

Carewatch Care Services Limited

Carewatch (Bourke Gardens)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection of Carewatch Bourke Gardens on 17 and 22 May 2018. The first day was unannounced, however we informed the registered manager we would be returning for a second day to complete the inspection.

Carewatch Bourke Gardens is a domiciliary care service based in Worsley, Salford. The service is located across the road from Walkden shopping precinct and has good access to local transport networks in the area and across Greater Manchester.

The service is made up of 57 apartments, some of which accommodate up to two people and at the time of the inspection there were 62 people living at Bourke Gardens. Only 36 of these people were receiving a regulated activity which was personal care. We only focussed on the care provided to these people during the inspection.

Carewatch Bourke Gardens is a 'Domiciliary Care Service'. People live in their own apartments within an extra care housing scheme which are owned and operated by the housing provider, City West. Staff are on site 24 hours a day and people can receive between one and four calls a day to receive personal care or additional assistance to promote their independence. As the housing provider is not registered with CQC, we do not regulate the building and this area was not covered during the inspection.

This was the first inspection we had carried out at Carewatch Bourke Gardens, since registering with CQC in January 2017.

During this inspection we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment, safeguarding people from abuse and improper treatment and good governance (two parts of the regulation). You can see what action we have asked the service to take at the end of the full version of this report.

Risks to people who used the service were not always being effectively mitigated and appropriate risk assessments had not consistently been completed to help keep people safe.

Accurate and contemporaneous records were not always being maintained regarding people's care which meant we could not always determine if safe care and treatment was being provided.

Appropriate systems were not always in place to ensure people were not being deprived of their liberty unlawfully. Deprivation of Liberty Safeguards (DoLS) do not apply in this type of service, however this means applications need to be made to the court of protection to ensure people are not being unlawfully deprived of their liberty.

Each person living at Carewatch Bourke Gardens had their own care plan in place. We found several

examples where important aspects of people's care was not documented within their care plan meaning staff did not have access to up to date information.

Improvements were required to the overall governance systems to ensure concerns identified during this inspection were identified internally and acted upon in a timely manner.

People living at Carewatch Bourke Gardens told us they felt safe and was one of the main benefits of living at the service compared to living in an independent tenancy with no support.

In advance of the inspection we received several notifications from the service about medication errors which had occurred at Carewatch Bourke Gardens. Medication was therefore reviewed by a CQC pharmacist and the administration of people's medication was found to be safe.

Staff were recruited safely with appropriate checks carried out when staff commenced employment.

Staff displayed a good understanding about how to report potential safeguarding concerns and had completed training in this area.

Staff received the appropriate induction, training, supervision and appraisal to support them in their role.

The service had an onsite kitchen which was operated by City West (The housing provider). People were provided one meal a day which was included as part of their care package and there was the option of additional meals to be paid for by the person. People told us the food available was of good quality.

We saw other health professionals were involved in people's care and we observed health care professionals visiting the service during the inspection.

People living at Carewatch Bourke Gardens told us they were happy with the care and support they received. People said they felt treated with dignity and respect and could lead independent lives, but received support from staff if they needed it.

Complaints were investigated and responded to appropriately and compliments about the service had been collated.

Activities within the service were operated by the housing provider and people told us there was enough going on to keep them occupied.

Team meetings took place within the service so that staff could discuss their work and report any concerns. Competency assessments were undertaken for each member of staff, covering areas such as medication.

Policies and procedures were in place which provided advice and guidance about all aspects of service delivery.

Appropriate notifications were sent to CQC about incidents such as medication errors and safeguarding concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Not all aspects of the service were safe.

Appropriate risk assessments had not always been implemented to help keep people safe.

Certain records had not been completed accurately meaning we could not be sure people were receiving safe care and treatment.

Medication was given to people safely.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective.

Appropriate systems were not always in place to ensure people were not deprived of their liberty without law authority.

Staff received sufficient training, induction and supervision to support them in their role.

People had access to support from other health care professionals as required.

Is the service caring?

Good ●

The service was Caring.

People told us they were happy with the care they received.

People said they could lead independent lives and felt treated with dignity and respect.

We observed people looking clean, well presented and dressed in smart clothes which were appropriate to the weather.

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive.

Important information relating to people's care was not always

clearly documented.

Complaints were handled appropriately.

People living at the service benefited from a wide range of activities that were available.

Is the service well-led?

Not all aspects of the service were well-led.

Improvements were required to overall governance systems to ensure concerns found during this inspection were identified internally and acted upon in a timely manner.

Feedback about management and leadership was positive.

Team meetings took place so that staff could talk about their work and discuss any concerns.

Requires Improvement 

Carewatch (Bourke Gardens)

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 inspection took place on 17 and 22 May 2018. The first day was unannounced, however we informed staff we would be returning for a second day to complete the inspection and announced this in advance. Both days of the inspection were carried out by an adult social care inspector from the CQC. A pharmacist inspector from CQC attended on the second day of the inspection to look at how medication was handled.

Prior to the inspection we reviewed all of the information we held about the service in the form of notifications, expected/unexpected deaths and safeguarding incidents. We contacted Salford city council before our inspection to establish if they had any information to share with us. This would indicate if there were any particular areas to focus on during the inspection.

During the inspection we spoke with a wide range of people and viewed a range of records and documentation. This included speaking with the registered manager, regional operations director, the team leader, five people who used the service, five care staff and two visiting health care professionals.

Records looked at included six care plans, five staff personnel files, 12 Medication Administration Records (MAR), training records, and any relevant quality assurance documentation. This helped inform our inspection judgements.

Is the service safe?

Our findings

People living at Carewatch Bourke Gardens told us they felt safe and was one of the main benefits of living at the service. One person said, "If I fall I pull my alarm and staff come straight away. You can't do that at home." Another person said, "I feel very secure here." A third person added, "I feel like it is a safe place and there is always someone there if you need them."

We looked at how the service assessed and monitored risk. Each person living at the service had their own 'Safe working risk assessment' in place. This took into account areas such as the environment, infection control, fire, eating and drinking and both internal/external areas of people's apartment. Accidents were also monitored with individual forms completed where any incidents had occurred.

We found not all the risks presented to people had been adequately assessed. For example, one person had previously absconded from the service and had been returned by police. On return, a note had been found in their pocket saying they wanted to end their life. This same person also required the use of oxygen as part of the care they received, with the cylinders kept in their apartment. Despite these potential risks within the service, risk assessments had not been implemented to demonstrate how these risks were being managed and to inform staff of any actions they needed to take to help keep people and themselves safe.

This meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment. This was because there had been a failure to assess and mitigate risks effectively within the service.

We checked to see that appropriate systems were in place to keep people's skin safe. We looked at the care plan of one person who used the service who was at risk of skin breakdown and needed to be assisted by staff to re-position themselves. Their care plan indicated they needed creams to be applied daily to prevent skin breakdown. We spoke with this person during the inspection and they confirmed staff provided assistance to them in these areas and also received input from the district nursing team. However we found records regarding these interventions were not well maintained. For example, re-positioning charts were not being completed and this person's cream chart had only been completed three times in May 2018.

We have addressed the recording concerns relating to and the quality of recording keeping relating to cream/re-positioning charts within the responsive section of this report.

We checked to see if appropriate systems were in place to help prevent falls. Moving and handling assessments were undertaken and took into account people's ability to stand, sit, get in/out of the bath and how they needed to be supported in bed. We saw people had access to relevant equipment where needed and we saw people that needed them, had access to their wheelchairs and zimmer frames when mobilising around the facility. One person told us about how they had fallen from bed a few weeks ago and commented, "They responded well and someone came out to see me. I've had a handle put next to my bed for something to hold onto."

We found that staff were recruited safely with appropriate checks undertaken before staff commenced employment. This included seeking references, carrying out disclosure barring service (DBS) checks, asking new employees to complete application forms and provide proof of identification (ID). These checks meant staff were suitable to work with vulnerable people.

We checked to see there were sufficient staff working at the service to care for people safely and reviewed the staffing rotas. The rotas indicated there were consistent numbers of staff available to provide care to people. One of the main aims of this service is to promote independent living, therefore people were able to choose how they spent their time during the day. Staff therefore provided between one and four visits a day to people to assist them with their personal care or any other help they required. During the inspection we observed people being supported by staff as necessary, helping people with tasks such as mobilising around the building and providing support at meal times.

Everybody we spoke with told us there were sufficient numbers of staff available to care for people safely. One member of staff said, "Current staffing seems okay and we are able to meet people's needs." Another member of staff said, "We can get by with the staffing at the minute, it seems fine." Another member of staff added, "We have enough staff in the building at night and that seems to be adequate. I feel we can cope." A person who used the service also commented, "From my point of view there are enough staff and I don't need to wait."

We looked at the systems in place to safeguard people from abuse. We noted staff had received appropriate training in this area and were able to describe the different types of abuse that can occur and how they would report concerns. A log of safeguarding concerns was maintained, with appropriate notifications sent to CQC where allegations of abuse had taken place.

A number of the safeguarding concerns related to medication errors, therefore our inspection was supported by a pharmacist inspector who looked at how medication was being managed.

The medicine policy followed national guidelines on handling medicines when supporting people in their own homes. This meant the agency's staff knew how to help people take their medicines safely. The manager assessed staff to make sure they were competent to administer medicines. The agency supported 36 people with their medicines.

We visited six people in their flats, asked them about their medicines and looked at their records. We looked at the records of a further six people. Carers recorded the exact time they gave a medicine on the person's medication administration record (MAR). This meant the right interval was left between doses of medicines such as paracetamol. We saw that one person had an early morning visit so that they took their medicine at the right time. One person was prescribed a short course of an antibiotic and we saw from the MAR and the number of tablets left that this was being administered in the right way. Another person was prescribed eye drops but the pharmacy label did not state whether the drops were for the right, left or both eyes. We asked the manager to check the instructions to ensure appropriate guidance was available for staff.

Team leaders wrote 'course finished' and the date on the MAR when a medicine was no longer to be taken. We suggested they sign so that carers knew who had written this on the chart. All records for medicines given by mouth were complete. The manager carried out monthly checks (audits) of medicine records and shared shortfalls at staff meetings to improve medicines safety..

We noticed that the space on people's MARs for recording allergies was often blank. If a person doesn't have any known allergies this should be recorded to show that the space hasn't been left blank in error. This

concern had also been noticed in the most recent audit.

As the building is owned by a housing provider, which is not regulated by CQC, the safety and suitability of the building was not reviewed as part of this inspection.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Due to Carewatch Bourke Gardens being a domiciliary care service in a community setting, DoLS are not applicable. To deprive a person of their liberty in this type of setting, applications need to be made to the court of protection to ensure they can be legally authorised.

When speaking with staff we asked if people were able to go out into the community on their own. Staff told us of two people who, when they left the building through the front door, they tried to encourage them to come back in as it would not be safe for them to be out alone. Staff said they monitored these people via door alarms which would activate and alert the staff via a hand held device when the person attempted to go out.

One of these people had been assessed as lacking the capacity to consent to the care and treatment they received, whilst the second person was living with dementia. We asked if best interest meetings had been held for these people, as this practice was potentially depriving them of their right to move around freely and leave the service of their own accord.

Following the inspection we were sent confirmation that a best interest meeting had been held for one of these people, where it was decided that the use of a door alarm would benefit their safety, however exploration around staff trying to persuade the person not to go out on their own could not be demonstrated. We were informed a best interest meeting had not yet been held for the second person identified but were told this had been requested to be completed with the person's social worker.

At the time of the inspection, applications to the court of protection, to legally deprive people of their liberty had not been considered.

This meant there had been a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safeguarding people from abuse and improper treatment.

Staff received an appropriate induction when they first commenced their employment and completed a series of mandatory training in areas such as safeguarding, moving and handling and medication. The induction was centred on the care certificate and provided staff with an overview of working in a care environment. The staff we spoke with said they were happy with the training available to them. One member of staff said, "We've had all the training and they provide enough to staff." Another member of staff said, "I

think all of the training is good. It was really intense, but I was able to undertake my role because of the training provided." A third member of staff added, "They provide enough and I have done refresher sessions since they were covered in induction."

Staff received supervision as part of their role and records were available within staff personnel files. Supervision enables staff to discuss their work in a confidential setting and receive feedback about their performance. We looked at a sample of these records and saw they provided a focus on actions from previous meetings, ongoing support, concerns training and any additional requirements. Appraisals had not yet taken place, however we were informed these were in the process of being scheduled with staff.

Field based observations of staff were undertaken and this presented the opportunity to determine if staff were completing their work to a high standard. This covered areas such as communication, recording, health and safety, medication and conduct. Staff also had their competency assessed in areas such as medication to ensure this was being done safely.

We looked at how people's nutrition and hydration requirements were being met. At the time of our inspection there was nobody living at Carewatch Bourke Gardens who was nutritionally compromised or required a modified diet to help them to eat and drink safely and reduce the risk of choking.

Information about people's support needs was documented in their care plan and we saw this guidance being followed during the inspection. For example, one person needed full support from staff to eat their meals and we observed them being supported by staff during the inspection.

The service had an onsite kitchen which was operated by City West (The housing provider). People could have one meal a day which was included as part of their care package, however there was a fee to be paid for anything additional. People's apartments contained cooking facilities and people told us they enjoyed still being able to make meals for themselves independently. People told us the food available was of good quality. One person said, "There is a variety and always something available." Another person said, "The food is good here and I get assistance when I need it."

People had access to support from other health care professionals and we observed district nurses visiting the service during the inspection to provide care to people.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care they received at Carewatch Bourke Gardens. One person said, "It is okay here and I feel like I am receiving good care. I am being well looked after." Another person said, "I love it here. I was in a care home previously and it is much better here. I can be independent and that is what I like." A third person added, "It's good and I like it. I don't know what I would do if I wasn't here."

People spoke highly of the staff and said they were kind and caring. One person said, "The girls are nice and they look after you well. They get things done for you." Another person said, "The staff are great and always help me to get washed and dressed. We get on well and I can't complain about any of them."

During the inspection we observed staff treating people with dignity and respect. We observed staff knocking on people's doors before going in and ensuring any personal care was delivered in the privacy of people's own apartments. One person said, "The staff treat me well and I feel respected." Another person added, "I am treated very well, especially when the staff help me to have a wash and a shower."

We observed people looking clean and well presented and we did not see anybody looking unkempt. During both days of the inspection, the weather was very hot and we saw people were dressed in clothing that was appropriate such as ladies wearing long summer dresses and gentlemen wearing shorts and t-shirts.

Our observations during the inspection were that people were encouraged to lead as independent lives as possible. Those that were able to told us about how they liked going out into the local community to the shops. The service had waste disposal facilities onsite and one person told us how they liked taking their own rubbish to the bins because this was something they used to do at their previous home. One person said, "They let you do things if you want to. I get myself ready for bed at night and make myself breakfast and a cup of tea."

We looked at how people's equality, diversity and human rights were being met. Appropriate systems were in place to facilitate good communication and people's requirements were documented in their care plan such as if people needed to wear glasses or hearing aids. Where this was a requirement we saw people wearing them during the inspection. One person was from another European country and at times we were told communication could be difficult. In these circumstances, we were told any necessary translation was done through their family, with interpreter services advertised on notice boards around the service to be used if required.

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times, and we saw several relatives visited the service during the inspection. We saw people chatting with relatives or staff or amongst themselves in the dining and lounge areas and communication between people who used the service was constant, with people enquiring about other people's welfare or what they were doing that day.

Records of compliments were maintained where people had expressed their satisfaction with the level of service being provided. We looked at a sample of these, some of which read, 'To the staff at Bourke Garden, thank you so much for the care and support given to my mum.' and 'My mum really appreciates the work staff do. Staff are very respectful and mum enjoys the chats.' and 'To all the staff, thank you for all your care and concern towards me this year.'

Is the service responsive?

Our findings

As referenced in the Safe section of this report, we identified recording concerns in relation to cream/re-positioning charts. This meant we could not ensure people were receiving the care they required. We also found further recording concerns as part of the inspection.

Each person living at Carewatch Bourke Gardens had their own care plan in place, titled 'My individual needs and support plan'. This covered areas such as eating/drinking, mobility, communication, skin care and continence. The selection of these records we looked at were all dated January 2017 which was when the service first opened. Annual reviews of people's care had been carried out, however people's care documentation was not then updated.

For example, where people were being monitored with the use of door alarms and the fact they were unable to go out into the community safely on their own, none of this was recorded in their care plan about what staff were required to do.

These recording concerns meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user and carrying on of the regulated activity.

We saw examples during the inspection of the service being responsive to people's needs. Staff had found blisters on one person's foot and as a result, district nurses then became involved in this person's care so they could be looked after correctly. In another person's care plan it stated they wanted to be able to mobilise independently and to do this required the use of their wheeled trolley. During the inspection we observed this person moving freely around the corridors of the service. This person told us they enjoyed being able to 'Stretch their legs'.

Important background information was captured about people such as details about their marriage, family, employment, where they were born and their likes/dislikes. This meant staff had access to person centred information about people.

Although not provided directly by staff at Bourke Gardens, people had access to a wide range of activities on behalf of the housing provider. Activities available to people included bingo, karaoke, dominoes, quiz nights and poem sessions. On the weekend in between our inspection visits (19 and 20 May 2018), there were several activities taking place that people could take part in, with a poster informing them of this on the notice board. This included watching both the Royal Wedding and FA cup final. A barbeque was being provided as well as a guest singer. A person living at the service said to us, "There is a lot going on. I like going outside and helping with the gardening."

The service had a clear complaints policy and procedure which they had followed. There was a log of complaints received, details of the actions taken and outcomes achieved. Information about how to make a

complaint and who to contact was displayed within the service. People living in the service were aware of how to raise their concerns or complaints and felt they would be acted upon appropriately.

There were systems in place to seek feedback from people living at the service and their relatives. This included service user meetings, with topics of discussion including feedback about the food, if people were happy at the service and any upcoming events. The most recent satisfaction survey was in the process of being sent out at the time of the inspection and we will review any responses received as part of the next inspection.

We looked at the systems in place to provide appropriate end of life care. The registered manager informed us of one person who had recently moved to the service from a local hospice and had specifically expressed a wish to move back to Bourke Gardens because they were happier there. This person received visits from the local palliative care team and staff called in to their apartment daily to see if there was anything they needed to make them more comfortable.

Is the service well-led?

Our findings

There was a registered manager in post. Like the registered provider, 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 had commenced employment at Bourke Gardens in November 2017 and was registered with CQC in May 2018

Carewatch Bourke Gardens is owned by Carewatch Care Services Limited who are the registered provider. There was a staffing structure in place with staff reporting directly to the registered manager for assistance, help or advice. Additional support was also available from team leaders. The work of the registered manager was overseen by the regional operations director and this ensured there were clear lines of accountability within the service.

The staff we spoke with during the inspection told us they enjoyed their work and there was a good culture amongst staff. One member of staff said, "Everything is going well from my point of view and I enjoy working here." Another member of staff said, "All good from my point of view and it is great to work here." A third member of staff commented, "It is a good place to work and I feel the staff work well together."

The feedback we received about management and leadership within the service was positive with staff telling us they felt supported and able to raise concerns which were then acted upon. One member of staff said, "The manager is approachable and you can raise concerns. Things get sorted out." Another member of staff said, "It's good really. If we ever need support, the manager is there."

There were systems in place to monitor the quality of service. A quality audit was undertaken by representatives from Carewatch head office and covered a wide range of service delivery. Audits were also undertaken by the registered manager which covered areas such as MAR charts and people's daily records.

We spoke with the registered manager during the inspection about widening their quality assurance processes to cover other areas of the service such as risk assessments, re-positioning charts, cream charts, mental capacity, and the content of people's care plans. These had all been some of the concerns we had identified during this inspection.

This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because systems to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity were not always fully effective.

Staff meetings took place and we looked at a sample of the minutes from previous meetings which had taken place amongst both care and senior staff. This provided the opportunity for staff to discuss any concerns and contribute any areas for improvement.

The service had relevant policies and procedures in place. This would provide staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found confidential information was stored appropriately. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards and rooms which also had a key pad lock on the door. This meant that people's personal information and details would be kept secure as a result.

CQC had received all the required notifications including those relating to expected/unexpected deaths, serious injuries and known safeguarding concerns. This showed a transparent approach and meant we could respond and take any necessary action if required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure people received safe care and treatment.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate systems were not in place to safeguard people from abuse and improper treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure accurate and contemporaneous records were maintained in relation to people's care. Appropriate systems were not in place to assess, monitor and improve the quality of service being provided.