

Carewatch Care Services Limited

Carewatch (Harborough)

Inspection report

Unit 7 The Point Business Park
Rockingham Road
Market Harborough
Leicestershire
LE16 7QU

Tel: 01858466999

Website: www.carewatch.co.uk

Date of inspection visit:

05 September 2018

06 September 2018

Date of publication:

19 October 2018

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 ●

Summary of findings

Overall summary

This inspection took place on 5 September 2018 and was unannounced.

This was the first comprehensive inspection carried out at Carewatch (Harborough) since they registered with CQC in July 2017.

Carewatch (Harborough) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. On the day of our visit, there were four people receiving supported living and 95 people receiving personal care in their own homes.

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

The registered manager and provider had identified key areas for improvement such as reviews of people's risk assessments, care plans and staffing. The registered manager was receiving support from the provider to meet the actions required to meet the provider's requirements for compliance with their policies and standards.

Risk assessments were in place but these were not always reviewed regularly; people received their care as planned to mitigate their known risks.

People did not always receive care from staff they knew. Although staff worked extra shifts and everyone received their planned care, there were unfilled vacancies. The registered manager was actively recruiting staff.

People received care from staff that had received training and support to carry out their roles. Staff understood their roles and responsibilities to safeguard people from the risk of harm.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's risks assessments were not always reviewed regularly.

There were enough staff deployed to meet people's needs, however, people did not always get regular care staff as there were staff vacancies.

The provider followed safe recruitment procedures.

People received care from staff that knew how to safeguard people from abuse.

Staff followed safe medicines management and infection control procedures.

Requires Improvement ●

Is the service effective?

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Good ●

Is the service responsive?

The service was responsive.

People received care that met their needs.

People knew how to make complaints and the registered manager followed the complaints procedures.

People could discuss their needs relating to end of life care

Good ●

Is the service well-led?

The service was not always well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring systems had identified areas for improvement and realistic action plans had been set. Further input from the provider is required to ensure these actions are met.

People were asked for their feedback regularly.

Good ●

Carewatch (Harborough)

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 checked 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 announced comprehensive inspection took place on 5 September 2018 by two inspectors and telephone calls were made to people using the service and their relatives on 6 September 2018 by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had previous knowledge and experience of home care services.

This was the first comprehensive inspection.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with four people using the service and six relatives. We spoke with the registered manager, the provider's Quality Service Improvement Manager and four care staff. We also contacted the local authority that commissioned people's care who told us they had no concerns.

We looked at the care records for 13 people who used the service including their daily records and medicines charts. We also examined other records relating to the management and running of the service. These included five staff recruitment files, training records, supervisions and appraisals. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring information.

Is the service safe?

Our findings

People told us they felt safe receiving care from Carewatch (Harborough). One person told us, "I feel safe. I have two calls a day, and I feel quite safe knowing they are here and supporting me to start my day safely." Staff had received training in safeguarding vulnerable adults, one member of staff told us, "I'd report any concerns to [registered manager]." The registered manager had raised safeguarding alerts promptly and followed their systems and policies to investigate any concerns as required to do so by the local safeguarding authority.

People's risks had been assessed but these were not always reviewed regularly. The provider and registered manager had identified this in an audit; they were recruiting staff to manage the assessments and planned to have them all up to date by November 2018. In the meantime, where care staff reported changes to people's needs, these risk assessments were prioritised. Risk assessments reflected people's needs, for example, their mobility. People's care plans provided staff with clear instructions on how to reduce the known risks. For example, one person required a banana board to transfer to their chair; care plans gave clear instructions to staff on how to do this safely and without causing damage to the person's skin. (A transfer board - sometimes called a banana board is a piece of equipment that helps a person move or 'transfer' from one seated place to another.) Where people had poor eyesight, the care plans provided guidance on how to prevent falls by ensuring there were no trip hazards. One person told us, "Being totally blind I am fully aware of any trip hazards and the carers ensure that my access and passageways are clear of any obstacles. Before they leave they always tell me they have checked."

People received their care as planned. One person told us, "They [staff] are usually on time and do stay the full time as well." However, people could not always be assured they would receive their care from care staff they knew. People received rotas the week before which told them which care staff had been allocated to them. The rotas showed that some people did not always have regular care staff. One person told us, "I get a rota but this can change. This is my one concern. At night a new one can turn up and I don't know them and it can be unnerving." We brought this to the attention of the registered manager who contacted this person to arrange for them to meet the care staff that would be assisting them with their care.

The registered manager told us there were not enough staff employed for everyone to have a regular team of staff; they were actively recruiting staff. This had an impact on one person who had requested an earlier call so he could attend his hobby, but there were no care staff in their area that could accommodate an earlier call. The registered manager had kept them informed that they would get an earlier call as soon as they had been able to recruit staff. In the meantime, staff regularly worked extra hours to cover for holidays and vacancies. Staff told us when they were late due to traffic or a previous care visit, they would call into the office to ask them to let people know they were running late. One relative told us, "They are normally on time with no missed calls. The office will call us if the carer is held up." People received their care within half an hour of their planned times and care staff stayed the allocated times.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included

written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. Each person's care plan included a fact sheet about each of their medicines to provide staff with all the information they would need about the side effects and reasons for taking the medicines. People were assessed for their capacity to understand how to take their own medicines safely. Where people required care staff to assist them, staff recorded when they had administered their medicines. One person could not remove the tablets from the packaging, they required assistance with this, they said, "My medicines are in a blister pack; when they [staff] come they get them out for me and give them to me to take with a drink, and they do put my eye drops in for me." People had received their medicines as prescribed. Staff had received training in the administration of medicines and their competencies had been checked at spot checks.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Staff used personal protective equipment such as gloves and aprons when providing personal care and washed their hands before and after providing care. People confirmed this, for example, two people told us, "They [staff] always wear gloves and aprons." Care staff recognised when people showed signs of infection. One member of staff said, "I'm mindful of people not being themselves." They informed the registered manager who contacted people's families and their GP.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. For example, the registered manager shared the learning from quality audits, complaints and incidents. For example, where there had been a medicines error earlier in the year, staff had been made aware of how the event occurred and how this could be avoided. The registered manager continued to remind staff of how to keep people safe in weekly bulletins where they provided additional reminders and updated guidance.

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before receiving care from Carewatch (Harborough). The registered manager visited people in their homes to assess their needs and create a plan of care; this was updated as they got to know people or as their needs changed. One person told us, "I do my care plan with them [the registered manager], I make all decision in relation to my care and a copy is here and it is reviewed as required. Any changes I tell them." People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

People received care from staff that had the skills and knowledge to meet their needs. People told us they believed staff were trained to meet their needs. One person told us, "They [staff] know how to use the hoist safely and I am very confident in them using it to move me out of my bed." Staff received training in providing personal care, this included moving and handling, basic life support skills, safeguarding and treating people with dignity and respect. Staff who looked after people with specific needs received training to meet those needs, for example, training in managing behaviour that challenges others, epilepsy and diabetes. One member of staff told us, "I have had training in [feeding tube] and catheters, I can look after [name's] needs."

One person told us, "I am very happy with [staff]. They are respectful and thoughtful and show great knowledge." Staff were pleased with the training they received, one member of staff said, "We are asked what training we would like. We all get periodic training, it's essential as it prevents us getting into bad habits." Records showed that new staff had received an induction which included time to shadow more experienced staff. One member of staff told us, "When I first started I had a week's training and two days of shadowing staff on the run I was going to do, to get to know people. You can have more time shadowing if you need it."

People who required assistance to make their meals received care from staff who had received training in food hygiene. Staff received on-going information from the food standards agency for any specific alerts, such as information about eggs and frozen vegetables. Staff were allocated to people at regular intervals to allow people to have their meals at regular times. People told us they received their meals as planned. One person told us, "They [staff] make me toast or cereal for breakfast with a cup of tea and a microwave meal for tea with cup of tea and ice cream. I am quite able to eat myself they just get them for me." One relative told us, "They [staff] make his breakfast for him, a meal for lunch and meal for tea. He is very happy they are doing this for him as I am." During the hot weather staff ensured people had access to drinks. A relative told us, "He needs a regular supply of water which they ensure he has before they go." Staff reported any concerns about a change in people's appetite to the registered manager.

Staff reported any changes to people's behaviour or health to the registered manager; who contacted people's family or GP. One relative told us, "[Staff] are looking for any health changes, which are fed back to myself." People who received supported living had support to attend health appointments. People were supported by staff that had received basic training in first aid. Staff had information about the signs and symptoms to look out for with people's medical conditions, for example people living with diabetes.

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 so that they can 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 and whether any conditions on authorisation to deprive a person of their liberty were being met.

The registered manager understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. People told us they had given their consent to staff. One person told us, "They [staff] always ask me what I want doing or to eat and won't do anything without asking me first. Even before washing up for me."

Is the service caring?

Our findings

People were very happy with the care and support they received. People told us, "I am extremely happy with the service", "[Staff are] wonderful, all of them. I can rely and trust all of them that sums it up", "All the carers are nice and caring with me", "I am very happy with all of them [staff]. They are all nice polite and caring."

Relatives were also happy with the way staff supported their relatives. They told us, "I have found they [staff] are all very kind and considerate and caring toward [relative] I am most pleased with them all", "All [staff] nice and caring and he has a laugh and joke with them" and "All [staff] nice and kind and he has a good laugh with them so gets on well with all of them."

People had formed a good relationship with staff. People told us staff had got to know them well, one person told us, "They [staff] know me well, all of them. I can rely on and trust them all." A relative said, "They [staff] will even have a sing along with [relative] and bring a smile to his face. One of the staff said that is what we are here for. How good is that." Another relative told us, "[Relative] has always been called [Name] even though that isn't his name but they know this and make sure they call him this when they come. Even the management do."

People's privacy and dignity were maintained. People told us they felt respected, they described how staff ensured their personal care was carried out in private and staff used towels to keep people covered. One person told us they felt respected, "I have a body wash or sometimes a shower if I wish. When washing or showering me I am kept covered up and they [staff] also close the door behind them and keep near to me because of my giddy spells."

People were supported to remain as independent as possible. One person told us, "When I have a shower, I can do myself but suffer with partial sight so the carer stands outside the shower room until I call her to get me. Most respectful."

The provider had policies and procedures which considered people's diverse needs. People told us they did not experience any discrimination. One person said, "[Staff] and the [service] are all exceptionally fair, and [I experience] no discrimination in relation to my condition at all."

There was a person-centred approach to the service offered and how the service was run. People's care plans demonstrated how the registered manager had taken time to get to know them and involved them and their families in planning their care. This included their interests and their needs; the care plans were adapted to meet people's individual needs. When people had time critical appointments, or family were unable to provide their usual support; the registered manager adapted the rotas to ensure people received additional support to meet their needs. One relative told us, "The carers do extra little things like washing up and the office, if I call them, are always happy to accommodate anything extra I ask for."

People had varying levels of communication skills and abilities. Staff had taken time to get to know people to enable them to understand unclear speech and hand gestures. One relative told us, "[My relative] cannot

communicate too well but understands and will put his thumb up. The carers communicate well and make him laugh. They are very kind and considerate." Staff described how they used signing to communicate with this person, they told us, "[Name] has very expressive eyes."

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. Two people told us they were involved in their care planning, one person said, "I have full input into my care plan as I don't have any relatives nearby. They [staff] come and talk to me about it and a copy is kept here." Relatives told us they had copies of the care plans kept at their relative's homes. One relative told us "I have full input into all his care for him. He wouldn't be able to due to his condition."

People's care plans had been reviewed as their needs changed. Staff received regular updates about changes in people's care needs. The registered manager maintained an on-call system for staff to call in case of emergency or concerns outside office hours. The calls were logged on internal journal and emailed to the registered manager to action. Daily records were maintained to demonstrate the care provided to people. People told us they received their care as planned. One person said, "I have two carers to hoist me and I always have one with me to take me out." A relative told us, "[Staff] encourage [relative] to do his exercises to keep him going."

People's care plans were person centred, identifying people's background, preferences, communication and support needs. People told us the care and support they received met their needs. One person told us, "They [staff] take me out on my electric wheelchair every Tuesday and take me bird spotting which I like and have done since I was a kid."

During the winter months people living in rural areas were at risk of not receiving their care. The registered manager had worked with the local community to arrange for staff to be transported in suitable vehicles. This was a local initiative. The registered manager told us, "During bad weather we have in the past worked Leicestershire 4x4 teams to ensure that every customer receives a call. Heavy snow can sometimes mean customers in isolated places are difficult to reach, this team of volunteers and our connection ensures everyone gets visited."

People living in supported living had a regular team of staff that provided support and guidance for people to achieve a good quality of life. People expressed their wishes and aspirations; staff helped them to achieve these. For example, four people wanted to go on holiday together, eight of their regular staff took them abroad which they all enjoyed. They were planning further trips. People were continually supported to take part in activities they enjoyed such as bowling, horse-riding, and cinema.

The registered manager was aware they could take action to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint. People told us they had not had to make a

complaint. Where people had made complaints, the registered manager had responded in line with their policy. The registered manager also met with people and their relatives to further understand people's issues and worked collaboratively to find solutions and improve people's care. For example, one person did not get on with a member of staff, the registered manager took time with the person to understand the problem, and arranged for different staff to provide their care.

People could discuss their needs relating to end of life of care to make their preferences known in an advanced care plan. The registered manager planned to work with health professionals to understand whether people wished to remain in their homes or receive care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

There was a registered manager who had managed the service since it registered with the Care Quality Commission on 31 July 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager understood and carried out their role of reporting incidents to CQC.

The registered manager had until recently managed two services. In spring 2018, the registered manager only managed Carewatch (Harborough). They told us, "It's a relief, I know this service very well. It's where my heart is. Customers are my main focus" They told us they were very happy to be managing this branch as they knew the service and the staff very well.

The provider had worked with the registered manager to assess the quality of the service. They had established there were key areas for improvement including reviewing people's risk assessments, update care plans and recruit more staff. The audits had identified all areas that required improvements and action plans had been created with realistic dates for targets to be achieved. The provider's Quality Service Improvement Manager told us they allowed 12 weeks between the initial internal audit and retuning to the branch to complete an audit review to monitor and access progress made; as it needed time and personnel to make the required improvements. This meant the provider believed the service required a twelve week plan to ensure all areas of the service were compliant with their policies and procedures.

The registered manager had identified that the lack of key staff such as care staff in the Corby area, quality officers and staff to maintain the rotas. The registered manager told us, "It is very difficult to recruit care staff in Corby who drive." The registered manager was currently maintaining the rotas and assisting with assessments but recognised this was not a long-term solution. The provider's quality improvement manager told us, "We have escalated our concerns to senior management about the problems the vacancies are causing. We are exploring if we have the capacity to lend staff from other branches." The registered manager received peer support from other branch managers within the provider's services. Continued support and resources are required to assist the registered manager to achieve the action plan.

A high number of staff had been employed by the service for many years and had been managed by the same registered manager. Staff respected the registered manager and told us they wanted to ensure people get the best care. One member of staff told us, "Every time I contact [registered manager about any issue] I always get a good response." Another member of staff told us, I am proud to work for [registered manager] as they are always there to support you. They have client's needs at the middle of everything."

People receiving care thought highly of the registered manager. Two people told us, "[Registered manager] is very nice. You can talk to her about anything", and "[Registered manager is very approachable and available about anything." One relative told us the service was, "Very well led and managed in my opinion."

The registered manager sent newsletters to staff to highlight training opportunities, changes in staff or any issues regarding policies such as providing car insurance documents. They also highlighted people's birthdays and sent cards to each person. The newsletter also celebrated staff achievements and sent useful reminders, such as closing people's curtains and leaving the lights on in the evening if leaving people's homes before it gets dark in the evenings.

The registered manager had carried out feedback surveys monthly. Of the 95 people receiving care, 65 people had been asked for their formal feedback between January and June 2018, 18 people replied. The results from these surveys demonstrated that people's issues had been resolved and people were increasingly happy with the level and quality of care they were receiving. One person told us, "I have found them all most supportive in the short time we have been with them."

Staff had not held team meetings in 2018. However, there was evidence of specific meetings for staff groups connected with improving care for specific people using the service. The registered manager recognised that staff meetings would be useful to pass information and share experiences. They told us these would take place as soon as the staffing issue was resolved.