







Premier Care (Midlands) Limited Carewatch (Coventry)

Inspection report

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Coventry
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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

Carewatch Coventry is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 49 people with personal care.

We visited the offices of Carewatch Coventry on 11 September 2015. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 and their relatives told us they felt safe using the service. Care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

Summary of findings

The managers understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs, if this was part of their care plan.

Most people had consistent care workers who usually arrived on time and stayed the agreed length of time. Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required.

Care plans and risk assessments contained relevant information for care workers to help them provide the personalised care people required. People knew how to complain and were able to share their views and opinions about the service they received. Staff were confident they could raise any concerns or issues with the provider and managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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 received support from care workers who understood the risks relating to people's care, their responsibility to keep people safe and report any suspected abuse. There was a thorough staff recruitment process and a safe procedure for handling medicines. There were enough suitably experienced care workers to provide the support people required.

Good



Is the service effective?

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Good



Is the service caring?

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from consistent care workers that understood their individual needs

Good



Is the service responsive?

The service was responsive.

People received a service that was based on their personal preferences and how they wanted care workers to support them to live their lives. Care plans were regularly reviewed and care workers were kept up to date about changes in people's care. People were able to share their views about the service and the managers dealt promptly with any concerns or complaints they received.

Good



Is the service well-led?

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak to management if they needed to. Care workers felt supported to carry out their roles and felt able to raise any concerns with the management team. The management team provided good leadership and there were systems to review the quality of service provided.

Good



Carewatch (Coventry)

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR to be an accurate reflection of the service provided.

The office visit took place on 11 September 2015 and was announced. We told the provider we would be coming so

they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted 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 care service.

We contacted people who used the service by telephone and spoke with 13 people, (10 people who used the service and three relatives), two relatives contacted us to share their views about the service. During our visit we spoke with three care workers, a senior care worker, a care co-ordinator, the operations manager and the registered manager who was also the provider for the service.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with their care workers because they received care from care workers they knew well and trusted. One person told us, “I have had the one carer for some time now so I feel very safe with them.” Another told us, “We feel very safe with our carers. They are really nice and they become like friends after a while.” People had different experiences about care workers arrival times. Some people said care workers didn’t always arrive on time but stayed long enough to complete all the tasks required of them. Comments included, “I normally get the same group of carers. They are always on time and stay for the full half hour,” and, “They are not always on time but they do stay for the full hour.”

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to the managers or staff in the office. One care worker told us, “If I have any concerns I would record it and report it to the office. They would look into it and refer it to the local authority.” A senior care worker gave an example of referring an allegation of abuse to the managers who referred this to social services. They told us, “I had really good support from the manager, as it was distressing.”

People told us the service undertook assessments of their care needs and identified any potential risks to providing the care and support, such as risks in the home, or risks to the person. Records confirmed that risk assessments had been undertaken and care was planned in response to this and to minimise risk. For example, care workers used equipment to support people who needed assistance to move around and checked people’s skin where they had been assessed as at risk of developing skin damage. One care worker told us, “Before using a hoist I make sure the battery is charged and I check the sling to make sure there are no faults.” This made sure it was safe to use. Another care worker told us, “I check people’s skin for any redness or damage. Any concerns I would record it and report it to the office I would also let the family know. The office would phone the district nurse.”

The provider had an out of hour’s on-call system when the office was closed. Staff told us this reassured them that a senior member of staff was always available if they needed support. One care worker told us, “I can phone at any time

if I need help or advice.” Another care worker told us, “There is always someone on call. You never feel like you are on your own.” Staff felt supported by the management team at all times.

The provider had a plan that identified people who would be priority to receive calls in the event of an emergency, such as staff sickness or severe weather conditions making it difficult for care workers to get to people. Staff arranging calls could see at a glance which people were at high risk if they did not receive their calls at the time arranged. This helped care workers maintain support to people who lived on their own and people who were reliant on care workers for all their care needs.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Staff could not start working in people’s homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people’s backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work. The provider told us there was on-going recruitment of care workers to allow the service to develop. Most people who used the service were private clients who paid for the service themselves or through a direct payment. The provider did provide a service to a few social services clients and had recently attained a contract with a local authority and was expecting the service to expand when they provided more social services care packages.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Where care workers supported people to manage their medicines it was recorded in their care plan. People told us they received their medicines as prescribed. One person told us, “They give me all my tablets and record it my book.” Another said, “I do some of the tablets but the carers also do some and they always write it up in the book. They also cream my feet and chat to me while they are doing it.”

Care workers told us they had received training to administer medicines safely which included checks on their competence. Care workers were expected to complete the task sheet record to indicate medicines had been administered and to sign the medicine administration record (MAR) sheet to confirm this. We looked at completed

Is the service safe?

MARs that had been returned to the office. We noted there were gaps on two of the six records we reviewed. The provider told us they had identified improvements were needed as they had identified gaps on MARs that had been audited. They said care workers completed the task sheet which confirmed medicines had been given but on

occasion forgot to sign the medication administration record (MARs). A newsletter had been sent to care workers reminding them to sign the MARs and the provider told us they would be resetting standards and refreshing medication training with all care workers.

Is the service effective?

Our findings

People and their relatives told us care workers had the skills and knowledge to meet their needs. People we spoke with told us, “They certainly know what they are doing and we have every faith in them,” and, “Most of the carers are well trained and know what they are doing. We often get new girls coming along shadowing to learn on the job. They are really pleasant and become real friends after a while.”

Staff received training considered essential to meet people’s care and support needs. This included training in supporting people to move safely and infection control. Care workers said they completed an induction when they first started to work in the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker before they worked on their own. People who used the service confirmed new staff ‘shadowed’ experienced workers, comments included, “I usually have one experienced carer with a shadow carer who is learning the job.” The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The provider also supported staff with further training for example supporting care workers to attain a vocational qualification in care.

Staff knowledge and learning was monitored through a system of supervision meetings and checks on their practice. Staff told us they had regular meetings with their line manager that provided an opportunity for them to discuss personal development and training requirements. One care worker said, “We have regular one-to-one meetings where we discuss my training needs. I have recently enrolled for my NVQ level 3 which I am looking forward to doing.” Regular meetings also enabled the managers to monitor the performance of staff, and discuss performance issues. The senior care workers undertook regular observations to assess staff performance in people’s homes to ensure care workers put their learning into practice.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about

depriving people of their liberty are required. The managers understood the relevant requirements of the Mental Capacity Act (MCA) 2005. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. Although some people did lack capacity to make certain complex decisions, for example how they managed their finances, they all had somebody who could support them to make these decisions in their best interest.

Care workers we spoke with had limited understanding of the principles of the Act and how this affected their practice. However, they knew they could only provide care and support to people who had given their consent. One care worker told us, “I always ask people before I do anything.” People told us care workers sought their consent before completing any care or support tasks. One relative told us, “They will always ask my wife’s consent before doing things.” Another person said “They always ask for my consent when they are doing any personal care.” One care worker explained how they would respond if someone refused personal care, they said, “I would try and persuade them, but if they continued to refuse I would document it, inform the family and the office.” The operations manager told us care workers had been trained in the MCA during their induction. They told us they would arrange for refresher training to make sure staff would be able to appropriately support anyone if they did lack capacity to make decisions that affected their care and support. We received confirmation following our office visit that refresher training had been arranged.

Most people told us that they, or their relative, provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us they were satisfied with how this was done. People told us food was prepared well, choice was given whenever possible and drinks were offered where needed. Comments from people included, “I prepare all the meals and they reheat them. They always offer a choice from the ones I have prepared. “They always heat up my ready meals for me and serve them to me.” “They make me bacon sandwiches which are the best I have ever tasted.” No one we spoke with was dependent on their care worker to provide all their food and drinks. Care workers knew how to monitor and manage people’s nutrition and hydration if this was required to make sure people’s nutritional needs were maintained.

Is the service effective?

All the people we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. One person told us, “If they think my relative needs the doctor or the nurse then they will ring

me and let me know.” Records confirmed the service involved other health professionals with people’s care when required including district nurses, speech and language therapists, occupational therapists, and GPs. People were supported to manage their health conditions and had access to health professionals when required.

Is the service caring?

Our findings

Most people described the care they received from Carewatch Coventry as good or excellent. One person said, “The care I get is excellent and I cannot fault it. Nothing is too much trouble for them and they always ask if I need anything else before they leave.” Another told us, “The care that I get is excellent. They have become friends to me. Nothing is too much trouble for them and they always go the extra mile.” A relative told us, “My relative is cared for in a really positive manner. They are always thinking of her. They treat her like one of their own relatives. The carer that visits her last in the day always rings me to let me know how she is.

Most people we spoke with had regular care workers who they knew well and who they had built friendships with. One person said “The regular carers are very good because they know me and what I need and like.” One person did say, “The weekend is where it is less good because I get carers I don’t know and they don’t know me. They are all very respectful and very polite.”

We looked at the call schedules for four people who used the service and three care workers. These showed people were allocated regular care workers where possible. Care workers told us they supported the same people regularly and knew people’s likes and preferences. Care workers we spoke with had a good understanding of people’s care and support needs. People said care workers completed the tasks they expected them to before they left. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required.

People told us they were supported to maintain their independence and the support they received was flexible to their needs. People said, “They do everything to make sure I keep as independent as possible.” Another said, “I am a very independent person and try to do as much as possible for myself because that’s how I like it to be.” A relative told us, “They have really helped my wife and make every effort to improve her independence after her stroke.” A care worker told us how she used signs and gestures with one person, who was no longer able to speak, to help them continue to make choices.

People told us their dignity and privacy was respected by care workers. One person told us they felt care workers were, “like family.” Other people told us, “They are polite and we always have a chat as they are doing things.” “They always treat her with total respect and always talk to her as they do their work.” “The care I get from the older ones is very good, the younger ones less so. That being said the carers are all very courteous and treat me with respect.” People told us care workers maintained their dignity by covering them when they received personal care. Care workers told us how they ensured people’s privacy and dignity. One care worker told us, “I treat everyone how I would want to be treated myself.” Other care worker’s comments included, “I make sure their bottom half is covered while I’m washing the top half, then vice versa,” and, “I will leave the room while they are using the toilet or commode, I think it’s more respectful.” This made sure people’s dignity was maintained.

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One care worker told us, “Because I have regular clients I have built up relationships with them. If there is time I like to sit and have a cup of tea with them, especially if they live on their own as we can sometimes be the only people they see all day.” Another care worker said, “I really enjoy my job, it’s good to know you make a difference to people. Without us some people wouldn’t be able to stay at home.”

People we spoke with and their relatives confirmed they were involved in making decisions about their care and had been involved in planning their care. Comments included, “The planning was faultless and very easy to arrange.” “We had an initial planning meeting when I came out of hospital.” “I planned this care with the care agency and Social Services, it was so easy.”

Care workers understood the importance of maintaining people’s confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure. The provider told us the organisation had a social media site and staff had been made aware of their policy to monitor staff posts and photographs to make sure confidentiality was maintained.

Is the service responsive?

Our findings

People expressed satisfaction with the responsiveness of their care workers and said the service they received met their needs, choices and preferences. One person told us that his wife's care workers stayed as long as it took to complete the tasks satisfactorily even if that exceeded the time allocation. People told us care workers knew about their likes and preferences, as their support needs had been discussed and agreed with them when the service started. "My carers know exactly what I like and what I don't like. I have never had to complain and I cannot fault the service provided." "They know what I like and what I don't like and nothing is too much trouble." "The carers know what I like and what I don't like and if in doubt they ask." Following our office visit one person told us "I prefer not to have male carers for personal care, it makes me feel uncomfortable." We spoke to the care manager about this who told us this had been raised with them by the person concerned and the service now made sure the person's care calls were provided by female care workers.

Care workers we spoke with had good understanding of people's care and support needs and told us they had time to read care plans that were always up to date. They also said there was detailed information in care plans to inform them what to do on each call. Care workers told us they had regular clients so they got to know how people liked their care provided. One care worker told us how they had requested an occupational therapist (OT) assessment for a person whose mobility had deteriorated. They told us, "This person likes their first call at 7am, the OT wanted to come at 9am which would mean the person would have either had to remain in bed till this time or be transferred back to bed so the OT could see how they got up. I wasn't happy with this, and I know the client wasn't. Eventually the OT did agree to come at 7am so the person's routine was not disrupted." Care workers told us they referred any changes to people's care to the office staff or managers. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

We looked at four care records. Care plans provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. For example in one plan care workers were told the specific shower wash and

moisturiser the person liked to use. Another plan we viewed was for a person unable to move around without assistance. We noted that regular checks on the person's skin to make sure it remained in good condition was not included in the care plan. The care manager told us this was an oversight, that care workers did regularly check the person's skin and that they would update the care plan to include this information. There was appropriate pressure area management information in the other three care plans we viewed. Plans were reviewed and updated regularly and had been signed by people which showed they had been involved in planning their care.

Care workers told us they had regular clients who had scheduled call times. They said they had enough time allocated to carry out the care and support required. We looked at the call schedules for the people whose care we reviewed. Calls were allocated to regular care workers and had been scheduled in line with people's care plans. Most people told us they usually received their care around the times expected, although some people said call times could be inconsistent. "I have complained in the past about arrival times but now everything is OK." Care workers told us if there was an unexplained delay for example, traffic hold ups they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People we spoke with told us this didn't always happen, "They could call if they are going to be late." "We have complained that they never ring when they are running late." We saw the response from surveys the provider had sent to people had also raised this as a concern. We spoke with the managers who said they had already identified this from people's feedback. They told us, a newsletter would be sent to staff to remind them to inform the office when they were running late so they could phone people to reassure them their care worker was on their way.

We looked at how complaints were managed by the provider. People and their relatives knew how to make complaints as they had all been provided with a copy of the complaints procedure. People said they would telephone the agency's office if they wanted to complain or raise a concern. Comments included "I have never had to complain they are brilliant." "The only complaint we have made was about timing." Care workers spoken with said they would refer any concerns people raised to the managers or staff in the office and they were confident concerns would be dealt with effectively.

Is the service responsive?

The Provider Information return told us, “We operate a thorough and detailed complaints procedure so that we can reflect on elements of the service which may not be achieving desired outcomes.” We found this was taking place. Records showed complaints received had been recorded and investigated in a timely manner. The provider took complaints and concerns seriously and monitored these for any trends or patterns. For example an incident report had been completed for complaints about late/missed calls. These showed four were from the same

person so a meeting was held to discuss this and confirm call times which resolved the concerns. We noted on people’s feedback forms from reviews and surveys that it was not always clear what action had been taken to address any negative comments. The managers were clear what action they had taken and that any negative comments had been followed up with people. The managers said in future any negative comments would be recorded as concerns so there would be clear evidence to show the action taken.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received, comments from people included, “I am very happy with the service. The office is very good and was able to accommodate us taking the carers out for lunch as a thank you for all their hard work.” “I am very happy with the service.” “The service is generally good.”

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the PIR which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The provider told us the operations manager would be applying to become the registered manager of the service and that they (the provider) would then concentrate on the overall governance of the service.

The PIR told us “The Company has a robust management structure to provide peer support to all members of the management team. We have senior management strategy meetings to focus the organisation upon planned development. Management team meetings are held to implement the strategy and to deal with issues arising.” We found management held a weekly meeting to discuss any new packages of care, changes to staff rotas, visit times, and people’s care and support needs. This made sure senior staff had up to date information about the services’ current needs. Care workers told us they felt well supported by the management team that consisted of the provider/registered manager, the operations manager, care manager and care co-ordinator. There were also four senior care workers, two of which were team mentors. Senior staff understood their roles and responsibilities and what was expected of them.

Care workers knew who to report concerns to and who was responsible for providing supervisions. Care workers confirmed they had regular work supervision including observed practice supervision by the senior support workers. One senior care worker told us, “Supervision is really useful it gives you a kick up the backside.” Care workers told us they had a meeting with either the care manager or care co-ordinator every week when they collected their time sheets, where any changes in their call schedules were discussed. One care worker said, “The

weekly meetings make sure we have up to date information about people, and discuss any new clients, any concerns we may have about people or possible changes to their care needs.”

People who used the service told us senior staff checked on care workers during care calls. One person said, “They do check that carers are doing what they should. My carer calls it a spot check. They stay and watch, they’ve done this a few times now.” A senior support worker told us they undertook regular observations of staff performance in people’s homes to ensure standards of care were maintained and that care workers worked in line with the provider’s policies and procedures. They told us they were given specific time on their timetable to carry out their supervisory role. Care workers confirmed they received regular unannounced checks. They told us, “The senior care workers come out and check to make sure everything is being done properly and we are recording things correctly.” Spot checks had recently identified staff were not always wearing their full uniforms or carrying identity passes to confirm who they were. Staff were to be reminded by a newsletter of the standard required. There was an experienced management team that provided regular support to care workers.

The conversations we had with staff confirmed the management team provided a culture where staff felt valued and able to voice their opinions. Staff had been sent a survey to canvass their views of the service and any suggested improvements. The information had been collated and a response sent to staff to let them know the action that had been taken. This included arranging refresher training and more observed practice observations of staff. A new member of staff told us, “All the management team have been very nice and welcoming and have offered help and guidance.” All staff we spoke with told us they would feel confident about reporting concerns or poor practice to the managers or senior staff in the office. One care worker told us, “If you have any queries or concerns I would contact the office and let them know, they are all approachable and there is always someone available by phone.” Another care worker said, “I feel well supported by the managers. They’re friendly and make you feel comfortable.”

All the people we spoke with told us they knew who to contact in the service if they needed to. They told us the information they received from the agency was clear and

Is the service well-led?

easy to understand. People felt able to contact the office but some people said the response at evenings and weekends was not as good as during office hours. People said, “Between nine and five it is easy to contact the office but outside of that you just get a machine which does not help if you have a problem.” The managers told us the on call person sometimes provided care calls so they might not be able to respond immediately, but they were confident messages would be responded to.

People told us they had been asked if they were satisfied with the service, this was through spot checks, senior staff visits, care plan reviews and satisfaction surveys. “A manager came out the other day to check if everything was

running smoothly,” and “A manager comes out every so often to check everything is alright.” We looked at a sample of returned surveys from people, the responses and comments were mainly positive about the service.

The provider and manager used a range of other quality checks to make sure the service was meeting people’s needs. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The registered manager and the operations manager played an active role in quality assurance and to ensure the service continuously improved.