

# Carewatch Care Services Limited

# Carewatch (Norwich)

## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 and 18 of August 2016. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes. We wanted to ensure that the manager was available to speak with us.

Carewatch Norwich provides domiciliary care to around 76 people who live in their own homes in the Norwich area. There are other Carewatch branches in central Norfolk. However, these are separately registered. This inspection relates to the Norwich branch only.

There was a registered manager in place. 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 service had a system in place to support people to take their medicines as the prescriber had intended. However this system was not always followed by care staff.

People were supported by staff that were knowledgeable in their roles and demonstrated the skills required. Staff had been safely recruited. There was a robust training system in place delivered by an experienced trainer. Staff had a thorough induction to the service and their role. Staff had been selected for their motivation to care for people. Staff were committed to provide a good service to people and felt supported to do this.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. Staff were mindful of this issue. The service had procedures in place to report any safeguarding concerns to the local authority. People and staff were protected from the potential risk of harm as the service had identified and assessed the risks people faced. People had assessments which were person centred.

People benefited from staff who felt valued by the service. Staff had confidence in the management team and the service they were providing. People told us they were treated in a respectful, compassionate and caring manner. People said they generally saw the same care staff at regular times, and did not have missed visits.

Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave many examples of a caring and empathetic approach to the people they supported. Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs. Staff demonstrated they had the knowledge to manage emergency situations,

should they arise.

Staff supported people to avoid social isolation. People felt comfortable about contacting the service and raising any issues they may have had. There was a complaints process in place for people to follow if they wanted to make a complaint. Staff also felt comfortable in raising any concerns they had.

The manager demonstrated a commitment to the service and its future. Staff had confidence in the manager. The manager was accessible and the provider encouraged people to comment on the service they provided. The manager had a good knowledge of the people the service supported and their needs, despite also being a regional manager for the provider.

## 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 was safe.

Staff received training on the safe administration of medicines.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff that had undergone recruitment checks to ensure they were safe to work in care.

The service had identified, assessed and regularly reviewed the risks to people.

### Is the service effective?

Good ●

The service was effective.

The training, their induction, and the support and development the staff received, contributed to the effective support people experienced.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

When required people received supported with food and drink.

### Is the service caring?

Good ●

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

People received care and support in a way that allowed them to be in control of their lives. Staff promoted people's independence and gave them choice.

People had been fully involved in planning the care and support

they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

The service listened to people's needs and concerns and responded appropriately.

### Is the service well-led?

Good ●

The service was well-led.

The supportive and inclusive nature of the management team contributed to an open culture where people felt comfortable in expressing their views.

The management team was accessible and approachable.

The manager had identified some areas which required improvement and actions were in place to make these improvements.

# Carewatch (Norwich)

## 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.

The inspection took place on 17 and 18 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given to ensure the management team was available to assist our inspection. The inspection was carried out by one inspector 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.

The provider completed a 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. We reviewed this as part of our inspection planning.

Before the inspection we viewed all of the information we had about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also contacted the local quality assurance team, local authority safeguarding team and asked their views on the service.

During the inspection we visited the service's office, spoke with eight people who used the service and four relatives. We also spoke with the registered manager, office staff including a field care supervisor, the regional trainer and six care staff.

We looked at the care records for 11 people who used the service and this included the medicines administration records where applicable. We also viewed records relating to the management of the service. These included risk assessments, two staff recruitment files, training records, accidents and incidents records, compliments and complaints.

# Is the service safe?

## Our findings

People told us they felt safe with the support provided by Carewatch Norwich. One person said, "They always turn up on time, and I always know who's coming to help me, I don't have any problems, they're a nice bunch." Another person told us, "Oh yes, I feel very safe with all of them."

The manager and care staff understood how to protect people from the risk of potential abuse. The care staff told us the different signs which may indicate if a person was experiencing harm in some way. Care staff told us they would raise any concerns they had with the office staff. Care staff also said they would raise their concerns with the manager. Some care staff knew of outside agencies they could contact, for example the local authority safeguarding team. One member of the care staff said if they had suspicions, "I couldn't ignore it."

The service and office staff had a good knowledge of how to keep a person safe. We looked at people's assessments and care records completed by the service. We could see there was detailed information gathered by the service. This identified what the risks were and what staff needed to do, in order to ensure individuals were as safe as possible.

The service had a proactive system to monitor people's discharge from hospital. This was to ensure people were not discharged from a hospital without care visits being restarted. Conversations were had with hospital staff to check people were well enough to return home and that this was managed in a planned way.

The assessments also considered the safety of the individual's environment and any other external risk factors, which could affect the person and the member of staff. We saw where staff had concerns about a person; they reported this to staff in the office. We could see the office staff then contacted an appropriate external agency such as social services, or the person's doctor to address the concern. We could also see the service monitored these situations until they were resolved. The manager and office staff also had a good knowledge of the people who they supported.

The service recorded any accidents and incidents witnessed by care staff. We were shown these documents which were completed by staff and we could see the manager checked the information. The manager and office staff said they would then take further action to try and prevent the incident from happening again.

We spoke to care staff who told us about occasions when they had visited a person in their home and found they had fallen or they were distressed. The care staff we spoke with also told us what action they had taken to ensure people were safe. For example, one care worker said they had called the paramedics, put a blanket on the person, and monitored the person until the paramedics arrived. Another care worker said they had also given the paramedics a person's medicines and advised them what medicines the person had had that day.

The service operated an 'out of hours' telephone system for staff to call if they had concerns or they needed

advice. We spoke with staff about this call system. Staff told us they found it helpful. One member of the care staff said, "They are always happy to help." Staff also said they used this system to express any concerns and to address any urgent issues which would need to be passed to a health professional.

The service had a 'business contingency emergency plan.' The manager showed us this document. The manager and office staff had remote access to their data base of people who used the service and staff. They knew which care visits were the most important, in terms of securing a person's safety. The service could remotely operate away from the main office site if required.

There was enough staff to keep people safe and meet people's needs. People told us they had regular care staff and that calls were not missed or cancelled and care staff were generally on time. One person said, "I've had them for over two years. I get regular carers... always very obliging, and they work well." A relative said, "We get familiar faces and they are mostly regular carers."

However, some people did say recently they had been seeing non regular care staff. The manager told us the service is covering a lot of summer leave at present. This has meant that office staff had also been providing care visits. On the day of our visit we saw the 'care co-ordinator' and a supervisor left the office to complete care visits. The manager said they are, "Always recruiting new staff." We spoke with care staff about this issue. All the staff we spoke with told us on the whole they provided support to a regular group of people.

The service ensured that they only employed staff who were suitable to work in a care role. We looked at staff personnel files and could see that staff were only employed following recruitment checks. The appropriate Disclosure and Barring Service (DBS) checks had been made. This is a security process to check there is no reason why someone should not work in this role. For staff who had worked for some years with the service, the service had arranged for new DBS checks to be completed. Staff had a full record of their employment history and two references documented on their files. Staff confirmed to us that these checks were in place before they started working for the service.

The service supported a small number of people to take their medicines. We looked at the Medication Administration Record (MAR) of some of these people. This is a record of the administration of a person's medicines. Some records were without a signature, we cross referenced these records to people's daily log books. Care staff had stated in these that medication had been given. The service had a new auditing system to identify these errors.



# Is the service effective?

## Our findings

Staff had the skills and knowledge to perform well in their work. One person told us, "They are a smashing lot of girls, some of them are surprisingly young but they do a good job and I am very satisfied with the service." Another person said, "We have one carer who comes each week, [Name] really is first class."

The manager showed us the training programme for the year. We could see staff were up to date with their training and had had refresher training. This included training in dementia awareness, moving and handling, safeguarding, health and safety, and infection prevention. Staff told us they felt they received regular training which supported them in their work.

We spoke with the regional trainer about the service's induction plan for new care staff. Initially new care staff would have a week of class room based learning, in key areas. We were told this included a variety of learning methods and group discussions. Staff had practical hands on training with 'moving and handling' and catheter care. The trainer said, "It is really important staff learn how it feels to be in a hoist, so they can make sure a person feels comfortable and safe." New staff were also trained on dignity in care, which included advice about their body language when they supported people.

We were told by the regional trainer after this period of training new staff were, "Paired up with experienced care staff." New staff shadow care staff until they feel confident and are able to work independently. Over the next three months new staff are observed providing support to people and they have a planned meeting with their supervisor to monitor and discuss their progress. The trainer told us, "The shadowing is available for as long as it takes, its pointless rushing new staff." We spoke to staff about their induction. Staff told us they felt supported throughout the process. Some staff told us they had requested additional shadowing opportunities with experienced staff, and this was provided.

Staff were offered additional training where they could complete health and social care courses, if they wanted to. We spoke to staff who confirmed to us they were undertaking this course or were booked to start the course soon. One member of the care staff said, "I've always wanted to do it." On the day of our visit a specific health and social care trainer visited the office to plan assessments with members of the care staff.

We were shown a record of care staff's supervisions, appraisals, and field observations. We could see these were up to date. The manager and office staff told us there were regular staff meetings. We looked at the minutes of these meetings and we could see they took place on a regularly basis. Staff told us they were to attend at least three staff meetings a year.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found that the manager and the care staff we spoke with had a good understanding of what mental capacity meant. Care staff spoke about giving people choices and not assuming people could not make decisions for themselves. Care staff told us they did not assume that people would always choose the same options and were careful to promote choice in any situation.

We looked at people's care records, and found information for care staff when they supported people with meals and drinks. We spoke with staff who told us how they supported people to have what they wanted to eat and drink. Staff told us they would give people drinks and make sure drinks were left in easy reach for people. We looked at one person's daily care record and we could see care staff had tried to encourage a person to have a more varied diet. The care worker had contacted the office and raised their concerns about the amount this person was eating. The social care professional was contacted and they addressed this at the person's care review. The office staff told us they continue to monitor this issue.

# Is the service caring?

## Our findings

People told us they were treated with kindness and compassion. One person told us about their regular care workers, "They've become my friends as well as my carers. I'd give them a gold medal for the work they do for me, they're terrific." Another person said, "The carers are wonderful, they've been coming to me many months now and they're lovely. They have a chat with me as they do their work and if they finish early they sit and have a chat with me which is lovely."

The manager said to us they selected people who are, "Passionate about the job." They also told us that the point of the induction, shadowing, and monitoring of new care staff is also to ensure they are, "Right for the job." We spoke with staff who spoke enthusiastically about their jobs. Staff said they joined the service to, "Make a difference." Another member of the care staff said, "You don't do this job for the money."

Care staff also told us that they were able to build, 'Relationships and bonds with people.' The care staff told us this was because they had regular people who they supported daily and weekly. One care worker told us having regular people they supported, meant they knew how the person wanted to be supported and comforted, if they are distressed. They gave an example of giving one particular person a hug when they were emotional; they said the person said to them, "I needed that."

The care staff we spoke with gave examples of putting the people they supported first. One member of the care staff told us when they were supporting a person with their shopping the shop assistant began responding to the care worker. The care worker said, "I told the shop assistant they need to speak to [name] not me."

When we were speaking with people on the phone asking them about the service, we could overhear care staff entering people's homes. Staff were friendly, positive, and it was clear to us people had formed good relationships with their care staff.

Staff had a good understanding of what 'equality and diversity' meant. Staff spoke about treating people as individuals and treating people how they wanted to be treated themselves. At people's assessments the service asked people if they had any cultural or religious needs they wanted staff to support them with.

We saw in people's care records that people had been involved in the planning of their care. These records gave detailed information about how people wanted to be supported and what they wanted the care staff to help them with.

These assessments also asked people if they had any needs relating to their emotional wellbeing. Care staff told us how they supported people's wellbeing. Care staff talked about being positive and upbeat. Care staff also spoke about responding to people's emotional needs. Staff said they would speak with the office staff if a person was persistently low in mood.

Care staff told us how they treated people's information in a confidential manner. We could see on the day of our visit to the office that the service ensured the information they hold about people was kept securely.

People told us staff were polite and respectful. One person told us, "They always come in with friendly faces and a knock on the door so I know who's coming." Another person said, "They are polite and I always have a laugh with them."

Care staff told us how they protected people's dignity and privacy when they supported them. They spoke about ensuring doors and curtains were closed and they spoke to people when they supported them. Care staff also told us how they promoted people's independence by encouraging people to complete elements of tasks themselves, with their support.

## Is the service responsive?

### Our findings

People received care which was person centred and responsive to their needs. One person said, "The carers are very very good, we do have a laugh together which is lovely as it breaks the day up for me, I think the carers like coming in to see me." Another person said, "The care that I get comes from proper carers, they know how to help me, and they do a good job." A relative told us, "[Relative] fell over and the carer stayed with her a couple of hours until the ambulance came, I thought that was excellent support from them, it was well past their allotted time."

We looked at some people's assessments and reviews. We found these were person centred. The assessments had detailed information relevant to the individual person. It spoke about their past experiences, their hobbies and interests, and who were important to them. The assessments also gave detailed information about how they wanted to receive their care. From these records care staff were able to gain a picture of the person and the support they wanted.

We could also see reviews were taking place on a regular basis. The service completed a telephone review asking key questions about how the person found the support, if the care staff were supporting them to be as independent as possible. After this a more in depth review took place in the person's home. People were asked to look at what the field supervisor had written and sign it, if they agreed with it.

The people we spoke with talked about how "friendly" and "chatty" staff were. One person told us, "Some of the carers, the more regular ones, chat to me while they work. They also sit and have a chat with [relative] once they finished everything, which is nice." Another person told us about their regular care worker, "[Name] has become like part of the family now. Once they have finished helping me, we have a cup of tea together."

Care staff told us how important it was to be sociable and communicative with the people they were supporting. One member of the care staff told us, "Being chirpy and having that conversation with people is really important." Another member of the care staff told us how important it was to leave your own worries at home, "To chat and have a giggle."

The service had its own mini bus which they used to transport people shopping and to social activities as per people's commissioned care plans. The manager told us they used this to try and bring people together; they had taken six people to the Norfolk Show.

Care staff told us that if they were concerned about a person being socially isolated, they would speak to the person about this. They would call the office staff (with the person's permission) to contact social services or they would ask the office to look into the possible options.

There was a compliments and complaints process. The manager showed us the complaints made over the last year. We could see the manager had responded appropriately. They had completed an investigation in

each case, apologised and taken action to prevent the issue happening again. This was then relayed to the person making the complaint.

## Is the service well-led?

### Our findings

The service was completing audits of the daily log and communication books and MAR charts located in people's homes. However, this was not carried out on a regular basis, this meant there were sometimes long periods of time which had passed before an error or issue was identified by the supervisor, who completed the audits.

We looked at the MAR charts and found missed signatures on some of the MAR charts. One had been audited and action had been taken to prevent this from happening again. But we found other MAR charts which had not been audited and the missed signatures had not been identified and responded to. In some cases it had been three or more months until the issues relating to the MAR had been discovered by the service. We cross referenced the MAR charts to the daily logs and we could see staff had recorded medication had been given. However, care staff were not following the service's own procedures to ensure people were given their medicines as the prescriber had intended. Without regular audits this meant this was not being identified by the service.

We spoke with the manager about these issues with audits. They told us that they had been relying on supervisors, who were responsible for these audits, to complete care visits. The manager felt this why audits were not happening on a regular basis and errors identified. The manager told us they had created a new role which would replace the supervisor role. New staff had been appointed to be 'Quality Officers' who would not complete any care visits. These new members of staff would complete, alongside other office duties, audits of the log books and MAR charts. The manager was confident this would result in regular auditing and quick responses to issues with these documents.

We were shown how the provider monitored the quality of the service by sending regular questionnaires to people who used the service. Information which was recorded on the service's electronic records system was also audited by the provider. This included information about people who used the service and staff.

The manager told us what types of events they should notify us about. We could also see from the information we hold about the service that the manager had notified us of events, which they are required to under their registration.

Staff we spoke with said there was a positive and open culture at the service. Care staff felt able to contact the office to raise issues and seek advice. On the day of our visit care staff visited the office and engaged positively with the office staff. From our observations it was clear to us these members of care staff felt comfortable discussing issues and communicating with the office staff. These conversations were centred around the people they supported. The care staff and office staff we spoke with talked about belonging to a 'team' and felt they were working together to achieve common goals.

Staff told us they enjoyed their work. One member of the care staff said they found the work, "Really rewarding." Another care worker said, "I enjoy helping people." The people we spoke with confirmed staff

had a positive attitude to their work.

People also spoke positively about the office staff. People felt there was good communication with the office staff and the service was well organised. People told us they were given regular rotas of staff so they knew who was visiting them. People also told us they felt confident calling the office and issues were resolved. For example, one person said, "The office does phone me when the carers are going to be late; I like that, so I know what's happening." Another person said, "I get a table each week so I know who is coming in. [Names of office staff] are really lovely people to talk to as well, they phone me up for a chat about things pretty regularly, once a month I would say."

We asked the manager what the values are of the service. They said, "It's having respect for people, and being passionate about quality." We asked care staff what they felt the values of the service and staff team were. They spoke of being "Caring", promoting "Independence" and people's "dignity."

The manager had introduced an "Employee of the month award." Staff who had received positive feedback from people who used the service or from colleagues would receive a gift, often flowers, awarded by the manager at the staff meeting. The manager said, "We are inundated with requests from service users to nominate members of staff." We looked at the minutes of staff meetings and we could see these awards took place on a regular basis. The manager said, "This is about encouraging quality and saying thank you to staff."

The manager wanted to develop links with the community, and involve people who used the service and their relatives further. As a result of this the manager said a "Forum" has been planned for December which will include care and office staff. Local health professionals have also been invited. The aim is to discuss the service and "Involve people in its development."

The manager told us how they had worked with various health and social care provider groups in order to keep up to date with best practice guidance. This included the 'medication review board' held by the local authority.