

Carewatch Care Services Limited

Carewatch (Scarborough)

Inspection report

Unit 15, Manor Court
Manor Garth, Eastfield
Scarborough
North Yorkshire
YO11 3TU

Tel: 01723585355

Website: www.carewatch.co.uk

Date of inspection visit:

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06 July 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

Carewatch (Scarborough) is a domiciliary care service which provides support to people who live in their own homes. The service is owned and operated by Carewatch Care Services Limited who have a number of registered locations across the country.

The provider is registered to support people with a wide range of needs including dementia, learning disabilities, autistic spectrum disorder, mental health, older people, people who misuse drugs and alcohol, physical disability, sensory impairment and younger adults. The service supports people who live in and around Scarborough, Malton, Bridlington, Driffield and Whitby.

We inspected this service on 5 and 6 July 2017. The provider was given 48 hours' notice of our visit, because we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection, there were 79 people using the service who were receiving support with personal care. This was the location's first inspection since it was registered in January 2016 after a change of address.

At the time of our inspection the service had 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.

People who used the service told us that they felt safe. Staff showed a good understanding of how to keep people safe. Care plans and risk assessments were completed to support staff to safely meet people's needs. Staff understood their responsibilities in relation to safeguarding people who may be at risk of abuse. People we spoke with said they felt safe and well cared for. People who used the service had emergency contact details provided and they were able to contact the office for support if they needed to. The provider had emergency plans in place which detailed how they would continue to meet people's needs in the event of a major incident. Staff were aware of their responsibilities in relation to the prevention and control of infection and protective equipment was used when providing support to people.

Sufficient numbers of staff were employed to meet people's needs. Effective recruitment and pre-employment checks, including Disclosure and Barring Service checks were in place and this ensured only suitable people were employed. Staff had a good range of training that was relevant to their role and this enabled them to provide safe and effective care and support. Staff were supported through regular supervision and annual appraisals. There was effective communication between the care workers and management. People were supported to take their prescribed medicine when they needed it and the recording of support with medication was good. People were consulted about the level of care they received and consent to care was appropriately considered and recorded in line with current legislation and best practice guidance. Professionals told us they had effective working relationships with the staff and the manager.

People told us staff were kind and caring. Staff had positive and meaningful relationships with the people they supported. We saw that people were treated with kindness and compassion. Staff provided explanations to people before offering support and worked with them in a manner which ensured that their choice and independence was maximised. People's privacy and dignity was maintained when staff were providing care and support.

The provider was responsive to people's needs. The care and support provided was person-centred and tailored to people's individual support needs and preferences. Care plans were detailed and provided guidance to staff on how to meet people's needs. People's care and support was reviewed regularly and their care plans were updated when changes occurred. Pre-admission assessments were completed and there was evidence of good transitional work between services such as hospital to home. People were supported to follow their interests and hobbies and plans were in place to avoid social isolation.

People who used the service spoke very positively about the staff and the management. The provider sought people's views and opinions and acted upon the feedback to improve the service. We found there was a positive, open and inclusive culture at the service and the manager was clearly committed to providing person-centred care for the benefit of the people that used the service. People told us they had a regular team of care workers, and if they had to have a new care worker they were normally introduced. Records were well maintained and the manager had systems in place to monitor the quality of the service provided. The provider had an electronic 'logging in' system which ensured people who used the service got their planned call on time and that care workers stayed for the full duration of that call. People told us that care workers were generally on time and staff told us they had enough travelling time allocated to get to their calls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider made sure care workers were vetted to ensure they were suitable to work with adults who may be vulnerable.

Staff understood how to keep people safe from abuse and how to report any concerns.

Where people received support with their medicines this was done safely.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to be effective in their work and this was kept up-to-date.

Staff told us they had the support and guidance they needed to do their work.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and considerate to their needs.

People were supported by staff to be involved in day to day decisions about their care.

People were treated with dignity and respect and their confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were drawn up with them to meet identified needs. Care plans were reviewed as needed.

Care plans and the care provided was person-centred and reflected people's individual preferences.

People knew how to make complaints and were confident that the manager would deal with any issues raised.

Is the service well-led?

The service was well led

The manager and other senior staff ensured that the care provided was person-centred and that staff were appropriately supported.

People who used the service and staff had confidence in management and were able to raise issues.

Systems were in place to ensure that the care provided was safe and of good quality.

Good ●

Carewatch (Scarborough)

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 5 and 6 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited.

The inspection team consisted of two adult social care inspectors 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. The expert in this case, had experience of caring for older people and caring for people with learning disabilities.

Before our inspection, we reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During the inspection, we reviewed 11 people's care files, four staff files; and medication administration records. We looked at a range of records relating to the management of the service. We spoke with 23 people who used the service, five by visiting them in their homes. We spoke with the relatives of people who used the service. During the inspection, we spoke with four care staff, the registered manager, and two

quality officers. We asked for feedback from external professionals who were involved in supporting people who used the service.

Is the service safe?

Our findings

People who used the service told us they felt safe when being supported by the staff. One person told us, "Yes I do feel safe. They [the care workers] know what needs to be done. They always make sure my house is locked up safely when they leave." Another person said, "I have to be moved using a hoist and I always feel safe when the carers are here." A staff member we spoke with told us that they received training in the use of equipment to support people safely. Another staff member told us, "Before I leave I always make sure the windows are closed and the door is locked. One person I support doesn't like sharp knives so we have agreed that I hide them to help them feel safe." A relative of a person who used the service told us, "They are a really caring lot of people and [my relative] always feels safe. When I was away, they stayed later or came earlier just to make sure [my relative] was ok. It makes me feel confident when I go away."

The staff we spoke with showed a good understanding of safeguarding procedures. Staff told us how they supported people to maintain their independence within the community, whilst ensuring people were kept safe from harm and potential abuse. One staff member said, "You are not allowed to start working for the company until you have the full Disclosure and Barring check through." We saw that where there had been safeguarding concerns, the manager took all investigations seriously and lessons were learned from investigations where appropriate. The service had a safeguarding policy in place and staff had completed safeguarding training to support them to recognise and respond to safeguarding concerns.

When people were assessed as to determine the level of support they needed, they were asked, "What makes me feel safe?" We saw this information was recorded within each person's care planning documentation. We saw detailed risk assessments in place and these were contained within people's care plans. The risk assessments we saw enabled people to continue to take positive risks, such as accessing the community with the right levels of support to maintain their personal safety and independence.

The risk assessments also enabled people to continue to make choices about their lives. For example, one person who used the service was a smoker and their risk assessment detailed that a fire-blanket was used to cover the person when undertaking this activity. We saw that care plans and risk assessments were reviewed regularly and alterations were made where required.

The provider had systems in place to monitor the effectiveness of staff rotas. We saw that the rotas were organised to meet the preferred call times of people using the service. People consistently told us that the care staff arrived on time for their allocated call. One person we spoke with said, "They are always on time and they never miss a call." In the eventuality that the care staff were going to be late, people told us they usually received a telephone call from the office to inform them. The manager monitored the timeliness of the care workers visits by an electronic system which logged the care workers in and out of their care calls. This ensured the care visits were on time and lasted for the duration they were planned.

People who used the service told us they had no issues with missed or late visits. The staff we spoke with told us they were allocated travelling time to get from one job to another. The provider used their electronic system which alerted the office to missed visits and late calls. This ensured that corrective action was taken

and lessons were learnt. We saw no evidence of missed visits during the inspection. People we spoke with told us, "I get the same carers on my rota, it's fantastic. I couldn't ask for better."

Where people were supported with the administration of medication, we saw this was managed by staff so they could receive them safely. One person who used the service told us, "The support I have with my tablets is fantastic. I couldn't take 31 tablets a day without help, because I couldn't remember. There's never a mix-up now I have help."

The provider had a medication policy in place and this policy had recently been reviewed to ensure its effectiveness. We saw Medication Administration Records, (MARs) that detailed people's medication needs and these MARs were returned to the office monthly and audited by the quality assurance officers. The MARs we reviewed had no gaps in the recording of administration and we saw that they were completed in line with the service policy. Staff we spoke with told us they received spot checks to ensure they were competent to administer medication. We saw evidence of these spot checks in the staff files we viewed.

People who used the service were protected by the prevention and control of infection measures in place. Personal protective equipment (PPE), such as gloves, aprons, tunics and alcohol gel was used by the staff when they provided direct support to people and we saw staff had free access to a store of this equipment from the office. One person told us, "They always wear gloves and aprons, even if they have left them in the car, they will always go and get them."

The provider had a business continuity plan in place and this detailed how the service would continue to meet people's needs in the event of a major incident occurring, such as severe weather, breakdown of the computer systems, or loss of essential utilities. The continuity plan detailed actions required in any event, who was responsible for those actions and detailed important contact numbers in the event of an emergency.

A robust recruitment policy was in place and staff were not allowed to work without a full Disclosure and Barring check in place. References were obtained for all staff prior to employment commencing. We saw that the provider followed safe recruitment practices and recruitment records were detailed.

The provider had systems in place to record and monitor accidents and incidents if they occurred, however there were very few incidents logged. We saw that the manager and the quality officers reviewed this data and implemented plans to reduce the risk of further occurrences and this supported people to keep safe.

Is the service effective?

Our findings

People who used the service told us that it was effective. One person who used the service told us, "They are all very skilled and experienced; it's the most professional company I've ever seen."

We saw staff had a comprehensive training plan in place. One staff member told us, "Any support you want is there and you can ask for additional training if you think you need it". Staff were well trained and they had the knowledge and skills they needed to carry out their roles and responsibilities. We saw people received effective care that was based upon best practice and staff supported people to make choices about the care that they received.

We saw evidence that staff completed their induction training. This comprised of five days training and a mixture of competency based questions to test staff's competency. One member of staff told us, "When you start, you go shadowing with an experienced carer. I had about three weeks shadowing, I wasn't rushed into it." Staff told us they received spot checks on their practice when working with people. They told us, "You are given advice about how you can improve, the spot checks aren't critical they are really helpful." Another staff member told us, "I want to know if I am not doing things right, I am keen to learn and develop." We saw that staff were trained in area's such as safeguarding, the Mental Capacity Act, health and safety, and medicines.

Staff received regular supervision and this was scheduled to take place at least every 12 weeks. Supervision was a mixture of one to one's, shadowing shifts and field supervisions during which care workers were observed by quality officers completing tasks such as medication administration. We saw evidence of staff having completed the Care Certificate and National Vocational Qualifications. These are qualifications that educate and support staff to obtain a greater understanding of how to be more effective in their role. Staff are assessed as they work and this drives improvement in practice. We saw that staff supervision and staff appraisal was meaningful and supported staff to develop their skills and knowledge. Reports were made available to us which tracked the training staff had undertaken and highlighted when staff supervisions and appraisals were due or overdue.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA.

We saw that consent to care and support was considered. There was evidence in each care file which demonstrated the individual's capacity to understand their support needs was considered before the

person signed their care and support plan. Where it was assessed that people lacked the capacity to consent, it was evident that consultation had happened with the relevant people in that person's life and best interest decisions had been made. We saw evidence in people's care files which explained how staff should support people with making their own decisions and one staff member told us, "You talk to people and explore their issues and ability to consent, you give them the choice."

Where people who used the service had people acting on their behalf, such as in the role of Lasting Power of Attorney, this was clearly documented within that person's care file and a copy of the order was retained in the file. We saw evidence that people were supported by independent advocacy services who represented their views at meetings to review and plan their packages of care. Care files contained Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPR), and Advanced Decision records, where the person being supported had one in place. An Advanced Decision is made by the person when they have the mental capacity to make the decision about their care and treatment. It is then implemented when they lack the mental capacity to inform the decision making process. This showed that people's choices were taken into account and respected when planning their care and treatment.

Where relevant, care plans detailed the support people required at meal times. We saw that the care plans detailed where the person preferred to eat their meals and listed their preferences and their dislikes. One person who required support with their meals told us, "I always get enough to eat and drink. The carers do my shopping call and they always find the time to do the things that you want." Another person told us, "They [the care worker] encourage me to eat because I have no appetite, I can't be bothered usually. They make me a nice salad and I enjoy that."

The care plans which were in place detailed the involvement of relevant professionals to support current need, for example the involvement of district nursing staff for wound care. There were full contact details for each person listed on the care plan.

Is the service caring?

Our findings

People who used the service told us it was caring. Comments included, "The carers are very cheerful and kind, they see to all that you need and as they leave they ask is there anything else you need, they always find time for the things you want."

We found that staff had developed positive caring relationships with the people who used service. It was evident that the people who used the service really felt valued and included. One person told us, "Before the carers started we discussed what I felt I needed and they planned my care around my wishes, I am asked for feedback up to four times per year, they're brilliant." Another person told us, "The carers read what the other carers have done on the visits before and then ask me if that's what I want doing."

People who used the service consistently told us it was a caring organisation. One person who was new to the service told us, "I am quite impressed with them. They can see if I need help and that's what I like. People ring up to see if things are alright, I'm more settled and happy now I have the carers coming in." Another person said, "The carers are fantastic, I can't fault them at all. I couldn't ask for a better company." One person's relative told us, "They are so kind and considerate, and they are just lovely with my [relative]." Another person's relative told us, "They all arrive at my parents with a cheery hello and, as well as dealing with the practical side of their caring duties, they have a chat about what they have been up to in their free time and my parents love this."

Our discussions with staff showed us they knew the people they were supporting very well. One staff member told us, "I try and build up a rapport with the clients. If we haven't been to someone before they will take us in with someone else who has visited previously, we are always introduced."

We observed staff interactions with the people who used the service and saw that staff showed genuine care and concern for the people they supported. We also observed warmth and compassion. One person told us, "They are gentle, kind and considerate, I think they are brilliant." Another person said, "My carers are like my family. They are so good to me and they have made my life worth living, I know that I can ring them anytime." One staff member we spoke with told us, "If I can put a smile on someone's face that makes my day and I know I am doing a good job." We saw evidence that people's emotional needs were considered during the visits from care staff. One file we looked at referred to someone being given emotional support after their family went home after visiting for the day.

People were involved in planning their own care and were supported by the staff to express their views about their planned care. Prior to their care package starting people were visited by the provider's quality officer who assessed their needs and planned the package of care around their wishes and choices. The assessment covered areas such as, "Things people need to know about me", "What's important to me", "What makes me feel safe", and "My chosen morning, lunchtime, teatime, evening routine." One person who used the service told us, "Before I started with the service I had a visit from the quality officer and we discussed what I felt that I needed and that went into my care plan."

Staff promoted people's privacy and dignity and supported people to maintain their independence. One person who used the service told us, "The carers listen and follow instructions. They respect my wishes, and yes I am treated with dignity and respect." Another person said, "Yes they treat [my relative] with the utmost respect." A staff member who we spoke with told us, "We make sure we support people's privacy and dignity by always putting a towel across someone's lap when helping with personal care, and I prompt people to do things for themselves to help them keep their independence." During our visits to people in their homes we saw staff putting the person at the centre of the care and offering choices to each person. This demonstrated the staff had respect for the people they supported.

Is the service responsive?

Our findings

People told us the service was responsive. The staff we spoke with were knowledgeable about the people who used the service. We found staff provided people with personalised care which was based upon their individual assessed needs and personal preferences. We saw that the information contained in care files was personalised to the individual receiving the support and clearly documented people's wishes and needs. There were risk assessments in place which summarised how to keep people safe whilst enabling them to maintain their independent abilities and self-direction.

People told us they were very involved in the assessment of their needs and in compiling their care plan. People told us their care plan documented the support they had said they would like to receive. People also told us they had regular reviews of the support they received and changes were made where necessary. One person told us, "People ring up to see if things are alright. They always ask if there's anything else I want doing, which is very nice". Another person said, "I know I can ring them anytime and they will sort things out for me."

The care plans we saw were person-centred and contained information about people's life history, their likes and dislikes, what support they required and what they could do independently. The information about people's independent skills supported and empowered people to maintain their skills and abilities. The care plans detailed the support people received from family members or from friends. We saw evidence that choice, control and consent were considered. Where people lacked the capacity to contribute towards their assessment and care plan their next of kin or someone who knew them well was consulted throughout the process. We identified good transitional work and information sharing such as comprehensive pre-admission assessments between services such as care in hospital and care at home. This ensured people received good continuity of care.

People told us they were asked what times they would like their calls and we saw the staffing rotas were completed to reflect their preferences wherever possible. People were supported by the service to follow their hobbies and interests. One person told us they were supported with activities such as going to the gym and going swimming. They said, "The carer helps me get my trunks on and sometimes they come into the pool with me. They also help me to go to the gym and sometimes to the pub for my lunch." Another person was supported to go shopping with the care workers on a weekly basis and this supported their choice of purchasing their own goods.

We saw evidence that concerns and complaints were received and responded to in a timely manner. The provider had a complaints policy in place which detailed how people who used the service could raise a complaint and also stated the timescale of the complaint being heard. The provider had an auditing tool in place and this enabled the manager to review patterns and trends and put into place strategies to reduce the complaints received. We reviewed five complaints which the service had received in the last year. These had covered subjects such as timings of calls and standards of service. These were all investigated thoroughly, people were informed of the outcome of their complaint and it was evident that lessons were learned where appropriate.

People we spoke with told us they knew who to contact if they had a concern. One person said, "Any problems and I would phone them up, but I can't say that I would ever have a problem, the carers listen to me and follow instructions." One staff member we spoke with told us, "If someone complains, I ask them if they want me to mention it to the office." We saw evidence that people who raised concerns were supported through the process and were informed of the outcomes. One person told us, "We had a problem a while ago and the manager sorted it out...we were satisfied."

Is the service well-led?

Our findings

People told us the service was well-led. Comments included, "I think the carers are well managed.", "The manager is really helpful.", "The service is well-managed. I have no complaints at all."

The management structure of the service consisted of one registered manager, two quality officers and two care coordinators, with one regional quality service improvement manager. There was a positive culture in the service with the manager acting as a positive role model to care workers. People told us management were very approachable. One staff member said, "I feel really well supported. They are really helpful, the manager is lovely." Another staff member told us, "They do communicate really well in the office. The patient is the key, everything is centred around them and they will do everything they can for them."

Staff told us they would feel confident reporting any concerns or poor practice to the manager and felt that their views would be taken into account. We were informed that the managers in the service were very accessible and were there for staff and people who used the service when they need them. One member of staff told us, "I can talk to [manager's name], they are really good. Any issues you raise are sorted out and addressed." When any incidents or safeguarding issues arose the manager reflected on these with staff to encourage learning and development. Discussions were held at team meetings and lessons learned were cascaded to staff through the use of memos. We saw that the provider welcomed feedback from people who used the service and the staff that they employed. A "Carewatch Bright Ideas" poster was on display in the office and this requested feedback / suggestions to assist the way that the business was run.

We observed managers and staff communicating in a way that demonstrated a transparent and open culture. One staff member told us, "Support is available; they listen and act on your concerns." One relative told us, "The office staff are on the whole, very helpful... there has only been once in six years where an issue arose and it was dealt with as quickly as was possible." The managers monitored care delivery closely to ensure it remained person-centred and was responsive to people's needs, for example they completed regular reviews and audit checks of people's care files and communication notes to ensure care delivery met current need. One community professional told us, "The staff at Carewatch are helpful approachable and professional. I enjoy working with them. They always go out of their way to help patients and to help patients from being admitted to the acute sector. They are 100% reliable."

The manager held regular team meetings where staff were encouraged to share their views to support the improvements in the service. The service also sent out regular memos to keep the staff updated on any changes and to share important information. The managers held weekly office meetings to discuss and resolve any issues. The staff we spoke with told us they had regular supervision and they felt supported in their role.

We looked at the provider's statement of purpose which demonstrated a clear vision and set of values which was echoed by the staff who we spoke with.

The manager was present throughout the inspection and was able to answer our questions and provide us

with the documents we requested. A combination of hard copy files and electronic records relating to staff and people who used the service were kept. The records we viewed were well organised and the staff were able to access what they were looking for immediately. One staff member told us, "It is well-led, everything is so organised. The folders are organised so that we know where everything is."

There were clear policies and procedures in place for staff to follow and audits of areas of the service had been carried out. These documents were up to date and were comprehensive. The manager and the quality officers undertook regular file audits and used this information to satisfy themselves that the service was safe and of good quality and to improve the services they provided. Medicine arrangements were audited and medication records were returned to the office for checks to be carried out. Any concerns regarding medicines were raised directly with the care worker concerned. Staff competencies in this area were regularly monitored via spot checks and any issues were resolved through additional training where required.

Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission (CQC) by the provider as required to ensure people were protected through sharing relevant information with the regulator.