

Bexley Homecare Services Ltd

Carewatch (Bexley)

Inspection report

1st Floor Office
118 Upton Road
Bexleyheath
Kent
DA6 8LX

Tel: 0208303333






Date of inspection visit:
02 August 2016
03 August 2016

Date of publication:
08 September 2016

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 02 and 03 August 2016 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available.

Carewatch Bexley provides personal care and support to people in their own homes in the London Borough of Bexley. At the time of our inspection there were approximately 110 people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found a breach of regulations because records had not always been maintained to confirm people had received their medicine as prescribed. There was not always guidance in place for staff on when to support people with their 'as required' medicines and records showed that one person had been supported to take an 'as required' medicine unsafely.

We found further breaches of regulations because systems for monitoring the quality and safety of the service were not always effective, and because there was not always sufficient guidance in place for staff on how to manage risks to people safely. Additionally, we found that risk assessment reviews did not always take into account changes in people's circumstances.

You can see what action we told the provider to take in respect of these breaches at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Staff told us people were able to make decisions for themselves and that they sought people's consent when offering them support. Minor improvements were required to ensure the service consistently complied with the requirements of the Mental Capacity Act 2005 because one person had been assessed as lacking capacity without identifying the specific decision the assessment related to. The registered manager confirmed they would address this minor issue promptly following our inspection.

The provider undertook appropriate recruitment checks before new staff started work and there were sufficient staff deployed to meet people's needs. People were protected from the risk of abuse because staff had received safeguarding adults training and were aware of the action to take if they suspected abuse had occurred.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. They had received training in areas considered mandatory by the provider which was refreshed on a regular basis. Where required, people were supported to maintain a balanced diet. People

told us staff treated them with dignity and respected their privacy. People were involved in making decisions about the support they received and were treated with consideration. The provider supported people to access health care services if needed.

People were aware of how to make a complaint and had confidence any concerns they raised would be addressed. People's care plans included information about their individual needs and preferences and were reviewed annually or more frequently if their needs changed. The provider sought feedback from people through telephone monitoring and an annual survey and feedback indicated that people were happy with the service they received. Most people spoke positively about the management of the service although two people told us they were not always informed of changes if the staff member who usually supported them was absent from work. Staff spoke positively about the leadership of the service and told us they worked well as a team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not safely managed and records relating to the administration of medicines were not always accurately maintained.

Guidance was not always in place for staff on how to manage risks to people and risk assessment reviews did not always take changes in people's situations into account.

There were sufficient staff deployed to support people safely. The provider conducted appropriate recruitment checks before staff started work.

People were protected from the risk of abuse because staff had received safeguarding training and knew the action to take if they suspected abuse had occurred.

Is the service effective?

Good ●

The service was effective.

Staff sought people's consent when offering them support and told us people were able to make decisions for themselves. Minor improvements were required to ensure the service consistently complied with the requirements of the Mental Capacity Act 2005.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. Staff received training in areas considered mandatory by the provider which was refreshed on a regular basis to ensure their skills and knowledge remained up to date.

People were supported to access healthcare services, where required.

People were supported to maintain a balanced diet where they had been assessed as requiring support with meals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and their privacy was respected.

Staff treated people with kindness and consideration.

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

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care. Care plans included information about people's individual needs and their preferences in the way they received support.

Staff encouraged people's independence where appropriate.

People were aware of how to make a complaint. The provider maintained a record of complaints received which had been responded to in line with the guidance in their complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had processes in place to monitor the quality and safety of the service but these were not always effective.

Most people spoke positively about the management of the service although two people told us they were not always informed of changes to the staff supporting them.

Staff told us the service was well managed and they were supported in their roles by the registered manager.

The provider sought feedback from people on the quality of the service through telephone monitoring checks and an annual survey.

Carewatch (Bexley)

Detailed findings

Background to this inspection

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

This inspection took place on 02 and 03 August and was announced. We gave the service two working days' notice of the inspection because the service provides a domiciliary care service and we wanted to be sure the registered manager would be available. The inspection was conducted by an inspector who attended the office on both days. They were supported on the second day of the inspection by an Expert by Experience who made telephone calls to people in their homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service. We also looked at statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted a local authority who commissioned services from the provider to get their feedback on the quality of the service. We used this information to help inform our inspection planning.

During the inspection we spoke with 10 people, four relatives, eight staff and the registered manager. We also looked at records, including ten people's care records, seven staff files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Definitely, I feel safe with them [staff]." Another person told us, "They [staff] treat me very well; I feel safe." However, despite the positive comments we received about safety, we found concerns with the way in which medicines were managed and with the guidance in place for staff to safely manage risks to people.

Medicines were not safely managed. People's care plans and risk assessments did not always provide sufficient guidance for staff on how to safely support people with their medicines. For example, three people's care records made reference to supporting people with medicines for pain management 'when needed'. There was no further guidance for staff on how to support people with these medicines, such as the minimum safe times between each dose, or the signs to look for that may indicate the person needed pain relief. We reviewed Medicines Administration Records (MARs) relating to the three people and found one example of a day during the previous month on which one person had been supported by staff to take pain relief medicine at two consecutive visits, less than three hours apart. Whilst staff had failed to record the dose they had supported the person to take at those visits, there was a risk that the person had been supported to take two doses of medicine without the prescribed time gap between them.

People's medicines had been considered as part of the provider's risk assessment process, to help identify the level of support they required. However, the assessment information and guidance for staff was not always consistent, placing them at risk of unsafe support. For example, one person's risk assessment made reference for the need for staff to support them with their medicines, but later referred to the person only receiving medicines support from other healthcare professionals. We spoke to senior staff who told us that the person did not require any medicines support from the service. Therefore there was a risk that staff unfamiliar with the person's needs may have attempted to support them with their medicines which had already been given by other healthcare professionals.

We also found that medicines listed in people's care plans and risk assessments were not always consistent with the medicines recorded on their MARs. For example, one person's risk assessment recorded that they had been prescribed a medicine to be taken three times each day, but their MAR only made reference to support being given once a day. Therefore we were unable to determine whether the person was being supported appropriately to take their medicines as prescribed. We also found that staff had not always signed people's MARs to confirm they had supported them to take medicines at the correct times as prescribed.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager confirmed that they would put appropriate guidance in place for staff to follow when supporting people with 'as required' medicines, and that they would ensure any gaps in people's MARs were followed up with the staff responsible, although we were unable to check on this at the time of our inspection.

Risks to people had been assessed but there was not always sufficient guidance in place for staff on how to

manage risks safely. We saw risk assessments had been conducted by senior staff when people started using the service and these were reviewed on a regular basis, in line with the provider's policy. Risk assessments covered areas including moving and handling, the safety of the environment, medicines and any health conditions. However, we found that there was not always sufficient guidance in place for staff on how to manage identified risks. For example, one person's risk assessment identified that they suffered from epilepsy, but their care plan only guided staff to contact a relative if they suffered a seizure. There was no information for staff on the frequency or duration of the person's seizures, or at what point they should seek medical help. This placed the person at risk of unsafe care, if staff were unable to contact the family member immediately. In another example, we noted that a healthcare professional had contacted office staff to provide guidance on how to manage risks to one person's skin integrity, but this information had not been added to the person's support plan. Therefore there was a risk that staff unfamiliar with the person may not be aware of how to manage their skin integrity safely, in line with the guidance provided.

Where risk assessments had been reviewed, we found that they had not always considered changes in people's circumstances. For example, one person's risk assessment had been reviewed and a note made that no changes to the assessment had been required. However, records showed that the person had moved since the time of the previous review and therefore the information in the risk assessment regarding their home environment was no longer accurate. Therefore we could not be assured that the areas of risk covered in the risk assessment had been properly considered by staff during the review.

These issues were a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements to deal with emergencies. Staff had received training in emergency first aid and fire safety and were aware of the action to take in the event of an emergency. The provider also had a business continuity plan in place which identified the action staff would take in the event of a range of emergencies to ensure people continued to receive the service safely.

There were sufficient staff to meet people's needs. People told us that they were satisfied with that they received their calls on or close to the times they had agreed with the provider and that the care they received was not rushed. One person said, "They come within 20 minutes or half an hour of the agreed time; the office lets me know if they're running late." Another person told us, "They always arrive on time." A third person commented that there had been occasions in the past when the service had not been able to provide cover for their calls in an emergency, resulting in their not receiving care. However, they told us that this had improved. We spoke to the registered manager about their staffing levels and they confirmed that the agency only took on new service users when they had availability, and that they had reduced the overall number of hours they were providing to ensure people received their visits as required.

Staff we spoke with told us they had sufficient time to complete the calls they were allocated safely, and records of visits we reviewed confirmed this. One staff member told us, "I have a regular round and travel time has been allocated between each visit." Another staff member said, "My visits are spread out so that I can stay with each person for the full time."

The provider undertook appropriate recruitment checks on staff before they started work to confirm their suitability. Staff files contained application forms completed by staff which included details of their qualifications and full work history. The files also contained copies of photographic identification, references, confirmation of criminal records checks having been made on checks on the right of staff to work in the UK, where appropriate.

People were protected from the risk of abuse. Staff had received safeguarding training and were aware of the signs to look for that may indicate abuse had occurred. They told us they would report any concerns they had to senior staff and had confidence that any allegations they raised would be dealt with appropriately. Senior staff were aware of the process of reporting safeguarding concerns to the local authority and the Commission and we saw that appropriate safeguarding referrals had been made where required. The provider had a whistle blowing policy in place and staff we spoke with were aware of how to escalate their concerns, should they need to do so. One staff member told us, "If I thought something wasn't being done, I'd have a duty to report it."

Is the service effective?

Our findings

People told us that the staff that regularly visited them knew them well and how to support them, although we received mixed feedback about staff who visited when people's regular care staff were not available. One person told us, "Yes, they know me. They know I'm a bit wobbly on my feet and that I can fall; they watch me carefully." Another person said, "They know everything that I need." A relative told us it would be helpful if new staff were given more information about their loved one's condition before they arrived, although they also spoke positively about a member of staff that had recently been covering calls whose knowledge they described as, "Great."

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff told us that the people they supported had capacity to make decisions for themselves. They confirmed that they sought consent from the people when offering support to ensure they were happy with the care they received. One staff member said, "I respect people's wishes; they can make their own decisions about their care." Another staff member told us, "I help them [people] in the way that they want. We can't force people to do things."

Records showed that the provider had taken some steps to comply with the requirements of the MCA. We found one example of a person whose mental capacity had been assessed in general terms rather than with regard to a specific decision making area as required by the MCA. However, we noted that their support had been discussed with a family member to ensure the care provided was in their best interests and there was no evidence that this had impacted on their rights. We spoke to the registered manager about the need to ensure capacity assessments were conducted around specific decisions and they told us they would address this issue, although we were unable to check on this at the time of our inspection. The registered manager told us that no people using the service were currently deprived of their liberty. They were aware of the process of making applications through the Court of Protection should a person need to be deprived of their liberty in their best interests.

Most people told us they thought the staff had received appropriate training to perform their roles. One person said, "They [staff] seem to be well trained; I ask them different questions and they can always answer me properly." Another person said, "Yes, they are trained really well." One person commented that some of the staff that had attended them still had things to learn, although they were satisfied with the standard of care they received.

Staff confirmed that they completed an induction when they started work which included training in areas considered mandatory by the provider, time learning the key policies and procedures and shadowing more

experienced staff. Staff we spoke with told us they felt they had the skills to undertake their roles. One staff member said, "The training has been helpful; I know what I'm doing." Another staff member told us, "I've had plenty of training." However a third staff member commented that whilst they now had confidence in what they were doing, it would have been helpful for them to have had more time shadowing colleagues. We spoke to senior staff about this and they told us that the amount of time new staff spent shadowing was dependent on their level of experience and the feedback they received regarding their development from the staff they were with.

Records showed that most staff were up to date with training the provider considered mandatory and we saw training scheduled for those staff that were due to undertake refresher courses. Staff received training in areas including first aid, moving and handling, food hygiene, safeguarding adults, infection control, health and safety, and fire safety.

Staff told us, and records confirmed that they received regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision is helpful; I can discuss any issues I've had, either at work or personally, and I've found the management team to be very supportive." Another staff member said, "We have supervision regularly; we discussed training at my last one and I'm just waiting to start [a course]."

People told us that where needed and included in their care planning, care workers supported them to maintain a balanced diet. One person told us, "They help me with my meals if I need it." Another person said, "They [staff] cook my breakfast, and whatever I want for dinner each day." People's care records included details of any specific nutritional support they required and we saw records confirming that people's food and fluid intake were monitored by staff where they had been assessed as being at risk. Senior staff told us they would feedback any concerns they had with people's nutrition to relatives, where appropriate or relevant healthcare professionals to ensure people maintained good health.

Staff told us they monitored people's conditions during their visits and would report back any changes they noted to the office. Where required, senior staff confirmed that the service worked with healthcare professionals to ensure people's health needs were met. We saw that contact details of healthcare professionals had been recorded in people's care plans and staff confirmed they had made referrals to GPs and district nurses on people's behalf when required. The registered manager confirmed that arrangements could be made to support people with healthcare appointments where required and we noted one example of staff having supported a person to attend a dentist appointment.

Is the service caring?

Our findings

People spoke positively about the regular staff who supported them. One person said, "They [staff] have got to know me and I like it; it's like having a friend come to see you." Another person told us, "They are really kind to me; we get on well." A relative told us, "I've no concerns; they're kind [to their loved one]." We saw that feedback had been sought from people about staff during telephone monitoring checks which indicated people found staff to be friendly and courteous.

Staff we spoke with were able to describe how they worked to ensure people's privacy and dignity were respected, for example by ensuring curtains were drawn or covering people up as much as possible when supporting people with personal care. One staff member told us, "I treat everyone the way I would want to be treated." People and relatives we spoke confirmed that staff respected their privacy and dignity. One person told us, "They respect me nicely." Another person said, "I've no concerns with regards to my privacy; staff are respectful." A relative told us, "They always shut the door [when supporting their loved one with personal care] so no problems."

Staff we spoke with demonstrated a good knowledge of the people they supported. They were aware of people's life histories, the things that were important to them and their preferences in the way they received support. This knowledge helped them provide support to people in a way they felt comfortable. People also told us that staff supported them at their own pace. One person told us, "They tell me to take my time; they don't rush me. Sometimes it takes longer than others." Another person said, "I never feel rushed."

People told us they were involved in day to day decisions about their care and support. One person told us, "Staff will help me with whatever I need on the day." Another person told us, "They follow my care plan but if I need anything extra, they'll help me. A third person gave us examples of the order they liked tasks to be done whilst receiving support from staff which they confirmed staff respected. Staff we spoke with confirmed they listened to people's views and acted on their preferences when supporting them. One staff member told us, "I always make sure I give people choices, and I respect their decisions."

People's diverse cultural and spiritual needs were taken into account in the support they received. Staff were aware of people's specific cultural requirements and confirmed they worked to respect these, for example by supporting people to dress in culturally appropriate clothing or respecting the requirements of people's cultures whilst in their homes.

People were provided with information about the service in the form of a service user guide. The guide included information about the service people could expect to receive, how to raise a complaint, out of hours contact details and guidance on key policies and procedures.

Is the service responsive?

Our findings

People told us they had been involved in their care planning. One person said, "I'm aware of my care plan; we discussed the care I needed when the service started; I'm happy with the support I get." Another person said, "Yes, I have a care plan; I had a review recently to make sure it was up to date."

The registered manager explained that an assessment of each person's needs was undertaken when they started using the service and from this a care plan was developed. People's care plans included guidance for staff on the support people required in areas including mobility, personal care, continence, nutrition and support with any health conditions. Care plans were reviewed on at least an annual basis or more frequently where required if people's needs changed.

People's care plans included information about the things that were important to them as well as their preferences in their daily routines. People told us that the support they received reflected their individual needs and preferences, and that the service was responsive to any changes they required. For example, one person told us, "I have a GP appointment tomorrow so will be contacting the office to arrange an earlier visit than normal. It won't be a problem; they've changed the times of visits for me before when I've asked." Another person commented, "The help I get meets my needs."

Staff we spoke with told us they promoted people's independence as much as possible. One staff member said, "I encourage people to do things for themselves where they're able to. Some people have days where they're able to do more for themselves than others, so I always check." People we spoke with also confirmed their independence was promoted by staff. One person told us, "I can do things for myself and staff only support me where needed."

People told us they were aware of the process for making a complaint and that they had received information about the complaints procedure from the provider when they started using the service. One person said, "I'd call the office if I had any problems, but I've not had to do so." Another person told us, "I'd speak to the office staff; I'm confident they'd sort out any issues." A third person explained, "I complained once about staff running late and it was addressed."

The provider had a complaints procedure in place which gave guidance on how any complaints received would be dealt with, including details on how to escalate concerns, and the timescales for response. We reviewed the provider's complaints log and noted that complaints had been responded to appropriately, within the timescales provided.

Is the service well-led?

Our findings

The provider had processes in place to monitor the quality and safety of the service but these were not always effective. Senior staff told us that they conducted regular audits of people's care planning and risk assessments to ensure they remained accurate and reflective of their current needs. However, when we requested to review the audits conducted on three care plans where we had identified some issues, we found that the checks had not been made. The recorded reason for this was that the people's files were not in the filing cabinet at the time the checks were to be made. Staff confirmed that subsequently audits had not been made of the files once they had been located which would have identified the issues we'd found.

We also found examples where review forms had not been completed in full by staff when conducting reviews which meant feedback on the quality and safety of the service was unclear. For example, one person's review form had not been completed in response to questions about whether their current care plan met their needs, or whether they were happy with the quality of the service. This meant the provider may not have been aware of feedback from the person on areas they felt could be improved.

Where external audits or checks had been conducted we found that action had not always been taken to address identified issues. For example, a review conducted by a commissioning local authority had identified that the recording of people's medicines was not always clear in people's care plans as the information could be recorded in several places. This was still to be addressed at the time of our inspection and we identified issues with the way in which people's medicines had been recorded in their care planning during our inspection which can be found in this report under the key question "Is the service safe?"

These issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider conducted spot checks on staff to help ensure people received appropriate support. Records showed that staff were spot checked on a regular basis by senior staff. Staff we spoke with told us they found the spot checking process to be helpful in driving improvements. One staff member said, "I think they're good, as I want to know I'm doing the right thing." Another staff member told us, "[Senior staff] have raised things with me during spot checks which have resulted in improvements. For example, I always make sure I have a stock of personal protective equipment with me when I'm working following feedback at a spot check, which reduces infection control risks."

Most people spoke positively about the management of the service. One person told us, "Yes, I have confidence in the management team; they'll address any issues if you speak to them." Another person said, "The service we receive is well managed; I can't fault them." However, two people we spoke with commented that they were not always informed of changes if their regular staff member was unable to attend their calls, which they felt was an area that could be improved. This view was not consistently shared by all of the people we spoke with as others told us they were kept up to date and informed by office staff of any changes.

The service had a registered manager in post. They were aware of the responsibilities of the role under the Health and Social Care Act 2008. For example they knew which incidents they were required to notify the Commission of and records showed that appropriate notifications had been made in a timely fashion, where required.

Staff spoke positively about the management of the service and the support they received from the registered manager. One staff member told us, "The registered manager has always been supportive of me when I've had health problems. I can talk to her any time." Another staff member said, "We communicate well and work as a team. I'm happy working here." Regular staff meetings were held to discuss the running of the service and to provide updates on any changes. Staff we spoke with confirmed they found these meetings helpful and that they were able to express their views on any of the areas discussed.

The provider sought feedback from people on the running of the service through telephone monitoring checks and an annual survey. The registered manager explained that the most recent annual survey had only recently been completed and that they were yet to analyse the feedback they had received. They also told us that an action plan would be put in place to address any issues identified from feedback, where required although we were unable to check on this at the time of our inspection. We reviewed a sample of the surveys received and noted a positive response from people about the quality of the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Guidance was not always in place for staff on how to manage risks to people safely. Risk assessments did not always identify changes which may impact on people's needs.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Processes for monitoring the quality and safety of the service were not always effective and did not always identify issues.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely.

The enforcement action we took:

We served a warning notice on the provider and registered manager.