

Watch Home Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This inspection was conducted on 6 February 2015 by a lead Adult Social Care Inspector from the Care Quality Commission. The provider had been given 48 hours' notice of our planned visit, in accordance with our inspection methodologies of Domiciliary Care services. This was because it was a small service and we wanted to ensure that someone was present to speak with.

Watch Home Care Services Ltd is registered to carry out the regulated activity of personal care. The agency's office

is located in the centre of Chorley and is readily accessible for people using the service. The service provides personal care to people living in their own homes in Chorley and the surrounding area. At the time of our inspection 74 people were receiving care and support from the service.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. People were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service. However some people's training in relation to safeguarding was not kept up to date.

We have made a recommendation about updating the training of staff.

Some people were supported at meal times to ensure that they had a balanced diet. People's care plans reflected this within a section entitled 'Eating and Drinking'. We saw within one care plan that there was insufficient information available for staff to fully support that individual with their nutritional needs. The last documented review for that individual was from 2011.

We have made a recommendation that the service ensures that care plans contain relevant, up to date information.

Records showed that relevant checks had been made to ensure new staff members were suitable to work with vulnerable people.

People's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to demonstrate that people had been involved in making decisions about the way care and support was delivered. However much of the information within care plans was task orientated and not personalised to the individual.

We have made a recommendation that that care plans are written in a person centred manner.

People's privacy and dignity were consistently respected. People told us they were comfortable in the presence of staff and their healthcare needs were supported.

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service were safe. People were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who used the service. However some people's training in relation to safeguarding was not kept up to date.

People were protected against the risks associated with the unsafe use of medicines.

Good



Is the service effective?

The service was effective.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005(MCA) and depriving people's liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrated a good awareness of the relevant code of practice and confirmed they had received training in these areas.

Some people were supported at meal times to ensure that they had a balanced diet. People's care plans reflected this within a section entitled 'Eating and Drinking'. However we saw within one care plan that there was insufficient information available for staff to fully support that individual with their nutritional needs. The last documented review for that individual had not been reviewed recently.

Good



Is the service caring?

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

People we spoke with told us that staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Good



Is the service responsive?

The service was not responsive.

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. We saw that an effective complaints procedure was in place and followed.

Requires Improvement



Summary of findings

The content of each person's care plan contained some good detail and was, for the majority of people, up to date. However much of the information within care plans was task orientated and not personalised to the individual.

Is the service well-led?

The service was well-led.

There was a good system in place for assessing and monitoring the quality of service provided. This included learning from any issues identified.

Staff spoke with felt supported and spoke highly of their managers. We saw that clear lines of accountability were in place throughout the organisation.

Good



Watch Home Care Services Limited

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 checked 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 6 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. We made phone calls to people using the service and relatives of people using the service on 16 and 17 February 2015.

This inspection team consisted of the lead Adult Social Care Inspector for the service and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service, such as notifications informing us about significant events and safeguarding concerns.

We spoke with seven people who received a service from Watch Homecare, six relatives, three members of staff and the registered manager for the service.

We looked at a wide variety of records, including five care plans, three staff files, policies and procedures, medication records, training records, four staff files and the services quality monitoring systems, including incident and accident records and compliments and complaints.

Is the service safe?

Our findings

All of the seven people we spoke with told us that they felt safe whilst receiving care and support from Watch Homecare. The six relatives we spoke with also confirmed that they were happy that their loved ones were happy and safe with the care that they received. One person who received support told us, "...the carers are very good when they come and bath me. They treat me with respect and care, and I feel safe. I do my own medication. Recently, my son went into hospital, and the manager organised for me to have extra care which included at night. I then stopped being anxious." Another person told us, "The carers come in twos to visit me and tend to my needs. They ensure I have the correct medication as I can't open the blister packs. I am also consulted about my care at all times."

We spoke with three members of staff. They were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. Staff were also able to tell us who they would report issues to outside of the provider if they felt that appropriate action was not being taken. Only two safeguarding issues had been reported to the Care Quality Commission (CQC) for the twelve month period immediately prior to the inspection. Both had been dealt with appropriately by Watch Homecare and the safeguarding alerts had been closed down.

We saw that the service had appropriate policies in place to ensure that people who used the service were kept safe. This included a safeguarding adult's policy which was updated in January 2015. The policy included definitions and types of abuse, warning signs of abuse and cross referenced other policies such as the providers whistle blowing policy. The policy also included contact details for the local social services office, emergency duty team, CQC and police. Other policies included; health and safety, moving and handling, first aid and equal opportunities and non-discriminatory practices. Each member of staff signed to state they had read and understood policies and procedures and were also given an employee handbook which referred to all key policies.

We were sent a training matrix detailing all staff training. We also saw individual staff training records when we looked at

three staff files. The staff training matrix showed that all staff had completed safeguarding training although almost half of those staff had not had refresher training for between four and five years.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Each person's care plan contained a medication risk assessment which was broken down into several sections, for example; 'obtaining supplies / storage' and 'taking medication'. A number of questions were answered within the care plan such as; does the client remember to take their medication, does the client take any non-prescribed medication, can they get their medication out of container and can they pick up their medication out of the container. Any comments and actions were noted against these questions. We saw that consent forms were in place for people who needed assistance with taking their medicines.

No issues were cited from people using the service or their relatives in regards to medication. Staff we spoke with told us they felt they had the necessary training and knowledge in order to help people take their medicines. One staff member told us, "Training for medication is very good. I attended a nurse led training course over two days at Sharoe Green hospital (in Preston)." As with safeguarding training the training matrix for staff showed that some staff may have needed refresher training for medication to ensure that their knowledge was up to date. Staff told us they worked alongside district nurses for when there were more complex issues such as caring for people with pressure sores and people who were catheterised. One person using the service was taking controlled medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. This aspect of this person care was also delivered in conjunction with district nurses and all medication taken was double signed.

We discussed staffing levels with the registered manager. People who received support told us they found there was enough staff to support them. Staff we spoke with told us that people's needs had been seen to increase and that 'double up' visits had become more common place but they felt that staffing levels were sufficient to meet the needs of the people using the service. No agency staff were ever used to cover unplanned absences. Cover was achieved via the existing staff team and management.

Is the service safe?

The service had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

We recommend that up to date safeguarding training for staff is undertaken to ensure that their knowledge is relevant and in line with local procedures and current practice and legislation.

Is the service effective?

Our findings

People we spoke with told us their needs were met in a way they wanted them to be. They told us that staff were well trained, competent and caring when carrying out their role. One person told us, “All the girls are nice and they work like they are well-trained, sometimes a new one will come with the regular carer so that she can see for herself what our needs are.” Relatives we spoke with also backed up this view and told us that the service was proactive in attending to people’s changing needs. One relative said, “My mother is treated with dignity and respect. The levels of Care are good. I can’t recall the last review, but to me that doesn’t matter, as, when I identify something different in my mother’s needs, I call the office, talk to them and they listen and respond. Equally, if a visiting Carer thinks that my mother needs some input by a doctor or other services, they call me. I like this way of working, for my own peace of mind.”

Staff told us that they received regular supervision sessions in the form of competency checks. This entailed managers arriving unannounced and observing staff practices. We were told that discussions were then held regarding what went well and if any improvements could be made, for example additional training. We found no evidence of formal ‘face to face’ supervisions within staff files but staff we spoke with told us they that they were able to discuss issues freely with managers and that managers were always available either by telephone or by visiting the office. Staff spoken with said they could discuss personal development, additional training as well as staff welfare and working conditions at any time. Staff told us that they did receive an annual appraisal and this served as a way of talking about their role, capabilities and needs in a more formal setting.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we spoke with and their relatives spoke very positively about how staff communicated with them. We saw that an up to date policy was in place for confidentiality and that a code of conduct was in place for staff to refer to. There was no

policy for consent although this area was covered via other policies including those already mentioned. We discussed the possibility of introducing a specific consent policy with the registered manager to ensure that staff were fully aware of the importance of this area.

We discussed training with staff who told us that they were sufficiently trained to carry out their roles effectively. We were also sent a training matrix detailing all staff training. We also saw individual staff training records when we looked at staff files. It was evident that staff were trained in a number of key areas such as first aid, health and safety, moving and handling and medication. The majority of staff also had an NVQ in care at either level two or three. As with safeguarding training however some staff had not received updates in relation to certain areas, notably medication and health and safety. We saw that the service had a training and development policy in place.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The service had policies in place in relation to the MCA and depriving people’s liberty where this was in their best interests. We spoke with staff to check their understanding of MCA. Staff we spoke to demonstrated a good awareness of the relevant code of practice and confirmed they had received training in these areas.

All new employees were guided through the common induction standards programme and this was confirmed when talking with staff and when looking at training records. The induction was specific to the role of a health and social care worker.

Some people were supported at meal times to ensure that they had a balanced diet. People’s care plans reflected this within a section entitled ‘Eating and Drinking’. People we spoke with were happy with the assistance they received at mealtimes. We looked at one person’s care plan who was a

Is the service effective?

diet controlled diabetic. The documented information within this person's plan of care stated that carers were to, 'prepare lunch and drink of clients choice' and the outcome was, 'that your nutritional needs have been attended to'. This was repeated for all meal times. Whilst care staff were fully aware of this person's condition there was no specific mention of this person being a diet controlled diabetic within this section. Carers also undertook some food shopping duties for this person.

There was also no specific risk assessment in place to ensure that staff knew how to assist this person with their diet. The last recorded review for this element of the care plan took place over 12 months previously.

We recommend that the service ensures that care plans contain relevant, up to date information, in order that all the people using the service are supported and protected in line with their assessed needs.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that they had positive relationships with staff. One person told us, “Care is brilliant. They are all lovely girls and very well organised.”

A relative we spoke with told us, “We went through an anxious time, when Lancashire County decided to reduce their list of Care Agencies and took off Watch Home Care, because this gives the impression that Watch are not good enough and also that the carers were not up to standard. However, we have since found out that another Care Agency, who we used to use and we know are not well organised have remained on Lancashire’s list, so we have made the decision to stay with Watch, because they are very helpful and caring and I can talk to them discussing my mother’s needs and they always respond in a dignified way.”

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, “Before any personal care is delivered we ask people’s permission. Dignity and respect are second nature. If someone is new we ask about their preferences, what they liked to be called etc.” Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and staff told us that they knew how to access them.

We contacted other professionals involved with the service and asked them about their experiences of dealing with managers and staff at Watch Homecare. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

We saw evidence within people’s care plans that showed they were involved with making decisions about how they received their care and support. We saw evidence of regular reviews taking place although some detail did need updating in one of the care plans we looked at regarding a person who was a diet controlled diabetic as referenced within the ‘effective’ domain of this report. We saw that people and/or families were involved in the review process if they wanted to be. All paperwork within people’s care plans, including reviews, was signed by the person receiving the care or their family or representative and the services manager. Copies of care plans were kept in people’s homes and at the registered office so staff, families and managers had access to the relevant information at all times.

Hospital passports had been developed, which were detailed. These provided all necessary personnel, such as hospital staff and ambulance crews with a brief summary about the person, should the individual need to be transferred to hospital in an emergency. However one care plan we looked at did not have a hospital passport in place.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One relative said, “A good example of how good communications are happened today. The visiting carer found my mother on the floor, she had fallen. The carer called her manager who called me. The doctor was called. The manager waited to ensure that we were happy and my mother did not need to go into hospital. My mother’s care visits will increase as a result and we feel she will be safe.” Another relative told us, “The carers are all good. The manager gives advice when questions are asked and when the family need a change in the rota, the manager is very helpful.”

The service had a complaints procedure in place which we were shown a copy of. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. The service had received five formal complaints during the previous 12 month period prior to our inspection, all of which had been resolved. A file was in place within the office which showed that complaints received into the service, had been investigated appropriately within the correct timescales with any actions or learning points noted. Five formal compliments had also been received into the service and recorded.

Details of the services complaints process was contained within the welcome pack that was given to people when they started to receive a service. This pack also contained contact details for the agency’s ‘out of hours’ or ‘on-call’ service. People we spoke with who had used this service confirmed that there was always someone available to talk to if they had any concerns.

We looked in detail at five people’s care plans. The content of each person’s care plan contained some good detail and was, for the majority of people, up to date. However much of the information within care plans was task orientated and not personalised to the individual. One example we saw of this was under the section entitled, ‘Plan of care and preferences’. Even though outcomes were set for each individual this was done via set tasks, some of which were repeated in other care plans, specific examples being, ‘put shoes on’, ‘with aid of hoist assist onto commode’, ‘assist to dress’ and ‘prompt oral care’. This was a list of tasks for carers as opposed to a personalised plan of care for the individual which would enable them to reach their desired outcomes.

The five care plans we looked at also lacked any detail around people’s past life history and their likes and dislikes. By gaining a better understanding of people’s histories and preferences carers would be able to provide a more personalised service to individuals. We discussed this with the registered manager who told us that they did try and engage with people and their families in order to gain some of this information but it wasn’t always easy to do so as some people were not willing to discuss issues. If this was the case then any attempts to gain information from people and their families should be recorded within their care plans to evidence that fact.

We saw from looking at people’s care plans that some people had services commissioned to prevent social isolation and that the service had appropriate care plans and risk assessments in place to facilitate this. Staff we spoke with confirmed that they assisted some people into the community to assist with tasks such as food shopping.

We recommend that care plans are written in a person centred manner to reflect the individual needs of each person as opposed to a list of tasks for staff.

Is the service well-led?

Our findings

People we spoke with talked positively about the service they or their loved ones received. People spoke positively about the management of the service and the communication within the service. Families spoken with confirmed that they preferred the way the communications were between the management and themselves. One relative told us, “Communication lines are open at all times and changes to needs are dealt with as they are highlighted.” This meant that families felt their relative received on-going improvements in their care as issues were picked up early.

We spoke with three members of staff, all of whom spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team, one member of staff told us, “The support is good, we have formal ways of raising any little issues we may have and we drop in every Friday to pick up our rotas and can talk then as well.”

We were told by staff we spoke with that team meetings were held and that this was another way to discuss any issues or problems. Meetings were held twice so all staff could attend, the first meeting would take place in the afternoon followed by a second in the early evening.

A range of quality audits and risk assessments had been conducted by the registered manager. For example staff

were visited unannounced to have their competencies checked by management, care plans and paperwork such as medication charts were audited to ensure they were completed correctly.

Surveys were sent out to all the people who received a service on an annual basis. The most recent survey had been sent out shortly prior to our inspection. Comments from previous surveys were kept on file which we looked at as well as some from the most recent survey. These were for the most part very positive.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures were version dated and included a review date. This meant staff had clear information to guide them on good practice in relation to people’s care.

Accident and injury records were kept at the service. Incidents and accidents were reviewed on a monthly basis. Details of each incident were recorded including any treatment given as appropriate.

The registered manager of the service sat on two forums to enable them to keep up to date with good practice and new legislation. The two forums were ‘Skills for Care’ and the ‘Chief Executives and Commissioning Round Table’ organised by Skills for Care. The latter being an opportunity for care provider owners to meet with commissioners of adult social care to discuss issues pertinent to both parties.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

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.