CSN Care Group Limited

Carewatch (Norfolk)

Inspection report

High House Barn
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NR9 5DG

Tel: 01362696967

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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

About the service: Carewatch (Norfolk) is a home care service that provides people with personal care in their own homes. At the time of the inspection, the service was supporting approximately 270 people.

At the last inspection in August 2018, we found four breaches of the regulations and the service therefore remained in Special Measures. In response to this we met the provider to ask what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least Good. At this inspection we found that some improvements had been made and the provider was no longer in breach of the four previous regulations. We have judged that sufficient improvement has been made to remove the service from Special Measures. However, the provider failed to notify us of some important incidents that had occurred at the service and therefore are now in breach of a different regulation. Some other improvements are also required as detailed below.

People's experience of using this service: People's medicines were not always managed safely and the provider's systems in place to monitor this area were not fully effective. The provider had recognised these concerns and was making improvements in this area.

Improvements had been made to staffing levels which has resulted in more people receiving their care visits in line with their individual needs and preferences.

People told us the staff were kind and caring and that the care they received was not rushed. They also said they were treated with dignity and respect.

People told us they now saw more regular staff which helped them build caring and trusting relationships with each other.

Systems were in place to protect people from the risk of abuse and avoidable harm and they used good practice to reduce the risk of the spread of infection.

The necessary checks had been made to ensure that staff working at the service were of good character.

People were supported to maintain their health where necessary and staff worked with other healthcare professionals to help people achieve this.

People's complaints were listened to and acted upon to improve the quality of care they received.

People were involved in the planning and delivery of their care. Their views were regularly sought and acted upon.

Staff had received enough training in most areas to provide people with safe care that met their individual

needs and preferences, although some improvements were required to the way they managed people's medicines.

People's consent had been sought before they were provided with care and if they were unable to give this, staff had acted appropriately to ensure care was provided in the person's best interests.

Rating at last inspection: The rating at the last inspection was overall Requires Improvement and Inadequate in the key question of Well-Led (published November 2018).

Why we inspected: This was a planned inspection based on CQC's methodology for inspecting services in Special Measures.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our Well-Led findings below.

Carewatch (Norfolk)

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of two inspectors and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type:
This service is a domiciliary care agency. It provides personal care to adults living in their own homes. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity started on 7 May 2019 and ended on 16 May 2019.

What we did:
Before the inspection visit to the provider's office we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return in March 2019. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from Norfolk County Council who commission services from the provider.

On 7 and 8 May 2019 we spoke with 26 people and nine relatives over the telephone to gather their feedback about the quality of care provided.

We visited the office location on 14 and 15 May 2019. There we spoke with nine staff, the registered manager and the area manager who represented the provider. We looked at various records relating to the care that people received which included 14 people's care records and nine medicine records for four people. We also looked at four staff recruitment records and a range of records regarding how the provider monitored the quality of care people received. On 16 May 2019 we spoke with another three staff over the telephone.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection in August 2018, we asked the provider to act to make improvements to staffing levels, medicines management, recruitment procedures and the information available to staff to guide them on how to support people safely. Not all the required improvements had been made.

Some aspects of the service were not always safe. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely
• All the medicine administration records (MAR) we checked contained some gaps where staff had not signed to show they had given people their medicines.
• We asked the area manager to check whether staff had alerted the office to the gaps in two people's MAR. They told us staff had not done this as they should have done. This meant these potential errors could not be investigated in a timely manner.
• When these MARs had been completed they had been returned to the office for auditing. During this process, not all the gaps had been identified and investigated to give the provider assurance people had received their medicines correctly.
• The information in people's care records about how their medicines should be safely managed was sometimes conflicting or the risks associated with this had not been regularly assessed. For example, records showed that one person had on occasions not taken their medicines when staff had left them out for them. The risks associated with this action had not been assessed. Also, the guidance for staff in the person's care record stated in one area the person required prompting but in another, the medicines needed to be given by the staff which may have caused confusion.
• The area manager confirmed that staff should have given the person their medicines or reported any concerns regarding this to the office for investigation which had not taken place. They immediately reviewed the person's documentation and corrected it as necessary.
• The provider had recognised that medicine management required improvement. They had arranged for all staff to shortly receive further training on the subject. A meeting was being held in May 2019 with all staff to discuss medicines management and gain their ideas on how this could be improved.

Systems and processes to safeguard people from the risk of abuse
• The majority people and relatives said they felt safe when staff provided them with care. One person told us, "Yes, they just make me feel safe. I know who is coming and I've got a regular carer coming."
• Some people said they were not always told in advance if their regular carer could not visit them which they said, would enhance their feeling of safety. One person said, "I don't always know who is coming for each call. I don't get a rota. It would help to get one. I do like to know who is coming into my home."
• The area manager told us there had been some issues with sending people rotas depicting who would be providing them with care but that this had now recommenced. They told us they would remind staff of the importance of letting people know who would be visiting them.

• People understood they could contact the office if they felt unsafe at any time and staff understood what abuse was and how to report any concerns they had.
• The registered manager had investigated any concerns raised. These had been reported to the local authority when required.

Assessing risk, safety monitoring and management
• Staff told us there was enough information in people's care records to guide them on how to keep people safe.
• Most people's records we looked at contained enough guidance for staff on how to manage and mitigate any risks to their safety. However, one person had been assessed as requiring a risk assessment in relation to bed rails, but this was not in place. They also had no moving and handling risk assessment. Another person had a moving and handling risk assessment in place, but this was not sufficiently detailed to guide staff on how to move this person safely. The area manager immediately rectified these issues.

Staffing and recruitment
• People and relatives told us staff always completed their care visits, were usually on time and that they did not feel rushed. A relative told us, "Yes, they're pretty good. They contact [family member] if something crops up. It happens sometimes, like if someone is ill, it happens rarely."
• The staff we spoke with told us staffing levels had improved and they were able to meet people's needs and preferences.
• Between January and March 2019, 13 care visits had been missed out of a total of 50,260. The registered manager had investigated each of these to try to reduce missed visits from re-occurring in the future.
• The records for people we checked showed no missed visits had occurred and that staff visited people on time in line with their needs and preferences.
• The required checks had been carried out on prospective staff before they started working for the service, to ensure they were of good character and suitable to work within social care.

Preventing and controlling infection
• People told us staff used good infection control practices. One person told us, "Staff wear different gloves for every cream they apply, wearing two or sometimes three pairs, as told by senior management. This is to stop any infections from spreading."
• Staff demonstrated a good understanding of infection control and had received training in this area.

Learning lessons when things go wrong
• Where incidents or accidents had been reported, these had been fully investigated.
• The registered manager completed a quarterly analysis of incidents and accidents and lessons had been learnt where necessary. For example, following a fire in a person's home staff had been asked to include a check of people's smoke alarms and pendants when they visited them.

Good

Is the service effective?

Our findings

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

At our last inspection in August 2018, we asked the provider to act to make improvements to staff training and supervision. This action has been completed.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
• People and relatives told us they felt staff had received enough training to provide them with effective care. One person said, "They are clearly trained in handling and transferring people. I haven't had any problems at all. The new ones shadow first so they learn on the job. It's a way to meet them too."
• Staff told us they had received enough training and supervision to provide people with effective care. Records showed that staff training was up to date although some improvements were required in the management of people's medicines. The provider was actively working to improve this area.
• Staff new to the service received a comprehensive induction and support before they provided care to people on their own.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care records showed that people's needs, and choices had been assessed with them and/or a relative before they started using the service. This included physical, mental, social and cultural needs. Outcomes that people wanted to achieve had been discussed and recorded in their care record. People's care needs had been regularly reviewed to ensure the service could continue to meet them.
• Technology was being used help the registered manager monitor whether care staff attended the care visit. They could also see if staff had stayed for the correct amount of time to give people all the care they required.

Supporting people to eat and drink enough to maintain a balanced diet
• Most people who received this support told us it was completed in line with their needs. One person said, "I tell them what I want, and they give me what I ask for. At tea they do me cheese on toast or egg. They make me different things. I am very pleased with this because I don't like ready meals."
• Staff understood the importance of making sure people ate and drank enough to meet their individual needs. Staff told us they monitored this where they were concerned and that they contacted other healthcare professionals for their advice where needed.
• Staff had clear guidance regarding what meals people liked to have prepared and how they liked to take their drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People told us staff knew their health needs well and if they required support in this area, that they

received it. One person said, 'If they think I'm looking sad they do notice. When my husband wasn't well one of them told me to ring 111. They were very helpful, and they got my daughter and supported us."
• Staff demonstrated they had a good understanding of people's individual health needs. They told us, and records showed, they worked with several different healthcare professionals when required such as GPs or district nurses, to help people maintain their health.
• People had an 'emergency grab pack' at the front of their care record which could be passed to a healthcare professional in an emergency. This was so they were informed about the person's current health needs.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

• People and relatives said consent was always sought before care was provided. One person told us, "Absolutely. They ask me what I want doing when they get here. They don't take it for granted it will be the same."
• Staff demonstrated an understanding of the MCA and told us they always offered people choice to help them decide about their care.
• Records contained guidance for staff on how to support people if they were not always able to make decisions for themselves.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection in August 2018, we asked the provider to act to make improvements to the planning of people's care so it was not rushed, or care visits cut short. This action has been completed.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and relatives were very complimentary about the staff. They told us they were kind and caring. One person told us, "They are professional and caring. If they see my bin needs emptying they just do it. They have emptied the washing machine and hung everything up for me." A relative told us, "They [care staff] have a good attitude. They are kind. They have a lot of knowledge like how to handle [family member]. They know not to rush which is a really big thing."
• One person had recently complimented a member of staff for spending time playing 'old songs' to them on their mobile phone when visiting the person. They said they felt this was kind and caring and brought back fond memories of their partner who had passed away.
• Most people said they were now seeing more regular carers and that this had improved. This helped them build caring relationships. One person told us, "My regular one [carer] has really got to know me. They are like a professional friend. They recognise if I'm not having a good day and are very supportive and encouraging."
• The staff we spoke with demonstrated they knew the people they supported well. This included people with any protected characteristics under the Equality Act.

Supporting people to express their views and be involved in making decisions about their care
• People told us they could express their views and felt involved in making decisions about their care. One person told us, "I make my own decisions. If I want something different one morning I'm not afraid to say. They [carers] are all good listeners and very respectful of what I want."
• People could express their views in a variety of ways. This included completing an annual survey regarding the quality of care they received or at face to face reviews which had been held. Staff told us they always involved people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence
• People told us staff treated them with dignity and respect and that their independence was encouraged. One person told us, "The staff help prepare my meals, but I am involved with this. I help them to get my dinner ready. I will help to do the potatoes while they do something else. I can't fault any of them." Another person told us, "They close the door and curtains. They are very good like this. I've never felt embarrassed or uncomfortable."
• Staff demonstrated they understood how to protect people's privacy and dignity, for example when providing them with personal care. Care records had been written to promote people's independence.

There was clear information to guide staff on how they could support people in this area.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection in August 2018, we asked the provider to act to make improvements to the planning of people's care to ensure it was delivered to meet their needs. We also asked them to ensure people's care records reflected their current needs. This action has been completed.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Most people and relatives told us they or their family member's needs, and preferences were consistently met. One person told us, "They seem to know what they are doing. They certainly meet my needs."
• People and/or relatives had been involved in the initial assessment of their or their family member's needs and preferences. A care record had then been developed that provided staff with guidance on how to meet these needs and preferences.
• Staff told us they usually had access to enough guidance to enable them to provide people with the care they required. The care records we looked at contained good information for staff on how to meet a range of people's needs and preferences.
• People and relatives told us their or their family member's needs had either been recently reviewed or were in the process of being reviewed, to ensure staff were aware of what care they required. One person said, "They have just been this morning to review my care record. She [staff member] came when the carer was here. It was very thorough and she asked me if I wanted anything else. She asked if I was happy with what they do."
• Some people told us they could not recall the service re-assessing their care needs for a long time. One person said, "I don't think anybody has come out to review the care. It has been in place for about three years." Records showed this person had a review shortly after we had contacted them. The area manager confirmed that 94% of people had received a review of their care and that plans were in place to do complete this for all people using the service.
• Most people and relatives told us they could get hold of the office if they needed to and that the office staff were responsive to their requests. One person said, "It can go onto answer phone, but I always get a reply back."

Improving care quality in response to complaints or concerns
• People told us they knew how to complain. Most told us when they had complained, that the service had listened and acted upon their concerns. One person said, "I raised a formal complaint in February/March 2019 regarding not getting regular carers, poor time-keeping and raised the issue of male carers. They have listened, and it has improved and settled a bit since then." A relative told us, "If we were really concerned, of course we would (raise a complaint). As it is, we haven't needed to."
• Records showed that when people had made a complaint, these had been fully investigated and responded to.

End of life care and support

• People' advanced plans in relation to their end of life care were sought as part of the initial assessment process.

• Where people wished to discuss this with staff, their wishes had been identified and recorded.

• Staff told us they worked with various healthcare professionals at these times to ensure people received the care they required and in the way they wished.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection in August 2018, we asked the provider to act to make improvements to their governance systems to ensure people received good quality care. This action had not been fully completed and further improvements are required.

Service management and leadership was sometimes inconsistent. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• CQC had not been advised of some incidents that were reportable to us under the regulations. For example, an allegation of financial abuse had been made against a staff member which we had not been told about.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

• Several improvements had been made to the governance systems since our last inspection. For example, senior staff now completed checks of quality more regularly when visiting people in their homes. This had resulted in improvements in people's care records and their care visits meeting their preferences.
• However, the governance systems in place to identify whether people had received their medicines correctly had not been fully embedded or effective in monitoring this area. For example, the audits of people's medicine and daily notes records had not always identified medicine issues that required investigation. Therefore, the provider did not always have assurances that people had received their medicines correctly.
• The registered manager and area manager were responsive to our feedback and had already identified the management of people's medicines required further improvement and were actively working on this.
• The staff were clear about their individual roles and responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• Most people and relatives we spoke with were happy with the quality of care they received. One person said, "It's run well as I have never had to complain, I am quite happy with the way things are." A relative told us, "I would say it's run well. They're reliable and punctual and their staff are very caring."
• Most people and relatives told us they felt they received a good service and where appropriate, that it had improved.
• There was a culture within the service of promoting person-centred care which was evident from speaking with the staff and management team. Steps had been taken to improve this and every reasonable attempt had been made to ensure people received their care when they needed it to meet their individual needs and

preferences.
• People and relatives said they could approach the staff at any time and without concern.
• The staff we obtained feedback from said they felt comfortable speaking with their direct supervisor or the registered manager whenever they needed to.
• The staff were happy working at the service, they felt valued, listened to and appreciated and told us they felt the quality of care had improved.
• The provider understood the duty of candour and offered an apology and/or involved people when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• People were encouraged to provide the service with regular feedback about the quality of care provided. This was either through telephone calls, regular reviews of care or more formal quality surveys.
• Where concerns had been raised, the registered manager had acted to improve the care. For example, some people had raised concerns about the timings of their care visits and these had been adjusted to suit the person's needs.
• Since our last inspection, people and relatives had been contacted to confirm their or their family member's care requirements and individual preferences so the care could be planned to meet these.
• The service engaged people in an annual 'Service User Engagement Forum' where people could visit the office, speak to staff and make suggestions on how the service could be improved.
• The registered manager had developed good working relationships with other services such as the NHS and local authority to support people to receive the care they required.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents CQC had not always been notified of relevant incidents. Regulation 18 (1), (2) (e).