

Carewatch Care Services Limited

# Carewatch (Reading and West Berkshire)

## 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

This was an announced inspection which took place on 11 July 2018.

Carewatch (Reading & West Berkshire) is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a regulated activity to approximately 100 people with various needs.

At the last inspection on 2 May 2017, we asked the provider to take action to make improvements with the safety recruitment practices, and this action has been completed.

There was a manager running the service who had almost completed the registration process. 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.

People and staff were protected from harm and were kept as safe as possible. Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff knew how to protect the people in their care and understood what action they needed to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them, as far as possible. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff whose values and attitudes had been tested and who had been safely recruited.

People's needs were met safely and effectively because there were enough staff who were given enough time to meet their identified needs. People were assisted by care staff who had been trained and supported to make sure they could meet people's varied needs. Care staff were effective in addressing people's needs as described in their care plans. The service worked closely with health and other professionals to ensure they were able to meet any specific health or social care needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

A caring, kind and committed staff team provide people with compassionate care. Care staff built close relationships with people and knew their preferences and requirements. The management team and care staff were aware of people's equality and diversity needs which were noted on care plans. People were encouraged to be as independent as possible.

People benefitted from a flexible service that responded quickly to individuals' current and changing needs and preferences. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care

plans included information to ensure people's individual communication needs were understood.

The manager was described as very supportive, passionate and caring. The manager and the staff team were committed to embracing diversity and did not tolerate any form of discrimination. The service assessed, reviewed and improved the quality of care provided.

## 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 had improved in safe.

The service had robust recruitment procedures which were being further strengthened by the provider in light of new guidance. This ensured that staff employed were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service continued to be good.

### Is the service caring?

Good ●

The service continued to be good.

### Is the service responsive?

Good ●

The service continued to be good.

### Is the service well-led?

Good ●

The service continued to be good.

# Carewatch (Reading and West Berkshire)

## **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 11 July 2018. It was carried out by one inspector and was announced. 48 hours' notice of the inspection was given because the service is office based and we needed to be sure that the appropriate staff would be available to assist with the inspection. We were assisted on the day of our inspection by the manager and other office based staff.

We used information the provider sent us in the Provider Information Return (PIR). However, this was mostly historical as we had not requested an update to this information since the last inspection. We looked at all the information we have collected about the service. This included notifications the manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for six people who receive a service. This included support plans, daily notes and other documentation, such as medicine records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We received five written comments from people and/or their representatives after the day of inspection. We spoke with one member of the care staff and received written comments from a further two staff members. On the day of the inspection we spent time with the manager, a care coordinator, a quality officer and the administrator. We requested information from three external professionals closely involved with the service and received one reply.

## Is the service safe?

### Our findings

People were kept safe, as far as possible, from any form of abuse. Care staff were provided with safeguarding training to ensure they knew how to protect people and report any concerns appropriately. Staff fully understood their responsibilities for keeping people safe. One staff member demonstrated this by saying, "Of course you would speak with management immediately if you thought someone was at risk of abuse." Staff were aware of the whistleblowing policy and were confident that the senior staff would take any necessary action to protect people. A safeguarding information 'chart' was displayed prominently in the office. There had been four safeguarding concerns raised since the last inspection. The service had dealt with these concerns appropriately.

People said they felt safe and were being well treated. One family member responding on behalf of a close relative said, "In the past year I have had a great weight taken off my shoulders, I know my wife is safe and being treated with the respect she deserves." A professional told us that they did feel that people were safe and were treated with respect by staff.

Robust health and safety policies and procedures had been developed to ensure people and staff were able to receive care and work as safely as possible. Staff received training in this topic and generic health and safety, environmental and individual risk assessments were in place. Generic risk assessments covered all areas of safe working practice such as lone working and medicine management. Risk assessments were completed for each person's home and included areas such as the use of cleaning products and lighting. Individual risk assessments and risk management plans were an integral part of their care plan. Risks included nutrition and hydration, skin integrity and moving and positioning where appropriate. Information was provided to enable care staff to minimise risk and offer support in the safest way possible. Staff were provided with gloves, aprons and other protective equipment such as hand gels and trained in infection control.

There was a system for recording accidents and incidents. The registered manager confirmed any accident or incident was reviewed so that lessons could be learnt and shared with the team. Actions taken as a result of some incidents included re-training staff, discussion in staff meetings and up-dating all relevant records. Staff were aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as staff sickness or poor weather conditions.

People were supported to take their medicines safely when identified as part of people's assessed needs. People's need to be assisted with medicines was reviewed at least annually. Only trained care staff, whose competency was assessed regularly, were able to administer medicines. Medicine administration records (MARs) were used and staff recorded the times and quantities of medicines given. The records reflected that the medicines and dosages prescribed were correctly administered. MARs were audited regularly and alerted office staff if people's medicines had not been administered or not given at the right times.

The service ensured people were provided with care by staff whose suitability and safety to work with people had been checked. We noted that verification of written references from previous employment had

been undertaken using mobile phone numbers and not registered business telephone numbers on the latest two recruits. The manager understood that using mobile phone numbers for formal employment checks had the potential to be fraudulently used. As a result alternative contact numbers were obtained for the two potential staff members in question who had not yet started working for the agency. In addition, the manager related the lack of clarity in the procedure to the appropriate department in the organisation who undertook to review their policy in light of this and other recent guidance. The service used a number of processes to check candidate's value base and attitude. These included a robust face to face interview and additional supervision during the probationary period. Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people were now made prior to every appointment.

People's needs were met safely by sufficient numbers of staff. The service did not accept packages of care unless there were enough staff to provide the correct amount of time and skill to meet people's needs as identified in their care package. Each person had a contracted specified number of hours of care paid for by the local authority unless they were paying for the care themselves. The service had an on-going recruitment campaign to ensure they had staff available at all times. Appropriately trained office staff, including the manager supported the care team in times of unexpected staff shortages.

## Is the service effective?

### Our findings

The service offered people effective support. A family member told us they felt the service met their relative's needs and said, "We are very happy with the service we receive." The service identified individual's specific needs during an assessment process which included people, their families and other relevant people with their permission. A new assessment form ensured that only those areas relevant to the level of care package required was recorded. People were fully involved in determining what care they wanted and needed and the way they preferred it to be delivered. People signed to say they agreed with the content of the care plan wherever possible.

The service was effective in meeting people's health and well-being needs as specified within individual care plans. Care plans included areas such as mobility requirements, dressing and undressing, personal care and any other particular support needs. A summary of daily routines and tasks to be completed formed part of the care plans. The service worked with other professionals in the community such as district nurses and GPs, as necessary. A professional commented with regard to providing specific call times, "Not always but this is explained to patients and their carers when they are discharged from hospital. It is not always possible for the agency to support timed visits, but this is the same for many agencies."

The service used a computerised system to ensure people received their support visits at the correct time and for the agreed length of time. The system alerted office staff if visits were not recorded within a short period of the specified time. People were told if there is the possibility of staff arriving late. People commented, "If a carer is running late for our calls we always receive a phone call explaining the reason why and when to expect them." and, "If there is going to be a delay, The PA or the office notify me in advance." One person advised us that they were not always informed when delays in calls were going to occur. The results from the latest provider survey for the Reading branch indicated that the vast majority of respondents were satisfied with the service and the frequency and timeliness of calls.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Records for food and fluid intake were kept where required. Staff were instructed to inform senior staff via the electronic monitoring system if there were any concerns.

People were supported by care staff who were trained to enable them to meet people's diverse individual needs. Staff members told us they had very good training opportunities. They told us they were trained in areas to meet individuals' specific needs, such as moving and positioning and medication where necessary. We reviewed the staff training matrix and of the 43 direct care staff four were marginally out of date for refresher training but all were booked on to the relevant courses. Staff had completed the training identified by the provider as core training. This included 'safe to practice', medication, safeguarding and manual handling. The service refreshed training every year dependant on the subject and frequency required. A staff member advised us, "Yes the training is very good over 5 days and covers all aspects. There is also additional training available if ever needed. We discuss this at supervision."

People were assisted by care staff who were supported by the management team of the service to deliver

effective care. The service provided staff with an induction which ensured staff did not work with people until they were skilled enough and confident they were able to do so effectively. Care staff were required to complete the Care Certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). Senior staff observed new staff's competence and confidence prior to them being able to work alone. Care staff completed a one to one (supervision) meeting with senior staff every six months. A staff member advised, "Supervision's are regular and Carewatch also run the footsteps programme. I have worked in care many years but this has been a new experience and very refreshing." This was a system for supporting the development and training of staff during the first 12 weeks following appointment. Additionally, random spot checks on staff's daily work and competency assessments formed part of the supervision processes. The service completed appraisals every year.

Staff meetings were scheduled to be held every three months. This had slipped due to the short notice departure of the previous registered manager. The new manager told us that a staff team meeting would be scheduled at the earliest opportunity. However, in the interim she had been meeting and communicating with staff on a regular basis through emails and face to face meetings whenever possible. There were regular visits to people during care calls by the care coordinators and the quality officer. Whilst this was to assess the quality of the care provided it was also used to support staff with any concerns or queries. Staff told us that overall this system was very supportive. A staff member commented, "Yes I have regular supervision in the office and the clients' houses." Staff told us they felt they were given support to progress and develop their skills within the company.

People's rights were upheld by a staff team who understood the issues of consent and decision making. A new consent form had been introduced which enabled people to consent to only those areas relevant to their care package. Previously this had been a global consent form which did not specify exactly what was being consented to. This new form was described by office staff as good and a very useful development. Care plans noted if others were legally entitled to make decisions on behalf of people.

The manager understood the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did not, currently, support anyone whose liberty needed to be restricted.

## Is the service caring?

### Our findings

People were offered individual support and care by a caring and committed staff team. The provider operated within and promoted a caring environment where people and staff felt cared for. People told us they were very pleased with the care offered. A relative told us, "My husband is very happy with all the care he has received. To sum up [name] and I are very happy with the services we get from the staff at Carewatch. Gold stars all round!" Another said, "I feel confident in saying that Carewatch has and is a company, along with its staff, more than capable of providing the care my wife needs."

People were provided with care by staff who established relationships with people. A team of care staff were usually allocated to individuals and visited the same people as often as possible. This enabled care staff to get to know people and their needs. Due to a recent turnover of staff following the departure of the previous registered manager, some people had experienced changes of their care worker. The service had tried to keep this to a minimum and had provided explanations where necessary. The current and active recruitment initiative was designed to stabilise the consistency of staff and some geographical reorganisation was in progress to further support this. People told us they were treated with respect and they usually had the same carers. This had resulted in them making strong relationships with staff.

People's privacy and dignity were preserved by care staff. A relative commented, "If for any reason we have to contact the Carewatch office, we are always treated with the utmost respect." Another said, "Staff are very concerned that it is a family home for them to respect." Staff described how they preserved privacy and dignity. One said, "Yes I am very aware that people need to be treated with respect and dignity. That is something you would want for your own parents and family."

People's diversity was recognised and wherever possible staff with similar cultural backgrounds or interests were actively sought to meet people's individual preferences. For example, the service had matched staff's language skills, background and interests to people's to better meet their needs. People's individual needs whether religious, cultural or lifestyle choices were noted in care plans relevant to the care package they were receiving. The service had an equality and diversity policy which included people and care staff. The policy noted that equal opportunities were about accepting and embracing people's differences and creating an environment where individuals could thrive. The service adhered to these principles. Staff completed equality and diversity training as part of their induction.

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence as appropriate, as safely as possible.

People's methods of communication were noted on care plans. They enabled staff to communicate with people in the way they needed and preferred to. People were encouraged to give their views of the service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff. In addition, telephone quality reviews were completed with people and care reviews were held regularly.

People's personal information was kept securely and confidentially in the services office. Information was kept in both electronic and paper form to which only the appropriate people had access. The provider had a confidentiality policy which care staff signed prior to commencing work confirming their understanding and responsibilities.

## Is the service responsive?

### Our findings

People were provided with a responsive and flexible service. Their changing care needs and people's requests and preferences were responded to in a timely way. Care plans included the necessary information for staff to offer people responsive care. A staff member commented, "Yes the care plans provide clear instruction of what the client needs and if they have medications."

The assessment, care planning and review process was inclusive of people and those who they chose to be involved. Care plans noted people's involvement, were detailed and provided enough information to enable staff to meet their needs. Daily notes demonstrated that care was person centred. Daily notes were regularly monitored by a member of the office staff and any omissions or feedback required about content was brought to the attention of the relevant staff. Care plans were up-dated regularly and reviews were held a minimum of annually and whenever people's needs changed or there were any concerns about an individual's well-being. People told us they were fully involved in the care planning process.

People benefitted by the service's use of IT systems. People's changing needs were communicated to and from staff via the electronic reporting systems. Office staff were able to be informed immediately if there were any concerns or issues about a person's care. They were able to communicate this information immediately to other relevant parties. Care staff were also texted, e-mailed and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate needs. The majority of people and staff told us communication between the office, care staff and people who use the service was good.

People's communication needs were met and the service was able to produce information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives were encouraged to give their views and feedback on the service. They knew how to make a complaint if necessary and were confident concerns would be dealt with effectively if raised. Where a complaint had been raised it had been dealt with in accordance with the provider's policy and resolved to the satisfaction of the complainant. Complaints were recorded in detail, investigated and outcomes were provided. These were used for learning and were dealt with in the same way as incidents and accidents by means of disseminating any lessons learned to all parties concerned. The service had received nine complaints and several compliments since the last inspection. A professional described the appropriate and immediate action the service had taken when they had received a complaint about care practice. "Yes an informal complaint we received via the safeguarding team. However, Carewatch investigated in a timely, appropriate manner."

## Is the service well-led?

### Our findings

People benefitted from a well-led service. The manager had been in post since March 2018 but had not been fully operational until May 2018 due to other responsibilities. She was experienced in care and appropriately qualified. One relative told us, "Management are at the end of the phone whenever needed." Another said management were always contactable, "Yes, by phone or e-mail." In answer to whether the service was well managed, a staff member told us, "Yes it is now". Another said, "Yes, I haven't had any issues when contacting the office about the client's needs." A professional commented that management staff were accessible and that regular meetings ensured that any quality concerns were addressed in a timely fashion.

There was an open and empowering culture in the service that was person-centred. The staff team were happy, enthusiastic and committed to their work. They understood and embedded the values of the service which were modelled by the management team. People and staff were encouraged to tell the service what they thought about the care provided. People told us they felt comfortable sharing their views with the service, one relative said they were in continual contact with the service who always listened and valued their views. Staff members who contacted us said they felt valued and involved in the development of the service. The service arranged staff meetings which all staff were encouraged to attend. Staff told us they felt comfortable to raise any issues or concerns they had and to put forward ideas for improving practice.

People benefitted from a service which was well governed. A number of quality assurance systems were in place and were used to review all areas of the service. The service was subject to regular provider audits which covered all areas of the service. The audit had identified some areas where governance could be improved and plans were in place to complete this work. A quarterly survey for clients had been sent out recently and results from those who responded showed an overall positive experience of the care provided by Carewatch. A range of regular branch audits covered areas such as care plans, medicines and the electronic call records were undertaken. Appropriate actions were taken as a result of the various auditing and quality assurance processes. These included additional staff training in a range of areas and review of a number of policies and procedures.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals. People's individual needs were recorded in up-to-date care plans which informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were, accurate and up-to-date. All records were well-kept and easily accessible.

The manager kept up-to-date with all legislation and good care guidance. For example, she fully understood when statutory notifications had to be sent to the Care Quality Commission (CQC), the Accessible Information Standard and the duty of candour.