Horsham & Crawley Care Limited

Carewatch (Horsham & Crawley)

Inspection report

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Tel: 01403252542

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Carewatch (Horsham and Crawley) 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, and younger disabled adults. Not everyone using Carewatch (Horsham and Crawley) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection took place on 13 March 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection. At the time of the inspection there were 96 people receiving a home care service. The registered manager was present on the day of 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.

At the last inspection on 8 December 2015 the service was rated Good overall. At this inspection we found some areas of practice that required improvement.

Risks associated with people's mobility were not always assessed and there were not always clear plans to guide staff in how to support people safely. Staff had received training in how to administer medicines. There were systems in place to check and monitor that medicines were being administered safely. Some people were being supported with administration of medicines that were prescribed to be given PRN (as and when needed). There were no clear guidelines for staff in how to administer PRN medicines safely. Risks to people were not consistently assessed and managed to ensure that people were supported to be safe.This was identified as a breach of the regulations.

Management systems and processes were not always effective in identifying shortfalls and making improvements. People were not always informed of who was coming or changes to visit times. This had been noted through the provider's quality assurance feedback system. However, people told us communication about their visits remained inconsistent. Some auditing processes had failed to identify omissions in records. These areas of practice were identified as needing improvement.

People told us that they felt safe with staff supporting them to live as independently as possible. Staff knew how to recognise signs of possible abuse and understood their responsibilities with regard to reporting suspected abuse. Recruitment systems ensured that staff were suitable to work with people. There were enough staff to cover all the care visits.

Staff had received the training and support they needed. People and their relatives told us they had confidence that staff would recognise if people were unwell and would help them to access the health care services they needed. One relative told us about how staff had recognised when their relation became unwell, saying, "I was impressed that they had called me."

People's needs had been assessed in a holistic way. Staff understood their responsibilities with regard to the Mental Capacity Act 2005. People told us that staff checked with them before providing care. People were supported to have enough to eat and drink.

People and their relatives told us that staff treated them kindly and were respectful. People said that staff respected their views. One person said, "They are all kind and lovely. I look forward to them coming." Staff knew people well and told us they had time to get to know people and understand their needs. One staff member said, "If I don't have enough time I tell the office and they arrange a longer call. It's important that people don't feel like we are rushing them."

Care records reflected people's views and preferences. Staff were providing care in a personalised way. One staff member said, "We follow the care plans but it's also about knowing people well and listening to their instructions about the small things." People and their relatives knew how to make complaints and the provider had a system to address any concerns.

People and their relatives were complimentary about the support they received from the office based staff and the registered manager. Staff were positive about the leadership of the service and described the registered manager as open and approachable. One staff member said, "She is very kind and easy to talk to and always happy to help or guide us."

The registered manager had a clear vision for the service and described their intention to remain as a small, personable service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Risks were not always assessed and there were not always clear plans in place to guide staff in how to care for people safely.

There was not always clear guidance for staff in how to administer medicines that were prescribed PRN (as required).

Staff understood their responsibilities with regard to safeguarding people from abuse. There were enough staff to care for people safely.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to be effective in their roles.

People were supported to have enough to eat and drink and their health was monitored. People were supported to access the health care services they needed.

People's needs had been assessed and their consent to care and treatment was sought in line with legislation and guidance.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well. People were supported to express their views.

Staff were kind and treated people with dignity and respect.

People were supported to maintain their independence. People's privacy was protected.

Is the service responsive?

Good

The service was responsive.

People were receiving care in a personalised way. Care records reflected their views and preferences.

People knew how to complain and their concerns were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Systems and processes were not always effective in monitoring and improving the quality of the service.

Records were not always accurate and complete.

There was a clear management structure and visible leadership. Staff were well supported and described a positive culture.

Staff described positive working relationships both internally and with other agencies.

Carewatch (Horsham & Crawley)

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 13 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager and other staff were available to speak to us on the day of the inspection.

Two inspectors and one assistant inspector undertook the inspection site visit on 13 March 2018. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. An Expert by Experience spoke to people who used the service or 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 service. Their area of expertise was older people.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications and any complaints that we had received. A notification is information about important events which the service is required to send to us by law. The provider had submitted a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing any potential areas of concern at the inspection.

We spoke to nine people who use the service and six relatives in telephone calls. We interviewed five members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for eleven people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed

information for eight staff including recruitment, supervision and training information. We looked at team meeting minutes and the provider's systems for allocating care visits and other information systems.

The last inspection was on 8 December 2015 when there were no concerns.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that the home care service they received helped them to feel safe living at home. One person told us that it was reassuring having home carers to support them. People said that the home care workers never missed a call. Despite these positive comments we found some areas of practice that were not consistently safe.

People were living with a range of needs including; sensory loss, Parkinson's disease, diabetes, arthritis and dementia. Risks to people were not always assessed and managed effectively. For example, one person had been identified as being at high risk of falling. There was a detailed care plan in place to guide staff in how to reduce the risk of falls. However the risk assessment for supporting the person with a shower was not personalised and did not provide clear guidance for staff in how to support the person with their particular needs safely.

Some people had been assessed as needing support to move around due to poor mobility. All staff had completed training in manual movement and had received an annual update. Staff told us that they used equipment such as hoists to assist some people to move. However, manual movement assessments and care plans were not always in place. Staff told us that they knew people well and understood how to support their mobility needs. However, the lack of manual movement care plans meant that guidance about specific risks and particular equipment needed to support people safely were not available for all staff. This meant that some people were at risk of receiving inappropriate care and support. We asked the registered manager about the lack of manual movement assessments and care plans within people's care records. They told us that this had been overlooked when transferring care plan information onto a new format. The registered manager told us they would take immediate action to rectify this oversight.

Some people needed help to manage their medicines. Staff had received training in administering medicines and records confirmed that they had been assessed as being competent to administer medicines. We viewed a sample of Medication Administration Record (MAR) charts. Some people had been prescribed PRN medicines, which need to be given 'when required' and should be administered when symptoms are exhibited. The provider's medication policy stated that instructions for PRN medicines should be 'detailed within the care and support plan and risk assessment and the MAR Chart, ' and that ' the dose, maximum frequency and directions for safe use should be included.' However there was no such protocol included in people's care records to guide staff in when and how to administer PRN medicine. This meant that people were at risk of receiving their medicines incorrectly.

We identified inconsistencies in identifying, assessing and mitigating risks to people to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough suitable staff employed to cover all the care visits. One staff member said, "There are enough staff, I am only asked to cover extra calls occasionally if someone is off sick or on holiday." Another staff member said, "We generally have enough staff, if there's sickness we pull together and the office staff will help out if needed." A care co-ordinator in the office was responsible for planning visits and allocating

care workers. They told us that there were usually enough staff to cover all the visits saying, "Staff have regular schedules and some are willing to do extra visits if needed or care co-ordinators can cover calls." The provider used an electronic system to allocate care workers to visits. The system identified any visits that had no scheduled care worker and enabled the care co-ordinator to ensure that care workers were allocated to every visit. People told us that they had not experienced any missed calls in the past six months.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Staff demonstrated an understanding of their responsibilities with regard to safeguarding people. They were able to describe how they would recognise different types of abuse and what actions they would take. Records confirmed that the provider had raised appropriate safeguarding alerts with the local authority in line with their policy and had taken action to protect people from abuse. Staff had received training in Equality and Diversity. One staff member described how they would ensure that people were protected from discrimination, saying, "It's important that we know what's important to each person are respect their views and beliefs."

Staff reported that they had access to appropriate personal protective equipment such as gloves and aprons. They had received training in hand hygiene and infection prevention. One staff member described the actions they would take to prevent and control infections. They said, "When someone is unwell we have to take additional precautions so that we don't spread the infection around. We all have alcohol gel and gloves and we can use aprons and masks if we need to." A relative told us that they were very impressed by the housekeeping skills of one care worker, saying, "She is excellent and takes great pride in her work."

Environmental risk assessments were completed to ensure that people's home environments were safe and suitable for care workers to perform their duties and to keep people safe. One staff member told us how they helped people to feel safe in their home, saying, "I always check that the windows are closed and locked and electrical items are turned off before leaving someone in the evening, it's important that they are secure." Some risk assessments included guidance for staff in how to manage specific risks. For example, where care workers were required to support a person with food preparation a risk assessment included clear guidance about discarding out of date food with the person's permission.

There were systems in place to record incidents and accidents. Care workers described how they would report any incidents to the office staff. One staff member said, "If we have any issues we report it straight away and the care co-ordinator will come and reassess the situation and resolve any problems." Incidents and accidents were monitored to identify where improvements could be made. A staff member told us about one incident and described how this had led to a change in practice so that staff used a thermometer to check the temperature of water in the shower before assisting people.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the staff. One person said, "The carer called my daughter when she thought I wasn't well." A relative told us, "The staff all know how to use a hoist and they were trained to use the slip sheet."

Staff described receiving the training and support they needed to be effective in their roles. One staff member said, "I have had a good induction, it has been very supportive." Another staff member told us, "New care workers get some training in the office and then they shadow experienced staff before they are out in the field." A relative told us, "I am aware that carers have come to shadow someone here before they come out on their own." Records confirmed that the induction process included time observing a care worker, one staff member told us this helped them to "get to see how people like things to be done."

Records showed that staff were able to access training in a range of subjects that were relevant to the needs of people they were supporting. For example, staff had completed training in diabetes care, dementia awareness and catheter care. Some training required regular updates and a training plan was in place to ensure that all staff received updates when they needed to.

Staff told us they received supervision on a regular basis. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that supervisions were taking place regularly and identified observations of practice that had taken place.

People's needs had been assessed before they started receiving the home care service. Assessments were holistic and included people's physical and mental health needs as well as their social needs. Protected characteristics under the Equality Act were identified and the things that were important to people were described such as any religious or cultural needs or preferences.

People told us that staff supported them to have enough to eat and drink. One person said, "She(care worker) always makes sure that my lemon drink is topped up and butters my bread, wraps it up so that it's ready for my soup later on." Staff told us that they would check that people had enough food and drinks available to them. One staff member said, "If we notice there's no food in the house we can't leave it, we have to report it to the office and they will sort something out." Records showed that were people needed support with food and drink staff had noted what they had eaten. One staff member described how they had noticed that a person had lost a significant amount of weight and had alerted a family member who contacted the GP.

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.

Staff demonstrated that they understood the principles of the Mental Capacity Act 2005. One staff member explained, "It's about how we support people to make decisions if they lack capacity to do so. We need to make sure we are respecting people's human rights." Another staff member said, "It's important that we don't assume someone can't make decisions. If they do lack capacity then we need to make decisions that are in their best interests." Records confirmed that issues of consent had been considered. For example, people had signed to show they consented to their care plan. Where people lacked capacity to consent, but had an appropriate legal representative, this was noted within their care records. The registered manager told us that if anyone was felt to be subject to deprivation of liberty then they would contact the local authority and an application would be made to the Court of Protection.

People were supported to access the health care services they needed. Staff described positive working relationships with GP's and district nurses. Records showed that staff supported people with their appointments where needed. For example, one person's care visit had been changed to ensure the care worker could support the person with a visit from the podiatrist. Another care record identified when a district nurse had been called for advice. Another care plan included time to support a person to attend medical appointments.

People's changing needs were monitored to make sure their health needs were responded to promptly. People and their relatives said that staff noticed when people were not well. One relative said, "The carer phoned me to say that my relation appeared unwell, not their usual self. They were prepared to call the GP but I already had it in hand. I was impressed that they had called me." Records showed that care workers reported changes and concerns to the office staff so that they could contact family members or health care professionals as appropriate.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring attitude of staff. One person said, "They are all kind and lovely. I look forward to them coming." Another person told us, "She (care worker) puts herself out looking for things to do for me." A third person said, "The carer will do a bit of shopping for me, it's extra for her but she always tries." A relative told us that their relation had certain care workers that they preferred, saying, "He has his favourites but they have all been kind and caring."

People used the service for various reasons, some requiring minimal support, receiving a visit twice per week whereas others had several calls each day. People told us that they had regular care workers most of the time and they had got to know them well. One person told us, "I have been having more regular carers and that works best."

Staff were able to tell us about the people they were caring for, including their preferences and personal histories. One staff member described how they used the care plans to learn about people and then got to know them over time. They told us, "It takes time to get to know people well and for them to trust us. Sometimes people don't want to accept the help and we have to respect that, but overtime as we build a relationship they might accept more help." They gave an example of how they had used their knowledge of a person and their love of music to build trust when supporting them with their personal care needs.

Staff reported having enough time to spend with people and not feeling that care visits had to be rushed. One staff member said, "If I don't have enough time I tell the office and they arrange a longer call. It's important that people don't feel like we are rushing them." Another staff member told us, "I do what's needed according to the care plan then ask if they would like a cup of tea and we have a chat. I don't have to rush." People told us that they were happy with the duration of their visits.

Staff told us they supported people to be as independent as possible. One staff member described how they encouraged people to do what they could for themselves, saying, "I always offer people the choice and help them with things they can't manage or find too difficult." A relative told us, "I have heard the carers encouraging him to do the little that he can, any independence lifts his spirits." People's care plans identified tasks that people were able to complete themselves. Where there were limitations due to people's abilities, there was clear guidance identifying how the person would like to be supported.

Staff were supporting people who had communication difficulties and this was reflected within their care plans. For example, one care plan included clear guidance for staff in how to support a person with needs associated with sensory loss. This included ensuring they were wearing their glasses, speaking slowly and clearly, checking their understanding and giving them time to respond. A relative spoke positively about how care workers supported their relation who had communication difficulties. They said, "The carers chatter away and include her and she always looks relaxed and happy with them."

People were supported to express their views about their care and support. Care records indicated people's preferences and choices and guided staff that people were able to make decisions about their day to day

support. People and their relatives told us that they had been included in developing their care plans. One person told us that their care plan had been updated recently, saying, "My care plan is gone over, they had to when I had been in hospital." A relative told us they had been included in reviewing arrangements for their relation's care. They said, "The care plan was reviewed last week and both of us joined in." Another relative told us that a senior carer visited, "about every six months," to review the care plan with them.

Staff had received training in how to promote and protect people's dignity. Care plans included specific guidance for staff in how to maintain people's dignity, including keeping people covered and ensuring their privacy when providing support with personal care. A staff member described the importance of supporting people to feel comfortable and said, "I just think about how I would want to be treated, we are in their home and we have to be respectful at all times."

People's personal information was kept securely and staff demonstrated an understanding of their responsibilities with regard to protecting people's confidentiality. Staff meeting notes showed that staff had been reminded of the importance of keeping people's information confidential when they were out in the community completing visits. For example, ensuring that time sheets containing personal information were kept securely and were not visible for other people to read.

Good

Is the service responsive?

Our findings

People's care records included information about what was important to them. Staff told us that this helped them to understand people's needs an enabled them to provide a personalised service. One staff member gave an example of how a person's religious needs meant that they had specific requirements about how food was stored and prepared. They said, "The care plan reflected what was needed and all the staff knew what to do."

People and their relatives told us that staff were responsive to their needs. One person said, "They know exactly how I like things and that's very important." Care plans were written in a way that promoted a personalised approach, for example using phrases such as 'I would like to,' 'I would like to be reminded to,' and 'I prefer it if you.' Information included the name people preferred, details about what they could do and people's desired outcomes.

Assessments and care plans reflected people's diverse needs and their interests and preferences. Some people needed care and support to be provided in a particular way. For example, some people were living with sensory loss and needed specific items, such as their telephone and alarm button to be left within reach. People's communication needs were identified and care plans reflected these details. Another care plan described the specific order in which the person preferred their morning routine. Staff we spoke with could describe details of people's routines and knew how they liked things to be done. One staff member explained how they supported people to be in control of their care. They told us, "We follow the care plans but it's also about knowing people well and listening to their instructions about the small things." Another staff member described how they had successfully used their knowledge of a person's love for particular films to reduce their anxiety. This showed that staff knew people well and were responsive to their needs.

People and their relatives told us they valued the consistency of the care provided. One person told us about a recent fall and described how the care worker had assisted them when the ambulance arrived. They told us, "The same carer came the next day so she knew exactly what had happened." A relative told us they had been informed when they relation was taken ill. They described how the care worker had realised something was wrong and commented, "I have to stress the value of having consistency in the carers."

Some people were at risk of social isolation and their care plan included details of how staff supported them to access the community and to retain contact with people that were important to them. For example, a staff member described reading a regular newsletter to one person to help them to stay connected with their religious community. Another person was supported to attend a local support group.

People and their relatives told us that care plans were reviewed and that they were included in this process. Records confirmed that reviews happened regularly and when people's needs changed. For example, staff had noted that one person needed additional support and following a review a regular lunch call was added to their care plan.

Staff explained how the provider's electronic care planning system supported them to plan people's care

visits. One staff member said, "We look at people's preferences when we are planning their calls on the system. We take account of the area that staff work in to ensure there is not too much time spent travelling and we try and match care workers to people that they know." They explained how the electronic system assisted in maintaining a regular team of care workers for each person to improve continuity of care.

The provider had a complaints system and recorded any complaints or compliments that they received. Records showed that actions were taken promptly to resolve any issues. People and their relatives told us that they knew how to make a complaint. One relative told us about a complaint they had made and how it had been resolved.

Some people had been supported with end of life care. Care records included any specific wishes that people had expressed regarding end of life care. This included any considerations relating to their religious or ethnic needs. Staff had received some training in caring for people at the end of life. The provider had a bereavement support policy and one staff member described how support was offered to care workers. The registered manager told us that there had been few opportunities to support people with end of life care but they would make links with the local hospice and work in partnership with health care professionals to support people.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that they would recommend the service to other people. One person said, "Overall I feel they do a good job." People were complimentary about the care workers and about staff that worked in the office. A relative told us, "I have rung the office many times and we are on first name terms now, they feel like old friends." Despite these positive comments we found some areas of practice that needed to improve.

Systems and processes were not always effective in monitoring and improving the quality of the service. People told us that communication about care visits was not consistent. People did not always receive information in advance about which care worker would be coming and at what time. One person commented, "The rota, when it comes, doesn't mean much as they swop around. They don't always stick to the times we agreed." Another person said, "I sometimes get a rota but not always." Another person told us, "They can come up to an hour early and that is very irritating."

People told us that they were not always informed when a care worker was going to be late or had changed. One person said, "This morning nobody came so after half an hour I rang the office and they said the carer was off sick. They should let me know." A relative told us "Once or twice they have been so late that I have told them not to bother and I struggled alone." Whilst some people told us they did receive a phone call if their visit was going to be late this practice was not consistent. This meant that staff were not always showing respect for peoples' time and acknowledging the anxieties and disruption that changes to calls might create for people. We noted that similar concerns about poor communication had been raised by people and relatives in a quality assurance survey however it was not clear what actions had been taken to address these issues to make improvements. This is an area of practice that needs to improve.

The registered manager used a number of audits to monitor quality. This included audits of MAR charts, risk assessments and care plans. Some issues had been identified through this monitoring process however the system was not always effective in ensuring that information was complete and up to date. For example, some care plans had not been updated to reflect the care that people were receiving. Where care visits had been amended or increased care records were not always accurate. Systems and process to audit care records had not identified that manual handling risk assessments were missing. This meant that not all care records were complete and accurate. This was identified as an area of practice that needs to improve.

Staff spoke highly of the support they received and described the registered manager as accessible and approachable. One staff member said, "She is very kind and easy to talk to and always happy to help or guide us." Staff described the staff team and small and friendly and spoke of an open culture where they felt able to raise issues or concerns. One staff member said, "I would feel confident about telling the manager if I made a mistake, I think it would be handled fairly." Staff told us that they felt listened to, one staff member said, "The office staff understand because they go out and cover the calls too." The registered manager confirmed that the office based staff were also expected to provide care on occasions saying, "We all wear the uniform so that we can respond and cover calls if we need to." The registered manager told us that they sometimes provided care visits themselves. They explained, "I like to keep up to date with the care that's

being provided. It also helps me to understand what the staff are facing and that's very important, I like to know all the customers and their needs."

Staff were clear about their roles and understood their responsibilities. They spoke about the ethos of the service as being to "Provide excellent, person centred care," and "To have a really good reputation for providing a good service to people." This was reflected within the provider's statement of purpose. The registered manager had a clear vision for the service and spoke about the importance of maintaining a small, personal service.

Staff had made links with the local community and worked in partnership with other agencies. For example, the registered manager described signposting people to support services for companionship when it had been identified that they were at risk of social isolation. They also described linking an informal carer with a local carer's support service to ensure they received the help and support they needed. Staff described positive working relationships with a number of health and social care professionals including, staff from a local hospice, GP surgeries and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not consistently assessed and managed to ensure that people were supported to be safe.