

Carewest Ltd

Carewatch (Lancashire West & Central)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Carewatch (Lancashire West & Central) provides personal care and practical help for people who live in the community. The agency is based on a business park in the docklands area of Preston. At the time of this inspection, care and support was being provided for 103 people by a team of 64 support staff, who were assisted by a small management team. The aim of the agency is to maximise people's independence and therefore help them to live within their own homes or sheltered

accommodation for as long as possible. There is ample space to facilitate meetings, private interviews and staff training. Equipment is available for training purposes, such as a bed and moving and handling apparatus. Car parking spaces are available at the agency office. Carewatch (Lancashire West & Central) is owned by Carewest Ltd.

Summary of findings

The last inspection of the service took place on 19 August 2013 when it was compliant with all outcome areas assessed at that time.

A visit to the agency office was conducted on 21 October 2015 by an inspector from the Care Quality Commission. The registered manager was given short notice of our planned inspection. This was so that someone would be available to provide the information we needed to see.

The registered manager of the agency was on duty when we visited Carewatch. 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 and associated regulations about how the service is run.

Records showed the staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. However, some training sessions were slightly overdue, but evidence was available to demonstrate that efforts were being actively made to ensure all training was brought up to date. Regular supervision records and annual appraisals were retained on staff personnel files.

Staff were confident in reporting any concerns about a person's safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people who used the service, or their relatives had been involved in making decisions about the way care and support was being delivered.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected.

Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach her with any concerns, should the need arise.

The management of medications could have been better. People told us they received their medicines in a safe manner. However, we found some omissions in the recording on the Medication Administration Records [MARs] of people we pathway tracked. We have made a recommendation in relation to this.

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?

This service was not consistently safe.

At the time of this inspection we looked at a wide range of records and we found that relevant checks had been conducted before staff were allowed to work in the community. This helped to ensure that only suitable people were employed to work with this vulnerable client group.

A range of risk assessments had been conducted and accidents had been recorded appropriately. However, medicines were not being well managed.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who used the service were protected by the emergency plans, which had been implemented.

Requires improvement



Is the service effective?

This service was effective.

The staff team were generally well trained and knowledgeable. They completed an induction programme when they started to work for the agency, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People told us that care staff prepared their meals well and respected their choices and preferences.

Good



Is the service caring?

This service was caring.

People described staff as, 'patient', 'polite' and 'respectful'. Evidence was available to show people had been supported to plan their own care.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Good



Is the service responsive?

This service was responsive.

An assessment of needs was done before a package of care was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and person centred. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Good



Summary of findings

Is the service well-led?

This service was well-led.

Staff spoken with felt well supported and were very complimentary about the way in which the agency was managed. Records showed that a culture of openness and transparency had been adopted by the agency.

Well organised systems were in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified.

The agency worked in partnership with other organisations and an important aspect of the service was the ethos of sharing relevant information with those who needed to know.

Good



Carewatch (Lancashire West & Central)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 21 October 2015 by an Adult Social Care inspector from the Care Quality Commission (CQC).

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

The registered manager 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. Before our inspection we reviewed the information provided within the PIR.

An Expert by Experience spoke with 12 people who used the service and four relatives by telephone. An Expert by Experience is a person who has experience of the type of service being inspected. This expert had experience in co-ordinating a domiciliary care package for a relative on a daily basis for six years.

We visited six people in the community and were able to speak with a further two relatives during these visits. We spoke with four members of staff during our inspection, as well as the registered manager and a company representative. We also looked at the care records of eight people who used the service and 'pathway' tracked the care of six of them. 'Pathway' tracking is a method we use to establish if people are receiving the care and support they require.

Is the service safe?

Our findings

One person we spoke with commented, “I’ve got no worries at all about these carers. They’re all decent people and treat me very well.” Another said, “I trust all the carers. I’ve got no problems with that.” And a third reported, “They (the care staff) have time to do everything I need and still have time for a bit of a chat before they leave. I really appreciate that.” People told us that if they did have concerns about any aspect of safety or safeguarding they would tell another member of staff, or contact the office. They felt their concerns would always be taken seriously and acted upon appropriately.

Everyone we spoke with told us they felt safe when care staff were in their homes and that their possessions were also protected. They told us they thought care staff performed their tasks in a safe way. One relative said, “The carers have to be very careful with [name removed], because there are so many lines and tubes to avoid, but they do their job very carefully and very well.”

Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Carewatch. One care worker told us, “If I was worried about someone’s safety I would contact the office straight away.” Another told us, “The office are really good. They deal with any concerns straight away.”

Written policies and procedures in relation to safeguarding vulnerable adults and whistle blowing were available at the agency office. These informed staff members about the procedure they needed to follow in the event of actual or potential abuse. A record was available of safeguarding referrals, which had been made by the service. This enabled the registered manager to monitor the frequency and details of any concerning information and to address any issues promptly. However, none had been documented for the previous seven months.

We noted that the policies and procedures of the service covered disciplinary matters and we spoke with staff members about the recruitment procedures adopted by the agency. During our visit to the agency office we looked at the personnel records of six people who were employed

by the service. We found recruitment practices to be robust. Details about new employees had been obtained, such as application forms, written references and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual. These were periodically rechecked to ensure there was no concerning information highlighted, such as recent convictions or cautions.

Thorough interview processes had been followed, which allowed the management team to discuss with the prospective employee any areas which needed further exploration. Staff members confirmed that all relevant checks were conducted before they were able to start working at Carewatch and records seen confirmed this information to be accurate. Records also demonstrated that every year, staff were asked to declare any convictions and to sign an annual declaration of convictions form. This helped to ensure that all staff were deemed suitable to work with this vulnerable client group. One of the records we saw included appropriate disciplinary action which had been taken against a member of staff for misconduct, which showed that staff performance was monitored and failings addressed, as was deemed necessary.

A variety of assessments within a risk management framework had been introduced, so that people were protected from harm. These had been reviewed periodically and included potential hazards, such as slips, trips, falls and drowning. Written policies and procedures were in place in areas, such as none response to visits, moving and handling and controlled risk taking. A policy had also been introduced which outlined care workers’ responsibilities in relation to key holding and the security of premises. This helped to ensure those who used the service were kept safe.

Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Staff spoken with confirmed risk assessments were conducted and these were retained at people’s homes, as well as the agency office.

Is the service safe?

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising.

People who used the service and their relatives told us they thought there were generally enough staff on duty to support their needs. However, two relatives told us they thought there had been a staff shortage for a few weeks recently, which had resulted in unfamiliar care staff arriving and more than the usual number of late calls. One relative said, "I think a lot of staff left recently and that's had an effect on getting our usual carers." Those we spoke with told us that care staff stayed for the allocated amount of time and managed to complete their tasks without rushing, unless they were running very late. People told us that care staff wore uniforms and badges and that this helped when unfamiliar staff arrived at the door. Although one person said, "I wish they would introduce new people (care staff) to you before they come for the first time. It's a bit unnerving when there's a stranger on your doorstep." None of the people we spoke with could ever recall a missed visit.

During the course of our inspection we assessed the management of medications. We saw that there were a wide range of medication policies and procedures in place,

which covered areas, such as self-medicating, prompting and administration of medications, variable dose and covert medicines, controlled drugs, storing of medications, incident reporting and medication training for staff.

People we spoke with, who received support with their medication told us that it was always administered or supervised on time. One person said, "I would forget my tablets if I didn't get help, so it's a God send to have the carers remind me every day." Staff spoken with confirmed they had received training in the administration of medications and records seen supported this information.

We looked at some Medication Administration Records (MARs). These could have been better on occasions. For example, one person was prescribed patches for pain relief. However, the MAR chart for this person did not identify the type of medication patch, the strength of the medication or how often it needed to be replaced and some signatures were missing. Therefore, we were not able to establish if the patches had been applied as prescribed. The MAR charts contained hand written entries, but these had not been signed, witnessed or countersigned, in order to reduce the possibility of medications being transcribed incorrectly.

We recommend that the registered manager ensures MAR charts are always completed in accordance with NICE [The National Institute for Health and Care Excellence] guidance.

Is the service effective?

Our findings

At the time of this inspection there were 103 people who used the service. People we spoke with and their relatives told us they thought the care staff were generally well trained and competent. One person said, "I think they do their jobs very well. They certainly know what I need."

People said they were most satisfied with the care they received from their regular care workers, but there were some reservations about newer, less experienced care staff. One person told us they felt more confident in the more experienced care staff. They said, "Some of the young ones [care staff] seem very nervous and I don't think they've had the experience or training the older ones have had, so I do prefer it when the older ones come." Another person told us, "I'm lucky because I get my regular carers most days and they make sure I'm fine and comfy. They know how to help me best." A relative commented, "Our usual carers are very good, but these younger ones aren't so good."

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 make particular decisions, any made on their behalf must be in their best

interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that policies and procedures were in place around capacity and consent. However, no-one we visited or 'pathway tracked' at the time of our inspection was being deprived of their liberty by means of restrictions placed on them through their care plan. 'Pathway tracking' is a method we use to establish if people who use the service are receiving the care and support they require. Records showed that multi-disciplinary meetings had been held, when needed, to ensure any decisions had been made in the best interest of the individual concerned.

People we spoke with told us their health care needs were being met. Records showed some external professionals were involved in the care and support of those who used the service, so that people received the health care and treatment they required.

All new staff were appointed on a six month probationary period, during which time they could be released, should they not be performing adequately or they could leave, should the job not be what they expected. New employees were issued with a range of relevant information before they started work, which helped them to do the job expected of them. This included items, such as job descriptions relevant to their roles, the code of conduct, terms and conditions of employment and important policies and procedures of the agency.

The training programme for new staff commenced with a company induction, followed by the nationally recognised common induction standards, which spanned a twelve week period. Induction modules included areas such as, health and safety, the role of the care worker, fire awareness, moving and handling, safeguarding vulnerable adults, infection control, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), medication management, first aid, food hygiene, end of life care and dementia awareness. During their induction period staff were expected to complete at least 20 hours shadowing an experienced care worker before they could be signed off to work alone. However, there was flexibility to extend the induction period, should it be felt necessary and this was decided on an individual basis. The registered manager told us that the care certificate for new employees was in the process of being rolled out. Staff members we spoke with told us the information and initial training provided was sufficient for them to be able to do the job expected of them.

We established that the registered manager had conducted several case studies on people who used the service. We found these to be detailed, providing good learning material and specific information for the staff team, which we considered to be good practice. One member of staff said her induction was thorough and she felt comfortable to ask for support and advice, as was needed

Staff spoken with told us they had regular supervision meetings and annual appraisals with their line managers and were observed doing the job at regular intervals. Records showed these covered areas such as, review of work performance, staff training, support and development. This helped to make sure the staff team delivered an effective service.

Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire

Is the service effective?

awareness, safeguarding adults, infection control and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. However, the training matrix we saw showed that some training modules were slightly overdue, but this had been recognised by the registered manager and efforts were being made to ensure all training was brought up to date.

People who had meals prepared by care workers told us their meals, which were microwaved meals or sandwiches, were prepared well and that the staff cleared up after themselves. One person said, "It's a treat having someone make the meal, wash up and then put everything back in its place."

Is the service caring?

Our findings

People we spoke with told us their privacy and dignity was consistently respected and their independence was promoted by a kind and caring staff team. Care workers were described as patient, polite and respectful. People were very complimentary about the care staff, particularly their regular care workers.

Comments included: “These girls are just fantastic. They do a fantastic job”; “It’s like having your own daughter coming to visit you every day. I can’t praise them enough”; “It’s such a hard job and they have to rush here there and everywhere, but, by jove, they do a great job when they’re here”; “I can’t imagine life without them, it’s as simple as that”; “I can’t fault them – they just get on with the job – and they’re always friendly”; “You can have a good laugh with them and they take it all in good heart. And that’s as well as doing their job”; “These carers are life savers. Nothing more and nothing less!” “They’re all very polite, as well as being friendly”; “I didn’t think I’d like having people come into my home and help me, because I’m an independent person, but they’ve really put me at my ease and we all get on very well together now”; “I like to wash as much of myself as possible and the carers let me do that – they just wait outside the shower until I say I’m ready for them” and “I can do less and less for myself now, but the carers are lovely about it and really try and help me to do what I can.”

Policies and procedures incorporated the importance of confidentiality, privacy and dignity and providing people

with equal opportunities, despite their age, religion, race or disability. Other areas covered in the information available were autonomy, independency and advocacy. An advocate is an independent person, who will act on someone’s behalf and support them in the decision making process, should they wish to access this service. We noted that information was provided for people who used the service, in the form of a Service Users’ Guide. This was detailed and informative for its reader, outlining the facilities and services provided by Carewatch. Those who were receiving care or their relatives had signed to indicate this information had been provided to them and that they had understood the contents.

We looked at the care records of eight people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of their relative. They confirmed that a copy of their care plan was retained at their house. The plans of care we saw outlined the importance of respecting people’s privacy and dignity and promoting their independence as far as possible.

Written policies of the agency outlined the procedure staff needed to follow should someone be nearing the end of their life. These included the importance of respecting people’s privacy and dignity. One member of staff told us, “We always respect people’s wishes and their dignity. It is important that independence is promoted, so that people can do things for themselves.”

Is the service responsive?

Our findings

One person we spoke with told us, “I had a few changes [in the care plan] last time [it was reviewed], because I needed some more help in a morning, so that was very good.”

However, another was disappointed, because the last care plan review had highlighted the need for two more visits during the day, but Carewatch had been unable to provide care staff for these visits, so the individual had to approach another agency for those additional two visits. This person said, “I don’t like having two companies, but what can you do if they haven’t got the staff?”

One person commented, “I like to get up late, so my calls are as late as possible in the mornings, which suits me fine.” However, two males, who used the service told us they had informed Carewatch that they preferred male care staff to deliver their personal care, but due to a shortage of male care staff this was not always possible. Both of these men declined personal care from female staff. One said, “I won’t have a woman to help me in the shower, so I wait for my dad to come and help me when he can.” The other told us, “I don’t like having a woman helping me with a shower, so I just have a wash.” Both these people told us they thought Carewatch were trying to employ more male care staff, but had not heard anything recently.

People told us that care staff would listen to them if they wanted their care delivered in a certain way. One person said, “They (the care staff) do listen to you, even to the point of folding up your dressing gown the way you want it. Now, that’s a good service!” Another person told us, “Before they go the carers will always ask you if there’s anything else they can do for you. Sometimes I ask for a cuppa and I get it. That’s marvellous, isn’t it?”

We examined the care records of eight people who used the service. These files were well organised, making information easy to find. We ‘pathway tracked’ the care and support of six of these people. We also chatted with some relatives of people whose records we examined and discussed the care they received. People told us they were happy with the care and support delivered by the staff team.

People told us their care staff were generally on time. However, one person told us of a recent incident when they had contacted the office to cancel a shopping trip, because the care worker was so late in arriving to the person’s

home. There were mixed responses about whether people were informed about a carer who was going to be late. Some people told us they were always informed when this happened and some people told us they were never informed. One person said, “The office rang me just last week to tell me I would be getting a different carer, so that was helpful.” Another told us, “Someone from the office rang to say my usual carer was off sick so they were sending someone else, so at least I knew what was happening.”

The staff personnel records we looked at contained a one page profile of each employee’s interests, likes and dislikes. This was used when matching those who used the service with their care workers, which was considered to be good practice.

Needs assessments had been conducted before a package of care was arranged. These included a support plan from the funding authority, medical conditions, communication methods, any allergies, prescribed medications, life histories, likes and dislikes and what people enjoyed doing. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service. One member of staff said, “We let people choose how they want to be looked after, so that care is provided in the way they want it to be.”

We found the plans of care to be well written, person centred documents and they had been developed from the information obtained at the pre-admission assessment stage and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. Regular reviews of people’s needs and the care they needed had been conducted. This helped to ensure people were receiving the support they required.

The needs of people had been incorporated into the plans of care well, with expected outcomes being recorded. A range of abilities were considered during the development of the care plans. For example, if people were able to answer the door, use the stairs, walk unaided, manage buttons and zips and make snacks and beverages. This helped the provision of care and support to be appropriate to individual needs. A record was made of each visit, so that all staff attending the individual were aware of any relevant information. This helped the staff team to provide continuity of care.

Is the service responsive?

People who used the service and their relatives told us they had enough information about their care plans and that they were involved in the care planning process as much as they wanted to be. They also told us they had regular care plan reviews with a supervisor and that appropriate changes to the care plan were made when necessary. Everyone we spoke with told us their choices around how care was delivered and timings of calls was generally respected. Some people we spoke with told us they received weekly rotas showing who would be visiting them. Most of these people said the rotas were mainly accurate and so were helpful. A few people told us that there were changes at times, so the rotas were not always helpful. One relative said, "I do get a rota, but sometimes there'll be changes and I think the office should let you know about it." People we spoke with told us they were happy that care plan reviews were taking place regularly. They told us that

changes in care plans made at reviews were generally implemented swiftly. One relative said, "I don't have to wait for a care plan review. If I think something needs changing I just ring the supervisor and we can sort it out that way."

People we spoke with told us they would know how to make a complaint, should the need arise. A detailed compliments and complaints procedure was available at the agency office. This was also included into the Service User's Guide, which provided clear information for its readers and incorporated contact details for external organisations, such as the local authority and the Care Quality Commission, should people wish to involve outside authorities. A system was in place for any complaints to be recorded and addressed in the most appropriate way. This enabled the registered manager to assess and monitor the frequency of concerns raised and to identify any recurring patterns. Three people had made a complaint in the past year. One of these people told us this had been handled well by the office and the issue had soon been resolved.

Is the service well-led?

Our findings

The registered manager had been in post for a period of seven years. Positive feedback was received about her management style from all those we spoke with. We found the service focused on a culture of openness and transparency. The service had notified us of things we needed to know and a system was in place, so that such notifications could be closely assessed and monitored.

Most people we spoke with thought the office staff were approachable and could name those they liaised with by telephone, particularly the supervisors. People we spoke with told us they thought any concerns or issues they raised with office staff were taken seriously and they felt these staff tried to resolve issues for them, as quickly as possible. However, three people told us they did not think the communication with the office staff was good. For example, messages were not always passed on and those who used the service did not get to know about changes in staff attendance or late calls.

We saw that recent surveys had been conducted for both those who used the service and the staff team. This enabled people to express their views about the service provided. The results we saw were positive and these were produced in an overall format, for easy reference. Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the agency. Most people we spoke with could recall being sent a survey about the care they received from Carewatch.

At the time of our inspection a full internal audit was being conducted by a company representative. We were told these annual audits could last for up to five days. These audits covered a wide range of areas, such as staff personnel files, care plans, safeguarding referrals,

complaints, health and safety issues, finances and medication management. Records showed that regular unannounced spot checks were conducted, which helped to ensure staff were performing to an acceptable standard and were delivering the care and support people needed.

It was established that a variety of meetings were held periodically for the managers and the staff team. This allowed relevant information to be disseminated and encouraged people to discuss any topical issues in an open forum.

We requested to see a variety of records, which were produced quickly. A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from Carewatch. These were due to be reviewed and updated to ensure current information was provided for the staff team.

Most people we spoke with said they would recommend Carewatch to other people. However, a few had their reservations about this and told us of improvements they would like to see, which included: Better communication. For example, passing on information and being informed of any changes in staff attendance or late calls, sufficient staff to cover additional visits where needed, more male care workers appointed, the introduction of care workers, retention of more experienced care workers and fewer new employees all at the same time. However, following discussions with the registered manager we were confident she was aware of areas for development and was working towards ongoing improvement.

One member of staff told us, "The manager is approachable. She manages the agency well."