

Carewell Limited

# Carewell Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 9 December 2015 and was announced. Carewell Limited is a small domiciliary care service and at the time of the inspection was providing personal care to eight people living in their own homes.

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

People and their relatives were happy with the service they received from Carewell. They told us they felt safe using the service. Risks to people and staff were assessed and managed effectively. Staff had good knowledge and showed awareness of how to keep people safe. They understood the policies and procedures used to safeguard people.

Recruitment procedures were effective and helped to ensure people were cared for by suitable staff. Staff received training to ensure they had the skills to care for people safely and effectively. People received their medicines when they required them and there was a system to manage medicines safely.

The provider had policies and procedures designed to deal with emergency situations. Staff showed knowledge and understanding of how to deal with emergencies.

People's right to make decisions was protected. Staff understood their responsibilities in relation to gaining consent before providing support and care. People and where appropriate their relatives had been involved in making decisions about their care. Their decisions were respected and they felt they had been listened to.

People were treated with kindness, dignity and respect and they were supported to remain as independent as they wished.

Staff were kept up to date with information concerning people or changes to their care. Where concerns were identified regarding a person's well-being, staff contacted healthcare professionals to seek advice. People were supported to have enough to eat and drink when this was part of their identified care needs.

There was an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance. Staff felt well supported, they said they were listened to and action was taken promptly to manage any concerns raised.

Regular feedback was obtained from people using the service. This helped the registered manager to monitor the quality of the service. A complaints policy was available, no complaints had been received in the last year.

## 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.

Risks were identified and managed to protect people and staff.

Staff were knowledgeable with regard to safeguarding policies, procedures and reporting requirements.

Recruitment procedures were robust this helped to ensure suitable staff were employed by the service.

There were sufficient staff to provide safe, effective care.  
Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. Staff understood the need to gain consent before providing care.

Staff received relevant training which was refreshed regularly.  
Staff met with their line manager for support and had their work appraised every year.

Staff sought advice with regard to people's health and well-being when necessary.

Nutritional needs were monitored. Staff supported people to have sufficient to eat and drink when it was part of their care needs.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care.

People were treated with kindness and respect. They were encouraged and supported to be as independent as they wished to be.

People's choice and their preferences were respected.

### Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and were involved in planning their care.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

People felt listened to and the service responded to their views promptly.

### Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. The registered manager was approachable. She listened and acted promptly when necessary.

People and their relatives felt the management of the service was professional and efficient.

The quality of the service was monitored and action taken when issues were identified.

# Carewell Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

We also considered the 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. Ten surveys had been completed by people and/or their relatives and returned. We reviewed the replies they gave to the survey questions.

During the inspection we visited and spoke with one person who uses the service. We also spoke to two relatives and an advocate of people who use the service. We spoke with three members of staff and the registered manager. We also received feedback from one local authority quality and contracts team. We looked at records relating to the management of the service including three people's care plans, policies, three staff recruitment files, training records, the complaints log and accident/incident records.

# Is the service safe?

## Our findings

People were safe. People and their relatives or representatives told us they thought they or their family members were safe. Their replies when asked if they felt safe included, "Definitely," "100% safe" and "Totally." People told us the care staff arrived on time for their visits and if they were ever late there was, "Always a good reason." We were told visits were never rushed and never cut short. People and their relatives told us this had created trust with the service and contributed to them feeling safe. Staff told us people's safety was of key importance and gave clear and detailed explanations of the steps they take to maintain safety for people. For example one told us, "Everything I do from the moment I walk in is about safety." They went on to explain about safeguarding procedures, health and safety, observing people and making routine security checks with doors and windows.

Risk assessments were carried out before any care was provided. Individual risks to people were identified. For example, those associated with moving and handling and medicines. The home environment was also risk assessed and where risks had been identified, they were recorded in people's care files. Information on measures to be taken to reduce or manage those risks were documented and reviewed regularly. Staff told us they made observations at each visit to identify any changes or new risks that may occur. They told us these would be reported straight away. They said whenever they had reported a change, action had been taken immediately to reassess the risk and amend the care plan. Staff told us that information concerning changes to any risks were communicated immediately throughout the care team so everyone was aware of them.

Staff had received training in safeguarding vulnerable adults and refreshed this on an annual basis. Information was on display in the office to remind staff of their responsibilities with regard to keeping people safe and the reporting procedures for any concerns. Staff were knowledgeable with regard to safeguarding and were able to describe the signs that may indicate a person had been abused. For example, they spoke about watching people's reaction to others and changes in their mood as well as physical signs such as bruising. One said, "We keep our eyes and ears open all the time, when you know people well you can see little changes." They explained the actions they would take if they were concerned someone had suffered abuse and how they would report it. They were confident action would be taken about any concerns raised but knew they could report to other authorities outside their own organisation if necessary.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and one member of staff told us they had used the whistleblowing procedure to raise a concern. They confirmed action had been taken immediately by the registered manager. Records showed all appropriate actions had been taken and disciplinary action against a member of staff had followed as a result.

There were sufficient staff to provide safe effective care for people. Duty rotas were prepared by the registered manager who told us no new care package was accepted unless there were enough staff available to cover the visits required safely. Staff told us they had adequate time to travel between visits without rushing. There was an on-call system for out of hours. Staff told us they could always contact the person on-call and if necessary they could call the registered manager for advice.

There was a system in place to manage medicines safely. Records showed medicines administration records (MAR) had been completed fully and when people were supported with their medicines they had received them when they needed them. Staff had received training in the safe management of medicines. Regular refresher training had been undertaken and staff had their skills and knowledge checked during spot checks. A spot check is an unannounced observation of a staff member's skills in the workplace. The registered manager confirmed there had been no errors regarding medicines in the last year.

An effective recruitment process was in place. This helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References were requested to establish behaviour in previous employment and any gaps in employment history were recorded and explained.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. The registered manager described how each accident or incident report was reviewed and monitored but as the service was small there were very few and therefore trends had not been identified.

Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency.

# Is the service effective?

## Our findings

People and their relatives told us they thought the staff who visited them were skilled and knowledgeable about the work they do. When asked if staff were skilled one relative said, "Yes, yes, they are absolutely, perfectly and completely. Caring and capable." While another commented, "...professional and competent in the tasks they perform. We trust them completely and cannot fault them."

Staff received regular training. This began with induction training when they first joined the company and was followed by a period of shadowing more experienced staff. The registered manager told us shadowing continued for as long as necessary. This was until the new member of staff was confident and the registered manager had observed them and was satisfied with the standard of their work. The registered manager told us in future new staff would be taking the care certificate as part of their induction. Staff refreshed their training in mandatory topics annually and all training was up to date. In addition to this, staff had undertaken training in topics related to the people they cared for such as dementia, end of life care and specific medical disorders.

Training was delivered by a variety of methods and staff told us they had a mixture of face to face training, DVDs and eLearning. Assessments of their learning had been carried out and their practical skills were checked by either the registered manager or the care co-ordinator while they were working. Staff had the opportunity to gain recognised qualifications and all staff had gained a National Vocational Qualification in Health and Social Care and/or leadership and management.

Staff felt supported. One staff member said, "Sarah's (registered manager) door is always open without a doubt." Staff had regular one to one meetings with their line manager and told us this was useful. They said they had an opportunity to discuss worries and concerns as well as make suggestions about how things could be done better. Training and development were also discussed and staff were reminded when refresher training was due. A system was in place which ensured an ongoing programme of planned meetings was arranged for each member of staff. Annual appraisals were conducted and provided a time to reflect on the previous year's work and plan for the next. Spot check visits were carried out four to six weekly to check on the practical work of staff. When concerns were identified with any aspect of a staff member's work they were addressed and discussed with them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.



Staff had received training in relation to the MCA. People's rights to make their own decisions were promoted and staff were aware of their responsibilities. Staff sought people's permission before helping them with their personal care. For example, one staff member told us they asked and explained what they were going to do and waited for the person's agreement before doing anything. They told us sometimes people refused care due to their condition, for example dementia. They said if this happened they had received training to help them deal with such situations. They would accept the person's decision but offer the care again later when the person's mood may have changed. They were clear that should the refusal continue they would report it so decisions could be made in the person's best interest if necessary. People and their relatives confirmed that staff asked for consent prior to care being given. For example, "They always ask if it's OK to start."

When required by the assessed care needs, people were supported with their nutrition. Staff told us they assisted people to choose what they wanted to eat and drink before preparing it. They described how they brought things from the fridge or freezer for people to see so they could make an informed choice. They also told us they left snacks and drinks available for people to help themselves once they had left. The registered manager told us people's nutrition was monitored when necessary. She explained this was particularly important for older people who were sometimes reluctant to drink. To help promote extra fluids they made jellies for people which contributed to their fluid intake. They had found this to be more enjoyable for some people who had not been drinking enough. A relative also commented on this and said it had made a difference to their relative and contributed to their well-being particularly during the warmer weather. Staff had received training in safe food handling practices.

Most people either made their own medical appointments or their relatives did this for them. However, staff sought medical advice from health professionals when necessary. For example, they contacted people's GP if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. One relative said they had been contacted to inform them a doctor had been called to their family member when they were unwell.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. One relative told us they and their family member agreed that the service they received was, "Without doubt the best there is." Another said, "Honestly, they are fantastic. On the caring side I have now worries. If they didn't look after (name) I don't know what I'd do." During the inspection we observed the registered manager and the administrator speaking with people and their relatives. They were polite and respectful with friendly banter in evidence with people they knew well.

People were visited by a consistent team of care staff. People and their relatives confirmed they knew the small team of care staff well. They told us they were always introduced to any new staff by either the registered manager or the care co-ordinator. Staff confirmed that they never went alone to a new service user and for the first few visits they always had a senior member of staff with them. The registered manager explained this was to ensure the assessed care needs were being met and a good relationship was building with the service user.

Staff knew people well and were able to tell us in detail about each person's needs and how they preferred things to be done. They said this meant they could provide people's care sensitively, taking each person's wishes and personality into account. Staff felt because the service was small it enabled them to get to know people very well and to keep them as involved in their own care as possible. People and relatives also commented on how well staff knew them and told us the personal interaction they had with staff was valued immensely. One relative commented, "Our feeling is that this is a most important part of domiciliary care services and in this regard Carewell really come out on top."

People were shown respect and their privacy and dignity were protected. Staff gave examples of how they provided privacy and dignity when supporting people. Such as, closing doors and curtains as well as making sure people were covered appropriately during personal care. One member of staff described how they had asked a neighbour to respect the privacy of a service user when they had not knocked before entering. People and their relatives told us staff treated them with respect, one said, "Yes definitely, they respect (name) and give her dignity. They explain what they are doing and always ask before doing anything." Another told us, "They are always respectful and polite."

Staff told us they wanted to provide the best care possible. One said, "We're here to provide the best care we can, we provide the care we would like to be given." Another said, "(We) always want to make things better, we know our responsibilities, I take a lot of pride in what I do, I do the best for everyone."

Staff supported people to maintain their independence and gave us examples such as drying a person's top but giving them encouragement to dry their lower body where they could still reach. People and their relatives confirmed this and told us without that encouragement and support they may not be able to stay in their own home. The registered manager described how they had worked with a person who lived with dementia to enable them to still go out independently.

## Is the service responsive?

### Our findings

People were involved in planning and reviewing their care. An assessment of people's needs was carried out by the registered manager prior to a service being offered. The registered manager explained this helped to ensure the needs and wishes of the person could be met safely and effectively. Reviews were carried out at least annually but there were on-going checks to identify if there were any changes in a person's condition or needs. Where changes were noted they were recorded and care plans updated to reflect them.

Assessments included personal and where appropriate medical history. Details of interests and hobbies enjoyed by people as well as important information with regard to such things as communication needs and mobility were also assessed. From the assessment a personalised care plan was developed. People and their relatives told us they had been involved in this process and had been given choices about their care. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan.

Staff told us they used the care plans to help them understand people's needs. They spoke about every person being different and wanting things done in different ways. For example, one staff member described how a person liked things done in a particular order. Another told us about how they had found out a person had an interest which they liked to discuss and talk about. The staff member said previously they had little knowledge around this but they had taken time learn about it so they could have meaningful discussions with the person. Staff showed an in-depth awareness of how to engage with people as individuals.

The registered manager asked people for feedback on the service in a number of ways. People were asked at their review meetings, during spot checks on staff and through a quality monitoring questionnaire. The quality questionnaire was sent annually. The latest one, carried out in March 2015 gave positive feedback. 100% of people were satisfied with the service, 80% said it was excellent and the remaining 20% said it was very good. In addition to the service's own feedback they also received the results of surveys conducted by the local authority, again this was positive. Comments made on the surveys included, "100% happy" and "Because the service is so efficient and caring I can think of no suggestions for improvement."

There was a complaints policy and a system for recording and dealing with complaints. No complaints had been received by the service in the last year. Staff told us the registered manager encouraged people to raise concerns if they were not happy with something. People and their relatives said they knew how to make a complaint if necessary but had not needed to do so. They told us that if they ever had anything that may cause a little niggle, it was dealt with immediately. The registered manager commented that as the service was small and she had regular contact with all the people who use the service, she was able to deal with things straight away.

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager in post.

The registered manager monitored the quality of the service. People had been asked if they were satisfied with the service and if they would like to change anything. Audits of the service were carried out and included checks made on MARs, communication records and spot checks on service delivery. Staff meetings were held every six months and staff told us they were useful. They provided the team members with an opportunity to come together to share ideas. Important matters about all aspects of the service were discussed at these meetings. Staff told us discussions about improvements took place all the time. One said, "We are a small team so we bounce ideas off each other all the time, we are always looking for new ways to do things or improve."

Staff spoke highly of the registered manager. They told us she was always available to provide support. Some comments made included, "(I) can't fault Sarah (registered manager) for support. She has never let us down. She is always there, things are always sorted (out)" and "Sarah always says she doesn't know everything and is open to suggestions to try different things to make things better (for people)." They told us they felt there was team spirit and they all worked well together.

People and their relatives were also complimentary toward the registered manager. One told us, "The service Carewell gives us is very much dependent on the qualities of Sarah Jane Dulieu. Sarah has a character of warmth and professional competence, lots of good sense and a good general knowledge of caring" while another said, "Sarah is brilliant, they all work together as a team." A comment made on a survey read, "They are professional, efficient and well organised."

The registered manager told us they had an open door policy and encouraged staff to contact them for advice and support whenever they needed to. The registered manager worked alongside staff in delivering care. She felt this gave her an insight into the issues that staff may encounter and helped her to monitor and manage the service. There was an openness and transparency in the management of the service. Staff told us how they were encouraged by the registered manager to say if they had made a mistake and they felt they would be supported to learn from it. The registered manager understood the duty of candour and had information available for staff in relation to this regulation. During the inspection we heard the registered manager give advice and support to staff and it was clear staff who visited the office were relaxed in her company and could approach her to discuss issues.