

Hartlepool Care Services Limited

Carewatch Redcar and Cleveland

Inspection report

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28 November 2018
05 December 2018

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 20, 28, November and 5 December 2018. This was the first rating of the service since registering with us in December 2017.

Carewatch Redcar and Cleveland is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of inspection, there were 88 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 registered manager was not present and was in the process of deregistering and a replacement manager was in post at the service during our inspection and had begun registering with us.

Medicines were not always, recorded or managed safely. We found issues with the records and auditing of medicines. Staff training regarding medicines was not up to date.

A programme of audits were carried out by the manager. However, these were not always effective as we found issues with medicines that were not identified in audits.

Communication systems were in place for staff and team meetings. However, these were not recorded. We made a recommendation to keep records of outcomes following staff meetings.

Accidents and incidents were recorded in various places however, there were no robust monitoring or recording systems in place to monitor accidents and incidents.

Feedback from people regarding the management of the service was mixed however feedback from staff was positive and they felt supported.

People's nutrition and hydration needs were met and they were supported to maintain a healthy diet. Where needed, records to support this were detailed.

Partnership working was in place with other professionals, including health care professionals and community nurses. Specialist consultants were involved in people's care, as and when this was needed.

People's personal risks had been identified and more detailed risk assessments had been written to give staff the necessary guidance on how to keep people safe.

Staff training reflected people's needs. Staff gave us positive feedback about their training.

People were supported by sufficient numbers of staff to meet their needs. Rotas' showed there were consistent numbers of staff to meet people's needs.

People were supported to access information in a variety of formats and adaptations could be made to suit individual needs.

People were supported by kind and caring staff. The feedback from people and their relatives was positive about the staff attitude and their caring nature.

Staff were employed safely and pre-employment checks were carried out on staff before they began working in the service. Staff were supported through an induction period. They received training and supervision from the manager together with an annual appraisal.

People were supported to maintain their independence by staff who understood and valued the importance of this.

Care plans were person centred regarding people's preferences and were personalised. Person centred means that a person's preferences are respected and valued when planning and delivering their care and support.

People could complain if they wished to and procedures were in place to support this.

No-one was receiving end of life care at the time of our inspection however, arrangements were in place for people.

People were supported to have maximum choice and control of their lives and staff supported them in their own homes in the least restrictive way possible; the policies and systems in the service supported this practice.

Notifications of significant events were submitted to us in a timely manner by the manager.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to safe care and treatment and the management of medicines and good governance. You can see what action we told the provider to take at the back of the full version of this report.

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.

Medicines were not administered, recorded, audited and managed safely.

Staff training regarding medicines was not up to date.

Effective risk assessments were in place for people to enable them to take risks safely.

Requires Improvement 

Is the service effective?

The service was effective.

Staff were supervised regularly.

New staff were supported by a robust induction process.

People's nutrition and hydration needs were met.

Good 

Is the service caring?

The service was caring.

People were encouraged by staff to maintain their independence.

People's rights to dignity and privacy were respected by staff. Staff had kind and caring attitudes and were patient.

People could access advocacy services if needed.

Good 

Is the service responsive?

Good ●

The service was responsive.

People and their relatives knew how to complain if they needed to and this was supported and well managed.

People were provided with accessible information where required.

Staff understood people's individual needs and respected people's preferences. People's care was person centred and tailored to their needs.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Systems used to assess and monitor the quality of the service were in place but didn't always identify areas for improvement.

Team meetings were in place but not recorded.

People gave us mixed feedback regarding the management of the service. Staff were confident to approach the manager to raise any concerns. □

Carewatch Redcar and Cleveland

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 20,28 November and ended on 5 December 2018. It included speaking with the manager, senior support staff and three support workers. We visited the office location on 20, 18 November to see the manager and office staff; and to review care records and policies and procedures. We spoke with five people who used the service and four relatives via telephone calls on 5 December 2018.

The inspection team consisted of one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we checked the information that we held about registered provider. For example, we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners, and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no comments had been raised. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

Is the service safe?

Our findings

We looked at the systems in place for medicines management. We reviewed medicines administration records, policies and systems. We found that the arrangements for managing medicines was not always safe.

Medicine administration records were not completed in line with the providers own policy or current best practice. Records used did not list all the medicines and dosages being administered to people.

We found when people had refused medicines this was not always recorded clearly and different staff were using different ways to record the information. We found gaps within the medicine administration records and we were unable to distinguish if medicines had been refused or not given as records were unclear.

We looked at medicines audits carried out by senior staff. Audits were completed monthly however these audits were not robust or detailed enough to identify any issues or act upon them in a timely manner.

Annual medicines awareness training was provided to staff however, this training was out of date for the majority of staff and in some cases for over two years. The manager agreed that this training needed updating.

Accidents were recorded in an accident book and incidents were recorded in people's individual daily notes however, these were not monitored for trends during audits by the manager. This meant there was no system in place to help ensure that any emerging patterns of accidents and incidents could be identified and action taken to reduce any identified risks and prevent reoccurrence wherever possible.

This is a Breach of Regulation 12 Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe with Carewatch Redcar and Cleveland and comments included; "I wear a wristband, pendent all the time. Having my doors locked on a night makes me feel safe." And "Having a key safe and home call in place."

People were supported by enough staff to meet their needs safely. When we spoke with people, relatives and staff they told us that they felt the staff levels were right for their needs. People told us, "The staff always have time to speak with us."

Risk assessments were in place and covered issues such as trips and falls, incidents, moving and handling and fire risk. Personalised risk assessments were documented in people's care files and actions put in place. People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. Staff were knowledgeable about the risks to people and what they should do to minimise the risk.

The manager had investigated all the safeguarding incidents we reviewed. Staff had received training in abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "I would always report any concerns, even if I wasn't sure. To protect people."

We looked at staff files and saw all relevant information was obtained and stored, therefore a safe and effective recruitment system was in place. The staff recruitment process included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions. We saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

Staff were trained in infection control and food hygiene and had regular access to supplies of personal protective equipment for carrying out personal care and preparing food.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Is the service effective?

Our findings

People were supported to have maximum choice and control of their lives and staff supported them in their own homes in the least restrictive way possible; the policies and systems in the service supported this practice. This was reflected in people's care plans and feedback from people who used the service and their relatives. One person told us; "The staff help me prepare my meals and it's always my choice."

People were supported to maintain a healthy diet and their nutrition and hydration needs were met. People were supported to prepare food for themselves where they could or staff carried this out for them. The registered manager told us that there was no one using the service currently who had any specific allergy's or cultural dietary needs. One person told us; "the staff help me with my meals I do the setting up and they help me with the meals and the clearing up. The bits I can't do."

Staff were supported by regular supervisions and appraisals that took place to enable staff to review their practice. From looking in the supervision files, we could see these were completed regularly and staff told us they were meaningful and valued.

The format of the supervision gave staff the opportunity to raise any concerns and discuss their personal development. Supervisions and appraisals are important in helping staff to reflect on and learn from practice, personal support and professional development. We saw how conversations were recorded. For any new employee, their induction period was spent completing an induction programme and shadowing more experienced members of staff to get to know people who used the service before working with them.

Staff were trained and we saw a list of the range of training taken up by the staff team. Courses included, safeguarding, first aid and moving and handling. Some training had expired and the manager told us how they could access the local authority training and we could see this was planned. However, medicines training was out of date and the manager was aware that training was out of date and agreed that this training should be updated as soon as possible.

Staff were complimentary about the training and one member of staff told us, "The training is good, mine is nearly all up to date. I have also had practical training on how to use equipment in people's homes."

The service worked with external professionals to support and maintain people's health. Staff knew how to work with external professionals where additional support was needed. People were supported to attend appointments and at home by other healthcare professionals such as the community nursing team.

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 who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

We checked whether the service was working within the principles of the MCA, and at the time of our inspection and staff were trained in the Mental Capacity Act. We also observed that the service had assessed people's mental capacity upon initial referral and used local authority assessments to support this. Where people using the service was subject to the court of protection this was included in their care plan and they were supported with this.

The registered manager displayed a sound understanding of mental capacity and the need for consent on a decision-specific basis. We found that consent to receive care was documented in people's care plans and people we spoke with and their relatives confirmed staff asked for their consent on a day to day basis.

Is the service caring?

Our findings

People were supported by caring staff. There were many positive comments from people who use the service and their relatives regarding the carers. Comments included; "They are all kind, they talk, they are friendly", "They are kind and polite, or they would get complaints from me", "They chat while they are seeing to her", "They do what my wife wants, she takes the lead, she's in control."

People's privacy was respected. All personal care was carried out behind closed doors. Comments received from people and their relatives included; "The staff all respect my dignity." and "They shower my relative properly, I've never heard her complain."

We asked staff how they would protect people's dignity and they told us how important it was to them to respect this. One staff member told us; "Dignity is all about us giving people a choice, we don't go there to take over, if they struggle then suggest what help and let them decide what help they want. Privacy and dignity, it so important."

Independence was promoted and staff supported and encouraged people to be independent, for example, making choices as part of everyday life. One member of staff told us, "Independence is what everyone is wanting to keep. We give people choices to make them feel good, we are there to support people when they need you, when they tell you they need it, we don't go in and tell people what to do. I have not right to impose on others how they should live their life's."

We saw people's choices and preferences were reflected in their care plans and this was confirmed when we spoke with people. Care plans gave the staff an insight into the person's background and history to help staff get to know them. One member of staff we spoke with told us, "Every client's got their own, record all about them and we read this, we explain to people who we are and we find out about them to help them trust us."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told us how they would protect the people they supported from discrimination.

People were supported to follow their chosen religion and we saw this within peoples care plans and their religious or cultural preferences were sought when joining the service through initial assessments.

Advocacy support was available to people if required to enable them to exercise their rights. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. We saw that the service had access to advocates to support them where needed. We also saw relatives had been accepted as natural advocates for people. Staff listened to relatives and put actions in place when required.

Is the service responsive?

Our findings

People were supported by person centred approaches. We saw in people's care plans they had one-page profiles to give at a glance information regarding the person's preferences and choices. Comments from staff included, "We speak with people and check care plans for their preferences and always ask people what they want every day with everything."

People were involved in reviewing their care and took part in meetings with senior staff and the manager to go through their care plan and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. One person told us, "My care plan file was updated a couple of months ago, they upgrade it when they remember to do it.", "They've been taken over by another company, they asked for suggestions to the care plan but there were no changes needed."

The manager told us how they could make relevant information in larger print for example or easy to read if needed. We saw copies of large print documents that were available on request. We discussed other options and how the manager could develop this area further for people who used the service.

People and their relatives told us they could complain if they wished. There was a complaints policy in place. We looked at records and could see where issues had been raised they were recorded and outcomes were addressed accordingly and followed up. People told us they were confident they could raise issues if they wanted to and that they would be addressed by the manager. Staff also told us how they would support people to raise any concerns.

Regular communication and engagement took place with people and their relatives through phone calls and review meetings and annual satisfaction surveys. When we spoke with people and their relatives we received mixed feedback regarding continuity of staff. We saw that this was a theme within the annual satisfaction survey. When we spoke with the manager they were aware of this issue and were taking steps to address this by working on the rotas and taking on board people's preferences and staff travel arrangements.

The manager told us how new staff would be introduced before attending a call. During our inspection the manager attended a call with a member of staff to meet a person they would be supporting to introduce them.

People were supported to maintain relationships with their families and friends. Staff were respectful of people's personal relationships within their own homes. We saw that this was reflected within people's care plans and feedback was positive from speaking with people and their relatives.

At the time of our inspection there was no one receiving end of life care. Discussions had taken place with people and their relatives about the care they required at the end of their life.

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality and effectiveness of the service. However, these systems were not robust and failed to identify some of the issues we found during our inspection. For example, the medicines audit lacked detail and did not address the issues we found in medicines.

The manager didn't monitor accidents and incidents to potentially reduce further risks to people, to avoid repeat events and to learn from incidents.

Medicines administration records were not adequate to administer medicines effectively or as required by the providers medicines policy or best practice.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

At the time of our inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. However, the registered manager was not present during our inspection as they had left the service and were managing another one of the provider's services.

There was a manager in place at the service who was managing the service and they were part way through the process of registering with us. The registered manager was also planning on de registering once the replacement was registered.

Regular staff meetings were held for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. However, there were no records of these meetings, or any actions or outcomes recorded. Staff told us they valued the meetings and that the content was important and they included items of discussion such as medicines and changes to people's needs.

We recommend that the manager records staff meetings and also uses them as staff development and accountability.

During our inspection all issues raised with the manager were either addressed at the inspection or immediately following and the registered manager agreed to provide us with evidence following our inspection.

People and their relatives gave us mixed feedback about the management of the service, comments from relatives included; "Nice to know they are keeping an eye on things," "There's no problem with the carers, I don't know if the office takes any notice of me," and "Without the service I would be in dire straits." Also "The management, it's alright, could do with a bit of a tweak", "On the whole it's well managed, most weeks it runs well" and "The service is disorganised the girls are chasing from one end of the area to another."

Staff told us the manager was approachable and management of the service was respected, comments included; "Management are brilliant, no issues so far. There were misunderstandings in my previous job with communication, but not here.", "Here they ring you to check you know your rota and remind you where you need to be. My area manager, I shadowed her last week and she is lovely she told me who to contact. I have been given a lot of guidance by manager and not in at the deep end."

Policies and procedures were in place and were regularly reviewed and were in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

Surveys to measure the quality of the service had been distributed to relatives and people in 2018. We saw the feedback on the service in the 2017 survey had been largely positive. There were some comments within the feedback regarding continuity of carers and this was also shared with us. The manager was aware of these concerns and was trying to address this with rotas and people preferences.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Staff training in medicines was out of date and records of administration were not adequate.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management oversight systems and audits were not effective to manage medicines and accidents and incidents in line with the providers policies and best practice.