Graham Home Care Limited

Carewatch (Kensington and Chelsea)

Inspection report

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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

Overall summary

This inspection took place on 19 January 2015 and was unannounced. This was our first inspection since the service was registered with the Care Quality Commission in May 2014.

Carewatch (Kensington and Chelsea) is a domiciliary care agency providing care to adults within their own homes. At the time of the inspection, 57 people were using the service.

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.

The service received the majority of its referrals via email or telephone from social workers based in and around

Summary of findings

the local community. A field supervisor from the agency visited people in their own homes or in hospital to carry out an initial assessment. The initial assessment process ensured that people's individual care and support needs were able to be met by the service before a package of care was organised and care staff allocated.

The care plans we looked at had been developed by consulting with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

Risk assessments were present in all the care plans we looked at. Assessments covered a range of issues including falls prevention and guidance around food, nutrition, swallowing and choking. Staff had guidance about how to support people with known healthcare needs, such as when a person needed support with prescribed eye drops or topical creams.

The staff we spoke with knew about people's interests, likes and dislikes, as well as their day to day lives at home with their families. People's independence was promoted and staff understood the importance of respecting people's privacy and dignity.

Most staff had completed training in food hygiene and preparation. Staff were required to support people to prepare simple meals of their choice and were aware of people's specific dietary needs and preferences.

There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

There were policies and procedures in place to protect people from harm or abuse and staff were able to describe the actions they would take to keep people safe. Records showed that staff had attended relevant safeguarding training and were supervised and appraised on a regular basis.

Relatives of people using the service told us they thought the service was well managed, and we received positive feedback about the registered manager and staff.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements.

Summary of findings

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. Staff had received training in safeguarding adults and procedures were in place to protect people from abuse.

The risks to people who use the service were identified and managed appropriately.

Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

Is the service effective?

Good

The service was effective. Care plans we looked at included care needs assessments, which had been carried out before the person's package of care was commenced.

Staff had a programme of training, supervision and appraisal which meant people were supported by staff who were trained to deliver care safely and to an appropriate standard.

People were supported to make choices about the food they wished to eat and staff had completed basic training in food hygiene and preparation.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Is the service caring?

Good

The service was caring. People we spoke with and their families told us they were happy with the care provided.

People told us they had contributed to the development of their care and supports plans.

Staff told us they would contact the office if they knew they were running late for a visit, and the office in turn contacted people or their relatives to let them know and provide updates.

Is the service responsive?

Good

The service was responsive. We saw people's care and support needs had been assessed by the service and these were updated and reviewed as and when required.

People and their relatives told us they were involved in review meetings with social workers and senior care staff.

Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure. People said they would contact their social worker or the manager if they had any concerns.

Is the service well-led?

Good

The service was well led. At the time of our inspection the service had a registered manager who had been in post since May 2014.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Summary of findings

The service conducted regular surveys of people using the service in order to find out their views about the quality of care and support provided.

Carewatch (Kensington and Chelsea)

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.

This inspection took place on 19 January 2015 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents reported to CQC since the agency registered with the CQC in May 2014.

During the inspection we spoke with the registered manager and a care co-ordinator. Following the inspection we spoke with four people who use the service and four relatives. We also spoke with five members of care staff. The records we looked at included seven people's care plans, 12 staff records and records relating to the management of the service. We contacted two health and social care professionals with knowledge about this service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and trusted the care staff that supported them. Relatives told us they felt their family members were "Safe and content" and "Well looked after."

When people were referred to the service, they were visited in their own homes or in hospital by senior staff in order to complete an initial needs assessment. Where possible, people were involved in making decisions about their care and support needs. Where people were not able to make these decisions for themselves, family members and/or health and social care professionals contributed to the development of care and support plans.

Where risks to people's health, safety and welfare were identified , appropriate management plans were developed to minimise the risks occurring. We looked at seven care plans which showed that individualised risk assessments were carried out addressing areas such as personal care, diet and nutrition and falls prevention.

There were effective systems in place to protect people from abuse and keep people free from harm. The service had policies and procedures in place for safeguarding adults which were available and accessible to members of staff. Staff told us they had completed safeguarding training as part of their induction training. Staff were able to explain how they would identify abuse and were aware of the correct reporting procedures.

Senior staff told us they had a good working relationship with the local authority and were able to make referrals or obtain advice as and when needed. We had received two safeguarding notifications from the provider since the service registered in May 2014, both of which had been managed appropriately in conjunction with local authority safeguarding teams.

We found robust recruitment and selection procedures were in place and saw appropriate checks had been undertaken before staff began work to help ensure that staff were suitable to work with people using the service. Staff files contained references and appropriate criminal record checks demonstrating that staff had been recruited safely.

The registered manager told us that all staff were required to complete a five day induction which covered areas such as medicines administration and first aid awareness. Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as percutaneous endoscopic gastrostomy (PEG) feeding, where a tube is passed into the stomach to provide nutrition or catheter care, staff requested guidance and support from district nurses.

Where staff were responsible for prompting people to take their medicines, medicines administration records (MAR) contained within people's care plans were signed accordingly. Staff sought specific guidance from the relevant clinicians about how to support people with the use of prescribed eye drops or topical creams. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Staff we spoke with were aware of the provider's whistleblowing policy and could explain how they would raise any concerns about the service to the management team and to external authorities, if necessary.

Good

Is the service effective?

Our findings

People's needs were assessed and met. We saw that the service followed clear assessment processes. Care plans included care needs assessments, which had been carried out before the person's package of care was commenced. This meant that staff had a good level of information about people's health and social care needs and some understanding of the support they required, from their first point of contact. Where people had capacity, plans had been signed by the person who used the service to show their agreement with the information recorded. In cases where people lacked the capacity to make decisions about their own care, plans were developed in people's best interests and signed by family members and/or health and social care professionals. Staff we spoke with understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves.

Care plans contained information and guidance for staff on how best to monitor people's health and promote their independence. We noted records included contact details for people's GPs and other relevant health and social care professionals involved in people's care.

Staff had a programme of training, supervision and appraisal which meant people were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff told us they had access to training and that in some cases had been able to complete vocational training courses in health and social care. Any gaps in people's training and development needs were addressed during staff supervision sessions. Records we saw confirmed this.

We spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. We saw that staff were required to successfully complete a three month probation period during which they received supervision on a regular basis in line with the provider's policies and procedures. Staff were also visited by field supervisors who carried out spot checks which involved observing staff during the course of their duties and providing constructive feedback.

The service had a comprehensive programme of staff training. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, Mental Capacity Act (2005), first aid, fire safety and moving and handling training. In

addition, staff undertook additional training to meet people's specific support needs, such as autism, epilepsy and managing challenging behaviour training. Most staff had qualifications in care and had opportunities for career progression.

Staff supported people with food shopping and meal preparation. Staff were required to prepare simple meals or serve food prepared by family members. People were supported at mealtimes to access food and drink of their choice. People told us "I tell the staff what I want to eat" and "[Staff] always give me choices." Staff we spoke with confirmed they supported people with eating and drinking and always offered people choices. Where appropriate, staff recorded fluid and nutrition intake in people's daily logs.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care provided. One person using the service told us, "On the whole I'm very happy with my carers." Relatives told us, "Staff are caring and helpful, we know them and get on well with them." Another relative said, "I'm happy with the service and my [family member] is comfortable around the carers, they do a good job."

People we spoke with told us they could make decisions about their own care and how they were supported. People told us that they usually had the same care staff for each visit and had been able to specify whether they preferred a male or female member of staff.

We were told that care staff usually arrived on time though some had difficulty due to traffic and delays to public transport. Staff told us they would contact the office if they knew they were running late for a visit and the office in turn contacted people or their relatives to let them know and provide updates.

People and their relatives told us they had been involved in the care planning process and had been visited in their homes prior to receiving care. Care plans we looked at included people's medical history, family information and emergency contact details.

We spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. The staff we spoke with told us the support plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Staff had training in equality and diversity and understood the importance of respecting people's cultural values and personal preferences.

People told us they had received copies of their care plans and that staff completed daily logs each time they visited. People were provided with information regarding the provider's policies on choice, confidentiality and complaints management. The information also included useful contact information for advocates and other statutory and voluntary services.

Good

Is the service responsive?

Our findings

We saw people's care and support needs had been assessed by the service and these were updated and reviewed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

Most of the people we spoke with told us they thought staff knew them well and knew how to support them if their needs changed. One person told us "When I came out of hospital they provided care straight away" and a family member said "If there are any problems [staff] always keep me informed."

We saw from records that staff had received training in basic first aid. Staff we spoke with explained how they would respond in an emergency situation. The service had procedures for when staff were unable to access people's homes which included checking with neighbours and contacting the police and the main office for advice. In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members in the office to inform them of any emergency situation.

We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meal preparation and medicines prompting. People and their relatives told us that staff always completed and signed the daily logs at the end of each visit.

People knew how to make a complaint and told us they would contact their social worker or the service manager if they needed to discuss any concerns. One relative told us, "The manager is really nice and makes me feel confident and comfortable." The registered manager told us they were always available to speak with people and listen to their concerns. Staff we spoke with knew how to respond to complaints people raised and understood the complaints procedure.

People and their relatives told us they were involved in review meetings with social workers and senior care staff. Key areas such as mobility, moving and handling, and personal care were regularly reviewed to ensure any changes in a person's needs were recognised and addressed.

Relatives told us "The supervisor comes and visits and gets our feedback" and "We have meetings with the agency and our social worker, it's a chance to discuss and input our ideas." This demonstrated that the agency responded to people's changing needs and ensured relevant professionals and family members were consulted and involved.

Relatives were encouraged and supported to make their views known about the care provided by the service. The registered manager told us monthly customer surveys were sent out by the provider to people using the service and their relatives. From the December 2014 survey results we noted the service had an overall compliance score of 88% in areas covering quality of care, assessment processes and complaints handling.

Good

Is the service well-led?

Our findings

People were protected from the risk of unsafe or inappropriate care because the service had a registered manager who had been in post since May 2014. The registered manager was supported by two senior staff based in the office and a field supervisor who worked out in the community. There were always at least two senior staff members on duty who were available for people and staff to contact on a daily basis. Leadership was visible and staff had clear lines of accountability for their role and responsibilities.

People told us the registered manager was "good at her job" and "particularly good at getting things sorted." Another person using the service told us, "[Senior staff] are lovely, fantastic and I trust them."

Staff told us the registered manager was approachable and supportive and that they felt listened to. Comments about the registered manager included, "She's a good manager, she listens to you and she understands the job" and "She's helpful, understanding and easy to get along with."

Staff meetings were held on a regular basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. The registered manager told us that informal meetings were also held for staff whenever needed. The registered manager operated an open door policy and people who used the service and their relatives, and staff, were welcome to contact her at any time.

The registered manager told us a field supervisor who worked out in the community was responsible for monitoring care staff and the care and support they provided to people using the service. The field supervisor undertook a combination of announced and unannounced spot checks where staff were observed delivering care and provided with feedback. Staff told us they found this process helpful.

The service had quality assurance systems in place. The registered manager told us they completed regular and ongoing checks on care plans, daily logs and medicines records. Staff files were audited and we saw clear evidence that files were well managed and that training and supervision requirements were kept updated.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the matter to senior staff. Some people we spoke with told us that occasionally there were issues with time keeping and communication. We were told that these issues had been resolved once they had been reported to senior staff. Staff told us they were given enough time for travel and people understood that transport issues could sometimes cause delays.