Quod Curamus Limited

Carewatch (Mid Bucks)

Inspection report

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Date of inspection visit:
28 September 2016

Date of publication:
03 November 2016

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 28 and 29 September 2016. It was an announced visit to the service.

Carewatch is registered to provide personal care. It supports people in their own homes in Buckinghamshire. The Head Office is located in the town centre of Wendover. At the time of our inspection the service was supporting approximately 100 people.

We previously inspected the service on 24 February 2014. We found the provider was not meeting two of the five standards checked at the time. We found breaches of Regulation 10 and 20 of the Health and Social Care Act 2008. There were ineffective systems in place to monitor and assess the quality of service provision and we found records did not always reflect people's needs. This meant there was a danger for people to receive inappropriate care. The provider sent us an action plan to tell us what action they were taking to ensure it improved. At this inspection we found that the provider had changed its working practice to ensure care plans reflected what support was required and effective systems were in place to monitor the quality of the service.

The service had 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 told us they were happy with the service provided, comments included, "Whatever you want doing they always ask and get me to do things for myself if I can," "Person centred. Promote independence they really do. I've got animals and they look after them too."

People were protected from abuse and avoidable harm as care workers were aware of how to recognise abuse and what to do if a concern was raised. One person told us "They'd never send a carer out unless they've been police checked."

People told us care workers were respectful when providing care. Care workers were aware of how to provide a dignified service. People were supported by staff who provided a dignified service and understood people's likes and dislikes.

People were supported by care workers that had been recruited in a safe way. Care workers had support through a robust induction process. The service supported their staff to achieve 'The Care Certificate', a nationally recognised set of standards expected for care staff.

Care workers had a good understanding of the Mental Capacity Act 20005 (MCA), and we saw that people were encouraged to be involved in decisions about their care.

There were good systems in place to ensure that people were supported with the right level of care. Care plans were reviewed when required. Care plans provided detailed information about how someone wished to be supported.

The service was well-led, many office staff and care workers had worked for the service for a long time and there were opportunities for staff to develop within the service. The service communicated its values to staff and staff understood them.

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 were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Staff understood about the Mental Capacity Act 2005 and how to support people.

People were supported to maintain a healthy lifestyle. When required prompt referrals were made to healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were supported to be independent and to access the community.

People's views were listened to and acted upon.

Is the service responsive?

Good

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

The service responded appropriately if people's needs changed, to help ensure they remained independent.

People were provided with personalised care and care plans reflected what support people required.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People received safe care because the provider monitored the service to make sure it met people's needs effectively.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Carewatch (Mid Bucks)

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.

The inspection took place on the 28 and 29 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we sent a number of surveys to people who used the service, staff, community professionals and relatives or friends of people. We received 26 survey responses back from people and their relatives. We received nine responses from staff and three responses from community professionals.

Prior to the site visit we spoke with the 15 people who were receiving care and support and made contact with 20 care workers. On the two days at the care office we spoke with the registered manager and one of the directors. We also spoke with the care co-ordinator, recruitment manager, a care worker and the care manager. We reviewed five staff files and six records relating to the care and treatment of people. We cross referenced practice against the provider's own policies and procedures.

After the site visit we contacted one relative and one person via telephone. We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who were supported by the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers who visited them. Comments included, "They'd never send a carer out unless they've been police checked" and "I trust them I leave my keys for them sometimes." One hundred percent of people and their relatives who completed a survey told us they felt safe and did not have any concerns about their care worker.

People were protected from abuse. The service had a safeguarding procedure in place. Care workers received training on how to safeguard people and had knowledge on recognising abuse and how to respond to safeguarding concerns. Contact details for the local safeguarding team were displayed in the care office. Care workers told us they would report a concern to an external agency if they felt it had not been dealt with appropriately by the management team.

People were supported by care workers with the right skills and knowledge to meet their individual needs. Pre-employment checks were completed for care workers. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

The service used an electronic rostering system to ensure all planned visits went ahead. We saw how the service managed any changes in the allocation of staff. The PIR stated that no missed visits had occurred. This was supported by what people told us "I feel safe, I have same staff, on time, if they're late they let me know, never missed me out", "Get different staff but happy he's got one regular at the moment. They are never late, office always rings, never forgotten, always email to confirm who's coming." And "They always know what to do for my need."

We spoke with the care manager about how they ensured all scheduled visits were made. They told us office staff support care staff to cover when staffing levels fall below the required number. From the surveys completed, 17 percent of the people who used the service told us their care worker did not arrive on time. This number rose to 67 percent for relatives who completed surveys. We spoke with the registered manager about this. They were aware of this feedback from their own quality assurance questionnaires. They told us a record was made of any changes to timings of care visits. We saw this record which tracked who had been informed of the changes and when. A care co-ordinator told us a number of families preferred to have this contact via email. This also provided a record of what was communicated and when. Due to the nature of the service timings of calls cannot be guaranteed. The care manager told us people are told to expect a call within a timescale. We found the service was trying it's best to ensure visits were made on time. We did not find any evidence of people being put at risk.

People who required support with taking their prescribed medicine were provided with this. We saw this was detailed in the care plans. We spoke with the registered manager about ensuring the detail of support required was accurate. We saw the provider had recently changed the assessment paper work to ensure the detail of support with medicine is recorded in the future. We saw where medicine administration records (MAR) were completed, these were done so accurately. A regular audit was conducted by the care manager to ensure people were supported with their medicine in a safe way. The care manager communicated the

results of the audit with care workers. This meant any training or development for care staff was identified and dealt with promptly. One person told us "(care worker) record my meds every day on my bad days they give me my meds it's documented in my care plan."

Prior to care workers supporting people, a senior member of staff carried out risk assessments to identify potential risks to people. This was an opportunity for any action required to be taken to minimise risks. We saw that a manual handling risk assessment was undertaken where required. This identified how much support people needed and how many care workers were needed.

Potential risks to care workers had been identified. For instance risk associated with using particular chemicals in people's home was assessed. In additional where the provider was required to undertake specific risk assessment to ensure care workers safety, we saw this was completed. The registered manager and the provider were aware of their responsibilities to maintain people and care workers safety.

Incident and accidents were recorded when they occurred. The provider kept all the accidents reports together; this allowed them to monitor trends in incidents.

Good

Is the service effective?

Our findings

People received effective care from care workers who were supported in their role. A robust induction process was used for all new care workers. The provider had matched the induction assessment to the core principles of the care certificate, a nationally recognised minimum standard expected. Care workers were provided with workbooks to work through to demonstrate their competency. The provider had created a recruitment manager. Their role was to ensure care workers had the right amount of support in their induction. We saw observations of practice occurred. Care workers were supervised and appraised. We received positive feedback from care workers about the level of support they were given. Comments included, "I have had the support and help I need to do my role effectively and if ever I am unsure I know (registered manager) and (care manager) are always there to offer their advice and support" and "My mangers have always foster an atmosphere of support and total focus on client care."

Prior to care workers going to people's homes independently, they had to shadow an experienced member of staff. One care worker told us how this helped new workers to understand their role. We saw these shifts were highlighted on the roster and one relative told us they were due to have a new worker shadowing their usual care worker.

People told us they felt their care workers were well trained and had the right skills to support them. The registered manager told us care worker are supported with a number of core training and then additional training as required. Comments from people included, "Very professional, they are exemplary and very adaptable," "Most of the staff are trained, the young ones are a bit flighty and might forget stuff. The girls know how to motivate me. I've told Care watch how good they are" and "Never missed me, they are well trained."

From the completed surveys, people told us their care worker stayed for the agreed length of time and 95 percent of people told us the care worker completed all the tasks requested. The majority of people (93 percent) told us they received support from a consistent care worker. This was supported by what the care manager told us. They were familiar with a person's preferred care worker, and when rostering they ensured familiar care workers were allocated to people.

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. Providers of personal care can only deprive people of their liberty upon authorisation by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received training on MCA. Senior members of staff were aware of their responsibilities under the Act. A health care professional told us "The carers have sufficient awareness to prompt and guide their

clients into making appropriate decisions for example taking medications."

People were supported with maintaining good health. Care workers received information on medical conditions and how to prevent health deteriorating. Care workers told us they reported any changes in people's health either to the office or to the district nursing team. This was supported by a healthcare professional who told us "The records written are very helpful in information gathering regarding usual routine and health status and when unwell."

Care workers supported people to maintain a healthy balanced diet. They received training on nutrition and on how best to support people within their own homes. We saw where concerns were noted about people's nutrition this was reported to the office. Office staff were aware of what to do with concerns expressed by care workers.

Good

Is the service caring?

Our findings

People and their relatives told us care workers were kind and caring towards them. From the surveys completed one hundred percent of people and their relatives were happy with the care workers. Comments from people we spoke with included, "We are quite happy with the service and the girls we get here," "Friendly person centred. They are very good. If I'd had a wash they would do jobs round the house for me and "They (care workers) are brilliant."

People, their relatives and care workers were able to tell us how positive caring relationships had been formed between care workers and the people they supported. One person told us how a care worker had got to know them, their likes and dislikes. The person was very interested in motorbikes. Since a motorbike accident they had been unable to drive. A care worker was aware of this interest and suggested that she took the person to a local bike meet. The person told us how attending the bike meet had made them feel. It had had a positive impact on their well-being as they told us it helped them enjoy something they used to do prior to their accident.

A relative we spoke with told us how the care worker from Carewatch had helped their relative go away to Belgium to a visit of remembrance to their father's time serving in the war. A care worker had escorted the person and provided support whilst away. The relative told us how the trip had been "Very Successful" and that their relative had "Really enjoyed" the visit. The relative described the care workers attention to detail as "Excellent".

The majority of people (70 percent) and relatives (67 percent) told us care workers were introduced to them before they received support from a new care worker. This was supported by what staff told us. One care worker told us "If previous client is poorly or sickness with other carers, then it's not always possible to be introduced, but they would send a very experienced carer, this only crops up occasionally."

People receive support that is appropriate to their needs. Staff had training on communication styles and the way people wanted to communicate was detailed in their care plan.

People and their relatives who completed a survey told us care workers always treated them with respect and dignity. Staff we spoke with were able to tell us how they promote dignity and respect. We found office staff spoke in a professional manner when people telephone the office. Staff were knowledgeable about the people they were looking after.

All the people and their relatives who completed a survey told us care workers helped them to maintain their independence. Comments from people we spoke with included, "Whatever you want doing they always ask and get me to do things for myself if I can," "Person centred. Promote independence they really do. I've got animals and they look after them too" and "They always ask me what else they can do to support me, I would definitely recommend them."

People were involved in decisions about their care. This was supported by what people told us and it was

recorded in the care plan. We saw where changes were requested in timings of care visit this was recorded by the office. The electronic system used by office staff kept an audit trail of changes made.

The registered manager and care manager told us they tried to match care workers with people who had similar interests. For instance one person had approached the service to provide a short term service while they were staying with relatives locally. They asked if the service could supply a Spanish speaking care worker. The registered manager told us they were able to provide this, which ensured the person supported was able to communicate with the care worker.

Another example was provided by the registered manager that a care worker discovered a person they supported spoke different languages. The care worker spoke the same languages. The person suggested to the care worker they converse in one of the other languages which they did. The person was pleased they could utilise a skill they had obtained some time ago.

People gave positive feedback on the service provided. The last survey completed by the service included "I am more than pleased with the genuine care and attention that has been shown over the past few months" and "(Relative) feels very at ease and comfortable with the attention he receives from (Care workers), your input into his wellbeing on a daily basis has enriched his life immensely."

Good

Is the service responsive?

Our findings

People were supported by a service that was responsive to their needs. It put people's wishes first and involved them and other people of their choice in making decisions about their support. People had their needs assessed prior to receiving support from the service. The registered manager told us the franchisor (Carewatch) had recently introduced new assessment paperwork. They advised us the new assessment tool was very comprehensive. We looked at some assessments which had used the new paperwork. They provided a thorough picture of what support the person required. In addition the service had developed its own person centred care plan for each person. This provided a breakdown of the level of support required and how it was to be provided. The level of detail in the care plan was so comprehensive that someone who did not know the person would be able to care for them appropriately.

We saw that where changes occurred to care needs this was reflected in the detail of information in the care plan. For instance one person had been admitted to hospital and the care manager was requested to re-assess them in the hospital to ensure the service could still meet their needs.

We witnessed where required, care workers provided feedback to office staff on changes to the people they supported. This prompted office staff to revisit the person and re-write or update the care plan with the person. We saw regular reviews of care were undertaken. Comments from people supported that reviews of care took place, Comments from people included, "They adapt to my needs as I'm getting older 95. The young girls who come are very nice as well they do listen to me and encourage me to do things for myself," "They do it, the supervisor came a couple of weeks ago to review care plan" and "They Do a lady came out recently about a month ago."

People told us they received a personalised service, comments included, "If I want them to do something for me they do it" and "They stick to my plan of care on the whole." The service sought regular feedback from people about their care. This was conducted through the review meetings and an annual satisfaction survey. People told us they felt listened to and there feedback was responded to appropriately. One person told us "When they sent a form out saying would you recommend us I said yes yes yes." Another person told us "If I'm not happy I talk to (Care manager) in the office and she sorts it out. In the past I haven't gelled with carers and they changed them".

The service had a complaints procedure, 95 percent of people who completed our survey stated the service responded well to when complaints were made. We looked at the way the service had handled complaints. We saw the service kept a log of complaints made and their progress. From the records we looked at we felt the service handled and responded to complaints in a timely manner.

Good

Is the service well-led?

Our findings

At the previous inspection on 24 February 2014, the provider was found in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 - Assessing and monitoring the quality of service provision. Which corresponds to Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others. An action plan was received from the provider in April 2014. The date the provider told us they would make changes to ensure they improved this area was July 2014. We reviewed information contained in the action plan and looked at the quality assurance processes. We found there had been an improvement in the assessment and monitoring of the quality of the service. We no longer had concerns about this area.

The provider undertook a quality audit which fed into a quality improvement action plan. The registered manager was able to complete the actions identified in the action plan. This was reviewed on monthly basis. The registered manager told us it helped them as "I know where we are at, and what we need to do, it does not allow things to become a problem."

Providers are required to be open and transparent if things go wrong. We call this Duty of Candour (DOC). We saw one action to be completed was the DOC policy to be circulated to all staff by the end of September. The registered manager informed us this had happened and we saw an email to confirm this had happened in the time scale stated. The registered manager was aware of their responsibilities and what should be reported to CQC.

The registered manager met with the care manager at monthly meetings to monitor the service. Topics covered in the meeting included, client reviews, training and complaints to name a few. This demonstrated there were sufficient processes in place to effectively monitor the quality of the service.

At the previous inspection on 24 February 2014, the provider was found in breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 – Records. Which corresponds to Regulation 12 the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not ensure people were protected from the risks of unsafe or inappropriate care and treatment because inaccurate records were in place. An action plan was received from the provider in April 2014. The date the provider told us they would make changes to ensure they improved this area was July 2014. At this inspection we reviewed information contained in the action plan and looked at the risk assessments. We found they were reflective of people needs. We were satisfied the provider had improved in this area.

The registered manager confirmed that additional office staff had been employed to ensure that reviews of people's care were undertaken. People told us reviews happened, and changes to care needs were made in a timely manner.

People were supported by a service that was well-led because there was an experienced registered manager in post. People and new staff were provided with an information booklet prior to starting with the service.

This laid out what services could be provided and demonstrated a commitment to providing a high quality service. Care workers told us they felt supported by the management team and told us "I really enjoy working for this company and believe we do our best for our clients and staff."

Care workers were aware of the vision and values of the organisation. Comments from care workers and office staff included, "I do feel supported, I receive support when I need it," "I would like to let you know that I love working at Carewatch Mid Bucks and have been with the company for almost 10 years. They have been very supportive to my needs in the whole 10 years and supported me through many difficult times giving me a shoulder to cry on and a listening ear as well as support and advise" and "There is always someone available to answer your questions or discuss issues with, however daft, you're not made to feel silly or out of place for speaking up."

We saw there was good communication from the office staff to care workers. This was often via email and provided an audit trail of information. Where the service had received feedback from people and their desired changes, for instance where people suggested things could improve, this was told to staff. This was also discussed in team meetings. This provided an opportunity for care workers to share better ways of working with people.

In the PIR the provider informed us they wanted to develop 'Client forums', an opportunity for Carewatch service users to meet up and help the providers improve the service they provide. The registered manager advised there has been little take up for this. But it demonstrated the provider's commitment to drive improvements.

The service had a business continuity plan, which outlined how it would provide support in adverse whether condition amongst others. We saw the service gave regular and informative information to people who it supported about additional services in the local area.

The service worked well with the local community to promote the health and wellbeing for people with a disability or frailty. The service had worked with the local health professional team to enable people to remain at home and prevent hospital admissions. One health care professional told us "They will often go out of their way to accommodate last minute requests for help the manager passes on information reliably to the carers. The care is person centred."