Carewatch (Redcar & Cleveland)

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Inspection report

Room 201, The Innovation Centre
Vienna Court, Kirkleatham Business Park
Redcar
TS10 5SH
Tel: 01642 489600
Website: www.carewatch.co.uk

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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

Overall summary

This inspection took place on 2 December 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. A second day of inspection took place on 7 December 2015, and was announced.

Carewatch (Redcar and Cleveland) is a domiciliary care service which provides personal care to people within their own home. It is based in Redcar and provides care and support to people in the Redcar, Eston and Marske area. At the time of the inspection 123 people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People felt safe using the service. Risks to them were fully assessed and care plans were designed to minimise them. Staff understood safeguarding issues, and the service operated procedures to deal with any incidents that occurred.

The service had policies and procedures in place to ensure that medicines were handled safely. Accurate records were kept to show when medicines had been administered.

People were supported by a stable team of staff, who knew them and their needs. Where changes were made to teams people were told about this in advance. The service operated recruitment procedures that ensured that only suitable people were employed.

Staff received regular training in the areas they needed to support people effectively. Their performance was monitored and supported through a regular system of supervisions and appraisals.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes.

Where appropriate, staff supported people to enjoy a good diet suitable food and nutrition. People were supported to access external health services to ensure their general health and wellbeing.

People and their relatives spoke highly of the service and said that it provided high-quality care. People said they were treated with dignity and respect.

Care plans detailed people's individual needs and preferences which meant that they received personalised support. People and their relatives were involved in care planning.

The service had clear procedures for dealing with complaints, and these were applied when issues arose.

Feedback from people and staff was regularly sought and used to maintain and improve standards.

Staff described a positive culture that focused on delivering high-quality care, and felt supported by the registered manager to deliver this. Staff were kept informed about the operation of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Risks to people were assessed and care plans were in place to minimise them.

People were supported by staff that had been appropriately recruited and inducted.

People were supported to access and administer their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received suitable training to ensure that they could appropriately support people.

Staff understood and applied the principles of the Mental Capacity Act and consent.

The service worked with external professionals to support and maintain people's health.

Good

Is the service caring?
The service was caring.

People spoke highly of staff, and said that they were treated with dignity and respect.

People and their relatives said that care was delivered with kindness.

The service would assist people with advocacy services if needed.

Good

Is the service responsive?
The service was responsive.

Care records were detailed, personalised and focused on individual care needs. People's preferences and needs were reflected in the support they received.

The service had a clear complaints policy that was applied when issues arose.

Good

Is the service well-led?
The service was well-led.

The registered manager used audits to monitor and improve standards.

Feedback was sought from people and staff in order to monitor and improve standards.

Staff felt supported and included in the service by the registered manager.

The registered manager understood their responsibilities in making notifications to the Commission.

Good

Carewatch (Redcar & Cleveland)

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 2 December 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. A second day of inspection took place on 7 December 2015, and was announced.

The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We sent questionnaires to 50 people who use the service, 50 relatives and five community professionals asking for their views. 17 people who used the service and three relatives completed the questionnaire.

We contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided by Carewatch

During the inspection we spoke with 11 people who used the service. We looked at seven care plans, three Medicine Administration Records (MARs) and handover sheers. We spoke with nine members of staff, including the registered manager, a care co-ordinator, a supervisor, the administrator and care staff. We looked at six staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I definitely feel safe." Another said, "I feel safe around them [care staff]." A relative said, "I think my [relative] is safe with the carers." 94% of people who responded to our questionnaire said that they felt safe from abuse or harm from their care and support workers. 100% of relatives who responded to our questionnaire said they believed their relative was safe from abuse or harm from their care and support workers.

Risks to people were assessed and action taken to minimise them. People had a general risk assessment before they started using the service, and care plans were put in place to manage any risks identified. People were given a 'customer guide' which explained the risk assessment process. The general assessment covered areas such as mobility, medicines, nutrition and social needs. More detailed risk assessments were undertaken if an issue was identified. For example, one person's mobility abilities were identified as a risk, a detailed risk assessment was completed and a plan put in place to manage this safely. We saw that people's ongoing needs were assessed on a regular basis. If they changed and a new risk arose a new assessment was undertaken. For example, in one care plan, we saw that support had been increased to address a risk that had recently arisen. One member of staff said, "We review everyone every few months. Care plans are reviewed annually. They constantly get updated, anyway." Another said, "We always check to see if they're safe around their homes and if we see something we try and change it. For example, if we saw carpet they could trip over we would discuss it." This meant that the service monitored risks to people and took steps to minimise them.

The service monitored accidents and incidents to help keep people safe. 'Accident Report Forms' were completed if there was an incident, and an accident book was kept which logged 'issues identified/actions needed'. The registered manager undertook monthly checks of the accident book to identify any trends or general action needed to help minimise the risk of accidents. This helped to keep people safe from the risk of accidents.

Staff had a good working knowledge of safeguarding issues and procedures. There was a safeguarding policy in place, which took into account national guidance issued by the Department of Health. The policy described the types of abuse that could arise, gave definitions and examples to assist staff and set out the process to follow if abuse was suspected. Staff confirmed that they were familiar with the policy and had received safeguarding training. One member of staff said, "I have done safeguarding training and if there was an issue I would report it and it would be investigated." Another told us that they had used the policy to report an issue to the registered manager, who had in turn referred it to the local safeguarding team. Records confirmed that where safeguarding issues had arisen they were recorded and investigated and, where necessary, alerts were made to the local authority. The registered manager undertook monthly reviews of safeguarding incidents and signed them to confirm when remedial actions had been taken. This meant that the service safely managed the risk of abuse of people.

There was a business continuity plan in place dated 'July 2014'. This contained guidance to staff on dealing with a number of emergency situations, including useful contact details. Arrangements had been made to relocate the office to alternate premises to continue care delivery in emergency situations. This meant that people would receive appropriate support in emergency situations.

The service supported people to access and administer their medicines. A 'Medication Policy' gave guidance to staff on their roles and responsibilities, 'when required' medicines and reporting. Each person's care records contained a list of their medicines and the level of support they needed to administer them, and these ranged from self-medicating to administering on behalf of a person. Where people were self-medicating or where their medicines were managed by a relative their care records still detailed their medicines so that staff had all relevant information on the person. Medicine administration records (MARs) were used to record when medicines had been administered. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MARs contained details of the start date of the medicine, the medical diagnosis of the person, administration instructions and the location of the medicines within the person's home. The registered manager undertook monthly checks of the MAR records, and we saw that where issues had been identified in record keeping they were addressed with staff. This meant that people's medicines were managed in a safe way.

Good

Is the service safe?

The service operated recruitment procedures that helped to keep people safe. Application forms asked applicants to list their employment background and experience. Interview notes showed that they were asked about their motivation, knowledge and how they would respond to a number of hypothetical emergency situations. References – including, where possible, from a current employer – and Disclosure and Barring Service checks were obtained before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. Staff files contained photographic identification and proof of identity for staff. This reduced the risk of people being cared for by unsuitable staff.

People told us that they were supported by a regular team of staff and were told about any changes that needed to be made. One said, "We get a variety of carers but they try to keep the same ones we use as much as they can. We might get someone else as holiday cover but it is always someone we know and they know what we need. We're very fortunate." Another said, "It's a basic team, and we tend to see one or two faces more than others. When there is a new carer we are told in advance. I get a weekly rota so I can identify new ones. It's not as if strangers are turning up every day. The teams are experienced and pretty stable." One member of staff said, "There are enough staff and calls get covered." Another said, "I think there are enough staff. There was an issue with sickness last year but [the registered manager] tightened it up." Staffing levels were based up people's support needs. The registered manager said, "We like to have an overflow of staff just in case we have someone leave. We keep track of whether staff have capacity to work more if needed in short term, and the co-ordinators are very familiar with who can do more. We only accept new packages if we know we can service them." This meant that the service had procedures in place to ensure there were enough staff to appropriately support people.

Good

Is the service effective?

Our findings

Staff received mandatory training in first aid, food hygiene and infection control, moving and handling, dementia awareness, health and safety, safeguarding, the Mental Capacity Act and medicines awareness. Mandatory training is training that the provider thinks is necessary to support people safely. This training was renewed periodically, and was logged on a training matrix that we were shown. The matrix showed that some refresher training was overdue. We asked the registered manager about this and they described the plans in place to ensure refresher training was completed. Most training was delivered by an external provider, but the registered manager was studying for qualifications that would allow them to deliver more training to smaller groups. The registered manager said, "The biggest problem we have with training is flexibility and getting staff there. It is one of the reasons for training me as we're trying to accommodate them more…anyone due training or with expired training will be booked on and the plan is that by early next year everyone will be up to date." The registered manager told us that training in specialist areas would be organised if a need was identified or if staff requested it. Some staff were also working towards NVQs at various levels. This meant that staff received the training they needed to support people effectively.

New staff had to complete supervised induction training before they could work alone. This covered areas such as moving and handling, infection control, nutrition and safeguarding. When staff completed induction training they had a 'probation review' to assess whether further training was needed and whether they wished to receive extra support in any areas. This meant that new staff received the support and training they needed to effectively support people.

Staff files contained certificates to confirm when training was completed. Staff spoke positively about the training they received. One said, "I am going through refresher courses at the moment, covering areas I did on my induction. I did the medicines refresher last week and it was very good." Another said, "Training is good. I find them good. It is done in blocked off hours and [staff] get paid for it." People and relatives told us they had no concerns about the level of staff training. One person said, "I think they've got the training. They're very good". Another said, "They seem to have all the training they need for my needs. They really, really are on top of it." A relative said, "I have never had any concerns about staff training. I ask the carers about their NVQ progress and their training. I know they get training all the time which gives me confidence."

Staff received supervisions and appraisals to monitor and support their performance. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Care staff were supervised by the registered manager and care supervisors. Supervisions consisted of office based discussions and 'field based observations' where care delivery was assessed. Records confirmed that supervisions and appraisals were taking place, and that where issues were identified action was taken to address them. For example, during a supervision one member of staff requested catheter training and an action plan was generated to arrange this. Appraisal records showed that staff were free to raise issues for discussion. Professional objectives were set for the following year, and these were reviewed at the next appraisal. One member of staff said, "We get supervisions where they come out every so often on calls and check feedback from clients. I would be happy to raise any issues but I don't have any." Another said, "I find supervisions useful." The registered manager received supervisions and appraisals from the provider. They said, "I get appraisals from the business owner and supervisions by the business support manager. I get a lot of one to ones. They're supportive, really good." This meant that the service had procedures in place to monitor and support staff performance.

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).

The service was not supporting anyone subject to a DoLS authorisation. Care plans recorded people's consent to support and details of any assessments that had been

Good

Is the service effective?

undertaken. Staff we spoke with a working knowledge of the principles of the MCA and consent. One said, "I read care plans when I go in and ask people if they would like help or are happy to do things themselves. I help one person who is living with dementia. [The person] can still say yes or no." Another said, "We do MCA training. It's about people making their own decisions, judging if they have capacity and if capacity changes and keeping people safe. Consent is recorded in the care plans." Another said, "The MCA is about whether people can do things for themselves. For example, one person I support is living with dementia and can deal with money, but another person I support who is living with dementia can't. You explain to people what you are planning to do and ask if that is okay." The registered manager said, "We are generally told before people are referred [if there are capacity issues.] If we have concerns we would refer it to the social worker." This meant that there were procedures in place to protect people's rights under the MCA and to obtain their consent.

Some people received support with food and nutrition as part of their care package. One person said, "They help me with food on days when I can't do it myself. They know what I like." Staff were able to describe how they worked with others to support this. One said, "[One person] has refused food. We have had the doctor involved to help, and though we let them make their own decisions we encourage them to eat." Care plans contained details of people's dietary preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. One relative told us that a person using the service was on a specialist diet, and that staff had, "helped [my relative] to move on to different foods." Another relative said that during morning visits staff made a sandwich and left it in the fridge so that the person would have a lunch option if they were too tired to make their own. This meant that people were supported with food and nutrition where necessary.

Care records showed that the service worked with external professionals to support people's health and wellbeing. Details of any specialists that people worked with were recorded in care plans and this knowledge was used to develop 'Need Assessments'. For example, we saw that staff had attended a meeting with a social worker and occupational therapist to plan how to support someone with showering. People's daily notes contained details of any visits by professionals. For example, we saw one person was visited by the falls team due to assess their mobility issues. This meant that the service promoted people's access to wider healthcare to assist with their general health and wellbeing.

Good

Is the service caring?

Our findings

People told us that they were treated with dignity and respect. One said, "They treat me with respect. They always ask if I want a cup of tea, if I need anything else doing or need help with anything. They're very, very good." Another said, "I find them excellent. They're marvellous. I'm very fortunate. They're very good with dignity and respect. I get help with the shower at the moment and they handle it very well." Another person said, "They're certainly respectful. They've become more like friends, but they're always professional." A relative told us, "Staff are very good on dignity and respect. If they come in and I'm there, they always speak with [my relative] first. They do show a lot of respect." Another said, "They have become more friends than staff, but they never take their eye off the ball or cross boundaries." A third relative said, "There is familiarity but it never crosses boundaries. [My relative] is always treated with respect. It becomes more of a pleasure than work. The work is always done, but isn't it nice that it can be so happy?" We asked staff how they treated people with respect. One said, "The main thing is dignity and respect when you're going into people's homes, especially with personal care. We do things like close blinds and cover people up. We try to protect people's dignity." Another said, "You don't just go in and start. You talk with people and then start. You cover people when helping them, or do changing in stages."

People said they felt well looked after. One said, "They always put you at ease straight away…I have been very lucky." Another said, "I am very happy with them…I was embarrassed at the beginning as I had never had a carer before but they're very good. I'm very happy with it."

Another said, "This is how care should be. I have been with two other companies before this…Hand on heart they're the best company I have come across. I would praise them all day long. They actually care and make sure my needs are met. They are not here just for the wage." Another person said, "I get on with all the girls. I definitely feel safe and looked after." Another said, "I have had other companies but Carewatch are fantastic. I hadn't been happy in the past but am now. I think they do it because they actually care, that's what makes them different." Another person said, "I think the lasses are smashing. They go out of their way to help you." Another said, "We really appreciate them coming. They are very, very good. We're very pleased with them."

Relatives told us that people were well cared for. One said, "The day to day work of carers is excellent…I've not met a carer yet that's not a good carer…they do their job with sensitivity and care." Another said, "I have absolute security that [my relative] is being looked after. It's incredible to think that [my relative] is still living independently. It's all down to Carewatch…It's so good to think that we're not just another [client] to them…We tried lots of providers and were fortunate to end up with Carewatch." Another said, "I cannot say how wonderful the care is, not only kind with [my relative] but also with me. I would give them 12 out of 10."

At the time of the inspection no-one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us that they could be arranged for people who wished to have one, and was able to explain how this would be done.

Good

Is the service responsive?

Our findings

Care records contained detail on what was important to people and how they wished to be supported. Care plans began with a photograph of the person and, where they had chosen to complete one, a detailed life history which described them and their family. The service assessed and recorded peoples 'expected outcomes' in a range of areas such as health needs, mobility, nutrition and personal care. Care plans were written from the perspective of the person they related to. For example, one person's communication care plan read, 'I wear glasses and hearing aids. I will communicate my needs well. If I do not have my hearing aids in I will struggle to hear anything.' People told us that they were involved in planning their own care. One said, "I put my care plan together with them. Carers check the plan…to make sure they know what to do. They check it in front of me." Another said, "I had full input in the care planning." A third said, "There is a plan in the house for what they should do."

Where people needed support with specific tasks, plans contained detailed instructions for staff. For example, one care plan detailed where a person would wait to receive support with showering, what they would do for themselves and what they would ask for help with. It stated, 'I may require help but will let you know.' This meant that people were supported in a way that reflected their preferences. Care plans contained additional information on the person's preferences even where this was not connected with their care. For example, one contained detail on how the person's dog would behave during calls and how they would like staff to interact with it. This meant that staff were able to respond to people's general wishes.

We spoke to staff about how they delivered personalised care. One said, "We always ask them what they want." Another said, "You get to know people, their likes and dislikes." A third said, "Care plans have enough detail in to help people." One person who used the service said, "They do whatever I want. They are good girls. They're all brilliant." People and their relatives also told us that staff were responsive to anything they needed even if it was not part of their care package. One person said, "They help with other things I ask for, like doing the pots and making the bed." A relative said, "I really appreciate their flexibility in changing appointments. It is never a problem, and they can do it to accommodate [my relative's] social life. It has been like that since the beginning. People have their lives to lead and they are not bound by the carer's timetable…I have every confidence that [my relative's] needs will be met." Another relative said, "One of the greatest compliments I could give is that they are always prepared to go that extra mile. They will stay if [my relative] is distressed, or need errands doing."

The service had a complaints policy, which people received in their 'customer guide'. This explained how complaints would be investigated, with relevant timeframes explained. In the 12 months up to our inspection we saw that there had been one complaint. This had been investigated in line with the service's policy, the person making the complaint was given progress reports and appropriate action had been taken. People told us that communication with the service was good, and that they would be confident to raise any issues they had. One said, "If I have any problems I just phone the office and they always answer and are helpful." Another said, "Once an issue did arise but it was extremely quickly sorted. I can ring them any time." The registered manager told us that they monitored any complaints to see if any wider issues needed addressing. This meant that the service was responsive to people's concerns, and people had confidence that they would be addressed.

The service had four recorded compliments in 2015 so far. One said, "[Staff member] dealt with [relative] in a kind, professional and efficient manner which we all appreciated. [Staff member] is…a credit to Carewatch." One was from a person who used the service, and said, "would you please thank all carers on my behalf for the kindness they have shown towards me, and for the professional way they have carried out their duties."

Good

Is the service well-led?

Our findings

Staff said that there was a positive culture at the service. One said, "We care. It's not a pot of money we're after. We care." Another said, "We aim to provide good quality care and to ensure that people and staff are happy." The registered manager told us that the provider had nominated a member of staff as for a 'Carer of the Year' award, and that they had reached the final.

The registered manager carried out a number of reviews to monitor and improve the quality of the service. This included reviews of care plans, MARS and discussing feedback received from people using the service. Where issues were identified a plan was put in place to address it. For example, during a MAR review it was observed that some staff were not using codes to record why medicines had not been administered. This was discussed at the next staff meeting and a reminder was sent out in the weekly newsletter that staff received. The newsletter contained information on any changes in people's support needs, which helped to keep staff informed about the service as a whole.

People received an annual questionnaire asking them to give feedback in a number of areas, covering safety, care delivery, dignity and respect and communication with the service. The results of this were analysed and an action plan was produced. The last survey was completed at the end of 2014, and issues identified included not always being told if staff were changing. This lead to a policy of sending people weekly rotas being introduced. People and their relatives told us that they were regularly asked for feedback by the service. One person said, "The feedback is great and the communication is good." Another said, "They do ask what we think. I think I filled a questionnaire in a month ago." A third said, "I can ring them any time. I'm absolutely confident to raise issues with them." A relative said, "We did a feedback survey 2-3 months ago." Another said, "If I had any issues I would go straight to [a care supervisor] but I have never had any issues." This meant that the service encouraged feedback and used it to improve standards.

Staff said that they felt supported by management and involved in how the service operated. Staff received an annual questionnaire asking them for their views on the service. Where issues were raised action had been taken to address it. For example, the 2014 survey identified that new staff felt they should be introduced to people they had not supported before by staff that person was familiar with. The registered manager told us that this policy had now been implemented. One member of staff said, "If I am ever unsure of anything I always get re-assurance." Another said, "We get weekly newsletters with information and there's information in the office. We can always ask. [The registered manager] is very good. She's a nice person and everybody likes her. Clients like her as well as she pops out to see them to see if everything is okay. It's sometimes nice for people to see the boss as people might not always like to raise things with their regular carers. I think that's why she does it." Another said, "[The registered manager] is really good. As soon as I have a problem they are straight onto it. It's a really good company and they help you any way they can."

Staff meetings were held to give staff a further opportunity to give feedback on the service and to discuss any concerns they might have. The registered manager said, "The office staff meet every month, and we have bigger meetings around twice a year with everyone. They do get well attended as they often follow on from training when staff are here." Minutes from meetings showed that they were used to share information on people who used the service, training, and any other issues that staff wanted to discuss. This meant that staff felt supported by the service and confident to give feedback to maintain or improve care standards.

The registered manager understood their responsibilities. We noted that all relevant notifications concerning the service had been made to the Commission.