

Premium Care (Sheffield) Limited

# Carewatch (Sheffield)

## Inspection report

Redlands  
3-5 Tapton House Road  
Sheffield  
South Yorkshire  
S10 5BY

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Tel: 01142680333

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

## 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

About the service:

Carewatch (Sheffield) is a domiciliary care agency providing personal care to people in their own homes. At the time of this inspection it was providing services to around 300 people.

People's experience of using this service:

We found that people received a good service. The provider ensured care was delivered in a safe way, and had systems in place to monitor the care provided. People told us they received a good standard of care, and told us the staff were kind and respectful. Every person we spoke with told us staff were caring in their approach, and told us they felt their needs were understood. One person's relative told us: "Yes, make [my relative] laugh. Which is a task in its self."

People reported very little experience of their care calls being missed, although some told us they weren't always at the times they would prefer. On the whole people told us if staff were running late they would be informed about this, but a small number told us they didn't receive this communication.

People told us they felt the staff were caring. They told us they got on well with staff. They all described their relationship with staff as positive, and explained that having a consistent staff team was important to them. They said with the exception of sickness and holidays the provider was usually able to ensure that people received care from a small, consistent staff team.

Staff received training which was relevant to their roles. Staff we spoke with told us the training was plentiful and appropriate to their roles. A lot of training was provided in house, which meant it could be tailored to the needs of people using the service.

People's needs and risks to their safety were assessed, and detailed plans of care drawn up. People told us they felt safe and staff had been trained to recognise and report suspected abuse. A complaints procedure was in place and any complaints were taken seriously and investigated appropriately.

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

Systems were in place to monitor the quality of care provided and further areas were being developed. People were predominantly positive about the care provider and management team and said they were approachable and supportive. One person said: "The task is really difficult, staff joining and leaving, and for what they have to do, they do a good job"

More information is in the full report

Rating at last inspection:

Good. The report was published in October 2016

Why we inspected:

This was a scheduled inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 safe.

Details are in our Safe findings, below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings, below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings, below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings, below

Good ●

### Is the service well-led?

The service was well led.

Details are in our Well Led findings, below.

Good ●

# Carewatch (Sheffield)

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector

Service and service type:

Carewatch (Sheffield) is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. 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. The vast majority of people supported by the service were assisted with personal care tasks.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two working days' notice of the inspection visit because we needed to be sure that the registered manager would be available

Inspection activity started on 24 April and ended on 7 May 2019. We visited the office location on 24 April 2019 to see the registered manager and to review care records and policies and procedures, and from 25

April to 7 May we carried out telephone interviews of staff, people using the service and their relatives.

What we did:

We reviewed notifications we received from the service and reviewed information we received prior to the inspection from people using the service, their relatives and care staff.

We looked at the 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.

We looked at seven people's care records. Records of accidents, incidents and complaints. We checked records relating to the management of the service and spoke with 19 people using the service, one person's relative, ten members of staff and the registered manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and staff training helped reduce the risk of harm.
- People told us they felt safe when receiving care from the service. They described the security measures the care staff upheld when accessing their properties, and no one told us they had any concerns in relation to this.
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.
- Records kept by the provider showed they had responded appropriately to allegations of abuse, accidents and incidents, although we identified one incident which the provider should have notified to CQC, which they had failed to do.

Assessing risk, safety monitoring and management

- Each person's file showed that a risk assessment had been completed before they began to receive care. This considered risks each person may present or may be vulnerable to. They were regularly updated to ensure they continued to be fit for purpose.

Staffing and recruitment

- The provider had a safe system of recruitment, including checking people's work history, obtaining appropriate references and checking their identification.
- The operations manager told us rotas were arranged so that people received care from a consistent team of staff, and staff we spoke with confirmed this. People told us this was important to them. Some people described on occasion they received care from staff with whom they weren't so familiar but said this was mostly dueing times of sickness or holidays. One person said: "We vare good friends and discuss all sorts of different things." Another person told us they felt they knew the staff well as they usually had a consistent team of care staff providing their care.

Using medicines safely

- The provider managed medicines in a predominantly safe way although we identified one area for improvement.
- Each person's file showed they had a clear and accurate record of any medication that staff were required to support them in receiving.

- Managers within the service carried out regular audits of medication records to ensure people were receiving their medication safely.
- Staff received medication competency checks before they administered medication to anyone.
- We found that when people were prescribed medicines to be taken on an "as and when" basis, often referred to as PRN, there were no protocols in place setting out what symptoms would indicate the medicines should be administered, and what the desired outcome should be. The operations manager told us they would address this. They contacted us after the inspection to confirm this work was underway.

#### Preventing and controlling infection

- Staff training records showed staff had received training in relation to the control and prevention of infection.
- The spot check system, whereby managers carry out unannounced checks on staff as they undertake care visits, showed checks included whether the staff were correctly using personal protective equipment (PPE)
- Staff told us PPE was available to them and said they had received training about when it should be used.

#### Learning lessons when things go wrong

- The operations manager described how lessons were learned from untoward incidents, accidents and complaints.
- We saw evidence of changes being implemented following an untoward incident, and saw how this was communicated to the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed prior to them receiving care
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law
- There was an electronic visit monitoring system which enabled care co-ordinators to ensure care was provided in a timely manner.
- People told us missed calls rarely occurred, although said at times calls were not at the times they would wish them to be. A small number of people told us they had problems when trying to chase up late calls or inappropriate call times, although the majority told us the provider rectified any problems in this area.

Staff support: induction, training, skills and experience

- Records showed staff received a good standard of induction before they commenced work, and staff we spoke with confirmed this. They told us they undertook shadowing shifts when they began work, whereby they shadowed more experienced staff carrying out care tasks until they felt confident to work alone.
- The provider's records showed that staff received a good standard of training, and the registered manager told us all training was delivered in house. Staff we spoke with told us the training was good, and said it enhanced their understanding of their roles.
- Staff told us overall there were enough staff employed to support people. They said the main time staffing became an issue was when people called in sick at the last minute. Staff said they were not asked to pick up excessive extra calls. Most staff said it was their choice to pick up extra work. However, one care worker said sometimes extra calls were put on their rota without them being asked, and said they did not like this.

Supporting people to eat and drink enough to maintain a balanced diet

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People's care records showed where staff were required to provide them with food and drink, their personal preferences were offered.
- People we spoke with told us staff provided the food they enjoyed and ensured they were given a choice. One person told us when catering for themselves they normally only eat sandwiches, but described that

care staff were going to be cooking steak for them later in the week which they were looking forward to. Another person said: "They make my breakfast and my dinner and always ask what I would like to eat." Everyone we asked about the help staff provided with them in relation to food and drink was positive about their experiences of this.

- A care worker described how they had noticed someone was struggling to eat their meals by themselves. They highlighted this to the care co-ordinator who arranged a meeting with the person using the service, their relative and staff to look at the best way forward. This resulted in the person receiving assistance from staff to eat their meals.

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Staff working with other agencies to provide consistent, effective, timely care

- Staff knew when to contact outside assistance. People's care records showed evidence of this.
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had good systems in place for obtaining and acting in accordance with people's consent, although this was not updated, which meant people had not given explicit consent to their updated care plans.
- Staff told us about the importance of obtaining consent when providing care tasks, and had received training in this area.
- None of the records we checked contained capacity assessments. The operations manager told us this was because they worked on the principle of assuming consent. However, one person's records showed that they couldn't give consent to receiving care due to them living with dementia. Their relative had given consent on their behalf. There was no evidence that the provider had sought to assess whether the care package was in the person's best interests and no evidence of others being consulted, in accordance with the Mental Capacity Act Code of Practice. Following the inspection the registered person told us they were commencing work to address this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care packages were devised.
- People we spoke with told us staff consistently treated them with respect and told us they felt listened to by staff.
- Staff told us about how they respected people's diversity, and said they had received training in this area.

Supporting people to express their views and be involved in making decisions about their care

- When managers carried out spot checks on people's care calls, they asked the person for their input and views about how their care was being delivered.
- People's views and decisions about care were incorporated when their care packages were devised.
- People told us staff involved them in their care, although some told us they were unsure what their care plan was. Some people told us managers from the service had visited them to gain their views and review their care but others weren't sure whether this had happened or not.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they felt treating people with dignity and respecting their privacy was very important. They gave examples of how they upheld people's privacy and the steps they took to do this.
- When managers carried out monitoring of care visits, they looked at whether staff were treating people respectfully and with dignity.
- One care worker described how one person they supported was shy about having a shower. They described how they gradually gained the person's trust and made it fun. They added: "We call it 'Fresh Friday', it includes a shower then having their hair done. They like that." Another care worker told us: "I ask visitors to respect people's privacy [when they are having personal care]."
- People told us that without fail staff treated them with kindness. One person's relative described the measures staff took to uphold their privacy, and one person using the service described the care staff as "wonderful." No one raised any concerns with us in relation to how staff respected them or upheld their dignity.

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration.
- Care records demonstrated that staff checked with people about how care was being provided to ensure people had control over the care they received.
- When managers carried out spot checks of care visits they obtained the input of people using the service to promote them having control over their care.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received.
- One relative described a time when they had made a complaint and described a positive outcome; they said: "[My relative] took a dislike to one of the carers, I rang the office spoke to the supervisor who dealt with this straight away I suspect he didn't like the carer as she reminded him of someone else. There were no issues or complaints with care received"
- We checked the complaints the provider had received in the preceding 12 months. We found each complaint had been thoroughly investigated by the registered manager or operations manager.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- The operations manager described a time recently when they had provided end of life care; they told us they worked closely with the person's family and external healthcare providers so that the person's end of life care was tailored to their needs and personal wishes.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured that care was tailored to people's individual needs, and had systems in place to monitor the quality of this.
- Care was audited by means of spot checks of care visits and audits of documentation. However, we found issues within people's care records that the existing audit system had failed to identify. Following the inspection the provider told us they would broaden this audit to identify issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities.
- All but one member of staff said the management team were supportive and good at their jobs. However, one care worker raised concerns about delays in getting their rota and said when they raised the issue with their care co-ordinator this improved for a while, but now seemed to be slipping back.
- The registered manager and operations manager had a good oversight of the way the service operated and the quality of the service being provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a system of surveys, gathering the views of staff and people using the service, which were then reviewed by senior management. The response rate was high and responses about the service were positive.
- People told us they were asked for their views about the service and about the care they received.
- Staff we spoke with told us they felt supported by the provider and felt they could make suggestions about improvements.

Continuous learning and improving care

- Staff confirmed the management team checked if they were following company policy. One care worker told us, "They give us feedback on completion of the [medication administration records] and log entries, so they have checked them. They tell us about any errors."
- There were regular team meetings where improvements and learning points were discussed.

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals in addition to other community services, to ensure people experienced care which met their needs.