

# Healthcare Personnel Limited

## Carewatch (Barnet)

### Inspection report

Apex House, Grand Arcade  
Tally Ho Corner, High Road  
London  
N12 0EH

Tel: 02084929494

Website: [www.carewatch.co.uk](http://www.carewatch.co.uk)

Date of inspection visit:  
04 October 2016

Date of publication:  
11 November 2016

### 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 inspection took place on the 4 October 2016 and was announced. At our last inspection in September 2013 the service was meeting the regulations inspected.

Carewatch (Barnet) is a domiciliary care agency providing care to older people in their own homes. The majority of the people using the service receive direct payments. At the time of our inspection 121 people were receiving a personal care service.

The service had a registered manager who had been in post since the service opened in 2011. 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's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People had a copy of their care plan in their home.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care.

People were safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were motivated and proud to work for the service, as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. There were sufficient numbers of staff to safely meet people's needs.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the

experiences of people who used the service. We saw that regular visits and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care staff placed a high value on their supervision and support.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The service had a complaints policy. People who used the service and their relatives told us they knew how to make a complaint if needed.

## 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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People who were unable to manage their own medicines were supported to take them by staff that had been trained to administer medicines safely.

### Is the service effective?

Good ●

The service was effective. The service ensured that people received effective care that met their needs and wishes..

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Staff were aware of the requirements of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were satisfied with the care they received.

People felt staff always treated them with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were very knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

People were involved in their care planning, decision making and reviews.

**Is the service well-led?**

**Good** ●

The leadership and management of the service was good

The registered manager promoted strong values. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people using the service and staff. There were systems to assure quality and identify any potential improvements to the service

# Carewatch (Barnet)

## **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 of Carewatch (Barnet) took place on 4 October 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of two inspectors and two experts 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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. We also reviewed information we received. This included notifications of incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the registered manager and the care manager. We looked at ten care records and six staff records, we also looked at various records relating to the management of the service. After the inspection visit we spoke to 18 people using the service and three relatives. We also spoke with ten care staff.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe and could speak with care staff if they had any concerns. Comments included "I always feel safe, they take good care of me." And "my carer works very hard, I'm treated very well, I have never had a missed call."

A safeguarding policy was available and care staff were required to read this and had completed safeguarding training as part of their induction. Training records showed that every staff member had recent safeguarding training. The care manager and registered manager had good knowledge of the signs of abuse and how to refer on to the local authority safeguarding team and were able to discuss several examples of this. Managers told us they were "confident staff can pick up on any signs of abuse". Care staff we spoke to were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The contact details for the local safeguarding authority were on display in the office and in the front of the safeguarding folder with a policy dated 24th August 2016.

Care staff were able to explain how they would keep people safe in their homes through practical means such as closing windows or doors to secure properties and using key codes to keep keys secure. Care staff gave examples of ensuring appliances were switched off and lights on before they left if a person was unable to reach the light switch and it was getting dark.

Recruitment checks were completed to ensure care staff were safe to support people. Staff files confirmed that Disclosure and Barring Service checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

Records and discussions with care staff evidenced that care staff had been trained in the administration of medicines and their competency assessed. Carewatch Barnet staff supported to prompt and administer medicines to people using the service and we were told by managers and care staff that this was recorded on Medication Administration Records (MAR) sheets. We looked at a file of MAR sheets that had been returned to the office from people's homes and saw that there were no gaps and entries had been signed by care staff and audited by managers. The care staff that we spoke with all said that they were confident administering medicines and knew what they were giving and why it was needed. Care staff described talking to people as they were supporting with medicines and saying what each tablet was for as they supported a person to take it.

Risk assessments were in place in all the care files we looked at, with recent reviews having taken place within the service timeframe. Where risks were identified there was a management plan in place, in one risk assessment where a risk management plan was not clear the care manager was able to show how the risk was being managed and how this was reflected in the care plan.

There was an accident and incident folder in the office to record when staff accidents took place, we looked at the three most recent incidents, and each one had been signed off by the registered manager as being reviewed.

We spoke with people with regard to staff. Most stated they had had the same carers for a lengthy period of time. They stated staff were rarely late and were very complimentary about their respective care workers. One told us, "They are like my friends more than anything, always willing to help out "

There were sufficient numbers of care staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care staff supporting people was increased if required. If care staff were going to be late or were unwell they would call in to the office so that the person using the service could be informed. There was a robust system in place for reviewing missed calls using an automated signing in system which recorded when care staff arrived at care visits and when they left. The data from this system showed that in 2016 there had only been 10.5 hours of missed calls to people using the service, this included where care staff were sick, or a person had cancelled the visit.



# Is the service effective?

## Our findings

People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process. The care plans had been reviewed regularly and a detailed record of daily events was in place so that staff were aware of any up to date issues or concerns. The agency sought advice from a range of external professionals and supported people to make and attend relevant appointments. This helped to ensure people's health care needs were being consistently met. We saw in care files that people had been asked how they wished their care to be delivered and in each case had signed to this effect.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager explained the provider did not currently work with any person who lacked capacity and subsequently placed themselves at risk. However staff we spoke with understood the Mental Capacity Act 2005 (MCA) and the importance of gaining consent from people for them to provide care and support. Staff told us that the MCA was discussed as part of their induction and that additional training had been provided. There was an up to date policy in place regarding the MCA and Deprivation of Liberty Safeguards (DoLS)..

Care staff received a suitable induction when they started working at the service. This included essential mandatory training, shadowing other staff and time to get to know people who used the service. There was a training plan in place to make sure that staff had the skills they needed to carry out their roles effectively. The provider had their own training room and management staff undertook the majority of the training for staff. The care manager told us how training was "very important." Training was reviewed and updated regularly. Training records we read showed us that mandatory areas such as moving and handling, medicine management, dementia and health and safety were repeated annually. There were also opportunities to attend specialist training to further staff development and knowledge. For example we saw that some staff had recently attended training on the management of pressure sores, and catheter care.

Care staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision; one told us "you get to speak about any problems, but you don't have to wait until supervision. Our manager is always available."

Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed. Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medicines, moving and handling, health and safety, communicating effectively, record keeping, infection control and safeguarding adults. All care staff we spoke with had achieved a recognised qualification in care. Staff spoken with confirmed they had completed a range of learning modules since they started working and gave some good examples of training they had undertaken. Staff told us, "The training is good" and "We get lots of training. "

Where required there was information in people's support plans about people's needs in relation to eating and drinking. For example, where people needed a special diet or had particular preferences. One person's support plan described how they were unable to eat certain foods for health reasons. Another had indicated a requirement based on religious needs.

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff who were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. The service also sent out notifications to staff during periods of warm weather to remind them to keep people hydrated.

The service directly supported people to meet their health needs, and staff told us that if they noticed people's health had deteriorated, they would refer this to their line manager who would assist them to contact their GP or other healthcare professionals as necessary. Staff told us they would also contact the person's representatives when required. There was evidence in care support files we read which confirmed the provider was pro-active in referring to associated health and social care professionals and that staff sometimes accompanied them to their healthcare appointments.

## Is the service caring?

### Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, "I like to do what I can myself they respect that, I'm not hurried they let me be independent, they are very caring my views are respected, we can talk about anything and they always listen they know what I need and how best to do it." And "they are very kind and caring. And they understand me and what I need."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. In discussion the care manager said they expected staff to treat people who used the service "like they would their family." Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their dignity was "a priority". Another said "I don't want people to be isolated; I want to build up a rapport, what are their likes and dislikes and how strong they like their tea or coffee." Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service. Files in the office containing personal information were seen to be securely locked in filing cabinets.

The care manager told us how she endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that "With our agency we try to send the same people in as much as possible and match up personalities." Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One care worker said, "You can make such a difference to someone's life just by talking to them" Another care worker told us how people communicated their needs in different ways, both verbally and non-verbally, "I know by one person's facial expressions what they really want; it's so important to ask people how they are feeling."

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Comments included "they respect my privacy I tell them exactly what I like I'm never rushed I'm treated with dignity if I don't like something they respect my views" and "they are more aware about my privacy than I am."

People using the service and relatives told us that they had a copy of their care plan in their home. One person told us "I decided what was needed with Carewatch we planned together my care, they changed my care on bank holidays to another day to save money."

We saw that regular visits and phone calls had been made by the management to people using the service

and/or their relatives in order to obtain feedback about the staff and the quality of care provided. The care manager told us "I like to go out and see the people we care for"

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw numerous examples of this during this inspection. We tracked the care of one person who was developing pressure sores we saw that the service had immediately made contact with relevant professionals and continued to liaise with the person who used the service and their family to review their care plan and ensure it met changes in their needs. We also saw numerous examples where staff had provided people with additional support for example dealing with housing repairs and adaptations to their home. The service also kept a supply of incontinence pads in the office, that were provided for people using the service at no cost to them.

Discussions with the care manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

Records and feedback indicated that people usually received the same staff member; the care manager told us the rota only changed during periods of sickness or annual leave.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved. Additional forms such as medicine charts and weight charts were also available. People confirmed that they had copies of their care plans in their homes. A person using the service told us "Carewatch come once a year at least to discuss planning. They will change my care needs if required." and another told us "I had an assessment over two days they have changed my needs, as I have no energy for any social activities."

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positively to requests for culturally appropriate care, at the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication. There was also a system in place for allocating staff whereby preference of person is recorded on rota system, so if someone does not get on with a particular carer or has requested male or female the system was able to flag this up.

We saw evidence on care records of multi-disciplinary work with other professionals. The care manager told

us "we constantly refer people for district nurses, GP's, occupational therapy."

.We found that feedback was encouraged and people we spoke with described the managers as open and 'transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions. They told us, "A field supervisor came around; they've been twice I think, and they really listened to me". And "I've filled in feedback surveys on two occasions, once someone came round, and another it was a telephone contact."

The service had a complaints policy and we saw that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who used the service and their relatives told us they knew how to make a complaint if needed. Comments included, "if I had a complaint I would complain to Carewatch. I have just completed a survey." and "I would complain direct to the office but I have never complained, I have filled in a survey."

## Is the service well-led?

### Our findings

It was clear from the feedback we received from people who used the service, and staff, that the managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which the managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Comments from people using the service included "I think the service is well managed, they let me know when they are running late I have had no changes as yet, and" "I think they would respond to any problems if I had any, they seem well organised."

Our discussions with staff found they were motivated and proud of the service. A senior staff member told us, "I love my job, I have always wanted to care for people" Staff were very complimentary about the manager and comments included, "she knows everything that is going on and responds quickly and things are done a proper way" and "they(the managers) are really helpful and supportive."

We noted that many of the care staff had worked in the agency for many years. One staff member told us, "I wouldn't have stayed as long as I have if I didn't like it here!" and another "I really like my job, the training and support is good, much better than the last agency."

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt that manager was available if they had any concerns. They told us, "they really care and work hard" and "she listens to us." On the day of the inspection we saw that care staff were offered food if they visited the office during the day. The care manager told us that sometimes staff did not get a chance to take a meal break, and they wanted to show them that they felt valued.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring (ECM) system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if care was being provided according to the person's wishes. However we saw that very few field observations had taken place in recent months. The care manager told us this was due to a staff vacancy however we saw that there was a plan in place to improve this.

Care staff told us that senior staff frequently came to observe them at a person's home, to ensure they

provided care in line with people's needs and to an appropriate standard. A staff member told us, "They check up on us so we have to maintain standards." The agency also obtained the views of people in the form of questionnaires. The latest questionnaires were recently sent to people and the service was in the process of collecting the responses.

The care manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The care manager told us that recruiting staff with the right values helped ensure people received a good service. "We need to recruit people of the right calibre, a special kind of person."

The registered manager was committed to continuous learning for himself and for his staff, he had ensured his own knowledge was kept up to date and was passionate about providing a quality service to people. He told us that the Care Manager and Care Coordinator had recently undertaken AET (Award in Education and Training) and the service had signed up to being a 'dementia friends'. The registered manager attended a number of leadership forums and he kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from The Carewatch Franchise Association.