







# A Peel Limited Carewatch (North Birmingham)

## Inspection report

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## Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

## Overall summary

This was an announced inspection, which took place 20 and 21 January 2015. We gave the provider 24 hours notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to be sure that staff would be available. We last inspected the service on 17 April 2014; there were no breaches of legal requirements at that inspection.

Carewatch North Birmingham is a privately owned service, which provides a personal care service to people living in their own homes.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

All the people we spoke with said they received a safe service. Clear procedures were in place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People told us that they felt that there were enough staff employed to meet their needs and offer them a reliable and flexible service. Everyone that used the service and their relatives felt the staff that supported them were trained and competent. Staff received the training development and support needed to ensure they did their job well and provided an effective service.

The provider had not ensured all staff had sufficient understanding of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) to ensure that they protected people's rights. The provisions of the MCA are used to protect people who might not be able to make informed decisions about the care or treatment they receive.

People told us that where required staff supported them with their nutrition and health care needs. All the people spoken with told us they had a good relationship with the staff that supported them. People said they were able to make decisions about their care and were actively involved in how their care was planned and delivered. People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so people were confident they were listened to and their concerns taken seriously.

Everyone spoken with said they received a good quality service. The management of the service was stable, with robust processes in place to monitor the quality of the service. People were asked to comment on the quality of service they received and the information was used to improve the service.

# 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?

The service was safe.

People said they received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

Good



### Is the service effective?

The service was not consistently effective.

Staff did not understand current guidance on how to protect people's rights.

People said they received effective care and support and staff were trained and supported to ensure they had the skills and knowledge to support people.

People were supported with food, drink and health care needs where needed.

Requires Improvement



### Is the service caring?

The service was caring.

People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People say they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints.

Good



### Is the service well-led?

The service was well led.

People said they received a good quality service.

The service was monitored to ensure it was managed well. The management of the service was stable open and receptive to continual improvement. A longstanding registered manager was in place and all conditions of registration were met.

Good



# Carewatch (North Birmingham)

## 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 20 and 21 January 2015 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

During our inspection we looked at the information we held about the service. This included notifications received

from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also reviewed regular reports sent to us by the local authority that purchase the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with five people that used the service, eight relatives, six care staff, one supervisor, a care planning officer, the registered manager and the office manager. We looked at, safeguarding and complaints records, compliment cards and sampled four people’s care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, minutes of staff meetings, completed questionnaires sent to the service and quality assurance records. We spoke with two health and social care professionals, to see what information they could tell us about the service.

# Is the service safe?

## Our findings

All the people that used the service and relatives spoken with told us that people received a safe service. One person told us, “Oh yes very safe and happy with the service.” Another person said, “They are all fine and treat me very well.” A relative told us, “[Person’s name] feel safe.”

There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff understood how to report concerns and told us how they would ensure these were acted upon. A member of staff said, “I report any suspicions to the office, no matter how minor. It’s always better to be safe than sorry.” Where incidents pertaining to people’s safety had occurred the registered manager kept us informed, and records looked at showed that staff followed the provider’s procedure to keep people safe.

People spoken with said they were confident in the staff ability to support any identified risks to their care. People told us that someone came out to discuss and assess their care, which included undertaking risk assessments. One person told us, “I have a walking frame and they always make sure that I have the frame, so that I am safe.” A relative told us, “We are now having a new risk assessment to ensure all equipment was in place. There is a risk of falls and staff are very much aware.” All staff spoken with said that risk assessments and risk management plans were available in people’s homes to tell them how to care for people safely. Records looked at confirmed this and we saw that risk assessments were reviewed regularly. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt review was undertaken to ensure the person using the service was safe. A senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation.

Everyone spoken with told us that there were enough staff to ensure people received a reliable and safe service. People and relatives told us that the staff were reliable and that visits were never missed. One person told us, “I don’t always get the same person, but they don’t miss visits.” Another person said, “They are reliable, no missed visits, so I think there is enough staff.” Someone else commented, “I think they have enough staff, because I get all my calls regularly and they have never let me down as yet.” The manager told us that there was a zero tolerance to missed visits and all staff received their weekly rotas in person and are required to sign confirming they will undertake the visits. Staff spoken with confirmed this to be the practice and most said there were enough staff available to provide the service. A member of staff commented, “No one is ever left without care. There are no missed visits, if we miss visits, this leads to disciplinary and we are all aware of this.” The managers and senior staff spoken with said they were available to undertake any visits that staff were not able to do, so there was flexibility in the system to ensure enough staff were available. This indicated that there were enough staff to meet the needs of people and provide a reliable service.

All staff spoken with said all the required recruitment checks required by law were undertaken before they started working and that they received an induction into their role. Records looked at confirmed this. This showed that the provider ensured that staff were suitably recruited to support people.

People received safe support with taking their medication where required. People that required support with taking their medication told us that where this was part of their care, staff always gave them the necessary support needed. One person said, “They always make sure I take my medication. They haven’t missed any medicines.” Medication administration records looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures.

# Is the service effective?

## Our findings

Everyone that used the service and relatives that we spoke with said they thought the staff were well trained and knowledgeable. One person commented, “They use the hoist and they do it safely and they do this well. So I think they are trained.” A relative said, “They are trained. They meet [person’s name] needs.” Another relative told us, “They are trained and have a load of experience. They understand [person’s name] dementia and know how to work with [person’s name].” This indicated that staff demonstrated their skills and knowledge when caring for people, so that people were assured of their competencies and ability to care for them.

All staff spoken with said they had the training needed to enable them to perform their role. A member of staff told us, “The training definitely equipped us to do our job. We wouldn’t be able to do the care if we didn’t have the training.” Another staff member told us, “They are always sending us on training.” All staff said they received supervision and appraisal and attended team meetings to support them to do their job. This showed that staff felt they were trained and supported in their role. However, of all the staff spoken with told only one person said they had received Mental Capacity Act and Deprivation of Liberty Safeguarding training.

Everyone that used the service, spoken with said staff sought their consent before providing care. One person told us, “They always ask me what I want done; they don’t do anything without my consent.” Another person said, “They discuss the care with me and I give my consent.” All staff spoken with said they ensured that they explained things to people and always sought their consent before providing care and support.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires

domiciliary care providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty through the Court of protection. Where it is indicated that people lacked the capacity to make informed decisions about their care and support.

The registered manager said that no one using the service lacked the capacity to make decisions about their care, and records sampled confirmed this. However, staff spoken with had not received training in this area, and was not aware of how the legislation affected their practice. The registered manager was not aware of the High Court ruling relating to protecting people’s rights in line with the legislation. This meant that potentially the rights of people that may use the service could be compromised.

We spoke with some people who received support with managing their meals. All said that the staff offered the support they needed and had no concerns about how they were supported in this area. One person said, “They always help me with my lunch.” All staff spoken with were aware of how to support people who may be at risk of not eating or drinking enough to keep them well. They said they would report any concerns and ask the person’s permission to call the doctor and encourage them to have fortified drink and food supplements. This showed that where required, staff supported people with managing their meals, and was able to identify and take action where risks to people’s health through poor diet and fluid intake were indicated.

People spoken with said they were independent and could call the doctor themselves if needed. However, all said they were confident that staff would contact the doctor if they were not able to. One person said, “I can contact the doctor myself, but if I was ill and couldn’t do it they would do it for me.” Another person told us, “If I was poorly, they would call the doctor. They always say if you need anything [person’s name] let us know.” A relative told us, “If mom is unwell they tell me. They will tell me if they are worried about mom’s health.”

# Is the service caring?

## Our findings

All the people we spoke with said they had a good relationship with the staff. One person told us, “They always have a chat and say hello and I look forward to seeing them.”

Someone else said, “Caring, staff they have a chat and a laugh with mom.” A relative said, “My wife has a good relationship with the carers they are very attentive and keep [person’s name] occupied. They are definitely caring without a doubt. They are as much concerned about me as they are about my wife.” Another person said, “Staff are caring, very caring, nothing is too much for them. I can’t praise them highly enough. They go out on a limb sometimes.” We saw compliment cards that had been sent to staff from relatives describing the care and compassion that was shown by staff. One card read, Thank you all for being there for my mother. When I needed advice and care... I shall recommend you to other people when they need care.” Another card read, “...you are all angels.”

People spoken with said they had information about the service to help them to make up their mind about whether or not to use the service. One person told us, “I Have all relevant information about the service.” Records showed that people had a service user guide, which could be made available in different formats if required. The manager said they had access to a translation and interpreting service, so they could get the service user guide translated into different languages if required. People spoken with said

that staff listened to their wishes and did as they asked, so that care is delivered in line with their expectations and wishes. One person said, “If I want anything done they will do it.”

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, “They respect my dignity, and help me to keep independent.” Another person told us, “They are very good and help me a lot. If they didn’t come I would have to go into a home, so they help me to remain independent and living in my own home.” A relative told us, “They close doors and curtains so privacy and dignity respected.” Another relative said, “The ethos of the service is to enable the person to be as independent as possible. “They explain, suggest things and are patient to [person’s name].”

All staff spoken with gave good examples of how they ensured people’s privacy, dignity and independence were maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. We saw that maintaining and respecting people’s privacy and dignity was a regular topic for discussion at staff meetings and we were told that there were two designated member of staff that were dignity champions. Staff said they ensured people did as much as possible for themselves, so they were able to maintain their independence.

# Is the service responsive?

## Our findings

Everyone spoken with said they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. One person told us, "There is an assessment and care plan and they have delivered to the plan." Another person told us, "They know what I like and what I don't like." Someone else said, "They do an assessment and if anything has to be changed they do re-assess and I am involved."

A relative said, "We did request someone of mom's own culture, due to mom's dementia but they were unable to provide it, but they are patient with mom, so I don't have any concerns." Another relative told us, "They provide care to meet [person's] needs. My sister has the same carer as far as possible, which we are grateful for and they know my sister well."

One relative told us how staff were reviewing their relative's assessment and care plan, so that they were able to determine if the correct equipment was available to offer additional support to the person and meet their needs. Another relative told us how staff supported a person that had communication needs. The relative told us, "Although [person] can't speak they have a laugh with them and

communicate with them well. ...The banter between [person's name] and the staff is good to see." Records looked at showed that people's specific needs were taken into account in their assessment, where this was relevant to their care and support. A social care professional told us, they found that staff worked in a person centred way and went above and beyond the call of duty to support a person who had non-verbal communication. The social care professional also told us the person was reliant on staff to anticipate and understand their needs and staff did this well.

All the people we spoke with knew how to complain about the service. The majority of people said they had never made a complaint as they had no reason to. Where people had raised concerns they all said they were dealt with to their satisfaction. One person said, "They deal with concerns if raised." Another person said, "Not made a complaint. I would complain to the co-ordinator who has been very helpful, any worries I phone [staff's name] as [staff's name] is very good." Another person told us, "At the beginning we made a complaint, they did address it. I am confident they would deal with any complaints. They communicate with me so my sister has the best of care." All staff spoken with knew how to raise concerns on people's behalf. Records of complaints sampled showed that they were investigated and responded to in line with the provider's policy.



# Is the service well-led?

## Our findings

All the people that used the service, relatives and health and social care professionals spoken with were confident they could contact the manager and senior staff at the provider's office at any time. All said they had open communication with staff. People knew the managers and senior staff by name and said that these members of staff had visited them to provide their care, so they were familiar with them and felt comfortable in approaching them with any concerns they had. One person told us, "Well managed service. They deal with concerns if raised. I deal with the person doing the assessment and [staff's name], who is the manager and will be dealing with [staff name], who is the trainer." A health care professional told us, "They communicate effectively."

All the people and their relatives we spoke with said they received a good quality service. One person told us, "Yes they are professional, well managed and organised." Another person told us,

"As far as I am concern my wife deserves the best, and I am not going to put up with second best and I get the best service from Care Watch." Someone else said, "Absolutely well managed, I would have changed the service if I wasn't happy, so yes I am very happy."

People told us they were asked if they were happy with the service during their care review. One person said, "They do ask if I am happy when they do the review." Another person told us, "They do ask if we are happy with the service. I tell them they don't need to keep asking as they are doing a perfect job." Records looked at showed regular review of people's care and that people were able to give feedback

on the quality of the service at each review meeting. In addition, we saw that people were asked to give feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service.

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff said the managers were open and accessible to them and that they visited the office at least once weekly, so were able to raise concerns as they wished. This ensured staff were able to put forward ideas on improvement to the service.

There was a registered manager in post with no changes of managers so the management of the service was stable. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. We saw recent a copy of a recent annual audit undertaken by a member of staff from the organisation's head office. This identified gaps in the systems and we saw that an action plan had been put in place to action these gaps. We saw that various processes were in place for internal monitoring of the care provision. This included auditing and monitoring of care records, medication records, staff time sheets, spot checks on staff to ensure they were working to standard. We saw that complaints received were analysed for trends and learning. All the records we saw were in good order, up to date and demonstrated that people received a service that was well managed.