Care Quality Commission

Carewatch Care Services Limited

Carewatch (Luton)

Inspection report

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Ratings

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

Overall summary

We carried out this inspection by visiting the office on 23 and 24 February 2015, and it was unannounced. Between these dates and 13 March 2015, we spoke with people who used the service, people's relatives and the staff by telephone.

The service provides care and support to people in their own homes, some of whom may be living with dementia, chronic conditions and physical disabilities. At the time of the inspection, 232 people were being supported by the service within a geographical area that covers Luton, North Hertfordshire and West Hertfordshire.

The service did not have a registered manager, although a new manager had recently been employed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from the risk of possible harm.

Medicines were not always managed safely because delays in auditing the records meant that any issues were not identified and resolved in a timely manner.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent before care was provided, in line with the requirements of the Mental Capacity Act 2005 (MCA).

The staff received supervision, support and training. However, some did not always know how to meet people's individual needs.

People were supported by caring and respectful staff. However, late visits meant that people were not always supported at the times they required support.

People were not always given accurate information about which staff would be supporting them.

People's needs had been assessed, and care plans took account of people's individual needs, preferences, and choices. However, some of the people's needs were not always responded to in a timely way.

The provider had a formal process for handling complaints and concerns, but there was no evidence that learning from these occurred. They encouraged feedback from people, but their comments had not always been used to make sustained improvements.

The provider had quality monitoring processes in place, but these were not always used effectively to drive improvements.

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 not always safe.

There was sufficient staff to meet people's individual needs safely.

Medicines were not always managed safely.

There were robust recruitment systems in place and the staff understood their responsibilities to report concerns in order to keep people safe.

Requires improvement

Is the service effective?
The service was not always effective.

People's consent was sought before any care or support was provided.

People were not always supported by the staff that knew how to meet their individual needs.

People were supported to access other health and social care services when required.

Requires improvement

Is the service caring?
The service was not always caring.

People were supported by the staff that were kind, caring and patient.

People were not always given accurate information about which staff would be supporting them.

The staff respected and protected people's privacy, dignity and confidentiality.

Requires improvement

Is the service responsive?
The service was not always responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Some people's needs had not been responded to in a timely way.

People's complaints were handled sensitively, but there was no evidence that learning from these occurred.

Requires improvement

Is the service well-led?
The service was not always well-led.

The manager was supported to provide stable leadership to the staff.

Quality monitoring audits were completed regularly, but these were not always used effectively to drive improvements.

Requires improvement

Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service, but their comments had not always been used to make sustained improvements.

Carewatch (Luton)

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 included unannounced office visits which took place on 23 and 24 February 2015. This was conducted by two inspectors and a specialist advisor with experience of managing a service of this type. Between these dates and 13 March 2015, an inspector spoke with the staff and an expert by experience spoke with people who used the service and their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the manager, the area manager, the quality manager, the merger and acquisitions director, two administration staff and two care supervisors. We spoke with 12 people who used the service and the relatives of six others, and 39 care staff by telephone. We also spoke with the commissioners of the service from the local authority.

We looked at the care and medicine records for 13 people who used the service, 10 staff files to review their training, supervision records and the provider's recruitment processes. We also looked at the training information for all the other staff employed by the service and information on how the provider assessed and monitored the quality of the service, including reviewing audits and specific policies and procedures.

Requires improvement

Is the service safe?

Our findings

Although most people told us there was enough staff to support them safely, some told us that they regularly experienced visits that were late. The manager said that there was enough staff to meet people's needs and the records indicated that 206 care staff were employed at the time of the inspection. There was an effective care planning and monitoring computer programme that enabled the office staff to plan people's care and allocate care staff as necessary. This also provided the manager with confirmation that the staff had provided the planned care so that people would not be left without the care they needed. Any failure to confirm attendance by a care staff was automatically transmitted to the service's email alert system so that the incident could be promptly investigated and resolved. The staff told us that there was normally enough of them to support people, but in some areas, they had to work longer hours to provide additional cover when others were on leave. One staff member said, "Sometimes I have to cut calls short so that I can support everyone on my list. The service needs to look for more staff so that people are looked after for the duration of their agreed timeframes and by the same staff all the time to provide safe care."

The provider had an ongoing recruitment programme so that they covered any vacancies as and when they occurred. They had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People and their relatives told us that they felt safe when the care staff were in their homes. They had no concerns about the conduct of any of the staff and they did not feel that they had to secure their possessions against possible theft or mismanagement. The provider had up to date safeguarding and whistleblowing policies and procedures. Whistleblowing is when a member of staff reports suspected wrongdoing at work. The staff told us that they had received training in safeguarding. They demonstrated a good understanding of these processes and were able to tell us about other authorities they would report concerns to. The staff also said that they were confident that the manager would deal appropriately with any concerns raised. Our records showed that the provider had appropriately reported any safeguarding concerns to both the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. They also dealt promptly with any concerns raised by the staff so that people received safe and appropriate care.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. There were personalised assessments for each person to provide guidance to the staff on any specific areas where people were more at risk, such as when people required support to move safely. These explained what action the staff needed to take to protect people from harm, whilst promoting their independence. Although some of the staff said that the risk assessments were not always updated promptly when people's needs changed, the records we looked at showed that these had been reviewed and updated in a timely manner.

People were happy with how their medicines were managed. They said that they were mainly given their medicines on time, but in instances where medicines had been administered late, the staff always checked to ensure that they had sufficient time between their doses. The staff who administered medicines had been trained and had their competence assessed regularly so that people were protected from risks associated with unsafe administration of medicines.

The medicine administration records (MAR) had been mainly completed appropriately. However, some of the MAR had not been audited until four months after the end date and this meant that any discrepancies were not always identified promptly, so that appropriate actions could be taken to rectify these. The manager showed us that they were taking steps to improve this, including asking the care supervisors to collect the MAR at the end of each month and complete a prompt audit of a percentage of the records. The manager was also going to remind the staff to report promptly any issues with people's medicines.

Requires improvement

Is the service effective?

Our findings

People told us that their regular care staff knew how to support them, and they supported them well to meet their needs. Most people thought that the care staff were well trained, but others thought that some of the care staff did not always know what to do. One person said. “Some care staff are good enough, but others tend to ask me what to do.” Another person said, “I don’t mind if an inexperienced staff comes with a more experienced one to learn. But when they come on their own, it is difficult for them and us.” Staff told us that they provided the care that people required and they enjoyed their work. One staff member said, “I find my job rewarding.” Another staff member said, “I generally enjoy looking after people and putting a smile on their face.”

Some of the people were being supported to prepare their meals. The staff were mainly required to warm and serve already cooked meals. Most of the people were happy with how their meals were prepared, but some were not happy that they could not have consistent meal times because of the unpredictability of when the staff would arrive. One person said, “I had to cancel my lunchtime support because it was better to do it myself than sitting about waiting for lunch. If they were not late, they were too early. Who would want lunch at 11.30am. That’s just ridiculous when you’ve had breakfast at 10am.”

The provider’s training programme showed that the new staff had an induction that included all the required basic training as well as, working alongside experienced staff. A recently employed care staff member confirmed this had taken place. They said that the support provided had prepared them well for working with people with a variety of care needs. The provider kept a computerised training record which monitored any shortfalls in essential staff training, or when updates were due. This enabled the staff to update their skills and knowledge in a timely manner. All the staff said that the training they had received was sufficient to enable them to support people well. Some of the staff had either completed a nationally recognised qualification in health and social care or were working towards completing the course. Some had also completed specialist training to help them meet the needs of people with specific conditions, such as those living with dementia or requiring support at the end of their lives.

The staff told us that they had regular support through staff meetings and they could speak with the care supervisors and the manager whenever they needed support. Staff told us that they worked well as a team so that they met people’s needs and care supervisors provided them with day to day support and supervision that enabled them to carry out their role effectively. Most staff had regular supervision, but others had not had these in accordance with the provider’s policy. It was evident that these supervision meetings were used as an opportunity to evaluate the staff member’s performance, discuss any issues they had with their work and to identify any areas they needed additional support in. One staff member said, “We get supervision every three months and I have had mine regularly.”

People told us that they were asked for their consent before any care or support was provided. The staff understood their roles and responsibilities in relation to ensuring that people consented to the care and support they received. One person said, “The staff always ask my permission when helping me with personal care and tell me what they’re doing.” One staff member said, “We respect people’s choices if they don’t want support. I have sometimes arrived at a person’s home and they would not allow me to support them with their care.” Care records showed that people’s capacity to make decisions was considered and recorded during the assessment and care planning processes. This was in line with the requirements of the Mental Capacity Act 2005 (MCA).

People said that they were comfortable discussing any health concerns with the staff as they arose. The staff said that they would normally report any concerns to the care supervisors and only contacted the emergency services if urgent care was required. One staff member described how they would support someone if they felt that they needed medical attention. Care records showed that where necessary, other health and social care services, such as GPs and district nurses were involved in people’s care so that their needs were met appropriately. Some people had social workers who reviewed their care regularly to ensure that their needs were still being met.

Requires improvement

Is the service caring?

Our findings

People told us that the staff were mainly caring, kind, compassionate and patient, particularly those that supported them regularly. One person said, “The care staff are just brilliant. I couldn’t do without them. ” Another person said, “My regular care staff is a treat. She looks after me really well.” Other comments included, “They’re marvellous people and very good to me.”, “I’ve got a regular staff and I can’t think what would happen if [Staff] ever left. [Staff] is fantastic.” The staff were happy with how they supported people, but they said that the time constraints of their work meant that they were not always able to spend more time talking with people. However, this was not supported by most people we spoke with who said that mainly, the staff had time to chat with them while supporting them. One person said, “I don’t know how they manage to do everything and have a nice chat as well?”

People told us that they did not always know who would be supporting them because the rota sent to them was not always accurate. One relative who had recently started getting the rota said, “I think we were better off without the rota, then we didn’t have any expectations.” Another relative said that an office staff had explained that the information on the rota may not be accurate. This relative said, “So what’s the point of sending it to us?” This was supported by some of the staff who said that their rota was not always accurate. One staff member said, “My rota is always wrong. The office staff are disorganised.” The manager told us that the rotas were mainly accurate, but sometimes they were unable to always send out updated rotas when staff changes had been made at short notice due to staff sickness. Also, their aim was for every person to be supported by a small team of care staff that knew them well and the staff confirmed that this usually happened. This enabled people who used the service and the staff to build better relationships.

People said that they could express their views and were involved in making decisions about their care and support. They had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences. The care records contained information about people’s needs and preferences so that the staff had clear guidance about what was important to people and how to support them appropriately. People told us that the staff understood their needs well and provided the support they required. The staff we spoke with demonstrated good understanding of the needs of the people they supported. One staff said, “There is enough information in people’s care plans to know how they want to be supported.”

People told us that the staff respected their dignity and privacy. However, one relative told us that they had complained once when the staff did not maintain their relative’s privacy while using the toilet, but this had improved following the staff being reminded of the importance of this. The staff demonstrated that they understood the importance of maintaining confidentiality by not discussing people’s care outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people’s care records were held securely within the provider’s office and the staff confirmed that the records kept in people’s home were in a file.

Requires improvement

Is the service responsive?

Our findings

People were mainly positive about the care and support they received. The majority said that the staff responded quickly when they needed assistance and they were supported in the way that they liked. They were also supported to maintain their independence as much as possible. One person was particularly pleased that they could choose the gender of their regular care staff. They said, "That was really important to me and it was one of the reasons I chose Carewatch." A relative of one person said that they were happy that the staff had recognised that the person would need more support during a difficult time for the family and had arranged extra visits. However, other people's comments indicated that they were not always happy with the timings of the visits and they were mixed views on the response they received when they raised these issues with the office staff. A relative of one person said, "I always call the office when the staff are more than 30 minutes late. The office staff always say that they will look into it, but they rarely get back to me." Another relative said, "In my experience, the office system is worse than useless. I never get proper feedback why some calls are so late." Some of the staff also said that they did not always get a prompt response when they contacted the office for support or advice. The manager said that they would review how the contact with the office staff was being managed so that people got support or information when they needed it.

People's needs had been assessed and care plans were in place so that people were supported effectively. People and their relatives said that they had contributed in the planning of the care and the staff confirmed that each person had a care file in their homes. The records we looked at showed that some of the people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff. Where necessary, people's relatives signed these on their behalf. The care plans were reviewed regularly or when people's needs changed. However, some people said that following a review, the agreed changes were not always made in a timely manner. One person said, "After the care review, my care plan was taken away to be amended, but was not returned." They said that this caused a problem when new care staff came as they had no care plan to refer to. The staff told us that information about people's care needs was usually available before care was provided.

The provider had an up to date complaints procedure. People said that they had been given information on how to make a complaint and some had made formal complaints in the past. They told us that they would feel comfortable raising concerns about the care provided. They said that in the first instance, they would speak with the care staff and then the office staff and manager if necessary. A relative of one person said, "If you really want someone to sort your problem, you have to go to the top." The timings of the visits was what people told us they complained mostly about. They said that improvements happened following complaining, but they were not always sustained. One person's relative said, "[Relative] needs to be supported to bed between 8.30pm and 9pm, but sometimes the staff arrive as early as 6.30pm and that's no good. I've told them at the office but they can't seem to sort it."

Requires improvement

Is the service well-led?

Our findings

The service did not have a registered manager and a new manager had been recently appointed. The provider's Area Manager and the Quality Manager provided support to the manager, who was responsible for the day to day management of the service and provided leadership to the staff. At the time of the inspection, the provider's quality team was based in this service to provide guidance and training to the manager so that they would be able to use the provider's electronic system for managing complaints, and for assessing and monitoring the quality of the service.

The provider had a system to record the complaints they received and these had been investigated and written responses sent to the complainants. Where possible, these had been resolved to the person's satisfaction and changes to their care had been made if required. However, we did not see any evidence of learning from the complaints as some issues that people complained about had been previously dealt with by the provider. The manager told us that they were reviewing how they shared this information with the staff, so that everyone was aware of the concerns raised and the actions necessary to make sustained improvements.

Some of the people knew who the manager was and some said that they had previously visited them to address the concerns they had about their care. One person's relative said, "I have had some concerns and it's been a difficult time, so I've had to speak with the manager. I think recently things have changed and I can see some improvements." Another relative said, "The manager tries to sort problems. I think the main problems are about not having enough staff." At the start of their care contract, people had been given a 'service user guide' that contained information about the local office, what to expect and the provider's approach to quality monitoring. People found this useful.

The staff had been given a handbook that set out the provider's values, what their role was, expected behaviours and conduct, guidance on good practice and other key information about their work processes. The staff told us that they felt well supported by the care supervisors and the manager. One staff member said that it had been difficult around Christmas time because they did not have stable leadership and there were staff shortages. However, they said that they were more positive now that the service would continue to improve. Some care staff did not find the office staff helpful, with some saying that there was not enough communication of changes to the rotas, the rotas were not always accurate and they did not always telephone people to let them know that the care staff were going to be late. They said that teamwork was really good amongst the care staff and would normally take on extra hours to cover when others were on leave. The provider gained staff feedback through periodic team meetings. The staff said that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely. Although staff meetings had not been held regularly in 2014, more frequent meetings were being planned for 2015

A number of quality audits had been completed, but we found that the auditing of Medicine Administration Records (MAR) was not always done promptly so that any discrepancies could be rectified quickly. Also, there was not always evidence of how the findings of the audits had been used to drive improvements. For example, some of the audit forms did not contain information about what actions had been taken to make the required improvements.

The provider sent monthly surveys to a sample of people who used the service and their relatives and we saw the results of the ones completed in 2014. However, we found the reports available to the manager did not give them sufficient information to fully understand what aspects of the service people were not particularly positive about. The Quality Manager told us that a more detailed analysis of people's responses could be provided to the manager if required. The provider also gained people's views about the quality of the service they received through regular telephone interviews and we saw evidence of those in the care records we looked at.