

Healthcare Personnel Limited

Carewatch (Barnet)

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

About the service

Carewatch (Barnet) is a domiciliary care agency providing care to older people in their own homes. At the time of our inspection 100 people were receiving a personal care service.

People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Medicines were managed safely.

People and relatives told us staff were able to meet their needs and were respectful of their individual preferences. People said staff who supported them were kind and caring.

People and relatives confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had a number of systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 11 November 2016.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Carewatch (Barnet)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Carewatch (Barnet) is a domiciliary care agency providing care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 8 May 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home service that the provider is required by law to let us know about. On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection

process.

During our inspection we spoke with the registered manager, the quality and training manager and five care workers. We looked at four peoples care records and three staff files as well as other records relating to the management of the service. After the inspection we spoke to nine people who used the service and 11 relatives by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, told us they felt safe using the service, Comments included, "I always feel safe. My regular carer is amazing and knows me so well and is so respectful. They all do things like signing in and out of the sheltered flats I live in – they do things properly which also makes me feel safe." And "I do feel she is in safe hands."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.

Assessing risk, safety monitoring and management

- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There were enough staff to meet people's needs and keep people safe. People told us they had never had any missed calls
- People and their relatives told us they knew the staff well and had built good working relationships with them. A person said, "I have a regular carer and it's only when she is on annual leave that somebody else comes. She is always on time."

Using medicines safely

- Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed.
- We looked at a file of MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers.
- A relative told us, "They give her medication from a dosette box- they have never forgotten, and they will ring me if she is running low on tablets as the pharmacy will often leave it to the last minute to deliver them."

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- A relative told us, "They did come out to her at home initially to plan what she needed. There were lots of forms they had to fill in. They were good and listened well to what we needed from them. They introduced themselves to mum – she has dementia and didn't want carers at all. They have all been very professional-carers and senior staff."
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Some staff were working towards achieving nationally recognised qualifications in care.
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- The training and quality manager told us they had requested that all staff complete the Care Certificate workbook. This is a set of fundamental standards health care professionals are expected to complete when supporting people in health and social care settings. □
- Staff felt very well supported. They had supervisions and appraisals and comments included "we are well supported here, we have regular supervision." And "we always get plenty of training here."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to maintain independence and prepare their own meals.
- Not everyone received support with their meals. Some people told us that their relatives managed their meals, or they had meals that just needed heating up.
- A person told us "They get me my meals. I choose what I want, and they prepare the food for me and always leave me with plenty to drink. They clear up properly after I've eaten. I think they are excellent."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, GPs, District nurses and occupational therapists to make sure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- People were supported by staff to attend medical appointments when needed. A person using the service told us "The carer has phoned for the GP for me and they stay with me until the Doctor comes. They are very kind."
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. In community settings any restrictions placed on people are known as community DoLS.

- At the time of our inspection there was no body who was subject to a community DoLS..
- The registered manager sought appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to care.
- Staff continued to have a good understanding of these pieces of legislation and when they should be applied. People were encouraged to make all decisions for themselves.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, " We always give people a choice, what to wear what they would like to eat."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included "All the carers are very nice and kind." And "They provide an excellent service and are all so kind and helpful and support me to keep my husband at home."

- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "We treat people like they are family."

- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.

- People and their relatives told us their individual needs and wishes in respect of their values, culture and religion were respected. A person told us "I want to attend church every day and having the carer coming encourages me to get up and dressed and then I go to church. It really helps to motivate me to go out."

Supporting people to express their views and be involved in making decisions about their care

- People and their representatives were regularly asked for their views on their care and their plans. A person told us "They do monthly, 3 monthly 6 monthly and annual reviews. The monthly are done by the carer themselves and some are then done by the management. I feel they do listen and try to do what they can for me. All the paperwork is updated regularly."

- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed

- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values

- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.

- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains

- A person using the service told us, "I have the same person for each visit and she helps me with a strip wash. She is very warm and respectful and does all she can for me. I find her very gentle delicate and modest. She is very respectful when helping me and will keep me wrapped in towels when she has helped me wash."

- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us they were happy with the care and support provided. One person said, "I am happy with the service. I do not want to change anything."
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.
- A relative told us "My parents care needs have changed over time and will continue to change and we need things in place to manage these changes and they (Carewatch) have helped, for example we now have a keysafe as Dad was locking the door from the inside and then losing the key. They contact me if there are any concerns. I do their shopping online and the good carers will let me know if there is anything particular I need to get."

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that the service had not received any recent complaints.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.
- A person told us "now everything is ok. I have no complaints, but I would be happy to tell them if there was a problem and I believe they would listen to me."

Is the service well-led?

Our findings

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that the managers at the service were visible and known to them and approachable. A person using the service told us "I do think they are well organised. They are also friendly. I will go into the office to say hello to them and have a cup of tea. They are kind of like your friends. I'm quite happy with their service."
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The managers are always wonderful approachable, and they care about us as well as the clients." The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided strong leadership and everyone we spoke with said they liked and respected him.
- Staff were happy, and proud to be working at the service. One member of staff told us, "I really enjoy my job and very happy with all the office staff."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- Regular audits were completed and covered areas such as people's care records, safeguarding, risk assessments, health and safety and infection control. This was so any patterns or areas requiring improvement could be identified. Completed audits fed information into action plans.
- Spot checks and telephone monitoring were taking place on a regular basis.
- One person told us "On occasions they ring me from the office just to check I am ok, and I've been fine."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and relatives each year. They also fed back the results to people when the results had been analysed.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They discussed any issues with staff and put action plans in place to monitor and drive improvement.

- 'The registered manager attended a number of leadership forums and he kept himself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from The Carewatch Franchise Association.

Working in partnership with others

- The registered manager worked with social workers, GPs and district nurses to ensure relevant information is passed on and there is continuity of care.
- Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they provided care in line with people's needs and to an appropriate standard.