

Carewest Ltd

Carewatch (Lancashire West & Central)

Inspection report

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Date of inspection visit:

27 March 2018

28 March 2018

Date of publication:

30 May 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of the service took place 27 and 28 March 2018. The service was given 24 hours' notice prior to the inspection. This was to ensure there would be someone available to speak with us.

Carewatch (Lancashire West & Central) is managed from well-equipped offices located in Preston. Services are provided to support people to live independently in the community. During this inspection there were 68 people who used the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing.

Not everyone using Carewatch (Lancashire West & Central) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. 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 we found Medication Administration Records (MARs) were not always completed in line with the company policy and best practice. We made a recommendation around this. During this inspection we looked at how the service managed people's medicines. We found people were not being supported in line with the services own policies and procedures. Documentation around medicines management was conflicting at times.

This amounted to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments did not always contain information to adequately lessen the risks to individuals. Behaviour management plans we saw were brief and did not document how individuals were supported in line with best practice.

This amounted to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We saw evidence that monthly quality monitoring was being undertaken, however the audits were not always effective. We found little information surrounding the details of issues found and how these had

been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection.

These shortfalls in quality assurance amounted to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

During this inspection we found the principles of the MCA were not consistently embedded in practice. We found people's capacity to consent to care had not always been assessed and information was, at times, conflicting. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible. We have made a recommendation around this.

Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concern in reporting abuse and were confident the registered manager would act on their concerns.

We found recruitment was safe. We reviewed staffing at the service and did not find any concerns.

We were able to see staff supervision was taking place. Staff we spoke with confirmed they felt supported in their role. Staff training was ongoing and evidence has been seen of staff completing training.

We found people were supported with nutrition and hydration. Holistic assessments had been undertaken to ensure the service could meet the needs of people.

We received consistently positive feedback about staff and about the care people received. People told us positive relationships had been developed. People felt the staff knew them well. Staff had a good understanding of protecting and respecting people's human rights.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person enjoyed activities such as bingo and staff supported them with this. The provider had taken steps to meet people's cultural needs by ensuring support was available and that staff respected their needs.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to.

We found a positive staff culture was reported by the staff members we spoke with. The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management and staff team were open and transparent in providing information and worked well with the inspection team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found not all assessed risks had a completed risk assessment, as per the service's own policy and procedures.

Policies and procedures were not always followed in relation to the safe management of medicines.

Staff were asked to undertake checks prior to their employment with the service to ensure they were not a risk to people who may be vulnerable.

Staff were aware of the provider's safeguarding policy and how to report any potential allegations of abuse or concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals in staff files we reviewed.

Requires Improvement ●

Is the service caring?

The service was caring.

The service was caring.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff that supported them and the care they received.

Good ●

People told us staff respected their privacy and dignity in a caring and compassionate way.

Is the service responsive?

The service was not always responsive to people's needs.

We found there was an assessment process; however information was not always kept on peoples file.

We found regular reviews of care documentation were completed. However, people's current needs were not always identified.

There was a complaints policy to enable people's complaints to be addressed.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A range of quality audits and risk assessments had been conducted by the provider but they were not robust and effective.

Staff enjoyed their work and told us the management were always available for guidance and support.

There was a registered manager in post.

Requires Improvement ●

Carewatch (Lancashire West & Central)

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 checked 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 the service took place across two dates 27 and 28 March 2018. The inspection was announced. This was done to be sure that there would be someone available at the office.

Inspection site visit activity included visits to the offices to see the manager and office staff; and to review care records and policies and procedures. Follow up phone calls were also completed to speak with people who used the service, relatives and staff. The inspection team consisted of two adult social care inspectors one of which was the lead inspector for the service.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating. Carewatch (Lancashire West & Central) were displaying their previous rating of Good.

During the time of inspection there were 68 people who used the service. We spoke with a range of people about Carewatch (Lancashire West & Central). They included four people who used the service, two relatives, the registered manager and four staff members.

We closely examined the care records of six people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs, and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files. Records of accidents, complaints records, various service certificates and medicine administration records were also looked at.

Is the service safe?

Our findings

At the last inspection we found Medication Administration Records (MARs) were not always completed in line with the company policy and best practice. We made a recommendation around this.

During this inspection we looked at how the service managed people's medicines. We saw one MAR chart did not contain the name of a pain relief patch. There was no information around how this should be used. Daily notes for the person did not document where the patch was applied to ensure this was done safely. Since the inspection this practice has been stopped by the service.

We found that staff had received medicines training. We found that people did not have medicine support plans in place in order to guide staff around how these were to be taken. We found records that indicated staff were prompting one person with medicines, however further documentation showed that staff were in fact administering the medicine. The documentation was conflicting. This was also the case for two further people whose documents we looked at.

We found staff were supporting people to apply prescribed topical treatments such as creams and ointments. There were no protocols in place for applying these topical treatments, to guide staff around where they should be applied.

We found people did not always have medicine support plans in place which contained an up to date medicines list. We found one person had no record of the medication they were prescribed within their support plan. We found another person had an incorrect list of the medication they were prescribed listed within their support plan.

We spoke with the registered manager about this and were told that company policy is to not individually list all the medicines on the MAR if a person is using a monitored dose system from the chemist. We checked the company policy which held conflicting information around this. It is important that a list of medicines contained in each new monitored dose system is recorded so that medicines administration signed for on the MAR can be linked back to which individual medicines they were, the strengths and doses. The provider should ensure that a process is in place to check that the medicines contained in the blister pack are accurately listed.

We found protocols for "as and when" medicines were not always in place, as per the provider's medicines policy. A protocol had been developed but this was not in use. We saw some of the "as and when" medicines prescribed and recorded in peoples care files were variable dose. Where a variable dose is prescribed, staff should have access to clear guidance about what dose to give in different circumstances and it would be best practice to record the dose given. This is particularly important in a domiciliary setting, so the next care worker can see what medicines have been given and adjust future doses.

Medicines audits we checked had not picked up on issues we found such as missed signatures and signatures that had been scribbled out. These issues make it difficult to establish whether a person had

actually received their medication.

This amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured systems and processes in the service supported the proper and safe management of medicines.

Risk assessments we looked at did not always contain information to adequately lessen the risks to individuals. One example we found was for a person who had diabetes type 2. The risks and plans to manage the risk were not recorded. Another example was for a person who was on a renal diet. This was not explained in the care plan and there were no plans to manage the risk. This person also had additional health needs listed in their care plan, however there was no additional information around the care and support they would require for this. The health needs could have posed some risks that staff needed to be aware of, for example medicine controlled angina.

Behaviour management plans we saw were brief and did not document how individuals were supported, in line with best practice. We saw an example where a care plan documented one person was at risk of mobility issues, due to behaviour that could challenge, but plans were not in place to guide staff around how to manage the behaviour. Another example was for a person who could become extremely anxious. This lack of information potentially put people at risk from unsafe care and treatment.

We spoke with the registered manager and assistant manager about the issues we found with risk management. They were able to see the difficulty the recording would pose for someone who didn't know the person to be able to care for them effectively.

The risk management and care plan issues amounted to a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not adequately assessed and done all that was reasonably practicable to manage risks to the health and safety of people who received a service.

We asked about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff told us they would have no concerns in reporting abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively. This showed staff could protect people by identifying and acting on safeguarding concerns quickly. There was a central register for safeguarding, this was followed up and lessons learnt recorded.

People we spoke with told us that they felt safe, one person said, "Yes I feel very safe using the service." One relative told us, "It's a weight off me knowing that the staff are helping."

We looked at how the service was staffed. We did this to make sure there were enough staff on duty at all times to support people in their care. Staff we spoke with said they were allocated sufficient time to be able to provide the support people required. People we spoke with told us, "The staff come on time and they ring if they are going to be late." And, "The staff come on time and stay for the whole time."

People were protected by suitable procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks

on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care.

Is the service effective?

Our findings

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.

We looked at how the service gained people's consent to care and treatment in line with the MCA during this inspection. We found the principles of the MCA were not consistently embedded in practice. The service provided a service to people who may have an impairment of the mind or brain, such as dementia.

We found people's capacity to consent to care had not always been assessed and information was, at times, conflicting. For example, in one person's care file, a best interest decision had been recorded but the outcome was not decision specific, it was not clear what the decision to be made was. In one file next of kin had signed for the consent to the service where the person's mental capacity had not been considered. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken. Therefore the correct processes had not been followed. We found an example where a person's capacity had not been considered despite there being evidence of an impairment of the mind or brain. The paperwork had not been fully completed. We spoke with the registered manager about this and they stated that the family had power of attorney. The service had not seen evidence the correct legal documentation was in place. The registered manager told us the consent documentation would be reviewed.

We recommend that the provider reviews their practices regarding the signing of consent forms and ensures any discussions and outcomes are documented appropriately and in line with best practice and guidance.

We looked at how people were supported to have sufficient amounts to eat and drink. Care plans did not always contain adequate information. We saw evidence in one person's care plan which documented, 'Likes weak tea one sugar'. However, in a further record, one person was identified as requiring support with eating and drinking. There was no information to guide staff around how to support this person. We spoke with a staff member who supported this person on a regular basis and they were able to tell us how they offered support and the risks associated with this. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. However, records related to the support people required were not always sufficient to guide staff.

We saw holistic assessments were carried out prior to anyone being accepted into the service to ensure that people's individual needs could be met. The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. However, we did not see any documentation to facilitate safe transfer of care for people. We spoke with the registered manager about this and they told us that, the emergency grab

sheets were kept in people's homes. We visited one home and spoke to the staff member present, we could not see the emergency grab sheet and the staff was unaware of the documentation or where this was kept. The registered manager told us moving forward, evidence would be kept with people's personal information.

We asked the registered manager how they supported staff. They told us staff received supervision. Supervision was a one-to-one support meeting between individual staff and the manager to review their role and responsibilities. We saw evidence of formal supervision taking place for staff and staff told us they felt supported in their role. One staff member said, "I am the happiest I have ever been in my work, I am well supported." Another said, "I get lots of support." There was a wellbeing service for staff to access the office for support outside of any formal support. The management reported this service had helped to reduce staff sickness and promote wellbeing at work.

We saw the registered manager had a structured framework for staff training. Before providing care and support, staff received an induction from the registered provider. People told us they felt staff were well trained to support them.

Is the service caring?

Our findings

We received consistently positive feedback about staff and about the care people received. People told us, "The service is like gold dust to us." And, "The staff are polite and very accommodating."

People told us positive relationships had been developed. People felt the staff knew them well. One person told us, "I have the same regular carer and they know me really well." Another said, "I get on with all the staff really well, we can have a chat."

Where people could contribute to care planning, their beliefs, likes and wishes had been explored and noted within care records. We saw people had, when able, been involved in the care planning process. People told us, "The staff know what needs doing and always ask if there is anything else they can do for me." And, "If I want anything doing they do it, it's all in the plan." Involving people in care planning evidences shared decision-making, working with people who use the service towards their own goals.

Staff understood how to respect people's privacy, dignity and rights, and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. People we spoke with confirmed staff respected their privacy and dignity.

They also told us their independence was maintained and promoted by the staff. One person said, "They support my relative to work so they can keep this up."

The registered provider told us people were able to make decisions about their wellbeing, care and treatment. However, if people wanted support from a relative, visits to plan and review care had been arranged to ensure family members were present. This showed the registered provider promoted effective communication to allow people to have emotional support when needed.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

The service had two volunteers who work with people to combat loneliness in the community. Additionally, the provider had set up a carers group, for unpaid carers to get together for support.

Is the service responsive?

Our findings

We asked people who received support from Carewatch (Lancashire West & Central) if the care they received was personalised and met their needs. One person told us, "I'm happy with the service if I want anything doing I just ask." A relative told us, "The care they give my relative meets their needs and helps to take some pressure from me."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. One person, who was recorded as having limited verbal communication, had further information about how to support them recorded in their individual support plan. There was information within the 'outings risk assessment' for staff to use Makaton where appropriate. This meant that staff could communicate with this person.

During the inspection we looked at care plans for six people. We found regular reviews of care documentation were completed. However, people's current needs were not always adequately planned for. For example, we found that one person's care file documented they were on "as and when" medicine for anxiety, however it transpired this was no longer the case.

We found care plans were inconsistent and did not always have enough detail, considering the complex needs of the individual cared for. We did see a good example of how to care and support one person. This included information for staff to share with that person at times when they may have forgotten this.

We spoke to the provider about the inconsistencies in care planning. They told us they had plans to review the documentation and involve care staff in the care plan reviews and development to ensure staff are supported to meet people's personalised needs.

The service is not currently supporting people who are considered end of life. We discussed this with the registered manager and they were aware of best practice guidelines to identify record and meet people's end of life preferences and wishes.

People were supported by staff with activities to minimise the risk of becoming socially isolated. An example was seen in one person's care file where the person enjoyed activities such as bingo and going to the hairdressers, staff supported them with this. The provider had taken steps to meet people's cultural needs by ensuring support was available and that staff respected their needs. One person's care plan included information around the timing of calls to fit in with the person's religious needs.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

The service uses technology to effectively share information with staff via their telephones and a group

messaging application. They also used a computer log in system to monitor call times for people to ensure that staff are on time and to monitor any missed/late visits.□

Is the service well-led?

Our findings

The service was rated as Requires Improvement in the safe domain at the last inspection. We have found during this inspection that they remain requires improvement in the safe domain and overall.

We saw evidence monthly quality monitoring was being undertaken. This looked at feedback from people using the service, staff, risks and concerns. The documentation included action plans and delegation of tasks which were reviewed. This demonstrated the results of audits were used to improve the quality of the service provided. However, the audits were not always effective.

We found little information surrounding the details of issues found and how these had been rectified and lessons learned. We also noted the audit system had not identified the breaches of regulation and areas of improvement we had noted during this inspection. We spoke to the registered manager about this. They agreed that the issues had not been picked up and agreed to have further oversight of the audit process to ensure that this is used effectively. The registered manager undertook further training in good governance during the inspection process, and told us audits and systems have been tightened up.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

We saw evidence the management team sought feedback from staff, including their involvement in the running of the service, through satisfaction surveys. We saw evidence action was taken when feedback was received.

We found a positive staff culture was reported by the staff members we spoke with. One staff member told us, "It's a great place to work we all work together."

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant we could check appropriate action had been taken.

There was a registered manager in post. The service had on display in the reception area and on their website the last CQC rating, where people who visited could see it. This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The service supported charities to raise funds and often included people who used the service and their relatives in coffee mornings and get togethers to aid this work.

The management and staff team have been open and transparent in getting us the information and have worked well with the inspection team. Management wanted to learn and were willing to listen to the inspectors; additionally information was taken to feed back to higher management around improvements

that could be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (1)(2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that all medicines were managed in a safe way, including 'as and when' medicines and topical treatments.</p> <p>Regulation 12 (1) (2) (g) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems had not identified the improvements required.</p> <p>Regulation 17 (1) (2) (a) (b)</p>