

Carewatch Care Services Limited

Carewatch (Morecambe)

Inspection report

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Date of inspection visit:

01 August 2018

02 August 2018

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30 August 2018

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This inspection visit took place on 01 and 02 August 2018 and was announced. The registered provider was given 24 hours' notice as we needed to be sure people in the office and people the service supported would be available to speak to us.

Carewatch Morecambe is a domiciliary care agency. It provides personal care to 172 older adults living in their own houses and flats.

There was a registered manager in place. 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.

At the last inspection in May and June 2017, we found four breaches of regulation. We found breaches in the regulations related to Safe care and treatment, Good governance, Staffing and Fit and proper persons employed. We issued requirement notices for these breaches in regulation.

We also noted improvement were required around the use of language that promotes respect and protects people's dignity and positive communication and leadership. We made recommendations in relation to these.

Following the inspection in May and June 2017 we asked the registered provider to act to make improvements in the areas we had noted. The registered provider was required to send the CQC an action plan, outlining how they intended to make improvements.

At this inspection, we found the service met the required fundamental standards and would be rated 'Good' in all areas.

During this inspection, we noted the registered provider planned visits to allow staff enough time to reach people and complete all tasks required. We did see occasions when staff left before the allocated time was complete. The registered manager told us sometimes this was at the request of the client. We have made a recommendation about this.

The registered provider had regularly completed a range of audits to maintain people's safety and welfare. We noted some documentation took time to travel from people's homes to the office. This impacted on the timeliness of audits taking place. We have made a recommendation about this.

We found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

There was an appropriate skill mix of staff to ensure the needs of people who used the service were met. New staff worked alongside experienced staff members whilst they learnt their role.

People told us staff respected their privacy and dignity during their visits. One person commented, "They always close the bathroom doors, they wear gloves and aprons and they are very respectful to me."

Care plans identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

When appropriate, meals and drinks were prepared for people. This ensured people received adequate nutrition and hydration.

Care records contained information about the individual's ongoing care and rehabilitation requirements. This showed us the registered provider worked with other health care services to meet people's health needs.

People said they had a team of regular carers with whom they had built up good relationships. For example, one person told us, "They are very compassionate and caring and involve me in all decisions."

Staff we spoke with understood the support needs of people they visited. They knew how individuals wanted their care to be delivered. One person stated, "They come and do what they should, but its more than that, they are interested in me. They ask how I am, what I've been doing, that sort of thing."

A complaints procedure was available and people we spoke with said they knew how to complain. We noted the registered manager addressed all concerns in a structured and timely manner.

The registered manager had sought feedback from people receiving support and staff for input on how the service could continually improve.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team.

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 told us they felt safe with support from staff and they received their medicines as they expected to.

Safeguarding matters were investigated and reported to the relevant agencies.

People's care needs had been carefully assessed and risk reduction methods were in place with actions for staff to follow.

Staffing levels were suitable with visits scheduled to allow staff appropriate travel time and staff had been safely recruited.

Is the service effective?

Good ●

The service was effective.

Staff were trained in mandatory and additional person specific topics to meet people's needs.

They were supported through induction, shadowing experienced colleagues, supervision, appraisal and team meetings. Spot checks were carried out to assess staff effectiveness.

Consent was sought in relation to people's care and treatment.

People were supported to eat and drink well when appropriate and there was communication with health professionals to ensure their well-being.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and friendly. Staff understood people's needs and knew people well.

People were treated with dignity and respect and their privacy was maintained.

People were offered choices and given control over their own lives. They were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care records were assessed and regularly reviewed. The records were person-centred and held information that supported person centred responsive care.

The service was flexible and adapted to suit people's needs and wishes.

A complaints policy was in place and people were aware of how to complain.

The service had a team of staff who delivered flexible palliative care to support people with their end of life care.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and management team understood their roles and regulatory responsibilities.

The registered provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had oversight of and acted to maintain the quality of the service provided.

The management team had sought feedback from people, their relatives and staff.

Carewatch (Morecambe)

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 01 and 02 August 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure they would be in. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We telephoned people who received support, their relatives and staff to gain their views on the service provided over both days.

One adult social care inspector visited the office and met with the management team. Along with a second inspector they made four prearranged visits each to people who received support on the second day. A third Inspector and an expert by experience telephoned people and staff for their views on the service.

An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people who received support within a community setting.

Carewatch Morecambe is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that they would be in.

Before our inspection, we checked the information we held about Carewatch Morecambe. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Lancashire County Council. We also gathered information on the service being delivered in Cumbria by Carewatch Morecambe. This helped us to gain a balanced overview of what people experienced when they received support from Carewatch Morecambe.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited eight people in their own homes. We spoke with a further 25 people who used the service and five relatives. We also spoke with the registered manager, area manager, quality officer, two administrators and 17 members of staff. We looked at the care records of 21 people, training and recruitment records of 10 staff members, records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received and how long staff stayed on each visit.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Carewatch Morecambe.

Is the service safe?

Our findings

At the last inspection in May and June 2017 we found risks around personal care were identified, however risk management was not consistently followed to keep people safe in relation to moving and handling and medicine administration. These findings demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection, care plans we looked at contained information on risk management. For example, one person's file held information on the safe management of a long-term health condition and what behaviours can indicate a deterioration in their health. A second care plan had been updated after a discussion with relatives to ensure fluids are encouraged. Any changes had been updated on people's care plans with involvement of the person who lived at the home.

All staff we spoke with told us everyone they supported had a care plan and risk assessments. We visited eight people and everyone had a care plan in their home. People we spoke with who required two staff to support them, told us two staff always turned up. One staff member told us, "Care plans are up to date. They need to be because people's needs change, and they are very good." This showed the registered provider had systems and processes to ensure people's safety is monitored and managed. Staff also stated there was a 24 hour on call system to allow staff to receive support and guidance should they feel people require additional help or are unsafe.

The number of people being supported and their individual needs determined staffing levels. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One person told us, "No missed visits and they are never late. I couldn't do without them." A second person commented, "They [staff] always ask me if I want anything else." One staff member said, "My clients always get all my attention, for the full time. I don't have to rush people." People we spoke with did not have any concerns about staffing levels. However, when we looked at visit times we noted records indicated some staff were leaving visits significantly early. No one we spoke with told us staff were not completing all their allocated tasks. The registered manager told us sometimes staff forget to log in or out and this can provide a false reading or people request staff leave early. The registered manager told us they had planned to audit all visit times.

We recommend the service review carer visits to look for themes and trends and review best practice guidance on evidencing why shortened visits occur.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. For example, we saw action had been taken on the safe storage of hazardous materials after an incident had occurred. The registered manager had been on a 'lessons learnt' workshop. They told us it emphasised the importance of accurate documentation. We saw people had a falls prevention assessment to guide staff. This meant the service was monitored and managed to keep people safe and allowed the registered

provider to learn from any incidents that may happen.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff at all times to support people in their care. Carewatch Morecambe split the service into four main areas and staff mainly worked in the same areas. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. No staff member we spoke with told us they were unable to attend visits due to their rota being 'crammed' with too many calls. We did receive feedback from two staff members who told us calls were allocated to them without any communication from office staff. We spoke with the registered manager who told us they would investigate this.

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. We attended induction training and spoke with new staff about safeguarding people from abuse. One staff member told us, "We have booklets to complete on the subject." We asked if the training made them think. A second staff member stated, "We don't get given the answers we have to fill the books in ourselves." A third more experienced staff member told us, "I have raised a safeguarding, I rang the office and it was all investigated."

We looked at the procedures the registered provider had for the administration of medicines and creams. We saw evidence that improvements had taken place since the last inspection. The registered provider liaised with the person or their family about the medicines they had been supported with. One person commented, "They do my medicines and write it in the book. No problems." A second person said, "They sort all my medicines out and they are all ok." A third person stated, "My medication is made up by my daughter but the carer will pass them to me and make sure I take them properly." Every person we discussed the administration of medicines with told us there had never been any concerns or issues with care staff prompting them. A staff member commented, "I have training every year on medicines and I am also observed administering to make sure I am doing it right."

Carewatch Morecambe had recently introduced a new medicine policy. The registered manager told us, "The new policy is more in line with NICE guidance." This showed the registered provider had systems to ensure people received the appropriate safe support to meet their medicinal needs.

At the last inspection we found good practice guidance around safe recruitment were not consistently followed. These findings demonstrated a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Fit and proper persons employed).

At this inspection, we found from records we looked at staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. We spoke with six staff members recently recruited by the service and they were complimentary about the recruitment process. They all confirmed they had undertaken all necessary checks as part of their employment process. They all confirmed they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

All the people we spoke with told us they felt safe with the staff who visited them in their homes. One person told us, "Oh yes I do, they are all very nice." A second person commented, "Definitely safe, they [staff] are very good." A third person said, "Never do anything wrong, they are brilliant."

We looked at if staff understood their role and responsibilities in relation to infection prevention. People we spoke with told us care staff wore personal protective equipment when supporting them with their personal care. One person commented, "They put gloves on and pinnys. They explained why and I understand." One staff member said, "I have personal protective equipment [gloves and aprons] and can always access more." This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention. These safeguards supported people to experience good health.

Is the service effective?

Our findings

At the last inspection in May and June 2017 we found the registered provider had not provided learning and development opportunities to staff to ensure they had the necessary skills to meet people's needs. These findings demonstrated a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Staffing).

At this inspection we asked people and their relatives, do you feel staff are skilled and competent to provide care? Do they seem knowledgeable and confident? We received consistently positive feedback. One person told us, "They do seem to know what they are doing, that is for sure." A second person commented, "Yes, they do the things they are supposed to do but they have their own personality so do things differently." A relative stated, "O crikey yes, definitely."

We spoke with the registered manager about training. They showed us training records for each member of staff. These identified the training undertaken and identified when updates were due. We also saw evidence they had organised specialist training to meet people's unique needs. Staff we spoke with confirmed they received regular training. We spoke with a Carewatch trainer who told us they had shadowed a more experienced colleague to ensure the training they delivered was suitable and accurate. Staff we spoke with told us they had received opportunities to gain vocational diplomas in health and social care.

Carewatch policy is to have four contact sessions a year with staff. We saw staff had been invited to staff meetings. We saw people had regular supervision and appraisals and field observations took place. These are when staff are observed within their workplace to assess their competency. Staff we spoke told us they felt supported by the management team. One staff member told us, "We have planned appraisals, we talk about the future and plan what I need to achieve." This showed the registered provider had systems to support staff to maintain their knowledge in line with best practice.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005 (MCA) and health and safety regulations. The registered manager told us they received alerts from public health England and CQC. They also represented Carewatch at the local safeguarding champions forum. The forum is an opportunity for the local authority and providers to meet receive training and share knowledge. For example, the registered manager liaised with the fire service and receive fire safety training to be shared with care staff. This demonstrated the registered manager was aware of their responsibility to use national guidelines to inform care and support practice within the service.

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 2005.

The registered provider demonstrated an understanding of the legislation as laid down by the MCA. Discussion with the registered provider confirmed they understood when and how to support people who may lack capacity and deliver care in their best interests. We saw all staff received training around capacity and choice. One staff member told us, "If people are able to make their own decisions we support that, but if they can't we'd talk with the family, the other health professionals and follow best interest processes." One person told us, "They always ask me what I need." Care plans we looked at had consent forms signed by the person or relative. One relative told us, "We do have a care plan here. The manager came a few weeks ago to go through it and I have agreed it."

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. For example, care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. We visited one person and overheard the staff member encourage the person to drink more fluids. A second visit we observed staff making drinks for the person. In one care plan it highlighted the need to encourage fluid intake. One person told us, "They make what I want for my breakfast." A second person commented, "They get things ready for me but my son makes me a hot meal at night." We also noted staff visited local shops for people to get groceries. This showed the registered provider had a system that protected people from risks related to dehydration and malnutrition.

At the time of our inspection the registered provider was working with the local authority to review how care and support is delivered. Part of the process had included assessing how Carewatch Morecambe was working with other health care services to meet people's health needs. Effective communication had taken place so the registered provider could liaise with health professionals and meet people's needs. Care records contained information about the individual's ongoing care requirements. We saw healthcare referrals had been made to support people to maintain good health.

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion dignity and respect. One person told us, "The ones who come here are very kind and caring and always ask if there is anything else they can do for me." A second person commented, "They are a good lot of lasses, I couldn't do without them." A relative said, "I think they are really caring. They have picked on [relative's] sense of humour and they joke with her and she loves it."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. The registered provider had a policy on equality and diversity and staff were provided with training. People told us staff had an appreciation of people's individual needs around privacy and dignity and were supported discreetly. One person told us, "They shut the curtains when they help me. They talk nicely to me and don't rush me." A second person stated, "They always shut the bathroom door and are very respectful towards me." One relative stated, "I think they are really good with privacy, they shut the door when they shower [relative]."

Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual. One staff member told us, "I love my clients, I treat them like my own family. I'm proud to work for them. A second staff member commented, "I like helping my clients stay at home."

We looked at rotas to ensure staff had enough time to meet people's needs. One person told us, "They ask if they can do anything before they do it, they don't rush me and they don't rush off." A second person told us, "They never rush me and they are always having a chat with me. They follow my care plan. I think they are very good."

Care plans guided staff on how to support people. One staff member told us, "I read the care plan so I know if people have any particular preferences and give clients the care they agreed." One person told us, "The staff know my needs and preferences there is not anything they could do better." Two people told us they only wanted female carers and always got female carers. A third person told us they had requested male only carers but on occasion this had not happened. We spoke with the registered manager about this who told us they had taken actions to meet the person's needs.

The plans also held information around people's likes, hobbies and social history. Collecting a social history provides people with the opportunity to share their life story, their attitudes, interests, and significant experiences that have shaped their lives. It helped staff see the person helped build and strengthen relationships. When we spoke with staff about people, they spoke positively and promoted their skills and abilities.

Is the service responsive?

Our findings

At the last inspection in May and June 2017 we found the registered provider had failed to ensure records were accessible as necessary to deliver people's care and treatment in a way that meets their needs. Some people did not have care plans. Some care plans did not contain information to provide responsive support. These findings demonstrated there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Person-centred care).

At this inspection, we found everyone we visited had a care plan and information in the plans had been reviewed and reflected people's current needs. One person told us, "I asked for this firm when I left hospital. I wanted Carewatch. They are excellent, can't fault anyone. They are bang on." A second person said, "I have a current care plan and I am very happy with it."

We asked people who received support from Carewatch Morecambe if the care they received was personalised and met their needs. All the people we spoke with felt the support they were getting, was what they wanted and needed. One person told us, "They are all very nice and chatty and will do anything for me." A second person said, "the staff help me when I need it and they follow my care plan. I think they are very good."

Staff also told us unless there was sickness or staff were on holiday they had consistent visits that allowed relationships to form and they have got to know people and their needs. People said they were happy with the care and support they received from the carers. For example, one person told us, "I think it's a good deal. I get help to stay at home from nice people." A second person said, "The carers all know me very well."

Care plans were developed with each person, and their relatives if appropriate, following their initial assessment. People had received a copy and we saw these were available in people's homes. These plans described the support each person needed to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks involved in their care. People also shared information with staff about their past social history and their interests and hobbies. Important information that was essential for all staff to be aware of was clearly identified. This included information about people's changing needs and the actions required of staff to meet their needs.

People told us their care plans had been updated after their needs had changed and following meetings to review their care. One person told us, "I look at my care plan and go through it with them [management]." Staff we spoke with told us everyone they visited had a care plan. This showed the registered provider had ensured staff were supported to meet people's personalised needs.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and

understand information they are given.

Staff were aware of the communication needs of the people they supported from the information in the person's care plan. For example, we saw one person had limited vision; another person needed prompting to use their hearing aids and another person who due to having mental health problems required a calm atmosphere to receive information.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service. We saw evidence the registered manager was dealing with complaints in a structured and timely manner.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "I'd complain to one of the managers at the office but I have no need to at all." A second person commented, "Have no complaints at all, they are all very good." We spoke with a third person who had raised several complaints about their care. We noted these had been responded to in accordance with the registered providers policy.

We asked about end of life care and how people were supported sensitively during their final weeks and days. They stated they had a team of carers identified to provide end of life palliative support. The registered manager told us these carers tended to be experienced staff who were happy to provide end of life support. We were also shown staff delivering end of life care had flexible person-centred rotas. Visits were arranged around times that suited the person and were subject to change.

We looked at the induction training staff received around end of life care. We noted, 'Uphold a person's rights. It is possible to have a good death'. We also read, 'It is important we work in partnership with others to achieve the best possible care.' This highlighted that the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

At the time of our inspection we saw the majority of people received personal care support within their own homes. One person was supported to attend a local gym. A member of the management team told they could support people with activities if this was an identified and commissioned need. This showed the registered provider would deliver social support to encourage community participation and reduce social isolation.

Is the service well-led?

Our findings

At the last inspection in May and June 2017 we found the registered provider did not have systems and processes for information to be reviewed and analysed by people with the appropriate skills and competence. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Governance).

At this inspection we spoke with the person in charge of auditing and reviewing daily information completed by staff related to the care and support delivered to people. The person showed they understood their role, cross referenced information and had a robust system to consult with staff should concerns be raised. We also noted they were being supported to complete a vocational diploma in relation to their role.

However, not all paperwork needing to be reviewed had reached the office within the identified timescale. For example, not all paperwork from June 2018 had arrived at the office. One member of the office staff told us, "We are a bit low on quality officers, we don't always get the paperwork." We spoke with the registered manager who told us it was all staff members responsibility to bring paperwork to the office.

We recommend the registered provider review systems are in place to ensure paperwork requiring review is available at the office base in a structured and timely manner.

The audits checked people's care records, staff files, medicine administration records and daily notes made by care workers. The audits identified issues and actions for improvements were documented being passed to the registered manager

At the last inspection we made a recommendation the service sought good practice guidance on leadership and communication. During this inspection we observed a camaraderie between the office staff. They spoke positively about their peers and told us how they supported each other. We saw evidence were positive practice had been acknowledged. We also noted staff had been recognised for the positive practice and been nominated for a national care worker of the year award.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was appointed after the last inspection and after several concerns about the service had been identified. We asked what actions they had taken to ensure people received quality care and the service met regulatory requirements. They told us they had significantly shrunk the service to ensure they had the staff and skills to meet people's needs. They said, "We stripped everything back to make sure people were safe." We also noted they had been responsive in dealing with historic and new concerns when they had been raised. They were aware of their responsibilities and had submitted notifications as and when required.

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. They had recently been awarded a contract from the local authority to deliver personal care in the Morecambe and Lancaster area. This showed the registered manager had a clear vision and credible strategy to deliver high quality care.

We asked about future plans, what was the vision? The registered manager told us, "We want to get bigger again, we shrank the service because you cannot grow something that is broken, we are just creating a bigger problem." We spoke with members of the management team responsible for identifying and accepting new clients. We asked if there was a pressure to accept clients and cram in visits on staff rotas. We were told there was oversight on how many clients they had, however, they said, "We don't pick them up [new clients] if we can't do them."

The registered provider was working in partnership with the local authority to address historic concerns, ensure lessons learned and put in place systems to ensure Carewatch Morecambe was resilient. For example, we noted guidance recently suggested by the local authority had been actioned by the registered manager. We saw evidence of further partnership working. The registered manager attended provider forums to keep themselves up to date related to best practice guidance.

The management team were all present during the inspection visit at the office base. We found they had a thorough oversight of the service delivered and were knowledgeable about people's specific needs. This meant they were able to promote a person-centred service.

About the registered manager, one staff member told us, "[Registered manager] is thorough, straight and dealt with things. Very approachable, I like her, she's getting things done." A second staff member said, "[Registered manager], knows what she is talking about. The morale in the office is good, any issues we discuss them." A third staff member said, "[Registered manager] seems really good, never too busy to listen and she's steadying the ship really well."

We saw the management team used a range of quality monitoring tools such as surveys, telephone courtesy calls, customer feedback and staff supervision to monitor the quality of the service. One person told us, "I get a survey and always put very good all the way through because they are. I've nothing to say other than I don't know what I would do without them." A second person said, "I get a survey but I've no need to fill it in, I'm happy."

We saw the registered manager had to complete a weekly quality report around people who receive support, staff and health and safety. They also participated in daily conference calls with the regional director and registered managers from other branches. They told us they felt very well supported in their role. There was also a daily office morning discussion to deliberate issues and concerns.

Spot checks were completed by members of the management team when staff completed their visits. These were unannounced visits to observe staff work practices and were in place to confirm staff were punctual and stayed for the correct amount of time allocated. Members of the management team who completed the spot checks asked people if they were happy with the service. Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. This showed the registered manager had systems to monitor and maintain effective working practices.

We saw minutes, which indicated regular staff meetings, took place. Topics revolved around the safeguarding, rushing calls accident and incidents and call monitoring. One staff member told us, "We have staff meetings with the new manager. It's alright this company." Minutes of the meeting were bullet pointed

and shared with staff on their work phones. This allowed staff who were unable to attend the meeting to be up to date on information shared and decisions made.

The service had on display in the reception area of their premises their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.