

Premier Care (Midlands) Limited

# Carewatch Wyre Forest

## 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

We carried out an unannounced comprehensive inspection of this service on 26 June and 28 July 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulation 17 and regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We undertook this inspection on 16 June 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered manager was in charge when we inspected the service. Registered managers 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. This service was not required to have a registered manager in post. The service supported 39 people with care in their home when we inspected.

People told us they felt safe with staff in their home. People were supported by regular staff that visited them and who they felt safe to be around. Staff understood the signs of abuse and understood that any concerns they had would need to be reported. Staff understood who these concerns could be reported to. The registered manager understood their obligations and ensured staff training on the subject was up to date.

Staff understood people's health conditions and the associated risks to their health. People were supported by staff that had been employed following recruitment processes that included background checks to assure the registered provider of their suitability to work at the service. People were supported by the correct number of staff and staff attendance at calls was monitored by the registered manager through an electronic call monitoring service. People's support to take their medicines was also reviewed regularly. Staff were made aware of any changes in how they needed to support people if this was relevant.

People received care from staff who received regular support and training. Staff could attend supervision meetings where they were able to discuss areas of people's care they were unsure of needed guidance on. People were involved in their care so that their consent was obtained and they understood what staff were doing. Staff understood the importance of obtaining a person's consent and benefitted from training on the subject. People were involved in making choices about the meals and drinks prepared for them. Staff ensured people were given access to drinks and had plenty of fluids.

People's care needs were updated regularly and people's preferences were known and understood by staff. People were familiar with staff who regularly attended their calls. People told us this helped them because staff knew how they liked things completed. People's privacy and dignity were respected in ways that were

important and individual to them. People understood they could complain if they needed to and that there was a process for raising complaints. The registered provider had a system for recording and responding to complaints as well as analysing trends in complaints.

People felt comfortable contacting the office and speaking with the management team. They knew some of the people working at the office because staff had either visited them in their home or called to speak with and check they were happy with their care. The registered provider had reviewed and improved systems since the last inspection to ensure people had a positive experience of care. Improving staff satisfaction had also been addressed by the management team. A number of initiatives were being implemented to make reviews of people's care more rigorous.

At this inspection people reported that they had a positive experience of care. Systems and processes had been improved to make it easier for the management team to monitor, review and update people's care.

## 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.

People felt comfortable with staff in their home. Staff understood how to keep people safe. People's medications were checked to ensure they received them as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to do their job with regular supervision and training. People were cared for by staff who understood people's health and how to obtain their consent. People were offered choices about their care and the meals and drinks prepared for them.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked and who they considered as friends. People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were consulted regularly in order to ensure their care met their needs. People understood they could complain if needed and the process for doing so.

### Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. The registered provider had reviewed and updated systems to improve people's experience of care.

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# Carewatch Wyre Forest

## **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 16 June 2016 and was announced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to four people using the service as well as three relatives. We also spoke with three staff, the registered manager as well as the quality manager.

We reviewed four care records, the complaints folder, recruitments processes, minutes of team meetings as well as monthly checks the provider completed. We also reviewed two staff recruitment files.

# Is the service safe?

## Our findings

At our last inspection on 26 June and 28 July 2015 people told us they did not get the care they needed because there were staff shortages. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider produced an action plan and we saw improvements at this inspection. At this inspection, people told us their experience of care was far more positive and that they no longer experienced the same difficulties.

People told us they knew the staff that supported them and that they felt safe with the staff in their home. All the people we spoke with spoke confidently about feeling safe around care staff. One person told us staff were, "Like part of the family."

Staff we spoke with told us they had received training on safeguarding people and understood the different forms of abuse that could take place. Staff told us if they were concerned about something they would discuss it with the registered manager or with their line manager. The registered manager explained they had always discussed issues with the local safeguarding team when they were unsure whether something needed to be referred to them. We reviewed notifications sent to us prior to the inspection and saw that where appropriate; referrals had been made to safeguarding teams at the local authority.

People told us staff attended for the duration of time they were supposed to. One person told us, "They're never really late. If on the odd occasion they are, they always ring me and let me know. One person told us, "They come about the same time." Call attendance times were monitored through an electronic system that highlighted to the registered manager if staff had attended calls late or if they failed to attend. Office staff could then arrange for the call to be picked up another staff member so that the person was never left without care.

Staff we spoke with told us there were enough staff to meet people's needs and that the registered manager was continually recruiting so that they had a surplus of staff and had a contingency of staff to rely on to cover staff leave or sickness.

Some people told us they lived with diabetes. Staff understood the health risks people lived with and they accessed this information from people's care plans and from speaking to people. We reviewed four care plans and saw this information and other risks people lived with detailed for staff to refer to. Staff demonstrated their understanding of risks to people's health by describing some of the symptoms people lived with. For example, for people living with diabetes, staff ensured people always had a drinks prepared for them before they left. Some people also lived with a disability and people told us staff ensured they had access to any equipment they needed.

The registered provider completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices. Two staff files we reviewed demonstrated the registered provider had a

system for ensuring they completed background checks on people prior to them commencing work.

Some people were supported to take their medicines. People told us they were usually supported to take their medicines at the same time. One person told staff, "Always come in the morning and get my dosset pack [medicine organiser] ready for me." We reviewed how the registered provider checked people received their medicines as they should. We saw that monthly checks were undertaken and any anomalies were highlighted to staff. Where appropriate, training was offered to staff to ensure they followed the registered provider's system.



# Is the service effective?

## Our findings

At our last inspection, staff told us they did not always receive the training and support they needed to support people effectively and we rated this area as Requires Improvement. At this inspection staff reported that things had improved for them.

One staff member told us, "We get plenty of training. I've got training booked next week." All the staff we spoke with told us, they could access further training if needed and they felt confident this would be provided. Staff we spoke with told us they felt supported and attended regular supervision meetings. One staff member told us they had worked with the service for a period of years and felt supported. They told us they could speak with any of the management team about people's care and would get the guidance they sought.

The 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. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

We looked at the way the registered provider was meeting the requirements of MCA. The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They told us if they did consider someone needed help with making a decision, their process was to speak with the local authority and relevant stakeholders about getting the person the help they needed. The registered manager told us they had undertaken training and that staff had all had updated training.

Staff we spoke with understood the importance of obtaining a person's consent. One staff member told us they had received training on consent, but if she was unsure of anything would contact the office for advice and support. Another staff member explained how they respected people's choices, they said, "You can't make people do anything they don't want to."

People told us staff would help them access medical help if they needed. One person we spoke with told us there had been an occasion when staff had become concerned for them and had offered to call out the ambulance. Another person told us, staff knew them well and if they were ever not feeling well, staff often asked them if there was anything they could do.

People told us staff offered them choices in the drinks and meals they prepared for them. People we spoke with told us staff always asked them about drinks and ensured they had a drink prepared for them before

they left. One staff member we spoke with told us, "I always ask them what they would like for breakfast when I get there." People that were supported with their meals told us they were happy with the support staff offered them.

## Is the service caring?

### Our findings

People told us they liked the staff supporting them and that they had a good relationship with staff. One person told us staff were, "Wonderful." Another person told us staff were, "Amongst the best."

People told us that regular staff attended their calls and that this made it easier for staff to understand their needs. People told us they developed good relationships with staff because they saw them regularly. One person told us, "The staff are brilliant. We know all of them." The person was then able to describe staff and their individual personalities.

People told us they were given choices about their care and that they had regular review meetings with senior staff. People felt able to discuss their care requirements with staff. One person told us that staff always liked to check what they wanted completing that day. One person also told us that staff always asked them, "Is there anything else you want doing?" before they left. Another person told us that staff, "Would do anything to help me."

Staff we spoke with could describe people's like and dislikes and personal preferences. Staff were able to describe people's routines because they regularly cared for the same people. For example, staff knew when people's families were likely to visit on which days and chatted to them. One staff member told us they knew which people liked a bath on a particular day and which soaps they preferred and they had developed this understanding over time.

People told us they were treated with dignity and respect. People told us about how staff made them feel valued and respected. One person told us staff always spent time with them and chatted to them as they did not get many other visitors. One person told us staff knew exactly how they liked to be washed and supported the person accordingly.

Staff told us about how they treated people with respect. One staff member told they treated people how they would expect their parents to be treated and this made them empathise with the people they supported. Another staff member told us it was about ensuring people felt relaxed and comfortable in their company and that people did not feel as though staff were complete strangers.

## Is the service responsive?

### Our findings

At our last inspection, people told us they did not always receive the support and care when they needed it and we rated this area as Requires Improvement. At this inspection people reported that things had improved for them.

People told us they discussed their care needs with one of the management team before their package of care started and that they had regular discussions to ensure they received the care they needed. They told us they listed all the things they would like staff to help with such as having a bath and some help with their meals. They told us they explained to staff how they preferred things completed. For example, one person told us about some of the things they didn't like eating.

Four care plans we reviewed detailed for staff what support people needed. Staff we spoke with told us they referred to care plans to understand people's needs and supplemented this knowledge by speaking with people and their families.

People told us if they wanted to make changes to their support they could speak to the registered provider about doing this. One person told us they asked for earlier calls because they needed to get ready for another commitment they had. They told us this was arranged without delay. Another person we spoke with told us they had asked for extra hours of care and that this had also been arranged for them. People we spoke with felt assured that they could have care arranged that met their needs and circumstances.

The registered provider had a number of ways in which they gained feedback from people using the service. People were asked to complete questionnaires and also received calls from the office to check they were happy with their care. One person we spoke with told us, "They came out a few weeks ago to check everything was alright and that I got everything I asked for."

Four care plans we reviewed demonstrated how staff recognised and raised concerns about a person's welfare with the registered manager if needed. We reviewed four people's daily records and saw if a staff member became concerned for a person, they would record it so that the next member of staff would take this into account when supporting them. For example, one person was noted as having a raised temperature. A note was left for the next staff member so they were aware of this.

People we spoke with knew they could complain if they needed to. They understood that they could either call the office and speak to the management team or speak with one of the care staff. One person told us that they had previously called the office to complain about staff arriving late but this had been resolved and since then, there had been no repeats of the incidents. Two other people we spoke with told they had not complained but that they had been visited by a Senior Care staff member who had checked they were happy with their care.

We reviewed how complaints were recorded and responded to by the registered provider and saw there was a process in place. We saw that complaints were acknowledged, investigated and responded to in line with

the registered provider's process.

## Is the service well-led?

### Our findings

At our last inspection on 26 June and 28 July 2015 we found the registered manager and provider did not make regular checks of the service and had not ensured high quality care had been delivered. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider produced an action plan and we saw improvements at this inspection. At this inspection, we saw the registered provider's system had been reviewed and strengthened and that people's experience of care also improved.

People we spoke with were familiar with the management team and could name senior care staff they had met. One person told us they knew the senior carers because they had been to see them and they had completed their calls when their usual staff were away. People we spoke with told us they could call and speak with a member of the office team and that their query would be resolved. One person told us their experience of care with the service had improved recently and that their confidence in the provider's management team had also improved.

Staff we spoke with described an improved relationship with the registered provider and the management team. Staff described having more access to senior staff as well as the management team. Staff told us supervision meetings took place more regularly. One staff member told us, "I love my job". Another staff member told us they found the management team helpful and always willing to help. Three staff we spoke with all told they received their rotas well in advance of calls and that they received plenty of information about people in order to care for them. Staff we spoke with felt able to contact the management team and discuss people's care if they were unsure about anything.

The registered provider told us that since the last inspection, they had used the opportunity to review how they delivered and monitored care as well as better understand people's experience of care. The provider had invested in IT software that recorded information about the people they supported so that they could review and analyse the information to better meet their needs. For example, one of the reports staff could run was on trends in complaints so that if patterns emerged, these could be quickly addressed. Another way in which the provider had sought to improve care was following the last inspection report when they contacted all the people who used the service to get accurate feedback on the care being delivered. A combination of questionnaires, visits and telephone calls were all used. The registered manager told us that since the last inspection, calls to people about their care had become more frequent to try and trouble shoot where necessary.

People we spoke with told us that since the last inspection, they had either received a visit or call to discuss their care. One person told us they had been pleased to see that staff wanted to check the care provided met their needs.

The provider told us they had also listened to staff concerns and had improved how they communicated with staff and made staff feel valued. The quality manager told us about how all office based staff now wore uniforms and that this had helped them feel part of a team. They had also looked at ways in which to

support staff with childcare costs in order to improve staff retention and team morale. Other ways the registered provider told us they tried to improve communication was by having a monthly staff newsletter and an 'Employee of the month' award to encourage staff to feel proud of their contribution.

The registered provider completed a number of monthly checks to assure themselves of the quality of care being delivered. Timesheets, Medical Administration Records, care records and daily logs were all reviewed monthly. Regular management meetings were also held where discussions included what action needed to be completed. These were reviewed on a weekly basis so that the management team were clear about what was expected of each other.

The registered provider kept their knowledge up to date by regularly attending events organised by the local authority. The registered provider had attended a number of conferences and training courses to understand all the latest developments.