

# Carewatch Care Services Limited

## Carewatch (Poole)

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection was announced and took place on 14 February 2017. We told the provider two working days before our visit that we would be coming to ensure that the people and staff we needed to talk to would be available.

Carewatch Poole provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to approximately 100 people.

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

At the last inspection in September 2016 the service was not meeting the requirements of the regulations and CQC took enforcement action for the repeated breaches of the regulation we found. The service received an overall rating of Inadequate and the provider was placed into special measures by CQC.

At this inspection action had been taken by both the registered manager and provider, there were significant improvements and the breaches in the regulations had been met. We were not able to tell at the time of the inspection whether the improvements we found could be successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

People told us they did not always have a consistent staff team and that the communication between themselves and the office still needed to improve further. These were areas for improvement.

Some people received care and support in a personalised way. Staff knew people well and understood their needs. There were care plans in place so that staff knew what care and support to provide to people. We found that people received the health, personal and social care support they needed and any risks were managed.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People told us they liked all of their care workers.

People told us they felt safe and relatives said their family members were safe with staff and they had confidence in staff.

There were systems in place to safely manage and administer medicines for people. Staff had been trained in the safe administration of medicines.

Staff had an understanding of legislation designed to protect people's rights and were clear that people had

the right to make their own choices.

People and their relatives knew how to raise concerns or complaints. People and relatives were regularly consulted by the service.

Staff received an induction and core training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

The culture within the service was personalised and open. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any issues and were sure that overall any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided and share any learning both in the branch and across the organisation.

## 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** 

People received a safe service but some improvements were needed in relation to the continuity of staff teams to people.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

### Is the service effective?

**Good** 

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Staff had the right skills and knowledge, training and support to meet people's needs.

People had the food and drinks they needed when this support was provided by the service.

### Is the service caring?

**Good** 

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain as independent as possible. They were involved in planning the care and support they received. Their dignity and privacy was respected at all times

### Is the service responsive?

**Good** 

The service was responsive.

People told us the care they received was personalised and their needs were reviewed regularly to ensure their care plans remained appropriate.

The registered manager sought feedback from people. An effective complaints procedure was in place.

**Is the service well-led?**

The service was well led.

The provider and registered manager had made improvements since the last inspection but we were not able to see whether these have been sustained.

Staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

**Requires Improvement** 

# Carewatch (Poole)

## 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.

The inspection took place on 14 February 2017 including visits to five people who use the service. We told the service two working days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by two inspectors and another inspector who contacted nine people who used the service and gained their views over the telephone.

We spoke with eight members of staff, the registered manager, deputy manager, area manager and the provider's head of quality. We checked five people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

The registered manager sent us additional information in relation to the quality assurance monitoring systems, staff training and their improvement plan.

Before the inspection, we reviewed the information we held about the service; this included information we had received from the local authority who commissions the service.

We reviewed the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

# Is the service safe?

## Our findings

People told us they had got to know many of the care staff but they would prefer to have a smaller team of care staff visit them on a regular basis. We received mixed views as to whether people were cared for by the same staff. One person said, "I find it difficult to cope with all different people, it would be ideal if I saw the same small team of people, but I understand this may not be possible". Another person said, "I know all of the carers, I only have the same two or three, I really look forward to them coming, they are a breath of fresh air". A third person said, "They change the rota around so damn quickly they don't always call you to let you know. If I have an appointment it's difficult for me and they sometimes send an inexperienced carer." The continuity of staff teams for people was an area for improvement.

The registered manager told us there were enough staff employed at the service to meet people's needs and the amount of hours care and support they provided to people. However, there had been some unexpected long term staff sickness and this had impacted on some people's regular staff teams.

Since the last inspection a new electronic recording and scheduling system had been introduced. This required staff to scan and electronic tag via their smart phone (provided by Carewatch Poole) when they started a person's visit and when they finished. Where people required a specific visit time because of their health conditions the times of their visits were protected and could not be changed on the system. If the staff were running late for the visit an alert flagged up to all staff in the office, office staff were then able to visit or arrange for other staff nearby to attend to the person.

People received a weekly schedule in advance which showed the times and names of staff that would be visiting them. People said staff arrived around the time stated although often they would be up to ten minutes late due to traffic or if they had been held up at another visit. One relative told us, "They have improved, 99% of our calls are now on time and we have got to know most of the care staff". Generally people told us visits were conducted at the approximate time stated on their schedule. Most people told us they received a phone call if the care staff were going to be more than fifteen minutes late. One person said, "Sometimes the times are good, sometimes they're not, but we do get a phone call from the office if they are running very late". Another person told us, "If they are later than half an hour, I call the office but that is rare, generally they are very good".

At the last inspection in September 2016 we took enforcement action and served a warning notice. We found a repeated breach of the regulations. This was because there were shortfalls in medicines management and the risks to people's health and safety had not been properly assessed, and action had not been taken to mitigate the risks. The registered manager and provider were required to be compliant with the warning notice by 31 January 2017.

At this inspection people told us their medicines were administered as prescribed. People's Medicines Administration Records (MAR) we looked at were accurately completed. Following the last inspection more robust medicine audits were introduced. This included the quality officers auditing everyone's MAR and topical cream records at the end of each month. The registered manager also checked a sample of these

audits to make sure they were accurate. Where any omissions or shortfalls were identified these were followed up with the staff involved.

We also identified overall improvements in the management of people's topical creams. One person told us, "They are very good with my creams, they do my back it's such a relief, I couldn't manage it myself". Another person told us, "The carers are knowledgeable about all the creams, It's all good". Where people had prescribed creams, there were clear instructions for staff on how to apply these. There were body maps completed for people which gave staff guidance on where and how much cream to apply to people. However, we received telephone feedback from one person's relative that their family member's creams were not always applied. They explained they knew that this was the case because their family member's creams were not available and on one occasion they were able to feel the creams had not been applied but the staff had signed to show they had applied the creams. This was an area for improvement. We fed this back to the registered manager who agreed to follow this up with the person's staff team and increase the monitoring of this.

At this inspection we found significant improvements in the risk management for people. Detailed risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. Records showed people's home environment, moving and handling, mobility, nutrition and falls prevention had been assessed to ensure people and staff were protected from avoidable risk. These risk assessments and management plans were very detailed and the high risk areas were also included in the person's care summary at the front of their care records.

Everyone we spoke with said they felt safe with their care staff. One person said, "I feel safe with all the carers, they are perfectly trustworthy, kind and friendly". Another person said, "I feel very safe, they are always looking out for me all the time, they always support me". If people needed two staff to support them during their visit, two staff attended to ensure people were supported safely.

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people and children who may be present during visits safe from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. Staff had received safeguarding adult's and children's awareness training which was refreshed at the required intervals. Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The registered manager had reported any allegations of abuse to the local authority as required.

There were robust recruitment policies and procedures in place. We looked at the recruitment files for four members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

There were arrangements in place to keep people safe in an emergency. There was an on call system for people who used the service and staff to contact in emergencies or where they needed additional support.

The provider had a robust business continuity plan in place. This covered a range of incidents that could occur such as, significant staff absence, loss of information technology systems and data and an inability to access the premises. The plan gave clear contingencies for staff to follow in a range of emergency situations. There was also a completed summary for each person who used the service which covered all their individual emergency requirements and ensured staff had contact details for all people they may need in an



emergency situation.

# Is the service effective?

## Our findings

At the last inspection in September 2016 we found staff were not acting accordance with Mental Capacity Act 2005. In addition, staff were not supported by effective supervision to ensure that their competence was maintained. We gave requirement notices for these breaches of regulations 11 and 18.

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 registered manager had a good understanding of this and we did not find any evidence of any restrictions imposed upon people.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff had an understanding about this and making decisions that were in people's best interests. They had been given a handy credit card sized guide. At this inspection there were mental capacity assessments and subsequent best interest decisions recorded for the people whose records we reviewed. These included the use of bed rails and the administration of medication. Where people's relatives held the appropriate legal authority they had made the decisions on the person's behalf.

People and relatives told us staff sought their consent before undertaking any support or personal care tasks. Records showed people's consent to their care had been sought by staff and people had signed their care plans.

At this inspection staff told us they were well supported by their managers and they had opportunities to develop professionally. Records showed the quality officers completed observations of staff on an ongoing basis and during their induction. This included medicine competency checks, monitoring checks and one to one supervision sessions. Monitoring checks are an observation of staff performance carried out at random. Any shortfalls in staff performance were now followed up in one to one supervision records or any probationary reviews.

People told us they were supported by staff with the right skills and generally enough knowledge to meet their needs. One person said, "Carers know how to use the equipment, if there are new staff they team up with another experienced member of staff and learn from them, that works well, everyone has to learn" and "Some carers are better than others as some don't always know what to do, I say to them to take the time to read the care plan as it is all in there".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The training included moving and positioning, safeguarding, health and safety, medication administration, dementia, end of life care, MCA 2005, food and fluids, skin care, infection prevention and first aid. This made sure that staff were competent and had the skills and

knowledge to safely deliver care.

Most people told us new staff members were accompanied by a regular staff member and shown how people liked things done. The quality officers observed new staff working with people on these shadow shifts before signing them off as competent. New staff completed a comprehensive induction programme before working on their own. This included attending a five day induction training course. Arrangements were also in place for staff who were new to care to complete the Care Certificate, which is a nationally recognised induction qualification.

One person's relative had attended the last staff meeting to provide the staff with information and their experience of living with someone who has Multiple Sclerosis and vascular dementia. Staff who worked with the person told us this had been very useful as it had helped them understand the impact of the conditions on the person and their relative.

People's health and personal care needs were met because staff knew people's needs and were able to describe how to meet them effectively. Information about people's health needs was now included within their care files and care plans included information as to what support people may need in relation to these. Staff were aware of the action they should take if a person was unwell.

People who had food prepared as part of their care package told us staff would always ask them what they wanted. People told us they were supported to have enough to eat and drink and in the main at the times they wanted it. They said, where preparing food and drinks was part of the care and support package, the care workers always made sure they had food and drinks left in their reach. We reviewed the records in people's homes and these included what food and drinks had been prepared for the person.

## Is the service caring?

### Our findings

People told us staff were kind, caring and treated them with respect. One person said, "I would just like to say that the young carer I have now reminds me of another young carer I had in the past they may be young but they really know how to care for someone and they listen. They have common sense." Another said, "They are always kind and respectful, none are unkind or rude". A third person said, "They stay the half hour, they are pushed for time and sometimes they are rushed but they are never rude, always personable and respectful they are so good and reassuring." A fourth person said, "Don't feel rushed, they take their time, treat me with respect all very kind and friendly".

People's choice in relation to gender of care workers for personal and intimate care was respected. This was recorded in their assessments and care plans.

People and their relatives confirmed that they were involved in making decisions about their care. We saw they had been involved in developing their care plans. Relatives were encouraged to be involved where they wanted to be and told us the support had helped with maintaining positive relationships with their family member.

People said care workers always treated them with respect and dignity. People told us staff were always polite and respectful. People said care workers always maintained their dignity when providing personal care.

Staff knew about the requirements to keep people's personal information confidential. All records relating to people were kept secure within the agency office. Records kept on computer systems were also secure with passwords to restrict access. All of the staff's smart phones and the application to access people's records, their schedules and to log in and out of people's homes were password protected. These were changed on a regular basis.

# Is the service responsive?

## Our findings

At the last inspection in September 2016 we took enforcement action and served a warning notice. We found a repeated breach of the regulations. This was because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs. The registered manager and provider were required to be compliant with the warning notice by 31 January 2017. At this inspection we found the warning notice had been met.

Following the last inspection people's needs had been reassessed and new detailed care plans had been produced in consultation with people, their relative and any health and social care professionals that were involved.

During our visits to people we reviewed their care records which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Care plans were clearly written and explained how people would like their care and support to be given. People's care plans reflected their abilities and gave detailed summary guidance for care staff on how people preferred their care to be given. For example, one person's care records stated, 'When transporting [person] to the bathroom, ensure [person's] feet are supported on the foot rests'. There were photographs in care records that gave clear guidance for staff on how to position people when transferring them from their bed to their chair. Care plans gave clear guidance for staff to follow should people be living with a diagnosis of dementia. One relative told us, "Everything is in the care plan, just there... I call it the book of knowledge it's very clear...there are lots of interesting things about Dementia in there, I've learnt so much from the care plan".

People told us they were involved and consulted about their care plans. One person said, "The office staff phone us and come out and do a review, this is useful, I can say what we like to happen and what we don't want to happen".

Staff told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. People and relatives told us staff stayed for the full time allocated for the visit, one person said, "More often than not...most of the time they use the whole visit time, some do scoot off rather quickly". Another person said, "They stay for the full half hour and do everything I ask them to do, it's all listed in the book and they follow it to the letter". A third person said, "They always check everything is done and ask if there is anything else they can do, everyone is so friendly".

Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they were always told about the needs of the people they provided care and support for. A staff member showed us how the technology on their smart phones was used to ensure they could always access up to date information about people. Staff told us they also read the care plans kept in people's homes. They explained that they had to tag in at the start of a visit and the tag was kept in the person's care records and this meant they had to look at the records on their arrival.

People told us they knew how to make a complaint. Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. There had not been any formal complaints since the last inspection.

People told us they were not always receiving their schedules that were posted each week from the office. The registered manager was currently managing these concerns from people about the reliability of their schedules reaching them. This related to a problem with their franked mail and the post office. The registered manager was pursuing this issue with the post office and anticipated that it would be resolved.

## Is the service well-led?

### Our findings

At the last inspection in September 2016 we took enforcement action and served a warning notice. We found a repeated breach of the regulations. This was because effective systems and processes had not been established to assess, monitor and drive improvement in the quality and safety of services provided and because accurate records were not maintained. The registered manager and provider were required to be compliant with the warning notice by 31 January 2017.

At this inspection we found the warning notice had been met. We found that actions had been taken by the management team, and improvements had been made to meet the regulations. We were not able to tell at the time of the inspection whether the improvements we found could be successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

Feedback from people, relatives and staff showed us the service had a, positive and open culture. They all said they could approach staff and they were listened to by the staff, quality officers, coordinators, deputy and registered manager.

Most people and relatives told us they were happy and satisfied with the service they received. One person said, "They have to do everything for me, I'm happy with the service, couldn't manage without it". Some people identified some areas for improvement but acknowledged that overall the service had improved over the last few months.

Most people told us that they thought the communication between the office and themselves had improved over the last few months. However, there were still mixed views from some people as to whether the communication was fully effective. Comments from people included; "I'm always phoning but I haven't complained since Christmas, before I didn't feel listened to, now they seem to be sorting the times out and getting a bit better", "Their work schedule needs to improve and communication, they say they will do it but they never do", "I feel that as far as their office is concerned they could communicate better", "communication not brilliant I got through eventually", and "sometimes feel a bit fobbed off by the coordinators". This was an area of improvement.

People told us and the registered manager confirmed there had been no missed visits since the introduction of the electronic visit monitoring system.

Staff were very positive about the management team and how approachable they were. They told us they were regularly thanked for their contribution and work. One staff member said, "Just getting an email thanking you from (registered manager) makes all the difference. You know you're appreciated". There were monthly staff meetings and the registered manager had scheduled the future meetings at different times of the day so that staff could attend at least one meeting a quarter. The meeting minutes were emailed to staff so they all had a copy. There was also a quarterly newsletter where any thank you letter or compliments were shared. Where compliments were given about individual staff this was fed back to them and was recorded in their staff records. Carewatch also rewarded staff for long service.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Following the last inspection the management team structure had been reviewed. The registered manager was now supported by a deputy manager/administrator, two care co-ordinators and three quality officers. Two of the new quality officers had started at the service the month before the inspection. Each role within the office staff team was clearly defined and this had resulted in more effective and efficient management of the service. All of the office staff team were clear in what their responsibility was and who they reported to.

Between the 1st and 14th of each month the quality officers visited each person and collected the previous month's care records and MAR sheets. This gave the quality officers time to meet with people, check whether their needs had changed or had any other concerns. The quality officers then audited 100% of the MAR sheets and 10% of the care records. The results of these audits were then reviewed by the registered manager to ensure any action needed was taken.

The quality team also completed an internal audit of the service. The registered manager was very proud that the actions they had all put in place had made improvements to the service people received. The registered manager told us, "I'm so very proud of the whole team. They have supported me 100%".

The registered manager and quality officers audited the visit times and length of visits each month. We saw the registered manager took action in response to any findings of short visits. For example, following the last audit they found some staff were not staying for the full amount of time scheduled for some people. The registered manager followed this up with all staff at the last staff meeting and then followed some staff's planned visits without them knowing. They found that staff had responded to the concerns raised at the staff meeting and were staying for the full length of visit. Where people were happy for staff to leave before the end of the visit, staff now phoned the office or the on call staff to check whether they could leave.

We spoke with the provider's head of quality and the area manager who were at the office during the inspection. They told us that the provider's quality team also remotely checked and audited the electronic quality assurance systems in place. The area manager held a weekly teleconference with the registered managers they line managed in the area. They also had monthly meetings with the registered managers where they could share learning and good practice. The head of quality showed us they shared any learning from any incidents across the organisations. For example, there was an incident at another Carewatch branch where staff had applied a cream to a person when it was prescribed to another person. Following this incident the head of quality sent an email to all Carewatch branches to remind staff about the importance of only applying creams that were prescribed for the person.

We received positive feedback from the local authority contract monitoring team who commission the majority of the service. They told us when they visited the service in October 2016 they were very pleased with the improvements they found. This was supported by the feedback from the local authority safeguarding team.

The service's rating from the last inspection was clearly displayed in the office and on the service's website.

The registered manager had notified us about important events as required by the regulations.