

Carewell 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was a comprehensive inspection which took place on 23 January 2018 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office to assist us.

Carewell Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger adults, people living with dementia and people with physical or learning disabilities. At the time of the inspection the service was providing personal care and support to 13 people.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during the inspection.

At the last inspection the service was rated Good in all domains. At this inspection we found the service remained Good in Safe, Effective, Caring and Well-led. They were outstanding in Responsive.

People received safe care from the service. Staff were trained to safeguard and protect people. They reported concerns promptly when necessary and the registered manager took appropriate action. People received their medicines safely and when they required them. Risks to people were assessed and actions taken to minimise risks without restricting their freedom. A robust recruitment procedure was followed to ensure as far as possible only suitable staff were employed.

People continued to receive effective care from staff who were trained and had the necessary skills to fulfil their role. Staff were very well supported by the registered manager. Regular one to one meetings and appraisals provided time to seek advice, discuss and review their work. They had opportunities to develop their skills and knowledge as well as gain relevant qualifications.

People were supported with nutrition and hydration when this was part of their care and support plan. People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service remained caring and people reported staff were extremely kind and patient. They told us staff were willing to go above and beyond their duties to provide excellent care and support. People's privacy and dignity was protected, they and their relatives told us staff treated them with respect. People and when appropriate relatives were fully involved in making decisions about their care.

The service was extremely responsive to people's individual needs. Staff knew people very well and paid particular attention to finding out about people's interests, past lives and their personal preferences. Individual care plans were person-centred and detailed. They focused on the diverse needs of each person, taking into account any protected characteristics. The service worked toward achieving people's desired outcomes and providing flexible and outstanding care. People knew how to raise concerns or make a complaint but had not needed to do so. They felt confident they would be listened to if concerns were raised. The service was working to the accessible information standard.

The service was very well-led and had strong leadership from the registered manager. Records were complete, accurate and reviewed regularly to reflect current information. The registered manager was experienced and skilled. They promoted an open, empowering, person centred culture and demonstrated by example the provision of excellent care. The values of the service were embedded in the way staff worked with people. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive. People reported staff regularly went over and above their duties to provide a flexible service which was extremely person centred.

Appropriate advice was sought and innovative ways found to respond to people's specific needs.

The service effectively advocated on behalf of people in order to protect them from discrimination.

Is the service well-led?

Good ●

The service remains Good

Carewell 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 23 January 2018, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by one inspector. During the inspection we spent time at the services' office and visited three people in their own homes with their agreement.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and the responses to a questionnaire sent by the Care Quality Commission to gather views on the service. There had been no events since the previous inspection that required a notification to be sent. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team who had no concerns with the service. We also requested some feedback from commissioners and a community professional, however, we did not receive any feedback from them.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who use the service and three relatives of people who use the service. We spoke with seven members of staff including the registered manager, the administrator and five care staff. We looked at records relating to the management of the service including four people's care plans and associated records. We checked records related to managing medicines and reviewed three staff files including the recruitment records for the most recently recruited staff. We also looked at staff training records, policies and procedures, the compliments/complaints log and accident/incident records.

Is the service safe?

Our findings

The service continued to provide safe care and support for people. People felt safe with the staff from Carewell Limited. When asked if they felt safe with the care workers who visited them one person said, "Absolutely." Another told us, "Very safe indeed" and a third "Extremely so." Relatives were also confident that their family members were safe. One spoke about how they felt the staff were "the best in the world". They told us the registered manager and care staff had built their trust in their abilities. They said they were no longer anxious about their family member and told us, "I don't worry anymore, I have full confidence in the people who look after [name]. They communicate with us and they are 100% reliable." Another relative commented, "I always felt secure in the knowledge that while I was away on holiday [name] was safe, secure, well looked after and cared for."

Staff were trained in protecting people from abuse. They knew their responsibilities with regard to reporting concerns to safeguard the people they cared for and when necessary had done so. The registered manager had appropriately reported concerns to relevant authorities to protect people using the service. We saw examples of the care team taking additional time with people to ensure they remained safe and involving other agencies to support people when necessary. In one example this had enabled a difficult situation to be resolved resulting in a family being able to stay together. The provider had a whistleblowing policy which staff confirmed they were aware of and told us they would not hesitate to use if necessary. One member of staff told us of an instance when they had needed to whistle blow. We found that appropriate action had been taken to address the issues raised.

Risks relating to people and the care they required were assessed. Where necessary, action was taken to mitigate identified risks to keep people as safe as possible. Care plans contained guidance for staff to minimise risk without restricting people or their independence. People's home environment was assessed to identify safety risks to both people using the service and the care staff visiting them. Risks were kept under review and staff reported changes promptly. They told us they always had up to date information and communication between the team was "excellent". One commented, "We communicate between each other and always know what is happening with each person. [Name of registered manager] keep us right up to date."

Safe recruitment procedures were followed when new staff were employed. Only one member of staff had been recruited since the previous inspection. The required checks and information had been sought before they commenced working for the service. The number of staff required was determined by the needs of the people using the service. New care packages were not accepted unless there were sufficient staff to accommodate the person's assessed needs.

People received their medicines safely and at the time they required them. Staff received training in the safe management of medicines and their competency was checked. Care staff confirmed this and told us the registered manager worked alongside them on a regular basis monitoring their work practice. The registered manager gave us an example of how they worked closely with other services to provide safe management of medicines. They told us they were asked to support a person who was known to have difficulties in taking

medicines in a safe manner and who was liable to put themselves at considerable risk. They had worked with this person, their GP and the pharmacist to establish a safe routine which had had a positive impact on the person. It had resulted in them becoming more engaged with daily life, accepting of support with personal care and improving their nutrition and general well-being.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People confirmed this and one said, "They use their gloves and aprons."

There was a system for recording accidents and incidents. The registered manager told us there were very few and felt this was due to careful and safe ways of working. When any accident or incident occurred it was reviewed and analysed and the registered manager monitored for any trends. They shared information with the staff team so that lessons could be learnt from the experience. Staff were aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as staff sickness or poor weather conditions.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People and their relatives spoke with confidence about the skills and knowledge displayed by the care staff. Comments included, "They are absolutely amazing, it is refreshing to have staff like them. They all know what they are doing" and "They are most professional. [Registered manager] has a knack of finding just the right people and she trains them very well, I can't praise them enough."

The registered manager or senior care worker assessed people's needs thoroughly before a service was offered. The information obtained during assessment included personal likes and preferences, social interests, cultural and spiritual wishes as well as physical and emotional needs. People told us the registered manager discussed what their desired outcomes were and this information was captured in care plans focused on the individual. The guidance and information available in the care plans was detailed and helped to ensure staff provided effective care for people in the way they preferred. Staff had received training in equality and diversity and there were examples of them respecting and supporting people with protected characteristics. When necessary, adjustments were also made for staff members to ensure they were treated equally. For example, communication methods had been adjusted to ensure all staff were able to receive information in a way they were able to use.

People benefitted from being cared for by staff who were supported in their job role. Staff had regular one to one meetings with their line manager and told us, "Management give us great support and information is always up to date. Someone is always on hand if we have any problems." Annual appraisals provided opportunities to assess their work and plan their development needs. New staff were provided with induction to the service and training which followed the care certificate standards. All staff had gained a nationally recognised qualification in health and social care. Staff told us refresher training was provided annually and varied from face to face and practical training to watching DVDs and open discussions. The registered manager regularly worked with staff to monitor and assess their practical skills. This allowed them to identify where improvements could be made and share good practice with the team. They regularly sought updates from a variety of sources including other health and social care professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received mental capacity training and understood their responsibilities. People told us staff asked their permission before completing any tasks and said they made their own choices which staff respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority. No applications had been necessary at

the time of the inspection.

Staff provided support with eating and drinking if this was part of the planned care. They told us they discussed what type of food people preferred and helped them meet their diverse needs in relation to diet. Where there were concerns regarding people's nutritional intake, this was monitored and if necessary advice sought. We noted an example of how a person had been supported with regular shopping trips and food preparation in order to help improve their nutrition. With this support their weight had increased and they no longer required support from the dietitian. The registered manager and staff told us how they understood people often struggled to maintain adequate hydration. To help people take adequate fluids they discussed having sugar free jelly with people to supplement drinks. When people agreed, the care staff made up batches for them to have. They told us, "It improves hydration, reduces cases of urine infections, and improves mobility and alertness and helps keep catheters sediment free."

People told us of the support they received with their health and well-being. One person told us the registered manager went over and above to ensure they were supported to make appointments and attend them. During the inspection we saw how this support was provided and how the service advocated on people's behalf to help them see appropriate professionals. A relative of a person using the service told us they had called the registered manager when they had had a fall themselves. They praised the registered manager for their prompt response in helping them and told us, "Nothing is ever too much trouble."

Is the service caring?

Our findings

People continued to benefit from a caring service. They and their relatives commented on the caring relationships they had developed with all the staff at Carewell Limited. For example, "There is a gentle love conveyed by all carers," "All of them [care staff] came into the bungalow with a smile and a lovely greeting asking [name] how she was," "They are out of this world and so kind," "They chat to [name] and make her feel special" and "They are wonderful, always cheerful and chatty with me." Relatives felt the service was caring toward them, as well as their family members. One expressed praise for the care and understanding they had been shown by the staff in coming to terms with difficulties. While another wrote about the support they had received and said, "Thank you for listening to me [name of staff member] and being the voice on the other end of the telephone that could sort any problem, or allay any worries."

People, their relatives and staff spoke about how they were able to be comfortable in each other's company. We observed the welcome received by staff visiting people was warm and inviting, making it clear that people were pleased to see them. It was evident that people and staff knew each other well, there was an ease of conversation and a happy banter between them, whether they were face to face or talking over the telephone. Staff had a detailed knowledge of people's needs and their preferences. They were able to tell us about people's past lives and their interests. It was clear they had spent time getting to know and talking to people they supported.

People were shown respect and said their privacy and dignity was protected. One person said, "Yes, they respect me and protect my dignity." A relative told us, "They are not just respectful, they have made a colossal difference to [name's] life." The person themselves then added, "Absolutely." Another relative commented, "All of [name's] carers treated her with the utmost respect and dignity. Nothing was too much trouble." Staff provided examples of how they protected people's privacy and dignity by closing doors and curtains and asking others to step outside the room while personal care was given. Staff were committed to supporting people to be as independent as they wished to be and spent time encouraging them to do whatever they were able to.

People and when they wished their relatives were encouraged to be actively involved in making decisions about the care and support they received. They told us the registered manager and staff explained things to them and listened to what they wanted. People's personal information was stored securely in the service's office in order to maintain confidentiality. Computer records were password protected and people's records kept in their own homes were stored in accordance to their individual wishes.

Is the service responsive?

Our findings

The service was extremely responsive to the needs of people and the care provided was very person centred. This was summed up by a relative who said, "I really feel that [name's] needs were at the centre of it all. The times allocated to [name] were as long as they needed to be. No one ever just rushed in and out." They went on to say the care and respect shown to their family member was "outstanding". Without exception the people and relatives we spoke with took time to tell us how the care staff went "above and beyond" and "the extra mile".

We were told of examples demonstrating how staff went beyond expectations for the people they cared for. For example, supporting a family experiencing difficulty with the condition their family member was living with. The situation threatened to divide them. Staff spent additional time listening, explaining things and calming the situation without making judgements. This resulted in the situation stabilising and the family remaining together. Although the time spent doing this was over and above that commissioned for the care visits, the staff team had agreed they wished to help in whatever way they could to achieve the best outcome. In another example staff discovered a person's microwave oven had stopped working. As the person relied on this for any hot food, staff researched the design and cost of a new one with the person. On the same day they drove to purchase a new model so the person could have a hot meal.

The service provided flexible support to people. For example, one person would regularly change their mind about when they wished to have a shower and they would at times refuse to have personal care. When this happened the visits were re-planned and care offered at another time agreed with the person. By being flexible in this way the registered manager said they had gained the person's trust and co-operation which had made a positive impact on their lives. Staff regularly ran errands for people such as purchasing milk or other grocery items when they had run out. A relative told us, "I doubt you could get better care anywhere, they work hard, nothing is too much trouble and they are wonderful."

The registered manager explained how they had needed to liaise on behalf of a person with their permission in order for them to attend a hospital appointment safely. They told us no consideration had been given to the person's special needs and disabilities when the appointment had been booked. They described how they had organised transport and appropriate equipment to enable the appointment and procedure to go ahead safely. If they had not supported the person to do this they told us it was likely the procedure would have been cancelled when the person got to the hospital, leading to frustration, delay and inconvenience for the person. The registered manager added, "If anybody is stuck, we will do it just to help out and make sure people get what they need." This demonstrated how the service advocated and protected people from discrimination.

The registered manager and staff team were aware of the risk of social isolation and told us they spent time talking to people. A relative described them as bringing a bit of the outside world in to their family member. Although providing activities and social occupation was not part of the commissioned support, care staff found ways to include some social activity into people's lives. They were inventive in their approach to solving some of the problems related to the conditions people lived with. Examples included, encouraging

people to do a little exercise at every visit to aid in their mobility and independence. They had also sought advice and information from a physiotherapist to assist people who had difficulty unclenching their hands. This had enabled them to give massage to the back of the neck and shoulders which had relieved pain and improved the tension in the person's hands. They said this not only helped the hands but had an added benefit of making them "feel cared for". Another example was a special glove they had knitted for a person living with dementia. They told us the glove improved sensory stimulation and gave the staff something to engage and talk about with the person.

People and their relatives confirmed care plans were reviewed frequently and they were encouraged to contribute to planning care and support. This helped to ensure information was up to date and people's most current needs and preferences were reflected. Care plans were very person centred and included details of people's needs in all aspects of their life where they had chosen to share that information. The care plans provided detailed guidance for staff who told us it helped them to provide the fine details of how people liked things to be done. For example, "If [name] wants their towel folded in a certain way then that's how it gets done. It's those little things that make the difference and we are very particular about doing it as people want it." Another member of staff said, "The service users always come first, [registered manager] always says it takes as long as it takes, whatever happens we get it right for them." This was echoed when other staff members spoke about offering people choice. One said, "Everyone has choices and I treat clients how I would expect my mum to be treated."

The service ensured that people had access to the information they needed in a way they could understand it. They complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. For example, information was available in larger print for people with failing eyesight or by text message for those who found it hard to hear on the telephone.

The registered manager told us they worked closely with healthcare professionals such as the GP and district nurses when providing people with care at the end of their lives. Care plans recorded people's wishes and any advanced decisions where they had been made. A recently bereaved relative of a person had written to compliment the service on what they felt had been "outstanding care" and commented on how they had also felt supported at a difficult time. A memory board had been created to remember people who had been cared for. Photographs and service cards from people's funerals were pinned to the wall and staff told us they often shared conversations about the time they spent with those people. They told us as well as attending funerals they sent flowers or donations and tried to do something that spoke about the person. For example, one person had always liked hats and so a hat was bought and each staff member attached a card with their memories and thoughts about that person to the hat. It was clear the service took great interest in each person and made every effort to know them as individuals.

People and their relatives knew how to make a complaint if necessary and were confident concerns would be dealt with effectively if raised. However, they told us they had no need to complain and comments included, "We've no complaints" and "There's nothing to complain about, I can't praise them enough." The registered manager confirmed they had not received any complaints since the previous inspection.

Is the service well-led?

Our findings

The registered manager was extremely knowledgeable about the people they provided support to, their families and the staff they employed. People were very comfortable with the registered manager in their homes because they visited people regularly and had built relationships based on trust and respect. People, their relatives and staff all told us that the service was well managed.

A positive, open, person centred culture existed in the service and was embedded into the values shown by the staff team. This culture stemmed from the registered manager who had a clear ethos about how they wanted to provide support for people. During the inspection we observed and heard them negotiating and advocating on behalf of people with other agencies. It was clear they wanted the best possible outcome for the people who used the service and were willing to challenge others in order to achieve this. The registered manager explained "We want to do things right, do what people want and we will make sure they get the best. It's also about making a difference for people. It's those small things like a smile or taking in a little spring flower to cheer someone up. Those things don't cost anything but make such a difference."

The service was very well led, by a strong leader committed to best practice and personalised care. The registered manager had extensive experience in the health and social care profession and kept their knowledge and skills up to date. They sought up to date information on best practice via membership of appropriate organisations and associations as well as using relevant internet resources.

Staff spoke with pride about Carewell Limited and told us it was a good company to work for. One staff member said "I have worked for Carewell for 15 years and have always been a proud team member." Another told us, "What I like about Carewell is that we are all doing the job because we love it, not just to make money or wait until another job comes up. We all genuinely care about the people we look after. I think that is quite special in a care company these days." Staff felt valued and appreciated for the care and support they provided, they said they were supported and listened to. One told us the registered manager worked flexibly with them to accommodate their needs and confirmed the whole team worked together to support each other. The registered manager was equally proud of their staff team. They told us they had chosen staff for the values they demonstrated and their desire to provide excellent care. A staff member commented on the registered manager's high standards and said, "[Registered manager] likes things done properly and checks on us regularly."

The registered manager understood when they needed to notify the Care Quality Commission of significant events. There had been no events that required notification since the previous inspection. The quality of the service was monitored and audits were carried out to identify shortfalls or areas for development. Examples of audits included those carried out on medicine records, care files and direct observation of care practice. Any identified concerns were addressed in order to improve the service and action was taken promptly to discuss any issues relating to practice.

Formal staff meetings were held twice a year enabling the staff to gather as a team and discuss their work and share ideas and views. Less formal meetings occurred more frequently on an ad hoc basis. People's

opinions were sought, analysed and acted upon. A quality survey carried out in March 2017 illustrated people were satisfied and pleased with the service they received. Comments made on the survey included, "Excellent" and "You set a very high standard and deliver a quality caring service."