

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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We previously carried out an announced comprehensive inspection at Carewise Ltd on 16 & 17 July 2015. Breaches of legal requirements were found. After that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to gaining people's consent and working in accordance with the mental capacity act 2005 (MCA) and in the completion of accurate records that reflected people's care needs and the development of systems that identified shortfalls in practice. This inspection took place on the 6 and 7 July 2016 and was announced.

Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available in the office. At this inspection we found that the breaches of regulation had been met. However there remained some practice in relation to MCA that needed improvement.

Carewise Ltd is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 138 people were receiving a care service.

The service had a registered manager. The registered manager was also the owner of the business. 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.

Improvements had been made in seeking and recording consent in line with the Mental Capacity Act (MCA). At this inspection we found that staff had received training in MCA and were knowledgeable about the principles of the legislation. People's consent was being sought and where people had a lasting power of attorney in place a copy of this was in people's care records. However some assessments regarding people who lacked capacity were not decision specific so it wasn't clear in which areas they lacked capacity to make decisions. We have therefore identified that this remains an area that needs ongoing improvement.

Improvements had been made in the completion of accurate records which meant that the registered manager could be assured that people were receiving the correct care. This was because the registered manager had introduced audit systems that ensured reviews took place and that any shortfalls in practice were identified and then addressed.

People told us they felt safe. One person said "I'm very pleased with them, they look after me very well." People were safe as they were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Staff told us they felt supported to carry out their roles and received supervision and attended staff meetings. New members of the management team were in place that provided support with co-ordination and staff supervision.

People were cared for by kind and compassionate staff. People told us how well the staff knew them. One person said "Staff are nice, cheerful and caring, they really are good, we have a lovely rapport". Another person said "I think they're excellent, lovely girls". People also told us they were treated with respect and dignity and that staff were always willing to help. One person said "Anything I want done, they do it".

People were encouraged to eat and drink. If needed food and fluid intake was monitored to ensure that people maintained a healthy weight. People were supported to access healthcare professionals when needed. One person told us "They would get a doctor if I needed it".

People told us that staff knew them well. Staff knew people well and were aware of their individual needs. One staff member said "The person is at the centre, it's their life, their choices, their likes and dislikes". Care records reflected people's individuality and were reviewed regularly to ensure that they were accurate. There was a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly. People and relatives were confident that if they had any concerns these would be responded to. One person said "If you have a problem they're good and get back to you quickly".

The home was well-led by the registered manager and supported by a management team. They were committed to providing a person centred service. There was a range of audit tools and processes in place to monitor the care that was delivered and the registered manager worked in partnership with other organisations to improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

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

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.

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

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. However assessments of capacity were not decision specific.

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.

Is the service caring?

Good 

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

Is the service responsive?

Good ●

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.

Is the service well-led?

Good ●

The service was well-led.

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

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

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

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 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 6 and 7 July 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. 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. We also received information from the local authorities quality monitoring team who are one of the stakeholders for the service.

The provider had 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.

During our inspection we spoke with 15 people on the telephone and visited one person at home. We spoke with two relatives of people who use the service, six care staff, one co-ordinator, two supervisors 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 12 people, medicine administration records (MAR) sheets, staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We spoke with one health care professional after the inspection and two representatives from the local authority to gain their views of the service.

Is the service safe?

Our findings

People told us that they felt safe with the carers that provided their care and support and that this was due to the consistency of staff visiting them and the skills, knowledge and caring nature of staff. One person said "I'm very pleased with them, they look after me very well". Another person said "I can't fault them in anything". A third person said "I think they're excellent, lovely girls, no complaints".

At the last inspection we identified that some risk assessments were not always detailed or up to date. At this inspection we saw that a new system of paperwork was in place and that risk assessments were completed in detail and that reviews took place regularly. The registered manager had a system in place for checking that reviews of these had been completed. For example detailed moving and handling assessments were in place which explained how someone may need to be supported to move and what techniques and equipment were required. Detail included how to minimise distress to the person whilst being moved. For example a care plan had detailed 'Talk through each step so [the person] remains confident'. Where someone had a particular medical condition with unique symptoms this was described and steps taken to minimise risk recorded. Where someone was at risk of becoming confused or distressed this was outlined and steps taken to minimise this recorded.

The staff members we spoke with had undertaken adult safeguarding training within the last year. They were able to identify the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One staff member told us "I would look out for a change in behaviour, maybe being secretive or not eating, I would look for visible signs, inform the supervisor who would report and deal with it". There was a clear flow chart in place to guide staff as to the process to follow and the contact numbers for relevant organisations. The registered manager had a copy of the most recent safeguarding adult's policy and procedure from the local authority to consult when needed for guidance.

People told us that they got their medicines on time. We saw that systems and processes were in place for the safe administration of medicines. There was an up to date policy and procedure in place. The service worked to the guidance provided by the local authority. The registered manager had taken on board the findings from the last inspection where we had identified some inconsistencies in recording the administration of medicines and recording when creams were applied. At this inspection we saw that regular audits of medicine practice and of MAR (medication administration records) were undertaken. Where any gaps were identified these were investigated and learning shared with the team.

The feedback from people consistently indicated that calls were mainly on time and carers were only late if there had been hold ups at other calls due to emergencies or if the traffic had been problematic. The provider had a new computer system in place that ensured that staff logged the time they started their call and the time they left. The co-ordinator showed us the system and how it worked and how it was much easier to organise the care calls and know which staff members were at which call at a glance. People told us that in general they had a consistent number of the same carers which meant that staff knew people and their needs well. The registered manager told us that they were continually recruiting but where possible

they tried to match people with the same group of staff. Staff told us that care calls were always covered and that they had enough travelling time in between calls. The registered manager told us that where possible they grouped care calls in similar areas for staff to minimise the travel time. One staff member said "We have enough staff, it's good we are consistent with calls for people".

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for four staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) in all cases. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions and character references.

Is the service effective?

Our findings

At the last inspection in September 2015 we found that the provider was in breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people's consent was not being sought and recorded in line with the Mental Capacity Act (MCA). At this inspection we found the provider had followed their action plan and that this breach had been addressed.

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 told us that staff always gained their consent before carrying out care tasks. Staff were knowledgeable about the principles of MCA and knew that where people lacked capacity this may require a best interests meeting. Staff were clear that they requested people's consent before carrying out any care tasks. The registered manager had sought advice regarding how to record people's capacity and the agency now had paperwork in place that required people to consent to the care provided and asked staff to consider if someone had capacity to make decisions and where they didn't this was recorded. Where family members had a lasting power of attorney to act on someone's behalf copies of these were requested so that staff could be clear who was able to legally act on someone's behalf. However it was not always clearly recorded which decisions people did not have the capacity to make. When people's capacity is assessed it is decision specific and whilst someone may lack capacity to make a decision about one area of their life they may have capacity in other areas. Recording the specific decisions where people didn't have capacity remains an area that needs improvement.

People told us that staff were well trained and skilled to carry out their roles. One person told us of staff "They're very well, trained and do everything you want. Another person said "Staff are skilled and trained and happy in their jobs". Staff told us that they received training to carry out their roles. One staff member said "Any training we ask for is always available". Another staff member said "There are always development opportunities on offer, the training is really good". A third staff member said "I learn something every day and I enjoy learning". The registered manager and supervisors had completed train the trainer qualifications in order to be able to deliver training such as manual handling and management of medicines. Staff completed additional training and undertook diplomas in health and social care that supplemented the essential training they carried out. Staff in management positions were offered training that supported them to carry out these roles. Other training in areas such as end of life care and supporting people living with dementia were available for staff to take part in. On commencing employment, all staff underwent a five day formal induction period, linked to the Care Certificate, a nationally agreed set of care standards which must be met to ensure safe and effective care is delivered. The staff records showed this process was structured around allowing staff to familiarise themselves with the practice's policies, protocols and working practices.

Staff told us they felt supported by the management team and that this was through team meetings, supervision, appraisal and spot checks. Records that we looked at confirmed that staff received regular

training and updates and supervision which ensured staff had the skills to carry out their roles providing care and support to people in their homes.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. People who received support with the preparation of food told us that staff knew their preferences and what they liked to eat. People told us that staff always asked them what they wanted to eat or drink before preparing anything. Staff told us that ensuring people had plenty of food and fluids available to them was an important part of their role. One staff member said "We encourage people to eat, suggesting foods they might like. We always leave cold fluids for people". Another staff member said "We always leave water and juice for people". One person we spoke with told us "I have a good breakfast every morning" they told us they had scrambled egg and toast and marmalade for breakfast that morning and about the different options they like to have. Staff told us that when needed food and fluid intake was recorded to ensure that people were eating and drinking enough and if they weren't this was picked up through the recordings. A supervisor we spoke with told us that part of their role involved monitoring these charts and identifying any trends or need for professional input.

People had access to the healthcare professionals as needed. People told us that staff contacted health professionals such as GP's when needed. One person said "They would get a doctor if I needed one". We could see through the recording of accidents and incidents that paramedics and GPs were called when needed. Staff told us that they always monitored how people were and checked to see if there was any deterioration in their health. One staff member said "When I give personal care I always check for any sores or breaks in someone's skin. Another staff member gave us an example of calling out a GP to review the person's medicines as they seemed to be taking a lot of pain killers. Another staff member said "We need to be observant and report any signs of ill health and call the GP if needed."

Is the service caring?

Our findings

Every person we spoke with felt that staff were kind and caring. Comments included "They are very good girls, always helpful and pleasant". Another person said of staff "They're very, very good, I can't fault them in anything". A third person said "Staff are nice, cheerful and caring, they really are good, we have a lovely rapport".

Staff we spoke with showed a caring attitude towards the people they supported. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care, for example, before washing their lower half they helped people to cover their top 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. People told us about the fact that staff spoke to them with respect and offered them choices. One relative told us of how staff gently encouraged their relative "I like the way they speak to [my relative], they are every nice and chat to him and say 'come on let's get going', they chat about things he's interested in".

Staff realised the importance of people being involved in their care and support and of encouraging them to be as independent as possible. One staff member said "I give people choices, allow people to make their own decisions, encourage them to be involved for example washing their own faces and putting on items of clothing that they can". Another staff member said "Always ask the person what they would like, work together, encourage and suggest. Don't talk over people, always ask if they're happy". People told us that staff gave them choices and included them in their care and support. One person said "Anything I want done, they do it". Another person said "They're interested in me". A third person said "Before they go they always ask me if there is anything else I want".

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 their care plans and felt involved in decisions about their care and support. One person said "One of the staff comes round and discusses my care plan, checks that I'm satisfied and records it".

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 others. Rotas were available through a secure database that staff signed into. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff.

On the first day of the inspection we observed members of staff speaking with people over the telephone. Staff were polite and understanding of people's needs and took time to answer any questions that they had. On one occasion a person called and seemed confused on when to expect a carer the next day. The member of staff assured the person of the name of the carer and what time to expect them, they then had a discussion about the weather and engaged in chat and laughter. On the second day of the inspection we observed a staff member interacting face to face with a person and it was clear they had a very good rapport

and knew each other well. The person we visited said " The carers are very good to me, look after me and are very kind".

Is the service responsive?

Our findings

People told us that they were offered a choice of staff in terms of a male or female and felt that staff knew them well. Comments from people included "They see to everything for me, I don't have to ask they just get on with it". Another person said "They all know me very well". People were able to give us clear examples that staff knew the details of their care and support needs and responded to changes in people's needs. One person said "They're interested in me, they remember if I've had an appointment, they noticed when my eye wasn't right and supported me to go to the doctor". Another person said "The carers that we see regularly know where the towels are and what I like, they're helpful and we have a good chat". Staff were clear about what person centred care meant and demonstrated that they knew people well. One staff member said "The person is at the centre, it's their life, their choices, their likes and dislikes". Another staff member said "The care is unique to the person, everyone is different, so the care needs to be specific to that person".

Care records were person centred and explained what the care needed by a person was. Staff told us that information recorded about the person supported them to provide care that was unique to that individual. One staff member said "The life history in the care plan can prompt conversations. They are person centred and even tell you how the person likes their tea". Records we looked at gave clear instructions regarding people's likes and dislikes for example that someone had Weetabix with almond milk for breakfast. If someone had communication needs this was recorded for example if someone had a hearing aid or was visually impaired. Details of any manual handling instructions were recorded. For one person who required reassurance it was written into their care plan 'Talk through each step so [the person] remains confident'. Guidance on specific issues for an individual was contained within their file. If people took their own medicines a plan was in place that explained this. Care records detailed people's desired outcomes which included remaining at home. The tasks to be carried out at each call were recorded. People's social needs were also documented and for one person living with dementia staff used a memory box with the person to stimulate them and gain their interest. One of the outcomes for this person was to combat loneliness and social stimulation was important for them. Care plans were reviewed regularly which ensured that the details of people's care were accurate.

People told us that they had a regular team of staff that visited them so they knew the staff that provided their care and support well and staff knew people well. One person said "I have a regular carer during the week and they know exactly what to do, they're very helpful and I'm very pleased". Another person told us about the regular staff member that supported them "I've really bonded with them". People who requested a rota received one so they knew who was coming to see them. Carewise Ltd used an electronic system that ensured staff knew who they were going to see and required staff to sign in and sign out when providing a care call. This enabled staff in the office to know where staff were and if any staff were running late or unable to make a call. This system enabled staff to know the name of their fellow member of staff if providing a call that needed two staff members. Staff told us that they had enough time to provide the care and support people needed and didn't feel rushed.

People also told us that staff from Carewise Ltd arrived on time for the calls they provided unless they had been held up due to an emergency. If this was the case people were confident that the staff member or

someone from the office would contact them and let them know. One person said "Someone rings if there's a hold up". People told us that the agency was responsive to requests for additional support when needed. One person said "Nothing's too much for them, they'd do anything for you". A relative gave an example of an emergency situation when staff were deployed outside their usual care call times to assist someone. This relative praised the flexible response of the staff and said of the service "I can't fault it". Another person of staff at the office said "They're usually very helpful and flexible about changing times"

People and relatives were aware of how to make a complaint and felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with confirmed if they had a reason to make a complaint it would be acted on. Comments included "If you have a problem they're good and get back to you quickly". Another person said "I ring the office and they say 'we'll sort that out straight away' and it's always sorted out straight away". A third person said "They are charming at the office, I am 100% satisfied with them". We saw that complaints had been responded to in a timely and thorough way to the complainants' satisfaction.

Is the service well-led?

Our findings

At the last inspection in June 2015 we found that the provider was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there was not sufficient management oversight of the completion of accurate records which meant that the registered manager could not be assured that people were receiving the correct care.

At this inspection we found the provider had followed their action plan and that this breach had been addressed. The improvements had been embedded and sustained since the last inspection. The registered manager and management team monitored the quality of the service by the use of monthly checks and internal quality audits. The audits covered areas such as training, medicine management, staffing and care records. We could clearly see that as a result of these audits actions had been taken. For example where gaps in practice had been identified in relation to medicine management this had been raised at team meetings and discussion around improving practice had taken place. Staff had regular supervisions and spot checks which ensured that staff were carry out their duties correctly. The registered manager now had a system in place that clearly reflected when reviews were due so they could check that these had been completed. A sample of care records was audited monthly to check that these were accurate and reflected people's current care needs. Accidents and incidents were checked and signed off by the registered manager with any actions taken clearly recorded. The registered manager monitored these to identify any patterns or trends that emerged that needed to be addressed. The introduction of a new monitoring system enabled management staff to have an oversight of the management of care calls and any gaps in their delivery. This system was being developed and the plan was for all people's information to be stored on this so that access to current care records was available instantly to staff.

Customer surveys were sent out twice a year. We saw that these had been completed and that the registered manager had clearly recorded any actions taken. The registered manager told us that it was important for them to respond to any concerns raised immediately and to sort them out. They said "It's how you deal with concerns, it's best to address them straight away". For example as a result of some concerns raised through the survey the registered manager had rung the person had a discussion with them and a review of their needs had taken place. The registered manager regularly carried out telephone reviews to check that people were happy with the service they received.

People and relatives were complimentary about the management team at Carewise Ltd. They told us that they thought the agency was well led. One person said "I think it's excellently run". Another person said "My end is well run. I am 100% satisfied". A third person said "It's very well managed, they all know me very well". A relative said "If there's anything wrong we just phone up and it's dealt with, I can't fault it".

Staff we spoke with were positive about the management of Carewise Ltd and told us that Carewise Ltd was a good company to work for. One staff member said "I am fully supported, [the registered manager] is always supportive and approachable, it's a good company to work for. I'm very happy and have been promoted recently". Another staff member said "It's a good company, I love my job, and it's very rewarding and fulfilling". A third staff member said "I feel fully supported and can talk to the management team

anytime. There is an open door policy". Staff felt there was a feeling of family within the agency and that staff and people were supported by a management team that valued them. One of the management team said "Communication is very good, we have a family like feel". The registered manager told us "I've got a brilliant team, they do their best, we have an open door policy".

The registered manager who is also the owner of the business ensured they kept up to date by attending training, subscribing to health and social care publications, attending conferences and working in partnership with the quality monitoring team at the local authority. A representative from the local authority said "I have always found that Carewise Ltd have the ability to respond very quickly to customer circumstances, particularly to providing emergency home care. The management team are knowledgeable about the customers that they provide a service for."

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). They had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014.