

Premium Care (Sheffield) Limited

Carewatch (Sheffield)

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

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered provider four days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered provider, manager and staff.

The feedback we received from people was good. People who used the service expressed satisfaction and spoke highly of the registered provider, manager's and staff. For example one person told us, "I am definitely happy with the care and support I receive. They are not just my carers, they are my friends. I look forward to them coming to see me. They are a good bunch that come to see me." Another person said, "I am very happy. I can't fault them in any way."

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. The registered provider and staff team were well aware of their responsibility to protect people's health and wellbeing.

A full and thorough recruitment process was followed which helped to ensure staff employed at the service were of good character and able to carry out their role to the required standard.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people who used the service and their individual needs.

Where people required support to take their medicines, this was provided safely and in line with current legislation.

People who used the service believed care workers had the right skills and knowledge to support them with their personal needs. We found there was a good programme of training in place for all staff.

Staff told us they were very well supported by the registered provider, registered manager and other staff in the office. They said there was always someone to talk to if they had needed advice or information.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

People who used the service told us they liked the staff and looked forward to them coming to support

them. Staff were respectful of people's privacy and dignity.

People's care and support was provided in a person centred way. Information about how people preferred their care to be delivered was kept under review and up to date.

The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views. People told us their views were listened to and where necessary action was taken to improve their experience of the service.

We found the service had a robust process in place to enable them to respond to people's concerns, investigate them and had take action to address their concerns.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

People had confidence in the service and their care workers and said they felt safe and when receiving care and support.

Systems were in place to help to protect people from harm. Staff were knowledgeable in safeguarding adults and how to report any concerns.

People were supported to take their medicines in a safe way.

Is the service effective?

Good 

The service was effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People received effective care that met their needs and wishes.

People were supported with their health and dietary needs.

Is the service caring?

Good 

The service was caring.

People who used the service felt they were treated with kindness.

People had good relationships with their care workers and they had mutual respect for each other.

Care workers received training during their induction in relation to dignity and privacy and knew how important this was for people.

Is the service responsive?

Good 

The service was responsive.

Staff were knowledgeable about people's care and support needs and preferences in order to provide a personalised service.

Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People had been provided with information about how to raise any concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

The leadership and management of the service was good.

The registered provider regularly checked the quality of the service provided and made sure people were happy with the service they received.

People who used the service, their relatives and staff felt well supported by the manager's and said they were listened to.

Carewatch (Sheffield)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection of Carewatch (Sheffield) on 3 and 4 October 2016. We told the provider four days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered provider was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us and a monitoring report from the local authority.

At our last inspection in January 2014 the service was meeting the regulations inspected at that time.

At the time of this inspection the agency was supporting approximately 410 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

The inspection team consisted of one adult care 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.

On 26 September 2016 we spoke with nine people who received a service from Carewatch (Sheffield) by telephone and one relative.

On the 3 October 2016 we visited five people who used the service at their home to ask their opinions of the

service and to check their care files. Whilst on visits we also met with two relatives who were living with or visiting people who used the service.

On 4 October 2016 we visited the agency office and spoke with the registered provider and eleven members of staff including the operations manager, the quality assurance manager, an administrator, care coordinators, a staff supervisor and care workers.

We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MAR's) and other records relating to the management of the domiciliary care agency. These included six staff training, support and employment records, quality assurance audits, minutes of meetings with people who used the service and staff and findings from questionnaires that the provider had sent to people.

Is the service safe?

Our findings

People who used the service told us they felt very safe whilst in the care of the staff from Carewatch (Sheffield). People's comments included, "It is very, very safe. They help me have a shower," "The carers let themselves in with a key and they lock up when they leave. If there is anything that is concerning me they will ask if I am OK or if there is anything they could do for me," "They are very good. I am very pleased with them. They look after me and make sure I am OK before they leave. They make sure that I've taken my medicines and that I feel comfortable with them," "If they come later on they always check that my windows are closed and locked before they go out. I then put two locks on my door. It makes me feel very safe" and "They are very safety conscious. They stand right next to you and walk you into the shower holding your arm. They don't leave you alone. They wear overalls and overshoes in the wet room."

We asked two relatives if they were happy with their family members care and support and if they felt it was safe. They told us, "In general the carers are fine. When [relative] gets new ones she has to get used to them. Most of them are really nice and do everything she needs" and "Yes [family member] is definitely safe with the staff. They make sure they are safe and well looked after."

We saw the provider followed the South Yorkshire safeguarding protocols which had been agreed by the local authority. The provider had reported any issues of concern to safeguarding and CQC so they could be investigated as required by the safeguarding adult's policy and procedures. Staff spoken with were familiar with their role in helping to keep people safe and making sure any information was passed onto the relevant people.

Prior to a person being provided with a service risk assessments were completed which identified potential or known risks to both the person who used the service and the staff. This included environmental risks and any risks due to the health and support needs of the person. For example we saw information in people's care plans about how care workers must support people when they were moving around their home and transferring in and out of chairs and their bed.

Some people who used the service were supported by staff to take their medicines. One person told us, "The carers always make sure I take my medicines. They bring them into my room with a drink." Another person told us, "I am happy with the way things are. They prompt and observe me with my medicines and tick them off to make sure that I am taking the right ones."

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and that their competency was regularly assessed. Medication administration records (MAR) seen had been fully completed by staff at the time of administration.

Systems were in place to make sure any accidents or incidents were reported to the relevant people. Staff told us they would "immediately" report any accidents or incidents to their line manager or the person on

call. Staff said they were confident their manager would take the necessary action to make sure people who used the service and the staff were kept safe until further support and assistance was in place.

At the time of this inspection there were 157 care workers and 20 office staff employed at the service. The provider said although there were sufficient staff to ensure care and support was provided to people, they had an on-going recruitment process so that any unforeseen shortfalls could be quickly rectified. People spoken with said they were confident their care workers would arrive for their visit at the agreed time. When care workers were running late, office staff (in most cases) contacted the person to inform them of this. People told us, "The carers come at the proper time. Sometimes if they are with someone else before me they can be a bit late," "The carers are always on time and always turn up," "The carers are mostly on time. They are only at the end of the phone if I am worried they're late," "The carers' time keeping is very good and they always turn up," "If they are held up with the person before they will ring me to say they will be late," "I have been very lucky like that. They are pretty good at turning up," "They are on time unless there is an emergency with the person before. The carer will usually ring the office and say can you let the other clients know I will be late. If no one has come after twenty minutes I will ring the office. They can know that the carer will be late but have not told me" and "They are ninety percent on time. They are incredibly reliable but the person before may have a problem and they may be held up. If there is a big delay they will ring the office and they will send someone else around."

The service had recruitment policies and procedures that the managers of the service followed when employing new members of staff. We viewed five staff personnel files. Recruitment checks were completed to ensure care workers were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and full employment history and proof of ID.

Staff spoken with told us they had received training in the control of infection. They said they picked up gloves, aprons and shoe covers from the office and were encouraged by the manager's to make sure they had a stock of these in their cars. People spoken with told us staff always used personal protective equipment (PPE) for example gloves, when providing personal care and when preparing meals. Two people told us, "The staff always put on gloves when they get me up and then change them to prepare my food" and "They are very clean and they wouldn't want to pass anything onto me, they're very careful not to." Staff said the use of PPE was checked by the manager's when they carried out their staff observations.

Is the service effective?

Our findings

Everyone we spoke with said the care workers were well trained and were competent in their work. People told us, "With the carers I'm used to and know over the years, I get to know what knowledge they have," "They know what they're doing," "When I have new ones [care workers] I help them by telling them what to do" and "They seem to know what they're doing. I'm an independent person. I like to wash myself. They help me have a body wash as I can't shower at the moment."

The manager's roles and responsibilities within the organisation had changed during the time the service was registered. The registered manager was responsible for the majority of staff training. Staff spoken with told us their programme of training was "Very good" and "Thorough." One staff member said, "The registered manager is the font of all knowledge. If we want to know anything we ask her. If she didn't know she'd find out for us."

Before staff were allowed to care and support people they were required to attend a three day induction course at head office. During this they covered all mandatory subjects, for example, safeguarding adults, health and safety, food hygiene and moving and handling people. Following this initial induction staff were put to work with other more experienced staff for a minimum of eight hours, which could be extended for up to 30 hours depending on the new starter's previous experience. When the new starter, the staff member they had shadowed and their line manager all agreed the person was ready to work alone they were given their own visits. New staff then worked towards achieving the 'Care Certificate'. The 'Care Certificate' is the new minimum standards that should be covered as part of induction training of new care workers.

We saw there was a training matrix which showed training completed and due for all staff. Staff told us they were reminded when their refresher training was due and provided with a couple of dates to choose from. Each year they were required to attend two days of refresher training in all mandatory subjects. Staff told us they were also given opportunities to attend specialised training in topics such as Dementia.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Supervision consisted of individual one to one sessions, group supervisions and staff meetings. Staff spoken with all said they felt very well supported by the registered provider, the registered manager and their line manager.

The provider had employed staff supervisors whose role was to carry out direct observations of care worker's whilst they were visiting people who used the service. Direct observations were completed at least once per year and also included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff we spoke with told us these checks were normally unannounced or short notice and they were given feedback after the observation about any action they needed to take to improve the service provided to people.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw staff were provided with training in MCA and DoLS and had an understanding of this legislation. Staff spoken with said they would like further training in MCA and DoLS in order to have a better understanding of this. The registered provider said that arrangements would be made for staff to receive further guidance about this.

The care files seen at the agency office and in people's homes showed people had consented to such things as receiving care and support from Carewatch (Sheffield), and sharing information with other relevant agencies. We saw people had contributed to compiling their care plans and their wishes had been listened to and acted upon. Manager's had also been involved in 'Best interest' meetings for people, where their knowledge of the person's specific needs had assisted the appropriate decisions being made for people who did not have capacity. One person told us, "They always ask 'How you are today?' They are good at asking things."

People were happy with the support they received to assist them to eat a well-balanced diet and drink sufficient fluids. One person told us, "I am very satisfied. I like everyone. I like what they do for me. They get me ready in the mornings, give me a sandwich at lunch time and they come at tea time. They give me a shower three days a week and a wash on the other days." Another person said, "It's just like having a friend coming to get my dinner. They put gloves on and they know better than me how to use the oven and microwave. They always leave me a drink where I can get it as they know I love my drinks." We spoke with five care workers who confirmed they had received training in food safety and were aware of safe food handling practices.

We were told by people who used the service and their relatives that their health care appointments and health care needs were co-ordinated by themselves or their relatives. We saw people's care records included the contact details of their GP and other healthcare professionals involved with them so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health they called for an ambulance to support the person and ensure they were provided with medical assistance promptly. One person told us, "I was with a carer when I collapsed in the kitchen. I had to go to hospital. The carer was very supportive." Another person said, "If they [care worker] think I am not well they will send for a doctor. They are very good like that. If I need an ambulance they will stay with me until the ambulance arrives."

Is the service caring?

Our findings

Without exception people we spoke with told us the staff treated them kindly and with compassion. Their comments included, "They are all right. They are ever so nice. I can't grumble at them. They always make me welcome. They always make me a sandwich at lunch time," "They are wonderful. They are very, very good. I have built up a friendship with the regular ones. My main carer has been coming for eight years," "The more they come the more they are like a friend. They chat about personal things and not just about medicines," "They will sit and talk while they are writing in the book. I have no reason to complain. The carers are all good," "It is just nice to see them and to have a chat with them. They always have something to say when they come," "The biggest part of them will talk to me. If they have time to spare they will sit down and chat. To the odd ones it is just a job. They just get it done. I have told one or two of them next time you come bring your tongue. They have started talking a bit more now. You get more response if you chat to people," "I look forward to them coming as I like to have a good chat. One lady is exceptional. She likes to give me a cuddle and says a cuddle goes a long way. It makes my day" and "They will do anything for you. They always make sure you're all right and ask if you want anything."

The registered provider was enthusiastic about making a difference to people's lives. This enthusiasm was also shared with the other manager's and care workers we spoke with.

Care worker's told us in most cases when they were asked to visit a new person they had already met them previously. However if they didn't know the person they were sent a copy of the care plan prior to visiting so they could become familiar with the person's needs. Staff said the manager's would also telephone them and talk to them about the person and their specific requirements. One person told us, "They [care workers] are pretty regular. The odd time I will see a strange face but it is not very often."

Some people had requested a 'Diary listing' was sent out to them. This showed them which care worker was carrying out each visit. One relative told us they received this through the post for the following week. One person told us, "It's good to know who's coming. I feel happier when I know. Another person told us, "I keep a daily record so I can look back to see who's been coming the past several weeks and know who to expect."

Care workers were respectful of people's privacy and maintained their dignity. They were able to talk to us about the ways they made sure people's dignity was maintained and how important this was for the people. Comments from people included, "They are absolutely perfect. They try to keep your dignity at all times" and "They make sure I don't feel embarrassed and I don't because I'm so comfortable with them."

People who used the service were asked at the start of their care package if they had a preference of male or female care workers. We saw this was recorded in their care plans. Where people had stated their preference we saw this had been committed to. People told us, "I prefer the girls and that's always been the case. They don't send the men" and "At first I got assessed. I was asked if there was anything I disliked. I did tell them that my preference was to have female carers."

People spoken with said they had built positive relationships with their care workers. They told us they were

provided with information and explanations about their care and support and that staff helped them to maintain their independence. Their comments included, "They help me with everything. They looked after me when I fell and broke my arm. They do what they can do. They are ever so nice. I can't grumble," "They do the things I want them to do. Nothing is too much trouble," "They take care of me and help me onto chairs. They help me have a shower in the mornings," "They talk about their family, where they've been and what they've been doing." "They are very good. They come regularly and I look forward to them coming. It is someone to talk to," "Just lately there have been different ones. Up to a couple of weeks ago I did have regular ones but it seems to have been changed round a bit. I would rather have the regular ones that I know but the new ones are very nice" and "I'm very happy. When they come they are always nice and cheerful. That says a lot for the people."

Is the service responsive?

Our findings

Each person had a care plan in their home which showed their specific care and support needs. An initial comprehensive plan was completed which detailed the care required by the person and any potential risks that could arise. From this an individualised plan of care was put in place, which care workers referred to prior to providing care and support. These were reviewed each year or sooner if the person's needs changed. One person told us they were involved in their care planning, they said, "The carers make my bed and they put my bedding in the washing machine. I appreciate everything that they do. I get on with all the carers." Another person said someone would come to their house and sit down and discuss their care with them every year.

Staff spoken with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us, "Before they go they make sure everything is nice and handy, like my walking frame. They make sure that my kettle is full so that I can go into the kitchen and make a drink. I like to be independent. I do as much as I can myself." Another person said, "When they come they say 'Are you all right'. If I go quiet they say 'Is there anything you want to say'. If there is something on my mind I can talk to them, the ones I know."

People who used the service and their relatives told us the office staff would always try to accommodate a change of visit time if this was needed due to the person having to attend an appointment for example. During our inspection one person asked about their visit time being changed on a particular day each week so they would be ready to go out to their day centre. The staff supervisor and care coordinator worked together to quickly rearrange this, which was very much appreciated by the person.

The service had four staff supervisors and seven care coordinators each responsible for their own geographical area. Staff supervisors visited people to check their care plan and look at the log book and MAR sheets. They also spent time talking to people who used the service and their relatives to check they were happy with the service and didn't have any issues or concerns. People who used the service and relatives spoken with said this was a good time to have an informal chat which helped to stop things turning into complaints.

The service had a complaints policy and procedure. We saw when complaints or concerns had been raised they had been fully investigated and responded to. At the time of this inspection there were no outstanding complaints about the service.

We saw each person had a copy of the 'Service user guide' in their home. This provided useful information about the services which could be provided. It also had information about how people could complain if they had any concerns about their care. People we spoke with said they were aware of the complaints procedure but hadn't used it. They told us if they had any concerns they would ring the office and speak with someone. People's comments included, "If I was not happy with anyone I would only have to ring Carewatch and they would take them off me," "They are very good. If I had any concerns I know they would listen and

take it on board," "If I get someone I don't get on with I will mention it to a carer that I like or the office and tell them I don't get on with them. It hasn't happened very often," "I had an issue about twelve months ago with a couple of carers. I didn't want them coming back. I had a few words with these carers but I found them rude and they upset me. The office was approachable and listened and assured me they would look into things," "I am not a person to complain but my son may have complained. I wouldn't complain when the carers are trying to help me" and "If anyone did anything I didn't like I would ring or write to the supervisor."

Is the service well-led?

Our findings

The registered provider and registered manager were actively involved in the day to day running of the service. Staff told us they were at the head office throughout the week and also available if needed during out of hours.

The registered provider and registered manager were excellent role models who actively sought and acted on the views of people. We asked people who used the service and their relatives if they thought there was anything that could be improved on at Carewatch (Sheffield) and were told by most people, "We can't think of anything." One relative told us, "Now and then the time-keeping can be irregular. [Relative] needs to have a four hour gap between calls because it fits in with their medicines. When I ring the office they get back on board with the time keeping but then it slips back again." One person who used the service told us, "The carers are good but the service would be better if the office communicated better."

Other people's comments included, "They are reliable and friendly. It is good to have someone around four times a day," "I give them full marks," "They couldn't do anything better," "In my opinion most of the carers are really nice. They care for [relative], take time to talk to them and make sure they are all right," "What I've seen of them they are very nice. The girls [care workers] come and talk to me and take a pride in what they do. It is all under control" and "They are absolutely spot on. If there is a problem, such as we have run out of rubber gloves, I can ring the office and they will sort it out immediately. I am happy with everything they do."

The service had a good reputation with the local authority and were assessed as 'Green' on their risk register, with no concerns identified. The local authority told us, "Carewatch is a well-managed, well maintained provider in Sheffield. The registered provider and registered manager are experienced managers of home support and have been consistent managers at Carewatch for many years. Carewatch have never rated lower than Green contractually. We monitor every six to eight weeks for consistency. The infrastructure of quality managers and care managers at Carewatch proves vital for them to continually provide a quality service."

The service had good systems in place for listening to people and acting on their views. People who used the service and their relatives were invited to a 'Service user involvement forum' twice each year where they were given an opportunity to meet with the registered provider, registered manager and other senior manager's for discussion and updates about the service. The service also sent out a 'Newsletter' twice each year which provided information to people about such things as staffing levels, Dementia friends, Healthwatch and financial assessments.

Each year people who used the service, their relatives and staff were sent out quality assurance questionnaires asking their opinions of the service. When questionnaires were returned the results were analysed, put into a report and fed back to people via the newsletter and the 'Service user involvement forum'. We saw the results of the quality surveys showed people felt there were continuous improvements made to the service from 2012 to 2015.

Any information that needed to be passed onto staff was sent on a 'Staff bulletin' which went out four times per year. Staff told us they also received information that was specific to them via texts to their work phones, from phone calls and face to face meetings. Staff said they felt very well supported by the registered provider, registered manager and their line manager's and were able to seek their advice at any time. All staff we spoke with said that Carewatch (Sheffield) was the best agency they had worked for.

There was a clear staffing structure including the operations manager, the quality assurance manager, care coordinators and staff supervisors. We saw that checks and audits had been made by the managers and supervisors on care plans, medication administration records and financial transaction records to ensure these had been fully completed in line with safe procedures. The registered provider explained that where any discrepancies or gaps were identified these would be discussed with the relevant member of staff.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. The registered provider and registered manager were aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.