Horsham & Crawley Care Limited

Carewatch (Horsham & Crawley)

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

Overall summary

We inspected Carewatch (Horsham and Crawley) on the 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that people would be in whom we needed to speak with.

Carewatch (Horsham and Crawley) provides personal care and support to people who wish to retain their independence and continue living in their own home.

Personal care and support is provided for older people and people living with early stages of dementia. At the time of our inspection 100 people were receiving a care 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 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.

Summary of findings

The experiences of people were positive. People told us they felt safe and staff were kind and the care they received was good. One person told us “Absolutely safe, very good. It’s not a problem to raise a concern”.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people’s needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and supported to access health care services if required.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People’s capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control.

People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home. One person told us “They cut up carrots and onions and peel fruit for me. I still do the cooking”.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. Staff had the skills and knowledge to meet people’s needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. One member of staff told us “I do all the training every year. It keeps you refreshed and up to date with rules and regulations”.

Feedback was sought by the registered manager via surveys which were sent to people and staff. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints with details of any action taken. One person told us “Not complained for a long time, I wouldn’t worry about that. If I’m not getting value, I would say so”.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Good

Is the service caring?
The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and the support they received.

Good

Is the service responsive?
The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good

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

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and supportive.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Carewatch (Horsham & Crawley)

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.

The inspection took place on the 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors 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 this occasion we did not ask the provider to complete 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with ten people and five relatives on the telephone who use the service, six care staff, two co-ordinators, the admin manager and the registered manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted three health care professionals after the inspection to gain their views of the service.

The service was last inspected on the 31 July 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "Absolutely safe, very good. It's not a problem to raise a concern". Another person said "Yes I am very safe. Quite comfortable to raise concerns".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were able to describe the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Behaviour changes, mood changes and being agitated could mean all is not well and I would report this to the office". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and equipment. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. These included for staff to ensure clear pathways around the home and ensure people used their walking aids. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "We need to look at people's environment when we visit and ensure it is safe for them when we are delivering care".

Systems were also in place to assess wider risk and respond to emergencies. We were told by the registered manager and staff that the service operated an out of hours on-call facility within the organisation, which people and staff could ring for any support and guidance needed. The registered manager told us "We have a rota for senior staff to have the out of hours phone, this is to support staff and people when the office is closed in early mornings, evenings and weekends".

The service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and recruited when required.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Once staff were trained, they shadowed an experienced member of staff until they felt safe and competent in their role.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. We saw details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan. We were told of improvements that had occurred in the recording and auditing of accidents and incidents. This included an audit tool that documented and detailed the accident or incident and what actions were taken. This would be reviewed regularly for any trends.

People were supported to receive their medicines safely if required. The majority of people we spoke with administered their own medicines or had a relative to support them. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Auditing on medicine administration records (MAR) had recently been improved

Good

Is the service safe?

and was now completed on a monthly basis to ensure they had been completed correctly. Any errors were investigated and the member of staff then spoken with to discuss the error and invited to attend medication refresher training if required.

Good

Is the service effective?

Our findings

People told us they felt the staff had the right attitude, skills and experience to meet their needs. One person told us "I think they are well trained". Another person told us "They are very good, I couldn't live on my own if it wasn't for them". A health professional told us "Carewatch appears to be a highly effective service dealing with all manner of client needs which staff seem to be able to adapt too accordingly".

Staff had knowledge and understanding of the Mental Capacity Act (MCA) 2005 because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "I always ask people what they want before helping". Another member of staff told us "I always ask how best they would like to be looked after. I do this because some people can change their minds from day to day which their choice is. If that differs from the care plan I do what they ask and update the care plan if required". The member of staff went on to explain how they offered choice to people who were unable to communicate verbally by showing them alternatives, whether it was clothing to wear or meals available to them.

People were supported by staff that had the knowledge and skill to carry out their roles. The registered manager told us all staff completed a company induction which has recently been incorporated to include the Skills for Care care certificate before they supported people. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care. Staff also followed the service's "Footstep programme". This was an eight step programme to ensure confidence of new care staff. This incorporated the induction, shadowing a more experienced staff before they started to undertake care calls on their own and observations and supervisions through a twelve week period. The length of time a new member of staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. This also gave people the chance to get to know new staff visiting them before they worked on their own. Staff spoke highly of the induction and felt it provided them with the confidence and skills to deliver effective care.

Staff also attended a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and infection control. Training was also offered through a local college, courses included end of life, dementia care and common health conditions. Staff were supported to undertake qualifications such as a diploma in health and social care to its staff. Staff spoke highly of the training provided and one told us "I do all the training every year. It keeps you refreshed and up to date with rules and regulations". Another member of staff told us about the moving and handling training they had received recently "There are new techniques coming all the time. It is good to be updated on an annual basis. There are always different methods and aids that become available. I won't use anything I don't know how to use".

Staff told us that they received supervision by their manager every three months. During this they were able to talk about whether they were happy in their work, anything that could be improved for the workers or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed.

People and relatives told us they thought staff were matched well to people's needs. One person told us "I think they are Well matched, I get on with them all". Another person told us "I always ask for older and more mature carers, they do that for me" and "I think they are matched well. I get the same carers morning and evening". The

Good

Is the service effective?

registered manager told us the importance of continuity of care for people and how they aimed to ensure people had regular care staff who they could build rapport and confidence with.

We were told by people using the service and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One person told us "My daughter arranges my healthcare appointments. They arranged an optician once for me".

Where required, staff supported people to eat and drink and maintain a healthy diet. One person told us "They do my breakfast; I put it in the bowl for them to mix". Another person told us "They cut up carrots and onions and peel fruit for me. I still do the cooking". Care plans provided information about people's food and nutrition. Information was readily available on the level of support required, any dietary requirements, how the person describes their nutritional intake and what support was required. Staff advised if they identified any concerns with people's nutritional intake they would report their concerns to the office. One member of staff told us "If I have any concerns on a person's food or drink intake, I would report to the office straight away. We also document in the care plans in people's homes what they have had". Training schedules confirmed staff had received training in food safety, nutrition and hydration.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and listened to their request and choices. One person told us "Recently my relative died and I have never met such wonderful caring people, they knew how to handle it". Another person told us "Oh yes they are caring, can't fault them like that, very good".

A health professional told us "The staff I have been able to observe have all demonstrated a very caring approach, adapting 'on the spot' to a variety of care needs. Their calls can often be unpredictable as can be expected when dealing with vulnerable people. Staff will utilise their time on a call. For example one individual had a bad night's sleep and couldn't face the prospect of being assisted to get up, instead the carer adapted to the situation made her a drink, washed up, tidied and spent some time chatting with her instead. Individuals dignity and privacy is respected at all time, for example curtains are closed during personal care".

Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care, and helped people to cover their top half, for example, before washing their lower half. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "I normally wash myself. They help me shower, they give me a towel to put round me, and they ask if I feel alright about it". A relative told us "They help bath my relative and wash him. They shut the door and keep it private".

People said they could express their views and were involved in making decisions about their care and treatment. People and relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us "Yes my relative does have a care plan. It was reviewed few months ago".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us "They encouraged me to walk around and walk outside my flat. Done me the world of good. If it wasn't for that I'd be bedridden". Another person told us "I can't have a bath so they give me a strip wash. They get me to get on with it myself, I can't walk so I try to be as independent as I can". Care plans provided clear details on how staff could promote independence. One care plan recorded a person with compromised mobility needed support and encouragement to get dressed in the morning and how staff were to promote their independence and let the person do as much as they can for themselves.

People we spoke with told us they saw regular care staff and the majority of people were advised in advance or knew who was coming and what time. New care staff were introduced to people through their induction and shadowing. One person told us "It's reasonably regular staff. Rota comes in post on Monday, it's accurate. Only once, someone turned up who we didn't know". Another person told us "They are usually quite regular, never had anyone I don't know".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff rotas were sent via email or collected from the office. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to care staff and was also included in the care staff's employee handbook.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people and responsive to their needs. 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 ""They do the job very well, we are matched very well. We have a laugh and a joke".

A health professional told us "The staff I have seen are very responsive to individuals unique care needs and some staff have their regular calls which provide consistency to the individuals receiving the care. Any queries from carers whilst carrying out their calls are forwarded to the office-based care-coordinators".

There were two copies of the care plans, one copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that a person could be shy and did not always feel comfortable around new people until they got to know them, and how they would enjoy chats to get to know people. In another care plan it detailed that a person had reduced hearing in their left ear and for care staff to stand to the right of the person to enable them to hear fully. Staff also had detailed information of each person they visited on their rotas. This was key information about each person that had been taken from the care plans. One member of staff told "We have the care plans to view in people's homes and we also have key information about each person on our call rotas. This is really useful, so we are always aware of people's needs". Care plans were reviewed and updated on a regular basis and staff were made aware of these updates.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and what activities had taken place. In one care plan it detailed how they had supported a person to go shopping. In another it detailed how a person liked to go out to lunch and how staff had supported this person. The registered manager told us how important it was to match care staff to people. They told us "Continuity of care is important to people and they like to see the same member of staff. This builds a relationship and care staff can spot signs of maybe someone not well, when if it wasn't someone they didn't see regularly they may not be aware of changes in a person.

People were also supported to access the community. Most people we spoke with either completed their shopping themselves or relations and friends did it for them. One person told us "If I want shopping they do it occasionally if I forget anything". One member of staff explained how they took a person on outings "After we get sorted we might go for a drive to the garden centre or a nice drive to a country pub or even the seaside, there are no limitations, it's great to get people out doing things they like to do"

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. The people we spoke with all confirmed they had never had a reason to make a complaint. One person told us "If I had to complain I would speak to the office, I know them. They come out regularly and discuss my care and any issues". Another person told us "Not complained for a long time, I wouldn't worry about that. If I'm not getting value, I would say so".

Staff told us that mainly there was enough time to carry out the care and support allocated for each person. Staff stated that the minimum call they would do is half an hour, which they felt was sufficient to carry out care and support to a good standard. The registered manager told us they would only accept care calls of half an hour or more, to ensure people received a quality service and how the service was flexible to people's needs of they needed to change call times or have additional calls. Staff told us they mainly had enough travel time in between visits to people. However this was dependent on traffic and if another call had taken longer for an unexpected reason. One staff member told us "We aim to get to people on time. We also let them now that we have a half an hour window each side of the care

Good

Is the service responsive?

call and this is discussed before we start the service with them". Staff we spoke with told us that if they were running late for a call they either contacted their next call themselves or reported it to the office who would contact the remaining people on their rota and would be able to ensure that time critical calls were dealt with by someone else. One member of staff told us, "Most of the people can set their clock by me. I stick to a time but if it gets beyond by 15 to 20 minutes I will notify the office or the client and let them know".

Good

Is the service well-led?

Our findings

People and relatives all said they were happy with the management of the service. Comments from people included “Their contact is quite good, manage things very well”, “It’s a great firm and when I speak to the manager she is fine”, and “They ring up sometimes, it’s all very friendly”.

A health professional told us “I feel Carewatch is well led. I admire the care-coordinators for the high level of organisation. They are frequently having to deal with staff needing emergency last minute changes to rotas, sickness, client requests and staff requests. There is always training on offer to the staff, training can often be practical and hands on, such as practising hoisting which really gives staff the opportunity to see it from the view of the individual they support”.

The atmosphere in the office was friendly and professional. The registered manager had created an open and inclusive culture at the service. Staff told us they were able to speak to the registered manager when needed, and found them supportive. Comments from care staff included, “I feel well supported, I am very comfortable talking to the manager if I have any problems”, “We can discuss anything with the managers, the door is always open” and “The manager is supportive, she is there for us.”

Staff felt they had good communication with the registered manager and admin manager through meetings, phone calls and coming into the office regularly. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice with one another. Staff told us they felt part of the team and were able to go into the office whenever they wanted to. One staff member told us “I think carers sometimes live here, we come in for tea and snacks, the kitchen is open and the registered manager has just recently put in a hot chocolate machine and we can discuss anything”. Another told us “We pop in for some tea and hot chocolate and have a quick catch up with colleagues. I’m really happy here, even though we don’t always see our colleagues the morale is really good”.

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as complaints, staffing, care plans and MAR sheets. These highlighted areas needed for improvement. In recent audits improvements had been made in the recording of MAR sheets and were highlighted to all staff. Senior care staff also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people’s homes.

Feedback from people and care staff had been sought via surveys. This was sent out to people and staff each year. Comments from a recent staff survey included travelling time to each call. This had been looked into and due to local major roadwork’s affecting travelling time, it was monitored on a regular basis and times adjusted where needed. From the recent survey for people it highlighted people commenting on seeing regular care staff. This had been explained to people due to changes in staff rotas for various reasons, this could happen sometimes and the registered manager would monitor this and ensure minimal impact to people. The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

The registered manager showed passion about the service and talked about looking at continuous improvement. They told us “We all work together and share workloads. I like to speak to my staff and discuss any issues they may have. I feel we have an open relationship”. We were also told about how staff worked closely with health care professionals and people’s families. For example the registered manager spoke of working closely with the local dementia crisis team and district nurses to ensure people received the correct support and care.