E2E Care Services Ltd

Carewatch (North Somerset)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Carewatch (North Somerset) Domestic Care Agency (DCA) is registered to support people who require support with personal care. The service was set up to provide services to people living in their own homes. At the time of the inspection 88 people were receiving a service. The inspection took place on 4 and 5 February 2016 and we gave the provider forty eight hours' notice in order to make sure the people we needed to speak with were available. The last inspection of this service was completed on 13 November 2012 and no concerns were identified.

The registered manager had left the service shortly before the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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 new manager was in the process of registering with the Care Quality Commission.

Completed satisfaction surveys we received from people who used the service indicated a high level of satisfaction with the service provided. They agreed with the majority of the positive statements on the survey such as 'My care workers have the skills and knowledge to give me the care and support I need'. And 'The support I receive helps me to be as independent as I
can be'. However some people commented on the lack of a regular carer. The manager explained that they tried to provide the same carer for people but with staff holidays and staff leaving the service this wasn't always possible.

Management and care workers spoke affectionately about people they provided support to whom they had known for a long time. They described to us a service that was centred as much as possible on the needs, wishes and preferences of people who they knew well. It was evident the care provided was responsive to the changing needs and wishes of people and care
workers respected people's privacy and treated them with dignity. A care worker described in detail the care that a particular person needed and also told us the person liked to be independent and do things for themselves which they supported them to do.

Care plans described people's needs and preferences and care workers were aware of the people's personal history and the people that mattered to them. People and their relatives, if necessary, were consulted about decisions about the persons care and were involved in reviews of their care plan.

There were systems in place to ensure people received safe care and there were sufficient care workers employed to support them. When care workers were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure they were safe to work within the care sector. Care workers were knowledgeable and trained in safeguarding
and what action they should take if they suspected abuse was taking place.

Care workers were skilled and knowledgeable. They had received essential training and there were opportunities for additional training specific to the needs of people who use the service, such as caring for people living with dementia or diabetes. Care workers were supported in their role and received one to supervision meetings with their line manager and formal personal development plans, such as annual appraisals were in place. The manager and care workers
had received training and worked in accordance with the Mental Capacity Act 2005 (MCA).

Risks associated with the environment and equipment had been identified and managed. There were systems and procedures in place for the safe management and administration of medicines. The service had an infection control policy and staff were aware of good hygiene practices.

The service was responsive to the needs of people. Concerns or complaints were promptly responded to. There were comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff and the director. We saw a record of compliments received and these indicated that people were satisfied with the quality of care provided.

The company undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and trusted their care workers.

There were procedures designed to safeguard people and these were followed.

The risks to people's safety and wellbeing had been assessed and there were plans to help reduce risks.

There were enough staff and the procedures to recruit them were suitable.

People were given the support they needed to take their medicines.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively.

Staff understood the principles of the Mental Capacity Act 2005 and care
workers gained people's consent before care was provided.

People who required support had enough to eat and drink during the day and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were friendly, helpful and
respectful.

People had opportunities to comment on the service provided and be
involved in the care planning process.

Is the service responsive?

Good

The service was responsive.

People and their relatives were asked for their views about the service.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

There were systems in place to respond to complaints and people knew who to speak with if they had a concern.

Is the service well-led?

Good

The service was well led.

The management team was approachable and people felt the care provided was well managed.

People, who received care, and their relatives were asked for their views on the service.

The provider monitored the quality of the service provided to people.

Staff received support and regular feedback from the manager and provider.

Carewatch (North Somerset)

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 checked 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 4 and 5 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff and people using the service were available to speak with us.

The inspection visit was conducted by two adult social care inspectors. During the inspection we contacted people who used the service by telephone to ask them about their experiences.

Before the inspection we looked at all the information we had on the provider, including notifications of significant events and safeguarding alerts. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

We contacted the local authority and NHS commissioning teams who purchased services from the agency and had feedback from two of these. We spoke with 18 people who used the service and six of their relatives by telephone.

During the inspection visit we spoke with the provider, manager and five staff working at the agency. We looked at the care records for eight people who used the service. We also looked at staff recruitment,

training and supervision records, records of complaints, missed visits and other incidents and the provider's records of audits and quality monitoring. We contacted the local authority and NHS commissioning teams who purchased services from the agency and had feedback from two of these. We spoke with 18 people who used the service and six of their relatives by telephone.

Good

Is the service safe?

Our findings

The service was safe.

People told us they felt safe with their care workers and the agency. Some of the things they said were, "the carers are very good, I felt safe in their hands and I'm very pleased with the service;" "I feel safe with any of the carers that come", "they are very good I trust them", "absolutely I feel safe I can trust (my care worker)" and "yes I feel safe, (my care worker) bathes me and he is a nice gentleman I feel very safe with him." One relative of a person who used the service told us, "I feel he is safe I am confident to leave the carer with my husband whilst I go out."

The agency had appropriate procedures for safeguarding vulnerable people. The staff had received training in this. There was a clear record of all safeguarding alerts which had been made and the action taken to investigate these. There was evidence that the agency had notified other organisations such as the local safeguarding authority and the Care Quality Commission. The records included any learning outcomes and changes to care following the investigation of safeguarding alerts. The previous manager had completed a trend analysis to identify common themes or where improvements were needed. The new manager confirmed that they would be continuing to do this.

Some people required the care workers to shop for them. There were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with these. There were records of all financial transactions and the staff obtained receipts for any money spent. The senior staff at the agency audited these each month.

The senior staff assessed the risks to people's safety and wellbeing. Each care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, equipment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for the staff to take to keep people safe and reduce the risks of harm. The assessments were updated annually or more often when people's needs changed. Each person had a signed agreement within their risk assessment. Any accidents and incidents were recorded and led to a reassessment of the person's needs.

The manager kept a record of any reported missed visits. There was evidence that these were investigated and that action was taken following these. For example, where the staff had failed to follow procedures or when staff had not arrived for a visit as planned, the manager had taken disciplinary action. Retraining and additional information had been provided for staff where needed. The manager had analysed all the incidents of missed visits and had produced a learning outcome action plan which was designed to minimise the risks of these incidents reoccurring. This plan included improving communication with staff, training and information. The provider had taken action to make sure people were safe following these incidents. Staff responsible were monitored and the provider had contacted people to make sure they were happy with the outcome following the investigation into the incident and any action taken.

The agency had a system of logging and monitoring visits to people. The manager told us that they were Improving the way staff used this so that the office staff had better ''live'' information on whether people were receiving their care at the right time.

At the time of the inspection there were enough staff employed to meet people's needs. The office staff at the agency matched the staff to people to make sure all visits were covered. The manager told us that because of a drop in staffing levels over the summer the agency had stopped taking on new referrals and served notice on packages for a period of time because they wanted
to make sure they could safely meet everyone's needs. In order to increase staffing levels the manager had an ongoing recruitment process in place and this was resulting in many more new staff members being recruited.

There were suitable procedures for recruiting staff. This ensured all necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post. which meant risks of abuse to people were minimised . These included checks on their suitability such as an application form, references from previous employers, a criminal record check, check on their identity and eligibility to work in the UK. We looked at the recruitment files for eight members of staff. These showed that appropriate checks had been made. There was a record of the recruitment interview and checks on their knowledge and skills when they first started work at the service.

People told us the care workers gave them the support they needed with their medicines. One person said, ''They are good with my medicines and give me the help I need.'' People told us the care workers waited to make sure they had taken their tablets. There were procedures about the administration and management of medicines. All staff had been trained to understand how to safely administer medicines. The training included a test of their knowledge. The staff competency in this area was assessed before they started working alone and annually. We saw evidence of this in the staff files we viewed. The manager and senior staff audited medicine records each month and we saw evidence of these audits. Where problems had been identified the staff received additional training. The manager told us the staff were proactive in highlighting any concerns they had with someone's medicines, for example a change in someone's medicines. Contact details for the person's GP and pharmacist were included in their care plans and the staff used these if needed to discuss people's medicines. There were safe arrangements to protect people's health and welfare when being supported with their medicines.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. One staff member told us that they changed their gloves so regularly they were "Always having to stock up."

Good

Is the service effective?

Our findings

The service was effective.

People told us they felt staff had the skills they needed to support them effectively. Two people told us, "They are very good in every way and really helpful; I thought the carers were well trained" and, "They seem very happy and work together well." Most people who responded to this question in our survey said they thought care and support workers had the skills and knowledge to give the care and support they needed.

Staff received training considered essential by the provider to meet people's care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding people. Staff were positive about the training they received. One staff member told us, "The training that we've had is brilliant." Staff said they were supported to do training linked to people's needs, such as percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is used where people receive nutrition through a tube into their stomach because they cannot maintain adequate nutrition through oral intake. Staff told us they felt well supported by the provider to study for care qualifications. One care worker told us, "I am being supported to do specialist training. We're all doing qualifications if we want to and extra training. They want us to be the best we can be. That's why I chose this service, for the support to better ourselves."

Staff said and we saw evidence that they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker who was their mentor, before they worked on their own. One staff member told us, "The induction programme was very thorough. Before you go out there are certain things that you have to do. One of the seniors will go through
everything with you and what to expect. Once you've done the training you then go out with a mentor, a more experienced person to shadow. I now have new staff shadowing me." The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. The manager told us that all staff including themselves and the senior staff will be completing the Care Certificate. Staff told us, "You can have up to two weeks shadowing, but I felt confident at the end of one week." They said they felt supported because the manager or senior staff answered
all their questions.

Staff told us their knowledge and learning was monitored through a system of supervision meetings, telephone surveys and unannounced 'observation checks' of their practice. The
manager told us, "We alternate spot checks and supervisions. New staff are supervised more frequently until their probationary period is over and we are satisfied they are competent. If there are any additional needs highlighted by people and/or relatives, the shadow mentor or through supervision, we will give staff additional support." Records confirmed senior staff observed staff practice in people's homes and assessed staff performance to ensure care workers put their learning into practice. Staff confirmed that supervision offered them an opportunity to request any further training they felt would enable them to meet people's needs more effectively. One staff told us, "I am asked if I feel I've had enough training and if I'd like to do any

more."

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. We checked whether the service was working within the principles of the MCA.
The manager told us there was no one using the service at the time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. We found there were no documented mental capacity assessments for these people, so their capacity to make decisions was not clear. We discussed this with the manager who agreed they would seek clarification on this issue and conduct assessments where necessary. They told us, "I am still learning about it. I take it on a case by case basis." We found in 2 care plans a record of the best interests decisions, made by the Local Authority, for Carewatch to manage two people's finances where they did not have the capacity to make complex decisions. The decisions had been clearly recorded in their care plan and involved appropriate people including health professionals.

Staff we spoke with said they had completed training in MCA and knew they could only provide care and support to people who had given their consent.

Staff supported people with specialist dietary needs to maintain their health. For example, they offered support to people with diabetes. Staff told us, "Diabetics have to be careful of what they eat and how much sugar they have, and we have had training about it." None of the people we spoke to had any complaints about how staff supported them with food and drink and felt supported to have enough to eat and drink.

Staff said they helped people manage their health and well-being if this was part of their care plan. The manager told us, "We contact GPs daily if we need to. Staff raise their concerns and the office staff contact the relevant professionals, or they might ring the GP with the customer." Records confirmed the service involved other health professionals with people's care when required, including district nurses and occupational therapists (OT). The manager gave an example
where they had referred one person to an OT to review their specialist equipment.

Good

Is the service caring?

Our findings

The service was caring.

People told us that they were very happy with the service. They described the staff as "friendly," "good" and "helpful." One person told us, "Nothing's too much trouble [for the staff]."

The provider carried out a survey of user views in November 2015. All 32 people who responded said that they felt staff listened to them. The view was supported by the people we spoke with. They told us they felt able to talk to staff about their care needs and said that staff knew their
needs well. One person said, "The carers are all friendly and understand me."

The staff we spoke with were proud of the service provided. They all told us that they would be happy for their family member to be cared for by the service. The provider's survey showed that all people said they felt they were treated as a person, were at the 'centre of their care' and that they and their property were treated with respect. People we spoke with said they felt staff treated them with dignity and respect. One person told us, "The care I get is good and I cannot fault it. The girls always treat me with respect, which is so nice to see these days". Another person said, "The care we get is lovely, nothing is too much trouble for them. They are polite and respectful to me and my [relative] and she really likes them". Staff were able to give us examples of how they protected people's dignity and treated them with respect. One member of staff said, "I shut doors and respect privacy by covering people with a towel or blanket to protect their dignity".

People were encouraged to be as independent as possible. This information was incorporated into people's care plans so all staff were aware of the level of support each person needed. For example, one person could manage their own medicines, but could not manipulate the containers the medicines were stored in. The person's care plan provided clear guidance to staff on the level of support the person required to assist them whilst maintaining their independence.

The manager told us that, "People are involved in their care plans" and described how they involved people when their care plans were written and reviewed. Staff told us, ""We chat and find out how they [the person] likes things done. We build up a relationship with them." Another staff member said "I tell people,' I am the pupil you are the teacher,' just tell me how you like things and I do this so I know I am giving that person the right support and care like they like it." People said that they were involved in making decisions about their care and were happy with the care they received. One person told us they were aware of their care plan and we saw that, where possible, people had signed to confirm their agreement to the planned care. Where people were not able to sign their care plan, a staff member had recorded that a discussion had taken place and comments the person had made and if a relative was legally allowed to sign they did.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

It was evident from our conversations with the manager and staff that they endeavoured to provide a bespoke service for the people they supported. The care provided was centred on people's needs, wishes and preferences which were at the heart of the support they provided.

When questioned staff were able to describe the likes and dislikes of those they supported regularly . They also described how the support they provided was as flexible as possible and could respond to the peoples' changing needs and wishes. Staff were able to describe to us in detail exactly how one particular person wished to be supported. They told us the support for people could vary from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate the person's wishes. For example, one staff member explained that sometimes they arrive for the morning call the person is already up and dressed and would like them to stay and chat which they did. On other occasion's the person may need more help for example to help get dressed and fasten buttons. The staff member knew how this person liked to spend their time.

There were systems in place for people's needs to be assessed and care plans developed to meet those needs. Care plans contained personal information, which recorded details about the people and their lives. This information had been drawn together by the people and their family. Records showed that the relevant people had been involved in reviewing care plans and they contained up to date relevant information. Everyone we spoke with knew the regular people they supported and had a good understanding of their preferences and personal history.

Each section of the care plan was relevant to the person and their needs. For example there was information and guidance for staff in relation to the person's mobility, daily life and personal care needs. A profile was available which included an overview of the person's needs, how best to
the support the person and what is important to that person. Care plans contained detailed information on the person's daily routine with clear guidance for staff on how best to support that individual. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs.

There were systems in place for complaints to be recorded, investigated and responded to. One person told us "I'm very happy with the carers; they are very good and would do anything for you. I have no problems with Carewatch; I haven't had to complain but know to ring the office if I'm not happy" and another stated "The girls are great, I have no complaints, there was an issue about my morning call but it was eventually sorted." The procedure for raising and investigating complaints was available for people and their relatives.

A satisfaction survey we received indicated that people completing the form agreed with the statement 'I know how to make a complaint about the care agency' and agreed with the statement 'The staff at the care agency respond well to any complaints or concerns I raise'. There were also systems and processes in place to consult with people, relatives and staff.

A satisfaction survey the Care Quality Commission carried out, indicated that people completing the form agreed with the statement 'The care agency has asked what I think about the service they provide'. Satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided. Communication was an issue with people, mainly waiting for carers to arrive but unsure how long the wait would be. We spoke to the manager about this matter and they provided us with their "Issues" file in which problems were recorded that were raised by people and staff and how they were trying to resolve them. The manager stated that office staff rang people to let them know when staff were going to be late, which wasn't a common occurrence, on the numbers provided, but not everyone answered the phone. We asked what action was taken if this was the case, the manager stated they rang once more and recorded the fact that no one answered, which we saw on the relevant "Issue" sheets. The manager explained that it was not practical to continue to ring as this wasn't a good use of office staff time but they were going to contact other domiciliary care providers to see what they do about this.

Good

Is the service well-led?

Our findings

The service was well-led.

People told us that they felt involved in how services were provided and they were regularly asked to comment on the care they received. One person said, "I have filled in a survey in the past". Another said, "The [manager] is the one who deals with any issues and they have been round to ask me what I think of things and if there is any change in my needs. I can talk to them and they listen." Staff told us the importance of recognising people as individuals. This was promoted by the registered manager and director and evidenced in people's care plans.

The registered manager told us that questionnaires designed to gain feedback on the quality of the service were given out annually to people and their relatives. The most recent one had been done in November 2015. The results of these questionnaires were then reviewed to see if any changes to the provision of services were necessary. This enabled the person to have a say in the service that they received. It also helped to develop the service provided to others as the provider adapted practice where needed. We saw records of quality checks and changes made as a result for example, improved medication audits and improved quality of written notes. The majority of the people we spoke with felt that their feedback was listened to and valued by the provider.

The provider monitored the quality of the service by the use of regular checks and internal quality audits. The audits covered areas such as training, complaints, staffing and care records and highlighted areas needed for improvement were reviewed and findings were sent to the manager and directors and ways to drive improvement were discussed. The manager and senior staff carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided in people's homes.

Staff said they were supported in their jobs by the management team and that they received regular one to one support sessions. Regular training was provided to enable staff to develop their skills in providing care. One staff member said, "Since starting I have been provided with all the basic training I need to do my role". We saw records of staff meetings that were held over a 2 week period to enable all staff to attend, which provided a forum for staff to openly discuss their practice, share information and ideas about the development of the service. Staff knew what was expected of them and they were happy in their work. Staff members had a clear understanding of the provider's whistleblowing procedures and felt able to raise concerns of bad practice should they need to. Staff said they believed they would be supported by the management team if they had to raise a concern. One staff stated "I would whistle blow, I'm not afraid to as I have done it before in a previous job and it's important that the customers care comes first." And "Yes, I think the manager and provider would do something about it if I did whistle blow."

The provider had a manager and directors in place. They had a clear understanding of their role, responsibilities and organisation values, which they explained to us. There was provision in place for staff to seek advice and support outside of office hours. Staff told us that they felt part of a team and that manager and directors listened to and took note of their views.

The manager and directors understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). The management team had appropriate systems in place to record and respond to incidents and accidents. The manager was aware of their responsibilities and had appropriately submitted notifications to us regarding safeguarding and other matters.

We saw that the management team and office based staff had a good communication system in place to pass on any changes to staff ensuring consistent care provision.