

Carewatch Care Services Limited

Carewatch (Woking)

Inspection report

Britannia Wharf
Monument Road
Woking
Surrey
GU21 5LW
Tel: 01784 770330
Website: www.carewatch.co.uk

Date of inspection visit: 9 October 2015
Date of publication: 25/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Carewatch (Woking) provides personal care and support to people living in their own homes. The service is owned and operated by Carewatch Care Services Limited, which has home care branches throughout England. There were 61 people using the service at the time of our inspection.

The inspection took place on 9 October 2015 and was announced.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Most people said their care workers arrived on time but some people told us their care workers regularly arrived late. Most care workers told us they did not always have enough travelling time built into their rotas to make all their visits on time. They said their rotas often included 'back-to-back' calls, which meant there was no travelling

Summary of findings

time at all between visits. Staff told us that they always stayed for the correct length of time but this meant they were often late for subsequent visits. We have made a recommendation about this.

Some relatives told us that care workers did not have an adequate understanding of how to support people living with dementia. Care workers identified dementia as an area in which they needed further training to meet people's needs effectively. They said they had received an introduction to dementia but that they needed further training to equip them with the skills they needed to provide effective care for people living with this condition. We have made a recommendation about this.

People told us they felt safe when staff provided their care. They said their care workers followed the guidelines in their care plans and ensured they were comfortable when giving personal care. The agency had carried out risk assessments to ensure that the person receiving care and the staff supporting them were kept safe. All staff responsible for supporting people with their medicines received training in this area and their competency was assessed.

The agency took appropriate steps to keep people's property secure. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

People were kept safe as the provider had a robust recruitment procedure to help ensure only suitable staff were employed. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had.

People told us they were supported by regular staff, which was important to them. They said that their care workers always stayed the correct amount of time and that they did not feel rushed or hurried when their care was being provided. Relatives confirmed that their family members were supported by regular care workers, which meant that they received their care in a consistent way.

Care workers attended a one week induction when they started work and shadowed an experienced colleague before they provided care unaccompanied. Care workers

had access to good support from their care supervisor and said they were always given enough information about people's needs before they began to provide their care.

People were asked to record their consent to the care they received. Their nutritional needs were assessed and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Care workers had responded appropriately if people became unwell.

Care workers were kind and caring and knew people's needs well. People had good relationships with the care workers that supported them. Care workers treated people with respect and promoted their independence. People received support in a manner that maintained their privacy and dignity.

People's needs were assessed before they began to use the service to ensure that the agency could provide the care they needed. Each person had a personalised care plan drawn up from their initial assessment, which reflected their individual needs and preferences.

The agency sought people's views about their care and responded to their feedback. People said that they agency was flexible and willing to make changes where these had been requested. People knew how to make a complaint and those who had complained told us that the agency had responded appropriately to their concerns.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Staff told us that the management team was approachable and available for support and advice.

Records relating to people's care were accurate, up to date and stored appropriately. The provider had implemented effective systems of quality monitoring, which meant that key aspects of the service were checked and audited regularly. Action had been taken to address any shortfalls identified through the quality monitoring process.

This was the first inspection of the service since its registration with the Commission.

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.

Care workers followed the guidelines in people's care plans to ensure they provided support safely. People's medicines were managed safely.

There were procedures for safeguarding people and staff were aware of these.

Risk assessments had been carried out and staff followed guidance to keep people safe.

People were kept safe by the provider's recruitment procedures.

Good



Is the service effective?

The service was not consistently effective.

Care workers did not always have enough travelling time to make all their visits on time.

Care workers needed further training in dementia to meet people's needs effectively.

People were supported by regular staff, which meant that they received their care in a consistent way.

Care workers had access to good support from their care supervisor and were given information about people's needs before they began to provide their care.

People's nutritional needs were assessed and any dietary needs recorded in their care plans.

Care workers responded appropriately if people became unwell.

Requires improvement



Is the service caring?

The service was caring.

Care workers were kind and caring and knew people's needs well.

People had positive relationships with the care workers who supported them.

Care workers treated people with respect and provided care in a manner that maintained people's privacy and dignity.

Good



Is the service responsive?

The service was responsive to people's needs.

People's needs were assessed before they began to use the service to ensure that the service could provide the care they needed.

Good



Summary of findings

The service sought people's views about their care and responded to their feedback.

People said that the service was flexible and willing to make changes where these had been requested.

People knew how to make a complaint and the agency had responded appropriately to any complaints received.

Is the service well-led?

The service was well led.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to.

Care workers told us that the management team was approachable and available for support and advice.

Records relating to people's care were accurate, up to date and stored appropriately.

There were effective systems of quality monitoring and action was taken to address any shortfalls identified.

Good



Carewatch (Woking)

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 was 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.

The inspection took place on 9 October 2015 and was carried out by two inspectors. We gave the provider 48 hours notice of our visit because we wanted to ensure the registered manager and key staff were available to support the inspection process.

Before the inspection we reviewed the evidence we had about the service including notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. We did not ask the provider to

complete a Provider Information Return (PIR) as this inspection was brought forward. 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.

During the inspection we spoke with the registered manager and deputy manager. We looked at the care records of eight people, including their assessments, care plans and risk assessments. We looked at six staff recruitment files and other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with seven people that used the service and seven relatives by telephone to hear their views about the care and support provided. We spoke with eight care workers by telephone to ask them about the support and training they received.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said their care workers followed the guidelines in their care plans and ensured they were comfortable when giving personal care. People told us they knew how to report any concerns they had about the care they received. Relatives said they were confident that care workers kept their family members safe when they supported them. The agency employed enough staff to ensure that people received their care safely. People told us that their care workers had not missed any of their scheduled visits.

There were procedures in place for safeguarding people which were easily accessible for staff. The registered manager and staff were aware of their responsibilities should they suspect abuse was taking place. Staff were aware of the provider's whistle-blowing policy and knew how to raise concerns with external agencies if necessary. Staff attended safeguarding training in their induction and told us the provider had made clear the requirement to report any concerns they had about abuse or poor practice. There had been no safeguarding concerns since the registration of the agency.

Staff were able to describe the steps they took to ensure that people were supported in a safe way. This included following any guidance outlined in the person's risk management plans.

The agency had carried out risk assessments to ensure that the person receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. A risk management plan had been put in place where risks had been identified. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. Where people's care involved the use of specialist equipment or adaptations, such as slings or hoists, staff had received training to ensure that they knew how to use this equipment safely.

People told us that the agency took appropriate steps to keep their property secure. The agency ensured that information about how to access people's homes was kept safe and only available to those who needed to know. In some cases, staff gained access to people's homes by use

of a key safe. The agency had developed a protocol for the use of key safes to ensure that unauthorised people did not have access to people's property. The agency provided guidance for staff about their responsibilities when handling people's money and how to account for any transactions with which they supported people.

The registered manager advised that the agency was about to introduce a new system which would have benefits for people who used the service and care staff. Each care worker would be issued with a telephone which they could use to 'tap in' when they arrived at a person's home and tap out again when they left. If a care worker had not tapped in within 15 minutes of their scheduled arrival time, an alert would be sent to the agency's office. This would enable the office to check on the care worker's whereabouts and welfare and to arrange a replacement care worker if necessary. The registered manager explained that the new system was designed to ensure that the risk of missed visits was reduced and to improve safety for care workers, who often worked alone.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency such as a fire at the premises or adverse weather affecting staff travel. The registered manager had developed a business continuity plan that identified the people most at risk if their care was interrupted and prioritised visits to these people.

The provider carried out appropriate checks to ensure they employed suitable people to work at the agency. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services.

People told us that care workers helped them take their medicines safely. Relatives said that care workers supported their family members to take their medicines when they needed them and that there had been no errors in the administration of their family member's medicines. All staff responsible for supporting people with their medicines received training in this area and their

Is the service safe?

competency was assessed. Each person whose care involved support with medicines had a medication administration record and care supervisors carried out audits to ensure that people were receiving their medicines

correctly. The registered manager told us that care workers were told to inform the office should they arrive at a visit and identify a medicines error, which meant that any concerns would be addressed without delay.

Is the service effective?

Our findings

Most of the people we spoke with said their care workers arrived on time. One person told us, “They usually turn up on time, they’re pretty good” and another person said of their regular care worker, “Her timekeeping’s very good.” However some of the people we spoke with told us their care workers regularly arrived late. They said that this did not put them at risk but did not meet their preferences and was inconvenient to them in terms of planning their day. One person said of their regular care worker, “She’s often always running late. I don’t think they have enough travelling time.”

Most of the care workers we spoke with told us they did not always have enough travelling time built into their rotas to make all their visits on time. They said their rotas often included ‘back-to-back’ calls, which meant there was no travelling time at all between visits. Some staff said they were allocated back-to-back visits on every shift they worked. One care worker told us, “We don’t get enough travelling time. I have two visits back-to-back with a 15 minute travelling time between them.” Staff told us that they always stayed for the correct length of time as they were committed to meeting people’s care needs but this meant they were often late for subsequent visits. One care worker told us, “Whatever I need to do for my clients, I get done, but the back-to-backs always have a knock-on effect.”

We recommend that the agency review the rota to ensure that care workers have sufficient travelling time to deliver people’s care and support in a timely way.

Whilst relatives said that care workers tried hard to ensure that people’s needs were met, some relatives told us that care workers did not have an adequate understanding of how to support people living with dementia. A significant number of care workers identified dementia as an area in which they needed further training to meet people’s needs effectively. All the care workers we spoke with said some of the people they supported were living with dementia. They said they had received an introduction to dementia in their induction but that they needed further training to equip them with the skills they needed to provide effective care, support and communication.

We recommend that the agency provides further training in dementia to ensure that care workers have the skills they need to support people in line with best practice guidance.

People told us they were supported by regular staff, which was important to them. They said that their care workers knew how to provide the care and support they needed. One person said of their regular care worker, “I’m very happy with her, she’s very good.” People told us their care workers always stayed the correct amount of time and that they did not feel rushed or hurried when their care was being provided.

The registered manager told us that the agency aimed to provide consistent care by establishing a small team of care workers who knew each person well. This ensured that a care worker familiar to the person was always available if their colleagues were sick or on leave. Relatives confirmed that their family members were supported by regular care workers, which meant that they received their care in a consistent way. One relative told us, “She knows them all and they know how she likes things done” and another relative said, “His regular carers are very good.” a third relative told us, “We’re quite happy with them. They make sure she takes her medicines and that she’s had enough to eat and drink. They encourage her to drink because they know she’s likely to forget.”

Staff told us they had attended a one week induction when they started work, which included training in core areas such as health and safety, medicines administration, moving and handling and safeguarding. Where people’s care involved the use of specialist equipment or adaptations, such as slings or hoists, staff had received training to ensure that they knew how to use this equipment safely. One care worker told us, “I thought the induction was very good. We had lots of classroom sessions and a practical session for moving and handling.” The agency had a training room on site and a profiling bed and hoists to teach the practical aspects of safe moving and handling techniques. The registered manager said the provider’s in-house trainer delivered most elements of training but that healthcare professionals had been used where necessary to provide specialist training, such as stoma care.

Staff told us that they attended annual refresher training. A quality audit carried out by the provider just prior to our inspection identified that some staff were overdue for

Is the service effective?

refresher training and others were overdue for supervision. The registered manager was able to demonstrate that plans were in place to address these shortfalls. All care workers who needed it were booked to attend refresher training were booked onto training sessions in October and November 2015.

Care workers said they had the opportunity to shadow an experienced colleague before they provided care unaccompanied and that they received good support from the agency's care supervisor. The care supervisor carried out staff supervisions at people's homes, with their prior agreement. These supervisions involved checking the quality of support care workers provided through observations and discussions with the person receiving care. Care workers told us that supervisions were also used to discuss their own training and support needs. They said that the care supervisor encouraged them to raise any concerns they had or areas where they needed support. One care worker told us, "She asks if we have any problems, she's very supportive."

Care workers said their care supervisor was always available if they needed to discuss a problem or had a concern about a person they supported. One care worker told us, "If I have an issue with a client I can raise it with her. I can ring her directly if need to, she's always contactable" and another care worker said, "If I have a problem, she's very good, she deals with it." A third care worker told us, "If I need advice, there's always support there." The agency had been registered for less than a year at the time of our inspection. The registered manager told us that care workers would receive an annual appraisal within 12 months and each year thereafter.

People were asked to record their consent and we saw signed consent forms in people's care plans. These included consent to the care they received and to the sharing of information with care workers and relevant professionals. The registered manager understood the

need to provide people's care in line with the Mental Capacity Act 2005 (MCA). The MCA exists to protect people who may lack capacity and to ensure that their best interests are considered when decisions that affect them are made. Staff received awareness training in the MCA and understood the need to ensure that people's best interests were considered when decisions about their care were made. The registered manager told us that if a person refused their care, care workers were instructed to inform the office team, who would then advise the person's family, placing authority and, if necessary, GP.

People's nutritional needs were recorded during their assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. Care workers were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly. We found evidence that, where staff had identified concerns about people's nutrition or hydration, the agency had raised these with healthcare professionals. On the recommendation of healthcare professionals, staff had implemented and maintained food and fluid charts to monitor people's nutrition and hydration levels.

Care workers monitored people's healthcare needs and took appropriate action if people became unwell. The registered manager told us that staff were told to alert the office if they noticed a change in a person's health. Relatives said that care workers had responded appropriately if their family member appeared unwell. One relative told us that they had been pleased with the way care workers responded when their family member became unwell during a visit. The relative said, "They called the ambulance and stayed with her until the ambulance crew arrived. They were very good with her, very reassuring. We were very happy with the way they dealt with it."

Is the service caring?

Our findings

All the people we spoke with said their care workers were kind and caring. Several told us that they had developed good relationships with their care workers and looked forward to their visits. One person told us, “They’re all friendly and cheerful, I enjoy the time they’re here” and another person said of their regular care worker, “I’m very happy with the carer I’ve got, she’s very kind.”

Relatives also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to their family members’ needs. One relative told us, “Mum’s very happy with them [care workers], we wouldn’t change anything” and another relative said, “They’re very friendly and helpful.” A third relative said of their family member, “She gets on with them very well.”

The care workers we spoke with were committed to providing people with the support they needed in a compassionate way. They said it was important to them that people felt safe, secure and comfortable when their care was being provided. Care workers explained that they had been trained to support people in a way that was respectful and maintained their privacy and dignity.

People told us that staff understood their needs and how they liked things to be done. They said that staff respected their choices and provided their care in a way that maintained their dignity. If personal care was provided, people told us that care workers provided this in private. Relatives told us they felt care workers were compassionate and that they treated their family members with respect and dignity. They said that care workers supported their family members in a way that promoted their independence.

The registered manager and staff understood the importance of enabling people to make decisions about their care and respecting their choices. People were encouraged to be involved in the development of their care plans. They had access to information about their care and the provider had produced information about the service, including how to make a complaint.

The provider issued each person with a privacy statement when they began to use the service which explained what information the agency held about each person and who would have access to it. The provider had a Confidentiality policy, which set out how people’s confidential and private information (CPI) would be managed. Staff were briefed on the policy and the importance of managing CPI appropriately during their induction.

Is the service responsive?

Our findings

The agency sought people's views about their care and support and responded to their feedback. People said that the agency contacted them regularly to ask for their views about the service they received. People said that they agency was flexible and willing to make changes where these had been requested. One person told us, "I asked them not to send one carer again and they sent me someone different, who I much preferred." A relative said, "We have a routine that works well but they've always been very helpful if we've made a change to the regular arrangements. They've done their best to be flexible."

People who used the service and their relatives told us they could always contact the agency's office if they needed to. One person told us, "There's always someone available in the office if I need to speak to them" and a relative said, "We can always contact them if we need to, we've never had a problem with that." Relatives said that care workers always recorded the care they had provided, which enabled them to check that their family members had received all the support they needed.

People's needs were assessed before they began to use the service to ensure that the agency could provide the care they needed. In cases where a local authority had commissioned the care package, the authority had carried out an assessment of the person's needs and forwarded this to the agency. Following receipt of this initial assessment, a care supervisor visited the person to draw up a personalised care plan that reflected their needs, wishes and preferences about their care. Where people had contacted the agency privately, a care supervisor visited them to carry out an initial assessment and risk assessment. Assessments were comprehensive and identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care.

Each person had an individual care plan drawn up from their initial assessment, which was kept in their home. Care plans were person-centred and reflected people's individual needs and preferences. For example, they specified how people preferred their meals to be prepared. Care plans also provided clear information for staff about how to provide care and support in the way the person preferred. People who used the service and their relatives told us that the agency had encouraged their involvement in the development of their care plans. We saw evidence of this in the care plans we checked. The agency also reviewed their care plans regularly to check whether the plan needed amendment to take account of any changes in needs. Relatives said that they were encouraged to participate in their family member's reviews and that their contributions were welcomed by the agency. The registered manager told us that care plans were usually reviewed annually but more often if necessary, for example if a person suffered a fall or returned home from hospital.

Complaints received an appropriate response from the provider. The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service and people told us they knew how to make a complaint if they were unhappy with any aspect of the service. The registered manager had improved the response to complaints as previous complaints had not always been managed in accordance with the provider's complaints procedures. The registered manager had introduced a checklist to ensure that complaints always received an appropriate response. Relatives who had made complaints told us that the agency had responded appropriately to their concerns. One relative told us, "When I made a complaint they did their best to resolve the issue" and another told us that when they raised a concern, the agency had "dealt with it well." We checked the complaints record and found that all complaints had been investigated and received an appropriate response.

Is the service well-led?

Our findings

Relatives said they were happy with the management team's response if they had needed to contact them. One relative said, "The management seem pretty good, they keep us informed. They're very good at liaising with us" and another relative told us, "We have a regular chat with [deputy manager]. If we've ever made a suggestion or a request, we've been very pleased with their response."

There was an open culture in which people who used the service, their relatives and staff were able to express their views and these were listened to. People were supported to have their say about the care they received and relatives were encouraged to contribute their views. The provider distributed surveys to people who used the service, their relatives and staff each year to seek their feedback about the service. The results of the survey were collated and an action plan drawn up to address any issues identified.

The registered manager told us that the vision and values of the service were explained to staff during their induction. They said that each member of staff received a copy of the staff handbook, which detailed their roles and responsibilities and made clear the standards of behaviour and practice expected by the agency. The care supervisor checked that staff were maintaining the standards expected of them during supervision at people's homes. This included checking that care workers were providing safe care, completing all the elements of people's care plans and treating people with dignity and respect. People told us that care supervisors used monitoring visits to check they were satisfied with the care they received and whether they wished to request any changes. Any concerns identified by the field care supervisor in relation to a care worker's performance were escalated to the registered manager. The registered manager gave an example of how shortfalls in a care worker's performance had been addressed through further training, shadowing and supervision.

Staff told us they felt supported by the agency's management team. They said that advice and support was always available when they needed it. One care worker told us, "I've always found them very supportive" and another said, "I find them very helpful." Staff told us they were confident that their managers would take any concerns they raised seriously and ensure that appropriate action was taken to resolve any issues they had. They said that

they were encouraged to give their views about how the service could improve. The registered manager told us that care worker forums had recently been introduced to increase opportunities for staff to discuss their work and to raise any concerns they had. The registered manager said that all staff were contacted before these meetings to ask if they had any items they wished to add to the agenda. Minutes of the meetings were distributed to all care workers. We saw minutes of care worker forums, which demonstrated that staff had opportunities to discuss any concerns they had.

The management team provided support outside office hours on a rota basis. The registered manager said the office telephone line was diverted to a mobile telephone out-of-hours, which was shared between the registered manager, deputy manager, care co-ordinator and field care supervisor. This meant that support was available if people who used the service, relatives or staff needed it when the office was closed. The registered manager told us that the member of the management team responsible for the previous night's on call sent an update each morning about any incidents that had occurred to ensure that all the management team were up to date with events affecting the service.

Records relating to people's care were accurate, up to date and stored appropriately. The registered manager told us that guidance had been provided to staff on how to maintain care records that were meaningful, useful and accurate. This included recording information about the care provided, food and fluid intake and any medicines given but also recording any care offered but refused and any deterioration in the person's mood or general well-being. We saw evidence that the care supervisor checked the records maintained by care workers to ensure they were of appropriate detail and quality. Any concerns identified in relation to record-keeping were discussed with care workers at supervisions to ensure that they were supported to improve the quality of recording.

The provider had implemented effective systems of quality monitoring and auditing. The provider's in-house quality assurance team carried out a programme of audits checking standards in key areas of the service, including the delivery of care, the management of complaints and the support provided to staff. We saw evidence that appropriate action had been taken to address any shortfalls identified through the quality monitoring

Is the service well-led?

process. For example reviews had been arranged for three people who were identified as overdue for review and refresher training had been booked for staff who were overdue for this training.