Carewatch Care Services Limited

Carewatch (Derby)

Inspection report

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Date of inspection visit:
06 June 2017
13 June 2017

Date of publication:
18 August 2017

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 6 and 13 June 2017 and was announced. Carewatch (Derby) is registered to provide personal care to people living in their own homes. At the time of our inspection, 139 people were receiving personal care.

The service was last inspected on 15 and 17 December 2015, when they were rated as Requires Improvement.

The service had a registered manager in post at the time of our inspection, who was present during our inspection. 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 2008 and associated Regulations about how the service is run.

People were not consistently protected from the risk of avoidable harm. Risks associated with personal care were not always identified, so appropriate protective measures were not always in place to minimise the risk of avoidable harm. The provider's auditing systems did not identify this shortfall to enable action to be taken.

Appropriate arrangements were not in place to assess whether people were able to consent to their care. The provider was not meeting the legal requirements of the Mental Capacity Act 2005 (MCA).

People were happy with staff who provided their personal care. They were cared for by sufficient numbers of staff who were suitably skilled and knowledgeable about people's needs. People were supported by staff in a caring way, which ensured they received personal care with dignity and respect.

The provider took action to ensure that potential staff were suitable to work with people needing care. Staff received supervision and had checks on their knowledge and skills. They also received training in a range of skills the provider felt necessary to meet the needs of people.

The systems for managing medicines were safe, and staff worked in cooperation with health and social care professionals to ensure that people received appropriate healthcare and treatment in a timely manner.

People were involved in their care planning and delivery. The support people received was tailored to meet their individual needs and wishes. People, their relatives, and staff felt able to raise concerns or suggestions in relation to the quality of care. The provider had a complaints procedure to ensure that issues with quality of care were addressed.

Systems were in place to monitor the quality of the service provided and check if people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard

of care. Checks were undertaken on personal care provision so that action could be taken to improve the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

The service was not always safe.

Risks associated with people's health conditions were not consistently identified, assessed and mitigated. People were protected from the risk of abuse. People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider was not consistently working in accordance with the Mental Capacity Act 2005. People were supported by staff who were trained and experienced to provide their personal care. People were supported to access health services when needed, to maintain their well-being.

Is the service caring?

Good

The service was caring.

People were supported by staff who understood their needs and preferences. People and their relatives were involved in planning and reviewing their care and support. People were treated with dignity and respect by staff who provided their personal care.

Is the service responsive?

Good

The service was responsive.

People's views on their care were sought and improvements to their service made as a result. People's care plans had relevant information about how they wished care to be provided. People knew how to make complaints and raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place to monitor the service were not always effective. Notifications were not always made to CQC as required. Regular checks were undertaken on care provision and actions

were taken to improve people's experience of care.

Carewatch (Derby)

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 6 and 13 June 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service which provides personal care to people; we needed to be sure that someone would be in. The inspection was carried out by one inspector and two experts-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.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events which the service is required to send us by law. For example, serious injury to a person, or any allegation of abuse.

We requested feedback from local care commissioners and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners work to find appropriate care and support services which are paid for by the local authority or by a health clinical commissioning group.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 21 people, three relatives and four care staff. We also spoke with the registered manager, and the provider's quality service improvement manager. We reviewed four people's care records, including medication administration records (MAR charts). We looked at four staff files and records relating to the management of the service. These included training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People were not consistently protected from risks associated with their health needs because appropriate risk assessments were not always in place. Associated care plans were not always updated to reflect people's current needs. For example, one person's risk assessment stated they were independent with their continence needs. Additional evidence in their care records showed they sometimes needed assistance with their continence. There was no information about risk or guidance for staff to consistently support the person. Another person's care records said they had "behavioural needs" but there was no assessment of risk or guidance for staff on how to support the person in this respect. The same person's home environment risk assessment identified they needed specific risk assessments for the use of bedrails, and maintaining healthy skin, but these were not done.

Whilst the provider assessed risks present in people's home environments, they did not consistently identify and assess risks associated with people's health needs. For example, one person's experience of dementia could make them very anxious in certain situations. There was no assessment of the potential risks this posed to the person or others, and no guidance for staff to provide a consistent approach to supporting them. Another person had a condition that potentially put them at risk if they had too much or too little fluids. The provider had not assessed what the risks were or given clear guidance for staff on how they were expected to support the person. This meant staff did not always have information about what steps they needed to mitigate risks. We spoke with the registered manager about this, and they confirmed there were no specific risk assessments or associated guidance for staff regarding people's individual health needs. Whilst staff knew what actions to take to reduce risks, consistent information was not available to ensure all staff knew how to minimise the risk of avoidable harm in relation to people's individual health needs. The registered manager assured us they would take action to identify any risks associated with individual health conditions, and they would provide clear guidance for staff to follow to keep people safe.

People and their relatives told us they felt safe using the service. One person said, "Yes, very safe. I have three calls a day: they are very careful when handling me and taking me to the bathroom. Anything I need they will get for me and this makes me feel quite safe." Another person said, "Yes I do feel safe with them. I've had them a while now. I have two calls a day and they get me dressed and washed. They are very careful and considerate when handling me and this makes me feel quite safe with them." A relative commented, "Yes I am happy with them. I feel she is very safe with them, also they are careful and do anything for her."

Staff were trained and knew how to recognise abuse or suspected abuse. They understood the provider's policies and guidance on keeping safe from the risk of abuse and felt confident to raise concerns. They understood how to report concerns to the registered manager, and felt confident to raise concerns with the local authority or CQC if this was necessary.

The provider undertook pre-employment checks to ensure prospective staff were suitable to care for people in their own homes. This included checking references and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to care for people. This meant the provider had checks in place to ensure that people were supported by staff who were suitable to provide care.

People said there were enough staff to provide them with support when they needed it. One person said, "They are not late, and have never missed me." A relative said, "They have been late in the past, but not for some time now. They do call if they are held up, and never miss coming." People felt staff visited them on time, at the times they wanted. Some people described staff occasionally being late for their care visit, but they said the provider would let them know what was happening and would make alternative arrangements for their personal care, for example, if staff were off sick. The provider had introduced a new system for managing rotas and monitoring staff at work. The registered manager said the new technology-based system had decreased the number of late care visits, and reduced complaints about this. Evidence we looked at supported this. This meant that the provider had enough staff to meet people's needs, and ensured people received their personal care in a timely manner.

People and their relatives were confident staff would respond appropriately in an emergency situation. One person said, "I have full confidence in them handling any emergency that may arise." The provider had a policy in place detailing what action staff were expected to take in an emergency, and had a plan in place to deal with events that could affect the service, like adverse weather. Staff knew about this and knew what was expected of them to ensure that people continued to receive care.

People's medicines were managed safely, and people were happy with the support staff gave them with this. One relative commented that staff helped their family member with their eye drops, and had no concerns about how this was done. Staff understood what level of assistance people needed to ensure they received their medicines as prescribed. Staff told us and records demonstrated they had received training to ensure they managed medicines safely. Staff said people's medicines administration record (MAR) and associated records were checked regularly, and we saw evidence the provider did this. However, we identified for two people, that staff had not consistently checked the medicine prescription against the MAR sheet to ensure these matched each other. We spoke with the registered manager about this and were assured action would be taken to rectify this. Checks identified any issues with people's medicines, and we saw the provider took action when needed to ensure people received their medicines as prescribed. This meant the provider ensured people's medicines were managed in accordance with professional guidance.

Requires Improvement

Is the service effective?

Our findings

People were not consistently provided with personal care in line with legislation and guidance in relation to consent. 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. If people living in their own homes are receiving restrictive care that may amount to a deprivation of their liberty, an application must be made to the Court of Protection to ensure that restrictive care is lawful and in a person's best interests. No-one receiving personal care from Carewatch (Derby) was subject to restrictive care that would require a court application.

We checked whether the provider was working within the principles of the MCA. The provider did not consistently ensure assessments of people's capacity to consent to personal care were carried out when necessary. Where people had capacity to consent to their personal care, this was documented. The care records we looked at did not always have assessments of capacity or best interest decisions recorded where it was appropriate for this to be in place. For two people who had relatives with Lasting Power of Attorney (LPA), the provider could not demonstrate that they had checked what the LPA was for, or whether it was valid. Staff told us they would identify if a person might lack capacity to consent to personal care, but that Carewatch (Derby) would not carry out an assessment of this as it was not their responsibility. Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014, the need for consent, is clear that care must only be provided with the consent of the relevant person, or in accordance with the Mental Capacity Act 2005. We had identified this as an issue on our previous inspection; and found improvements had not been made. The provider did not ensure this regulation was met, and people's rights were not upheld in relation to consent to personal care.

This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported by staff who were trained to provide their personal care. Staff undertook a range of training the provider felt necessary to provide personal care to people in their own homes. This included, moving and positioning people safely, food safety, nutrition and hydration, dementia awareness and safeguarding. Staff said training was good, but two staff commented that more practical training would have been beneficial when they started. Staff told us and records showed they received regular refresher training in care skills. Staff had individual meetings with their supervisor to discuss their work performance, training and development. They said this was an opportunity to get feedback on their work and raise any concerns. The provider also ensured staff skills were to the standards they required through regular checks, and records confirmed these took place. The provider ensured that staff maintained the level of skills and knowledge needed to support people.

Staff said and records showed, they received an induction in a range of skills the provider felt necessary. Staff described working alongside experienced colleagues as part of their induction, and said the provider

checked they had the skills to provide personal care. New staff who had started since our last inspection had completed the Care Certificate. This sets the national minimum recommended training standards that all new non-regulated care staff should achieve before they provide care. Staff were knowledgeable about people's care needs and preferences, and felt care records had sufficient key details about people's health conditions and the support they needed.

People who received support to eat and drink told us they were happy with the assistance staff provided. One person said, "They are happy to cook for me, and always ask what I would like." Another person said, "They get me breakfast of whatever I want and give me my lunch. I have microwave meals and they do that for me. They also get me drinks of whatever I fancy." Staff told us, and records showed that people who needed support to ensure they had sufficient food and drinks got this. Staff recorded food and drink people had or were offered, and where they had concerns, raised this appropriately. This meant people were supported to have sufficient food and drinks.

People and their relatives were confident that staff would support them to access medical or other help if needed. Staff also told us they knew when to seek medical help for people, and records demonstrated this was the case.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, considerate and caring. One person said, "They are very caring in their approach with me. They are polite and friendly, and we have a good chat." Another person said, "They are cheerful, polite, always ask how I am and make me feel valued." A relative said, "They are very good with [my family member] with how they talk and support them."

Staff we spoke with felt that they cared for people and wanted to be able to make a difference to their quality of life. One staff member said, "I enjoy my work – I don't see it as a job. I love working here helping people and getting to know them." Staff were clear they needed to ensure people were offered choices and supported to make decisions about the personal care they received.

People were involved in making decisions about their care. One person said, "They [staff] are all good listeners – if I request anything they see to it and fully respect my views on things." People's care plans recorded details about their personal preferences for their support where possible. Where appropriate, the provider had sought information from relatives about people's preferences for receiving personal care. This included information about what people were able to do for themselves, and what staff needed to support them with. For example, one person's care plan detailed their bathing and dressing routine and preferences. The person confirmed with us that staff supported them in this way, which was their choice.

People felt that staff supported them to remain as independent as possible. One person said, "I can do most things myself, but they help me with my dressing [getting dressed] and encourage me with meals." Another person described how staff promoted their independence and encouraged them to do as much as possible. They said staff only provided assistance where required. People's care records detailed what they could do for themselves, and what they needed support with, so the provider ensured people were supported to remain as independent as possible.

People said that staff assisted them in a respectful way that upheld their dignity. One person said, "They do as I ask of them, and are fully respectful when getting me washed or dressed. They take care to dry and cover me." Staff treated people with dignity and respect, and understood how important this was for people. One staff member said that it was important to be respectful particularly as some aspects of personal care could be embarrassing for people. They described how they would support people in ways that maintained their dignity whilst receiving personal care. The provider had been awarded the dignity award from the local authority for ensuring people's dignity in care at the service. This award is linked with the government's national dignity in care campaign. This meant people were supported with personal care in a dignified and respectful way.

Staff respected people's right to confidentiality, but were also clear when it was appropriate to share information about risk or concerns.

Good

Is the service responsive?

Our findings

People received individualised care that was responsive to their needs. Care plans were person-centred, and included information about people's preferences for personal care. For example, one person's care plan had detailed information about their preferences for their morning routine, including food and drink preferences. Staff we spoke with were familiar with people's personal care needs, and their preferred ways of receiving care offered.

Staff felt care plans contained enough information to be able to understand people's needs and wishes. One staff member described what they would do if people's care needs changed, or if there was evidence that people needed a longer care visit. They said the office staff would respond to this information by reviewing people's care plans and, where necessary, make changes to people's care packages. The care plans we looked at contained detailed information about people's needs and their views about how they were supported. This demonstrated that people's care plans had relevant information for staff to meet people's needs.

People and relatives felt they had opportunities to provide feedback about the service and have their personal care reviewed. This included questionnaires, care reviews, and by talking with staff. One person said, "I've just had a survey sent. I returned it yesterday – I told them what I think." A relative said, "We have been asked by phone and personal visit." Staff told us people and their relatives received visits and phone calls to review their personal care. The provider sought people's views to identify where the service needed to improve.

People and their relatives knew how to raise concerns or make a complaint. One person told us they had complained about late care calls, and had contacted the office. They said, "They sorted it out straight away." Another person said, "I have no grumbles – I'd ring the office straight away if not satisfied." People and their relatives were provided with a copy of the provider's complaints policy and procedure and staff understood how to support people to make a complaint. We saw from records that issues raised by people or their relatives were dealt with quickly and resolved in accordance with the provider's policy. Information from daily care records, audits of care provision and feedback from people and relatives were reviewed monthly by the registered manager. This was to identify individual issues and themes where action was required to improve the quality of the service. This meant the provider had a process to listen to comments, concerns and complaints, and take action to improve the quality of care.

Requires Improvement

Is the service well-led?

Our findings

The registered manager understood their duties and responsibilities in relation to the requirements and provisions of the Health and Social Care Act (HSCA) 2008. However, they did not consistently notify the Care Quality Commission of significant events as they are legally required to do. For example, we identified three issues which had been referred to the local authority appropriately, but CQC had not been notified. We discussed this with the registered manager, who confirmed they would notify us in future.

The provider had systems to monitor and review all aspects of the service. This included regular monitoring of the quality of care. However, the systems in place had not identified that people did not always have risk assessments about their health conditions in place, which meant staff did not always have the necessary guidance to ensure consistency of care. The provider had also not identified the need to ensure care must only be provided with the consent of the relevant person, or in accordance with the Mental Capacity Act 2005. We spoke with the registered manager about this, and they assured us they would take action to remedy this.

The registered manager had taken appropriate and timely action to protect people and had ensured they received necessary care, support, or treatment. They also monitored and reviewed accidents and incidents, which allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The provider had established links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office and on their website

People and their relatives felt the service was managed well and knew who the registered manager was. One person said, "I think it is good and well-managed," and another said, "Well-run in my opinion – they keep you informed." People and their relatives felt confident to make suggestions about improving the service, or to raise concerns. They felt any feedback they gave was taken seriously and acted on. Staff told us they felt supported by the registered manager and the provider. They felt able to raise concerns about care or suggest improvements to the service. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated an open culture within the service.

The provider had organisational policies and procedures which set out what was expected of staff when providing personal care. Staff had access to these, and were knowledgeable about key policies. We looked at a sample of policies and saw that these were up to date and reflected professional guidance and standards.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure service users received personal care with the consent of the relevant person.