

Graham Home Care Limited

Carewatch (Harrow, Hillingdon & Ealing)

Inspection report

Talbot House
204-226 Imperial Drive
Rayners Lane
HA2 7HH

Date of inspection visit: 12 January 2016
Date of publication: 08/03/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We undertook an announced inspection on 12 January 2016 of Carewatch (Harrow, Hillingdon and Ealing). The service is registered to provide the regulated activity personal care. Carewatch (Harrow, Hillingdon & Ealing) is a domiciliary care service for people living in their own homes and run by Graham Home Care Limited. The service has around 280 people who use the service and 176 care workers working for them.

The service did not have 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.

Summary of findings

There was a branch manager in place however he also told us that he would be leaving the service and the provider would be looking to recruit another manager who would apply to be registered with us.

At our last inspection on 27 August 2014, the services met the regulations inspected.

During this inspection, we found people experienced a lack of consistency in the care they received. Some people did not have regular care workers and were also not aware of which care worker was coming to support them.

Although there were some positive aspects to the service such as people were being cared for and supported to have access to healthcare services, we found failings in four of the five domains resulting in people who used the service receiving lower standards of care than they should.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments

Care plans were not person centred and did not reflect the appropriate support people would need in relation to sometimes complex health and mobility needs.

Training records showed staff did not receive regular and appropriate training for them to gain the necessary knowledge and skills they needed to carry out their roles and responsibilities effectively.

People using the service and relatives told us they felt the care workers were not sufficiently trained to provide the care and support people needed.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service. However care plans did not contain any information about a person's mental capacity and levels of comprehension especially for those people who may have dementia and are unable to verbally communicate.

The current systems in place were not robust enough to monitor and improve the quality of the service being provided to people using the service. Although the provider had conducted audits to assess the quality of the service and identified areas of improvement, there were no effective measures put in place by the provider to address the areas that needed improving and the service continued to provide a poor service.

There were suitable arrangements in place to manage medicines safely and appropriately.

Feedback from people and their relatives indicated that people were being treated with dignity and respect. Care workers had a good understanding and were aware of the importance of treating people with respect and dignity and respecting their privacy. People were supported to maintain good health and have access to healthcare services and received on going healthcare support.

Appropriate checks were carried out when staff were recruited.

People using the service were encouraged and supported with their independence.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Aspects of the service were not safe. There was a lack of consistency in the level of care being received by people.

There were not always sufficient staff deployed to meet people's needs.

Risks to people were identified and managed however risk assessments did not clearly reflect the potential risks to people. This could mean risks not being appropriately managed which would result in people receiving unsafe care.

There were appropriate recruitment and selection procedures in place to help ensure suitable staff were employed.

Requires improvement



Is the service effective?

Aspects of the service were not effective. Care workers received relevant training however records showed only small numbers of staff had actually received the training.

People using the service and their relatives felt care workers were not sufficiently trained.

There were some arrangements in place to obtain, and act in accordance with the consent of people using the service, however records showed the provider in some instances was not demonstrating that the care was being provided with the consent of people and where needed the Mental Capacity Act (MCA) was not being followed properly.

People's care plans included limited information about people's nutritional and hydration needs.

Requires improvement



Is the service caring?

The service was caring. Some positive caring relationships had developed between people using the service and staff.

People's privacy and dignity was maintained.

People's independence was promoted and supported.

Good



Is the service responsive?

Aspects of the service were not responsive. Information in people's care plans was task focused and not person centred.

There was no structure for regular review meetings conducted with people in which aspects of their care were discussed.

The service had procedures for receiving, handling and responding to comments and complaints.

Requires improvement



Summary of findings

Is the service well-led?

Aspects of the service were not well led. There were systems in place to monitor the quality of the service however we found these were ineffectively used and the provider had not taken steps to improve the service.

There was a lack of communication and transparency between the management and people using the service.

Care workers did not feel management were approachable and easily accessible.

Requires improvement



Carewatch (Harrow, Hillingdon & Ealing)

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people.

Some of the people being cared for were older people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with seven people using the service, three relatives, six staff and the branch manager. We reviewed seven people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

Some people using the service and their relatives told us they felt safe with their care worker. They told us “I have absolutely nothing bad to say about the carers” and “Yes when they are here.” However some people and their relatives told us “With my regulars, yes but some of the others have been terrible” and “This varies; they are not all as good as each other.”

During this inspection, we found people experienced a lack of consistency in the care they received. Some people using the service and relatives told us their care worker turned up on time however there were instances where care workers were arriving late for their visits or not turning up at all. People and their relatives told us “To begin with I had a different carer each day. Now I have a regular one, except when she is on holiday. The regular carer drives and is on time but the relief carers use public transport and can be late. If it is more than 15 minutes I call the office and they will check. It is always within the hour”; “They have not been able to keep consistency” and “A couple of times. I had to phone. They apologised – someone had not come in and another was off sick. They told me they were trying to get a replacement. Two days I had no carer.”

People were not routinely informed of which care worker was coming to support them. They told us “It is just basically that they don’t let you know in advance if something changes, or you are told someone will come and then they don’t” and “I’m quite happy. The only problem is they sometimes send out rotas and sometimes they don’t. It would be nice to have the rotas in advance. I don’t know who is coming for the rest of this week.”

We received varied feedback from people using the service and their relatives who told us care workers did not stay for the full allotted time for their call. They told us People using the service and their relatives told us “Not rushed”, “I have 45 minutes, which is sufficient, it is not rushed”, However some people told us “The problem is they are rushing to get to the next call. You are always aware by the end of the time that they need to go” and “They (care workers) are not given enough time between calls and are always keen to get to the next job.”

Feedback from people indicated that the management and office staff of the service were uncooperative and unhelpful when they needed to raise concerns. One person using the

service told us “If I don’t get one [care worker] I phone and they promise to phone back but don’t, I have to phone again” and another person told us “The office is very, very bad at letting me know anything. It is my carers I rely on to let me know.” Relatives told us “I do raise things but I can’t say it is comfortable when you are met with an unhelpful and aggressive response.”

Feedback also indicated the management and office staff were disorganised. One person told us “There has been confusion sometimes about whether someone is not coming or not - the carer tells me they weren’t booked but the company tells me they were on the rota”, “They can’t always get to the bottom of things, not always sure the office is telling you the truth about things.”

During this inspection, we found visits were poorly planned and this was having an impact on double up calls which needed two care workers. Care workers told us “This is a major concern– they don’t leave enough time for care workers to get between calls, You might have a call in Pinner and then only 5 mins to get to South Harrow which is a fair distance away or sometimes the finish time for one call is the start time of your next one”, “That’s the joke of the year! You get things like one call ends at 9 and you are supposed to start another 5 miles up the road at 9 too. It’s not rocket science to see that it isn’t going to work”, “Actually you are supposed to wait for the second care worker but sometimes you don’t have time. I try to use the waiting time to do stuff you don’t need two care workers for like make the bed or something” and “I have actually been rung and asked to do double ups on my own before and I have asked, what happens if I say no and was met with silence.”

We asked the branch manager how the service monitored care workers time keeping and how they were able to assess whether care workers were turning up for their calls or if they were late. The branch manager told us they had an electronic call monitoring system in place to monitor calls where care workers would dial in when they reach a person’s home and alerts would flag up when care workers hadn’t logged in within a certain timeframe. The branch manager also told us sometimes there were people using the service who would not allow their phone to be used for this purpose and they would require timesheets to be completed for these visits. There was also a team of care co-ordinators to help with the planning and scheduling of visits.

Is the service safe?

However there was evidence which showed that the current arrangements in place were not addressing and identifying the failings of the service. We reviewed a sample of care workers timesheets and found there were discrepancies with the times care workers were meant to start their shifts and the times they actually arrived. This could indicate that people using the service were at risk of not receiving the care and support they needed at the appropriate time. For example one timesheet showed the care worker started at 8.10am and finished at 10.10am. On another day, the entry showed 9.30am until 11am and on one entry, the time the care worker had finished had not been completed. Another timesheet showed a variance with the duration of the visit. For example on the 18/10/2015, there was an entry from 5.35pm until 5.50pm which is 15 minutes, on the 19/10/2015, the entry was from 6.45pm until 6.55pm which is 10 ten minutes and on the 20/10/2015, the entry was from 6.10pm until 6.30pm which is 20 minutes. In another timesheet, there were entries dated for the 2/11/2015, 4/11/2105, 5/11/2015 and 6/11/2015, however there was no entry for the 3/11/2015.

There was no information which explained the reasons for these gaps and discrepancies. That is, whether the care worker was on leave, sick or not required on those particular days. It was also not clear if care workers were turning up at the times they were meant to be and whether they were staying for the full allocated times for their visits which would cause people a sense of discomfort especially if they required personal care in the morning. We asked if the timesheets were reviewed by anyone and discussed the importance of having a system in place to ensure care workers timekeeping were monitored to ensure people received the care they needed at the appropriate times.

The branch manager told us they did use the monitoring reports from the electronic call monitoring system to monitor care workers time keeping and they would invite the care worker for supervision and then disciplinary if there were issues. However the branch manager also told us an issue was that the service was using three different IT systems for call monitoring. For Ealing and Harrow an electronic call system was being used and for Hillingdon, there was no electronic system and care workers needed to complete timesheets. The branch manager told us the service was implementing a new system later this year

which would cover all the geographical areas and care workers would be able to use mobile phones to log in and out which would help to manage and monitor visits more effectively.

Due to the inconsistency of monitoring systems, this has meant calls have not been monitored effectively and office staff and management were not aware and could not identify when care workers have been late or whether any calls were missed. The issues and discrepancies raised as part of this inspection had also not been identified. This would indicate why people are receiving inconsistency with their care.

Although there were some measures in place to plan and schedule care workers and their visits, the above evidence demonstrates these measures were ineffective as people using the service continue to experience care workers who are late and in some instances have not turned up at all which could be of risk to their safety, health and well being. There was a lack of organisation demonstrated by the office staff and management who were not able to ensure there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs as there was a lack of consistency and continuity with people's care.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. One person using the service told us "I do things for myself and they ensure I am safe." Individual risk assessments were completed for each person using the service. Although there were some risk assessments in place, we noted the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by staff.

For example, for one person who was currently confined to their bed, the moving and handling needs assessments included information about the equipment the person needed for transferring such as a hoist and sliding sheets. However it did not clearly state what the specific risks were for that person and the actions needed by staff to minimise those risks. Although there was mention of the need for two

Is the service safe?

care workers there was no further information on how staff were to provide that support to the person safely. There was also no mention of re-positioning the person and the risks of the person developing pressure ulcers. In one person's care plan, it stated they could be 'prone to pressure sores' however there was no information about the management of pressure ulcers and measures to minimise the risk of pressure ulcers developing for this person.

In another person's risk assessment, it stated the person would refuse to eat their meals which meant the person was at risk of malnutrition. However the risk assessment only stated that the care worker should still make the food but no further information on how the person could be encouraged to eat, what to do if the person refused to eat and the measures in place to check that the person had eaten and the risk of malnutrition was minimised. In another's person's needs assessment, it stated they had suffered from 'panic attacks' and any 'unfamiliar behaviour must be reported' however there was no further information as to what specific behaviour this was referring to and what care workers needed to do to support the person to keep them safe. Out of the seven care plans, we reviewed six people using the service suffered from complex conditions such as dementia, diabetes and behaviours that challenged the service however there was no information which showed the risks people may face as a result of these conditions and the support they would need to ensure they were safe and met their needs.

Although some support that was required from care workers was detailed in people's needs assessments, the risk assessments did not reflect all the potential risks to people. Risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could risk people receiving support that was not appropriate to their needs and unsafe.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of the abuse and the steps they would take if they suspected any potential abuse.

There were arrangements in place to manage people's medicines. Where people needed support by the care workers, the appropriate support for that person was outlined in their care plans. Records showed medicines administration records (MAR) were completed by care workers. Monthly medication audits were carried out and any discrepancies and/or gaps were identified and followed up. We noted in the minutes that medicines and how to complete the MAR sheet had been discussed with care workers during a staff meeting. Records also showed and care workers confirmed they had received medicines training and medicines policies were in place. Care workers we spoke with understood what they needed to do to support people with their medicines and if a person refused to take their medicines. Care workers told us "Yes, I give meds, check the food requirements, whether they need to eat before or after and things", "If anyone refused that would be recorded but I might also speak to the manager" and "I will put it on the form and report it to the office."

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

Is the service effective?

Our findings

We asked people and their relatives about the care workers and if they felt they had enough knowledge and skills to provide the care and support they needed. We received varied feedback. Some people using the service and their relatives told us “Yes. They know most things, I don’t think they need more training”, “The regulars, yes” and “No problem with the regular ones.” However some relatives told us “There are not many available who can do what we require”, “The regulars are okay but sometimes the reliefs don’t seem as good” and “Sometimes I have had to say don’t send them [care worker] because they can’t supply a care worker who can do what we need so there is no point.”

One relative told us “The experience that I have had is that [person] is quite easy to look after, but if [person] had more specialist needs maybe not, I don’t think they have that much training.”

Relatives told us they felt care workers were not sufficiently trained and competent to meet people’s needs because they had had to show the care worker how to provide the support they needed and what to do. Relatives told us “Yes, I run through things with new workers. Some are learners, but they are accompanied by experienced staff and have to learn somewhere” and “Well there is a bit of a problem because when new workers come there is no time allocated to show them what to do. The time it takes me to explain everything, show them where things are and how to do things comes out of the time allowed for the work so then you end up not getting everything done” and “I am left to do the inductions- I have had to do that at least twice when a carer was on holiday and on another occasion the call had to be cancelled because I wasn’t going to be here to explain things to the relief worker.”

We reviewed the training records for care workers which showed that training had been provided in areas such as health and safety, medicines, infection control, moving and positioning and first aid. When speaking to care workers, they spoke positively about the training they received. They told us “The training is usually good for example the training with hoist- they came out and worked with a group of us, then we did role plays”, “I still get help if it is something I haven’t done someone more experienced shows me”, “Yes, I have learnt a lot”, “Yes, I feel capable and comfortable doing what I am doing” and “We get face to face training.”

However, we noted from the training matrix, the percentage of care workers that had completed the training was low and inconsistent within the last year and care workers performance was not being assessed effectively. For example, the training matrix showed 53% of care workers completed moving and positioning training and 52% completed medicines training. Only 12% had completed dementia awareness training and 15% had completed Mental Capacity (MCA) and Deprivation of Liberties Safeguards (DoLS) training. Records also showed that the monitoring of care worker’s performance was also inconsistent. For example only 19% of supervision had been completed and only 35% of spot checks had been conducted. 43% of appraisals for care workers had been completed. When we looked at staff files we found that only one out of six had received supervision.

The branch manager told us the training records needed to be updated as more training and supervisions had been carried out but were not reflected in the current records, however we did not see any records during this inspection which confirmed this. He also told us they were in the process of planning supervisions and appraisals to be more regular as they had not been done due to organisational issues of the service and office staff leaving.

When speaking with care workers, we received varied feedback when asked whether they felt supported by management. Some care workers told us “Yes” and “I know I can always get in touch with the office if there is a problem”. However some care workers told us “Sometimes they could give a bit more support in some circumstances. They are not always as helpful as I would like”, “Sometimes people in the office were not being fair about holidays” and “Not too bad, they are fairly supportive. There have been quite a few changes in co-ordinators which has made things a bit unstable. I just try and get by without having to involve them really but I could ring if I needed I suppose.” Some care workers even told us they were not aware of a manager for the service. Care workers told us “I know the name but don’t think I’ve ever met them. I tend to deal with my immediate superiors”, “They are not too bad, I’ve not had much dealings with them really” and “Not even too sure I know who it is.”

Records showed some team meetings had taken place for management to be able to communicate to staff about any issues, concerns and best practice in relation to the service. However the meetings did not take place on a regular basis

Is the service effective?

and it was not clear how many care workers attended such meetings as records did not state how many staff had attended. Feedback from staff also indicated that some had attended team meetings and some did not. They told us “We do have team meetings, they let you know and say get there if you can, but people still need looking after so you don’t really often get the opportunity to get to one”, “There are meetings but they are few and far between” and “I am not aware of anything like that.”

The above evidence demonstrates care workers have not received the appropriate support to enable them to carry out their duties effectively. Care worker’s performance had not been assessed effectively by management and training had not been provided to all the care workers to ensure staff were suitably competent and experienced enough to provide the level of care and support to meet people’s needs effectively.

This was a further breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place to obtain, and act in accordance with the consent of people using the service. The service had a Mental Capacity Act 2005 (MCA) policy in place. However, there was a lack of understanding by the provider and care workers of the MCA.

Care plans contained some information on peoples’ mental health but there was no information about people’s levels of capacity to make decisions and provide consent to their care and some care plans were contradictory. For example in two care plans for people who had dementia, their next of kin had signed the care plan. However, in the care plans of two people, one of whom had Parkinson’s Disease and the other who had short term memory and needed prompting to remember, the people had signed their care plan. There was no information to show these people had the capacity to sign for and provide consent for the care as outlined in their care plan.

In another care plan for a person who had no issue with their capacity, their care plans were signed off by an ‘X’ and for a person who was unable to make informed decisions and communicate verbally, their care plan was signed off by ‘UTS’ which the branch manager told us stood for ‘Unable to sign.’ We noted a number of care plans were signed off by using ‘UTS’

There was no information in people’s care plans which showed how people who had limited capacity or were not able to verbally communicate were supported to make decisions and how their consent was gained. It was also not made clear why the next of kin had signed the person’s care plan as people’s capacity levels had not been determined which would show if the person would require support from their relatives with making decisions about their care.

Training records showed that only 15% of care workers received MCA training. When speaking with care workers, they were not able to explain what mental capacity was but showed an understanding of gaining people’s consent when providing people with support.

The above evidence demonstrates that care was not always being provided with their consent in accordance with the Mental Capacity Act 2005 (MCA).

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans contained some information about people’s medical history and if they had any particular medical conditions and whether they required any particular support such as with urinary continence needs. People we spoke with and their relatives told us they dealt with the day to day care and arranged all health care appointments for people using the service.

People were mainly supported with their nutritional and hydration needs by their relatives or received pre-cooked meals to their home. In some cases people were able to eat and drink independently. When speaking to care workers, they understood their responsibilities with regards to supporting people with their food and drink, they told us “I just prepare it for them”, “Some people are totally on the bed and can’t eat or drink easily. I make sure they are awake properly and support them. And also encourage-one [person] has slight dementia and often does not want to drink, I have to say come on, please have a little drink to encourage her” and “Sometimes we would report it to the office if we did not think [person] was drinking enough.”

There was some information about people’s nutritional and hydration needs in people’s care plans however, the information was quite limited to statements such as ‘Provide lunch and assist feed’, ‘Provide snacks or drinks’, ‘Offer drink’, ‘Carer needs to prepare meals of [person] choice’. There was no further information about people’s

Is the service effective?

likes and dislikes, what types of food and drink they wanted and how they ensured people finished their meals to avoid the risk of malnutrition and dehydration. There was some information about the support people may require, for example in one person's care plan, we noted their care plan detailed there was a concern about the person refusing to eat and for the care worker to encourage the person to eat and record/report if there were any concerns however in

another person's care plan who also refused their food, the risk assessment only highlighted that the care worker should still make the food but no further information on how the person could be encouraged to eat.

The branch manager told us they would ensure care plans include more details about people's nutritional and hydration needs.

.

Is the service caring?

Our findings

People using the service and relatives spoke positively about the care workers. People using the service told us “They treat me with respect, as an equal. They are all friendly”. “They are fine”, “They treat me always very well, very polite” and “My regulars are great. They will help with whatever I need.” Relatives told us “They are thoughtful and patient, and [person’s] needs patience”, “I have never had anyone we didn’t like. Very good, friendly, I enjoy having them in the house” and “They are caring.”

Feedback from people using the service and family relatives showed some positive caring relationships had developed between people and care workers. People’s choices were encouraged and respected. One person using the service told us “They always ask if there is anything else I want, e.g. bed changing or hair washing. They follow the same routine but if I want something different I can ask.” Relatives also told us “Yes, person tells them [care worker] what they would like or if they are not comfortable, they [care worker] listen”, “Once they know I think they do respect decisions” and “They know [person’s] needs and have a good rapport.”

Care workers understood the importance of building caring relationships with the people they support. They told us “I ask them what they want. I don’t assume they want the same as yesterday necessarily”, “If they are able to make choices I always ask them”, “Some people have routines I know they like and I ask them what they want to eat, to wear, that sort of thing” and “I can ask things, like do you want toast or cereal?”

However one person using the service told us “With some [care workers] they think “this person needs a carer” with others they just don’t seem to care” and a relative told us

“Some are very good. Some can be a bit limiting as their attitude is more about getting through the shift, on occasion doing their paperwork or taking personal phone calls rather than caring for [person].”

People using the service and relatives were able to tell us some examples of how their privacy and dignity was maintained and respected. One person told us “If I make a phone call I can ask them to leave the room, they don’t mind.” Relatives told us “I take [person] a drink and a piece of bread in the morning. If they [care worker] come they don’t hurry [person]. The [care worker] just waits and lets [person] take their time, then when [person] is finished [care worker] will help them”, “They don’t rush [person]”, “[Person] never feels embarrassed by them [care worker], it all seems quite natural” and “They help me with [person] without getting embarrassed or embarrassing us.”

Care workers we spoke with also understood the need to respect people’s dignity and privacy. They told us “You need to be kind, polite, not lose your temper or be impatient- support them without taking over and treat everybody as an individual human being” and “For example- The [person] I help – They are elderly and sometimes wants a full wash or sometimes hands and face so I ask [person] which, If [person] wants a full wash I help them to the bathroom and come out. [Person] wants me near but not with them, so I just stay where I can be called or hear if [person] needs me.”

People using the service and relatives also told us care workers were able to communicate well with them. They told us “It’s good, sometimes we chat away. No difficulty with language” and “They communicate very well.” Relatives told us “Yes, they all have conversational English at least”, “Yes, Very good communication” and “They are fine there –yes.”

Is the service responsive?

Our findings

People's care plans consisted of a needs assessment and care support plan which included information such as expected outcomes and a section which contained information about 'Anything that needed to be considered about people's care.' The care plans covered various areas of support people needed such as personal care, dressing, eating and drinking, vision, hearing and medicines.

However, care plans were not person centred and were task focused. Care plans contained information about the tasks care workers needed to do during each visit and sometimes it was unclear how the task was to be completed. The language used was also not dignified and was a list of instructions. For example people's care plans would read "Assist to toilet", "Change pad", "Serve food" and "Assist out of bed and put on commode." In one person's care plan, it stated "Carers to assist with washing, dressing and grooming. Lots of prompting and encouraging. Client to complete tasks themselves" but did not include any further information which detailed what the care worker should do to support the person. This person we noted from their care plan was a person who had a spinal injury and their mobility was poor. This could risk the person receiving support which was inappropriate and unsafe.

Some people using the service had complex conditions such as Diabetes, Dementia, Parkinson's Disease and physical disabilities. Although the care plans made reference for care workers to prompt and provide assistance in different areas of their care and support, there was no further information about the levels of comprehension a person had so it was not clear about people's involvement in their care and how they were to be supported appropriately to meet their specific needs. This would mean people could be at risk of receiving inappropriate care which was unsafe.

Care plans contained limited information about people's communication needs. For example, we noted in two people's care plans, the statements, 'I have problems with listening and understanding' and 'Client gets frustrated due to communication difficulties'. However, there was no further information as to how to communicate with people to ensure they were supported to fully understand and be

able to express themselves. Care plans also contained the term 'social interaction' as part of the support a care worker had to provide for a person but there was no detail on what that social interaction would entail.

Care plans had limited information about people's previous life history, previous occupations, people's likes and dislikes and people who were important to them which would be important for a care worker to know especially when they are supporting a person who may have dementia.

We also noted that the risk assessments were not person centred and used the term 'Client' to refer to people using the service for example 'Client self medicates', 'Client deals with their money' and 'Client lives alone.'

One care worker told us "When I first went to support a person. I did not just read the care plan but I have asked and found out. They could put more detail in the care plans and that would help."

When speaking to people using the service and their relatives, we also received varied feedback as to whether they had a care plan and were involved in the planning of their care. One person using the service told us "Yes, I have it in front of me. I was with the council and Carewatch took over. They copied it from the council book. I would say if I needed to change", "Yes when the lady comes" and "They read the paperwork first and I can tell them." However relatives told us "There is a plan, Yes I was involved in forming it. The workers don't read it though" and "Not the internal Carewatch one- I have the social services one here but no white folder, I have not seen that for about 6 months although I have been asking for it. Occasionally I get a duplicate copy of the timesheet but that is not regular. No opportunity to sign off on peoples' work."

There were some arrangements in place to ensure people were involved in expressing their views. Records showed there was regular contact and involvement from relatives when needed. When speaking to people and relatives, we received varied feedback about whether they had received reviews about their care. They told us "Every 6 months", "Fairly regularly" and "One of them came." However some people using the service and their relatives told us "We have had a review before, I think it was a while ago though", "Yes, once a year reviews, although not this year" and "No regular reviews, it must have been a couple of years before the last one, and that wasn't recent"

Is the service responsive?

The branch manager told us he was in the process of reviewing of the care plans and showed us an example of a care plan which had been updated and the detail was more personalised.

We discussed with the branch manager that people's care plans should be person centred and used to make sure that people receive care that is centred on them as an individual and not just based on what tasks needed to be carried out for them. The risk assessments for people also did not clearly reflect the potential risks to people which could mean risks not being appropriately managed

Care plans were not person centred and risk assessments lacked detailed which could place people at risk of receiving inappropriate support and care which was not person centred. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained some information to encourage people to continue to do tasks they were able to do by themselves and prompt people's independence. When speaking to people using the service and their relatives they told us peoples independence was encouraged and supported. People using the service told us "They encourage me", "They encourage me to move myself, if I can" and "We do whatever I want. I can say and I like it that way. They take me shopping, and take me out – it is my choice really". Relatives told us "They help [person] to walk and do things, not take over" and "The carers in the last 4-5 years have been very good supporting independence and growth of horizons- sometimes in quite small but important ways like encouraging [person] to pay for their own drinks in the cafe- not taking over. They are not all that good though."

When speaking with care workers, they were able to tell us how they supported peoples' independence. They told us "If they can do it I let them. You don't want to take away any independence they do have – if you don't let them do things then they might stop being able to – there is little enough some of them can do so it is important to let them do what they can" and "Let them do what they can."

The service had procedures for receiving, handling and responding to comments and complaints.

Most of the people using the service and relatives we spoke with told us that they felt comfortable to raise anything they were are not happy about. We asked them if they knew how to make a complaint and whether they had needed to make a complaint, if so how was it dealt with and was it resolved satisfactorily. People using the service told us "Yes I would say" and "Yes, have raised issues and they have been dealt with." Relatives told us "They spoke to me on the phone, they do listen", "Yes, when we needed to change carers. They were very responsive" and "They said they were really sorry and would talk to the care worker about it. The care worker and hasn't been since."

Records showed that when a complaint had been received by the service, the branch manager had taken action promptly and investigated to resolve the matter. Complaints we noted were about late and missed calls and the quality of care being provided being poor. Records showed that disciplinary action had also been taken against staff if this was required and the branch manager had also liaised with the local authority to ensure a satisfactory outcome for people using the service.

Is the service well-led?

Our findings

The service was not well led. Since the last inspection the previous registered manager had left the service and there has been numerous changes with staff. During this inspection, a new branch manager was in place and the office staff consisted of a service delivery manager, five care co-ordinators and five field co-ordinators. Despite having a high number of office staff, we found the service was poorly managed and people received inconsistent care. The branch manager told us that due to staff and organisational changes, it had been a challenging time but they were in the process of reviewing their processes and new IT systems will be implemented to ensure the service was managed more effectively. The branch manager also told us that they were working with the local authority to help improve service delivery.

Feedback we received indicated the service did not demonstrate good management and leadership. People and their relatives told us “Lower management are working in a situation that is really difficult for them and are doing their best in a bad situation but higher management are not supportive. They don’t respect their staff and they don’t respect their clients!” and “I think they are pretty unprofessional! Independence is being limited because unreliability of care is a barrier to planned activities. Excursions have not all been possible because of poor provision and often the range and extent of activities are limited to suit reduced session times (caused by lateness) or the ability and/or attitude of staff.”

Care workers also told us they did not feel management were approachable and easily accessible. They told us “No- if you are trying to get in touch with someone you can’t, sometimes you can’t even when it is something essential” and “No! Is the simple answer, if you ring sometimes they answer, and then sometimes you can get an answer to what your problem is but sometimes you are just left waiting for a phone call that never comes.”

We also asked people and relatives whether the management of the service kept in touch and asked for feedback. We received varied feedback. They told us “Occasionally. They are more settled now”, “The service has changed hands several times over the years and has just changed recently so I don’t know if these ones will”, “Not a great deal. When I have had to cancel we speak or recently they rang to make arrangements for Christmas” and “The

only time they phone is if there is a change of carer.” The branch manager told us they were in the process of starting telephone monitoring which had not been as regular to ensure feedback was sought from people using the service and their relatives. The branch manager was able to show records which confirmed this.

Records showed an audit had been conducted by the provider and the findings sent to the branch manager in June 2015 which covered aspects of the service such as missed visits, medication, staff training and documentation. We noted the audit contained comments such as ‘The complaints within the file were relatively serious, with missed visits... and customer neglect appearing as a theme’, ‘The biggest concern seen through the audit was the high level of complexity in relation to customer needs...’ and ‘The customer needs assessment did not reflect any highly complex condition where expressions or verbal and non verbal could not be made by the customer’ and ‘Currently specialist training is not provided to staff where relevant. This is an area of high risk’. Records showed that the overall judgement from the audit was of ‘High Risk’ due to ‘...errors of risk in relation to medication, safeguarding and a lack of clarity around some of the complexities of your customers’ and ‘...better managerial oversight will significantly reduce the risk here’. The audit also refers to an action plan which identified the relevant areas to improve.

However, during this inspection which took place seven months after the audit, we found the service was still poorly managed and there was no effective ‘managerial oversight’ from the provider and senior management to address the issues raised effectively.

During this inspection, there were still issues with the allocation of care workers, missed/late calls, risk assessments did not reflect all the potential risks to people especially those with complex needs, discrepancies in care workers timesheets, the lack of quality of training and assessment of care workers levels of competence, care plans were task focused and did not reflect the appropriate support people needed, people using the service experience inconsistency in their care and it was not person centred.

Is the service well-led?

This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people and the provider failed to effectively evaluate and improve the service they provided to people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient numbers of suitable staff deployed to keep people safe and meet their needs.

Care workers had not received the appropriate training necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (1) and 18 (2) (a)

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The assessment of risks to the health and safety of people using the service was not being carried out appropriately.

Regulation 12 (1)

Regulated activity

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People's mental capacity to consent to care and treatment had not been appropriately assessed.

The provider and care workers had limited understanding of the implementation of the Mental Capacity Act 2005 (MCA).

Regulation 11 (1) (2) (3)

Regulated activity

Personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

This section is primarily information for the provider

Action we have told the provider to take

The provider did not provide care and treatment to people that was appropriate, met their needs and reflected their preferences.

Regulation 9 (1) (a) (b) (c)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

Regulation 17(1) (2) (a) (b) (c) (e)