

Carewise Ltd

Carewise Ltd

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

Carewise Ltd provides domiciliary care services. It provides support and personal care to a range of people living in their own houses in the community. At the time of our inspection, 20 people were receiving personal care from the service.

At the last inspection in March 2016, the service was rated 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Staff received safeguarding training so they knew how to recognise the signs of abuse and how to report any concerns. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. Staff supported people to access health appointments when required, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting their personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People, their relatives and other professionals told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Carewise Ltd

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.

This was an announced comprehensive inspection, which took place on 15 and 18 May 2018 and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection visit because we visited the office location of the service and needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in January 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection, we spoke to five people who used the service, three support workers, and the registered manager.

We looked at the care records of four people to see whether they reflected the care given and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and minutes of meetings with staff and people and arrangements for managing complaints.

Is the service safe?

Our findings

People received safe support from the service. One person told us, "Yes I feel safe. It's all very positive and I have nothing to worry about at all." All the people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "If I thought abuse had occurred, I would try and make sure the person is safe and alright, then report it to the manager. I am aware that I can come straight to the Care Quality Commission (CQC) and the council as well if I ever needed to." We saw that staff were trained in safeguarding procedures.

Risk assessments were detailed, individualised and up to date. They covered all the potential risks present for people and the environment they were receiving support in. These included assessments about personal care, skin care, medication, falls, the environment and more. We saw that risks were documented with the likelihood of occurrence, potential impact on the person, and the best counter measures and strategies for staff to take. Relatives and staff we spoke with were happy with the content and positive that they promoted safe support.

Staffing numbers were sufficient to meet people's needs. One person said, "I've not had a missed visit. They are on time and I get a call if they are delayed." Staff told us they felt the service was staffed well and the calls got covered, and rotas we saw confirmed this. The registered manager told us, "We don't use any agency staff, all our calls are covered by the staff we have."

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

The service supported people safely with medicine administration. One person we spoke with said, "The staff do help me with my tablets sometimes. I'm happy they get it right. I struggle with it myself." We saw that medication administration records (MAR) were used by staff to accurately record the medicines given. There were some examples of when signatures had not been recorded to show medicines had been given. We saw that the audit system in place had recognised these omissions and the staff responsible were given supervision and support to improve their recording of information, and improvements were made.

Staff had completed training to ensure they were up to date with the most recent guidance to keep people safe. Observations and spot checks took place, to ensure staff followed infection control practices. Staff told us they had the appropriate personal protective equipment available to support people safely.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required. We saw that actions were taken to make any necessary improvements.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes, and care and treatment was delivered in line with guidance. We saw that detailed pre-assessments of people's needs were undertaken before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All new staff went through an induction training programme, and training continued to be available for all staff to refresh their knowledge and keep them up to date with standards. This included practical training within the office, which had equipment such as hoists and a bed for moving, and handling training. On the day of our inspection, an external trainer had been hired to complete training with a large group of staff members at the office. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles.

Staff supported people to eat and drink sufficient amounts when required. All staff we spoke with said that a lot of the people they supported, had family to help them with meals, but they did get involved with this type of support sometimes. The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals such as occupational therapists, tissue viability nurses, falls team, nail care and doctors. Detailed information regarding people's health requirements was kept by staff, and staff we spoke with were knowledgeable and confident supporting people with their health requirements.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

Is the service caring?

Our findings

Positive and caring relationships were developed between staff and people. One person told us, "The staff are lovely, I'm lucky to have them." We saw a written compliment to the service saying, 'The care you provide is second to none. You never fail to amaze me over and over again. Thank you for caring far beyond what is says on the paper.'

All the people we spoke with felt they had good relationships with staff. The staff we spoke with felt able to spend the time they needed getting to know people to develop positive relationships. One staff member said, "The minimum call we do is 30 mins, so there is enough time to make sure we don't rush and can chat to people."

People and their relatives were involved in their own care. Every three months the staff held reviews with people to discuss all aspects of their care. We saw a written record of this which included compliments, areas for improvement, changes required and actions taken. The people we spoke with all felt in control of their own care and were happy that staff listened to what they had to say. Advocacy services were not being used by anyone, but the management had information regarding advocacy services for people that may require it. Advocacy services provide independent support to help people with decision making.

Staff respected each person's privacy and dignity. Personal care routines were listed within people's care plans, and prompts were included to make sure that staff considered people's privacy and dignity at all times. Relatives we spoke with confirmed that staff were respectful of people's dignity. Staff all understood the need for confidentiality and were considerate that personal information was not shared with people inappropriately.

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. People we spoke with told us that the staff generally knew them well and understood their needs. One person said, "The staff are very good, but I'd prefer to see the same ones. They (staff) do change quite a bit." Another person said, "It hasn't always been consistently the same staff, but it's getting better, and they are all good." We spoke with the registered manager who told us that they had acknowledged that staffing turnover had been high for a while but this had now improved. They also showed us the new electronic rota and log in system that was in use, which was improving the ability to match people with the staff they were used to, more consistently.

Care plans included each person's routines, preferences, likes and dislikes. We saw an 'All about me section' within care plans which detailed this information for staff to understand people's needs better. For example, we saw that one person's care plan included the specific water temperature that they liked to have their bath at, to help the stiffness in their muscles.

People were supported to build friendships, socialise and experience meaningful activity. We saw that trips were arranged for people to attend which included visiting an Abbey, and going out for lunch. Photos of various activities people were encouraged to partake in were displayed around the office.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We were shown the electronic system in use within the service which enabled documents to be printed in a large font for those that required it.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any formal complaints but would do so if needed. One person said, "We sort any problems out quickly, I've not had any big complaints." A complaints recording system and complaints policy were in place which showed that information could be recorded in detail and actions formulated. We saw that any complaints made were responded to promptly and actions for improvement were created.

No end of life care was being delivered, but systems were in place to record people's wishes and choices as they required.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was open and honest, and promoted a positive culture throughout. One staff member said, "The team work is excellent. Everybody works hard, and I think we have the best manager. She is very good and very approachable." All the staff we spoke with made similar positive comments. We saw that a 'Carer of the quarter' award system was in place to recognise and acknowledge the hard work of a particular staff member once every three months.

The people who use the service and the staff, were able to have their voices heard and were engaged and involved in the development of the service. The people we spoke with said that they could contact the office and speak to a member of the management team easily and were confident to do so. Staff meetings were held which staff told us enabled them to raise topics of important conversation around any issues that needed to be addressed, learning topics, as well as positive stories.

People and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service, and clearly knew the people using the service well. People said the registered manager, senior staff and the provider were very approachable.

Quality assurance systems were in place to ensure sustainability, learning and improvement. We saw that audits were completed regularly across the service. For example, medication audits were completed regularly and showed how errors were picked up and acted upon. The electronic system in place also allowed for efficient audits on training, staffing, and the daily notes that the staff team were completing to show the tasks they had undertaken. We also saw that feedback was gained from people using the service via a questionnaire. The registered manager told us, "People feedback regularly anyway, but this gives them the opportunity to do so anonymously should people not feel comfortable raising something."

The provider had submitted notifications to the CQC. A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals. The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included a range of health and social care professionals. The manager informed us of the work they had been doing with the local authority quality monitoring team and the actions that had been undertaken to make improvements when required.