reviewed. A member of staff told us, "There is constant feedback from the office, for example, we are told of new medications or equipment in use. The risk assessments are good. All the files have an emergency grab sheet with all the information you need to address emergency situations; it was effective when I needed to use one."
●Contingency plans were in place, for example, in the event of adverse weather conditions.
● Care staff had a handbook which detailed what to do in an emergency. One member of staff told us, "Yesterday I found a person I go to regularly was not responding to our visit, it was an obvious deterioration. I had to call for an ambulance, with the person's agreement. I followed our procedures. I stayed with the

person for reassurance until the ambulance arrived, and the office reallocated my later calls. I made the home tidy and safe after the ambulance left." A relative told us, "I go to work so I leave (Person's name) with the carer and I know it will be safe because they can cope in an emergency and someone always lets me know if there is a problem."

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with the care and support provided. One person told us, "The people who come to look after me know what they are doing." Another person said, "I think in the beginning I was unsure about how safe it would be but you get used to having them and I never feel afraid."
● Staff were aware of the safeguarding policy and of the whistleblowing procedures and had received safeguarding training. They could tell us what actions they would take if they believed someone was at risk of harm, abuse or discrimination.
● Where concerns were identified these had been referred to the appropriate authority. The registered manager worked with relevant organisations to ensure appropriate outcomes were achieved.

Staffing and recruitment

● There was ongoing staff recruitment. A robust recruitment process was followed to ensure staff were suitable to work in the care environment.
● All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed. The provider had undertaken checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

● There were systems in place to ensure medicines were managed safely.
● Staff completed medicine training and a medicine competency assessment before they provided support to people with medicines.
● A member of staff told us, "There's an assumption in favour of people self-medicating. We only administer where the person doesn't have capacity, or there's a long-term history of meds problems. But for some people we may be required to prompt, or to check they have taken their meds."
● No one raised any concerns about the support they received with their medicines. One person told us, "My nurses all know about the drugs and they are excellent." Another person told us, "Every morning they take my tablets out of the blister pack because I can't do it. Then every evening they check the tablets are all gone."

Preventing and controlling infection

● Staff demonstrated an awareness of infection control procedures.
● There was an infection control policy and procedure and staff had received infection control training.
● Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people with personal care and the application of creams.

Learning lessons when things go wrong

● Accidents and incidents were recorded and where appropriate were referred to other organisations such

as safeguarding teams and Care Quality Commission (CQC).

● Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. Details and follow up actions by staff to prevent a re-occurrence were documented.

● Following any accident, incident or safeguarding concern information was shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

● Induction training included first aid, safeguarding, mental capacity and health and safety. Staff also received training that reflected the needs of people using the service. This included an awareness of dementia, learning disability and autism, misuse of alcohol and an awareness of mental health. A member of staff told us about their induction which, "Included essential training, like moving and handling and meds, before shadowing experienced staff. Safeguarding is gone through in detail. New staff don't go on shadow visits until DBS had been received."
● Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. A member of staff said, "The induction training was very easy to follow. The work book is a good base. The training was comprehensive without being bombarded; I'm clear about where to find information if I need to. We had an overview of dementia. I shadowed for 18 hours and my first solo calls were to people with relatively simple needs. In the first few months I had a lot of unannounced spot checks. I can see the manager whenever I like; I've had lots of phone contact with the office and have formal one to one with the manager or the quality officer. Medicines competency is looked at on spot checks."
● There was an overview of training that staff had completed. The registered manager used this to identify when staff required training updates. Staff told us they received regular training updates and were supported by the manager and staff.
● Staff told us, and records confirmed, staff were supported in their roles. They had regular one to one meetings to discuss their practice and identify further learning and an annual appraisal. A member of staff told us, "They are hot on supervision, in the office and in the field. I feel there is a constant watch. I've had formal supervision from the manager and a quality officer, and the quality officer comes out to watch you at work every three months. The IT system prompts them when it has to be done and the manager keeps a close eye on those things to ensure nothing is missed."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● Staff applied best practice principles, which led to good outcomes for people and supported a good quality of life.
● People's needs had been comprehensively assessed and regularly reviewed. Care plan reviews took place at least annually, or as and when required. One person described how they had met with the manager of Carewatch who discussed their needs, and told us, "I felt comfortable she understood what I was going through." She said they worked on her care plan together and they were very respectful of her situation.

● People, and where applicable their relatives, were involved in their care planning and review.

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People's consent was sought and agreed before support was provided. A member of staff told us, "I let them know what I am doing. You can't go against their wishes" They went onto describe how they worked with one person, "I jolly her along and we have a laugh."

Supporting people to eat and drink enough to maintain a balanced diet

● Where required, staff supported people to have enough to eat and drink throughout the day. One person told us, "The carers make up my lunch and make sure there is water in reach by the bed. They stay with me while I eat and I'm a slow eater but they don't mind. They know how I like things and what I need. They cut things up small for me." Another person said, "Every morning they are here to ensure I am up and dressed and happy and well cared for with a drink and some toast."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

● Staff recognised the importance of working with people to maintain their health. Where appropriate staff arranged and attended health appointments with people, if they wished for this support. Where staff were concerned about people, or recognised a change in their health referrals would be made to the appropriate professionals. One person told us, "I had been trying to sort out a weeping sore on my leg. The carer convinced me to talk to my GP and they helped me to arrange to attend a weekly clinic." Another person said, "They keep track of all my hospital appointments for me."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● Staff demonstrated a kind and caring attitude to people. One person told us," My carers are wonderful. They come in smiling and not miserable, they are really good, they brighten up my day. Staff are caring. They always check on me, they ask how I've been since they last saw me and make sure I am all ok before they go". People's comments included, "The carers are now more like friends and I feel so lucky. We get to know each other," "The carer I had this morning is brilliant and makes me laugh," "Some of the carers are very jolly and keep my spirits up," and, "Are my carers kind? Yes, they are, they really take time to make sure I am okay. (Staff member's name) enjoys books like me, so we have a read together."
●Staff knew people well, including their backgrounds and histories, likes and choices and what was important to each person. They understood their needs and used this information to support people. A member of staff told us, "The job is based on respect for how people choose to live their lives. We support that by using people's preferred names, maintaining eye contact, explaining what we are offering to do and making sure they agree. Some people are shown on the system as only accepting female staff and male staff would definitely not be sent."
● Staff had a good understanding of dignity, equality and diversity. They were aware of the importance of treating people equally. This was demonstrated through discussions and records.
● People were where possible, supported by regular staff. This helped people develop good relationships with staff who they trusted and who understood their needs. People were sent rotas so they knew who was supporting them each day. A member of staff told us, "Most of my work is with people I go to regularly. Wherever we go, we are visitors in people's homes and their needs and wishes come first."

Supporting people to express their views and be involved in making decisions about their care

● Staff provided people with choice and control in the way their care was delivered. Staff were committed to ensuring people remained in control and received support that centred on them as an individual.
● People were supported to express their views and choices. They were involved in developing and reviewing their care and support plan. One person told us, "I dictated my own care plan at the start. They do what I want in the way I feel I need it doing. In the last two years I've felt more satisfied that I have been listened to than I did before then."

Respecting and promoting people's privacy, dignity and independence

● Staff encouraged people to be independent. A member of staff told us, "You must have time for people all the time. The whole object is to help people do as much as they can for as long as they can. I visit a person living with dementia; I ask if he would like to help wash up or change the bed, he likes finding he still can-do

things like that. Another person I visit asks for cups of tea, but responds when I invite her to help get it, she says she enjoys doing things she hasn't done for a while."

● Staff had a good understanding of respecting people's privacy and dignity. One person told us they had had four falls recently so is a little nervous on their feet. They told us they had help with the shower, and they felt comfortable with this and their dignity and privacy is upheld. They told us, "I really can't do without them, they help me shower and do my creams." Another person said, "They're really gentle and patient with me." A member of staff told us that for one person who they helped to have a wash how they covered them up with a towel.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery. People's needs were met through good organisation and delivery.

At our last inspection in December 2017, this key question was rated "requires improvement". This was because improvements were needed to the frequency of the reviewing of care plans to ensure these remained up-to-date with people's care and support needs. The scheduling of care calls did not always demonstrate people's choices had been considered and person-centred care provided. We recommended the provider obtained information, sourced training and implemented policies and procedure in relation to compliance with the Accessible Information Standard (AIS.) At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received personalised support specific to their needs and preferences. Staff had a good understanding of seeing each person as an individual, with their own social diversity, values and beliefs. The scheduling system recorded people's individual preferences, for example the use of male or female staff to provide personal care. This had been recorded and used to inform the scheduling process, as had a system of flagging this up when care staff were being allocated work. One person told us, "No men come to do personal care for me because that's what I asked for."
● Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. There was a system in place to ensure these had been reviewed. A member of staff said, "I have quite a few regular calls, I might see someone three or four times a day. You get to know their life and their family. The quality officers pick up on any concern reported; they go out and see for themselves, or ask the family what they think. For example, today a person was refusing to take their meds. I phoned the office, they phoned the person's daughter, who helped to resolve the problem." Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. ●Staff demonstrated they knew people well and had a good understanding of their individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. A member of staff told us, "Care plans are kept up to date. If there are changes, we are kept informed. We can see that the information we provide to the office is actively used. If we report concerns such as about nutrition, a quality officer is sent out to follow up. We have our care notes as evidence of what we reported and how. We are always informed of feedback from service users."
● All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The provider had implemented a policy and procedure. Staff ensured that the communication needs of people were identified at the initial assessment and met. We saw that where required, people's

care plans contained details of the best way to communicate with them and staff were aware of these. For example, care staff told us for one person the use of a wipe board was being used to support the person on a daily basis to know which member of staff would be covering the care call.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy and procedure and the records detailed any complaints received were recorded, investigated and responded to according to the provider's policies and procedures. There had been 12 formal complaints in the last year. A member of staff told us, "I have sometimes advised users to make complaints if necessary, and I speak to the office on people's behalf if they can't self-advocate. Concerns about people are taken on board. The manager is in charge and effective, but also approachable and friendly. The roots of the service are in care and that goes all through the staff group." Information from complaints was shared with staff, when appropriate, to prevent a reoccurrence.
● People had received information on the complaints policy and procedure, knew who to speak to and told us that they would be comfortable to do so if necessary. Where people had raised concerns one person told us, "Calls were being added to the carers' shifts overnight without telling the carer, who then would not come if it was an early call. I complained and it doesn't happen now." Another person said, "One of the carers who came maybe one day a week was too bossy with me. I put up with it for six months, thinking it would settle down. It was all on their terms and I began to dread them coming. I did complain and they removed the carer so that's how it was fixed."

End of life care and support
● Carewatch (Brighton) was not providing end of life care at the time of the inspection. However, peoples' end of life care would be discussed and planned and their wishes be respected should this be required. A member of staff described giving personal care as part of end of life care, and told us, "It was something we spent a lot of time on in the training."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection in December 2017, this key question was rated "requires improvement". This was because improvements were needed to maintain quality assurance processes in place. People told us senior staff and office staff vacancies had affected the smooth running of the service. Systems to audit and quality assure the care provided had not all been fully maintained. The changes to senior and office staff and availability of care staff had not always ensured people were provided with person centred care and their choices had been met. People told us of difficulties in communicating with office staff and they had not always been happy with the responses they had received. At this inspection, we found the service had taken steps to address this. Therefore, the rating for this key question has improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

●There was a management structure, which gave clear lines of responsibility and authority for decision making.
● The office was fully staffed. Staff spoke positively about a close and supportive team who worked well together. They told us this had enabled the required improvements to be made following the last inspection. People and staff did not raise any concerns at contacting the office. One member of staff told us, "There is good communication. If I ring the office or call the out-of-hours service I get an answer."
●There was a registered manager in post who was supported by two quality officers, a senior care worker and two coordinators. Staff told us the registered manager was supportive and approachable. A member of staff told us, "I feel fully supported. (Registered manager's name) makes herself available any time and on-call is always answered and helpful." Another member of staff said, "We are a good team and we work well together."
● Staff spoke positively about the leadership and management of the service. A staff member told us, "I started in July last year. The first thing I noticed was that it functions as a team from the manager to the newest care staff. We are all on the same page trying to achieve the same quality of care for the people who depend on us. Any problems get sorted out, there is always someone there for advice. It's a sound business, it has to work and it does work. Another member of staff told us, "There is plenty of support. I can ring the coordinator or management. They guide me and are understanding and listen to me. They are supportive to the people, they care. The company is well run and I have no problems."
● People generally felt that the service was well-led. One person told us they were very positive about the care staff and the overall company, calling them, "A stupendous outfit." Another person said, "The service is so reliable and the staff are so pleasant."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
● The registered manager planned and delivered person-centred, high-quality support to achieve positive

outcomes for people. This considered all aspects of a person's life, and ensured support reflected people's individual needs and choices.
●Robust quality assurance audits had been undertaken and maintained to ensure the quality of the service provided. For example, for the completion of the medicines administration records and care planning records.
● The registered manager understood their responsibilities for duty of candour and took the appropriate action to inform all the relevant people when incidents occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were given opportunities to provide feedback about the service. People had regular reviews, they could provide feedback at that time. They were also able to provide feedback during their support times, and people regularly contacted the office if they had concerns. Quality assurance surveys were also encouraged for people and relatives to complete.
● Staff attended regular meetings to identify any concerns, provide feedback and be informed about changes and planned improvements. A member of staff told us, "(Registered manager's name) values my opinions as a new member of staff. She wants to know how things are for users and staff. I had formal supervision at the end of my probationary period and have been assessed in the field. It has included whether I had any thoughts or concerns about how the company runs. I have complete respect for the management role and how it is fulfilled. The office staff are invaluable."

Continuous learning and improving care

● There was a quality assurance system which helped to identify areas that needed to be improved and developed.
● The registered manager had identified improvements were needed in relation to the auditing of medicines. They had introduced a more robust auditing process to be followed.
● Accidents and incidents were logged, and action had been taken to reduce the likelihood of the event occurring. These were collated and reviewed for any themes or trends.

Working in partnership with others
● The registered manager worked in partnership with other services and organisations.
●Health and social care professionals confirmed staff communicated and worked effectively with other agencies to benefit people using the service.
●The service submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. When needed, the management team provided information to us to help with our enquiries into matters.