

CSN Care Group Limited

Carewatch (Moorlands Court)

Inspection report

Moorlands Court
Hindhead Gardens
Northolt
Middlesex
UB5 5FD

Tel: 020288424304

Date of inspection visit:

20 May 2021

21 May 2021

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06 July 2021

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 (Moorlands Court) is an extra care service providing personal care to people in their own homes. The service has 35 flats and each person has their own tenancy. People had their own flats based in a community setting within an extra care housing complex. The service provided support to people in their own homes with additional flexible care and support services available on-site to enable people to live as independently as possible. At the time of the inspection there were 33 people receiving support from the service with a regulated activity.

The housing support is provided by a separate organisation which also provides support in terms of catering and activities and maintained communal rooms including a lounge and dining room.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. Safe recruitment procedures were followed and medicines were managed safely. Staff followed appropriate infection control practices to prevent cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked with other healthcare professionals to help meet people's healthcare needs safely and effectively.

People were cared for by staff who had appropriate skills developed through inductions, supervisions, appraisals, training and team meetings.

People were cared for by kind and supportive staff who treated them with dignity and respect. People were involved in decisions and planning their care. Care plans were personalised and recorded people's preferences, so staff knew how to respond to people's needs appropriately.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. Staff felt supported by the registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was good, published on 20 July 2017. The service

was registered under the new provider CSN Care Group Limited on 16 April 2019.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Carewatch (Moorlands Court)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience who made phone calls to relatives after the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2021 and ended on 21 May 2021. We visited the office location on 20

and 21 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, team leader and care workers. We also spoke with two visiting healthcare professionals, the housing manager and a legal professional. We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The provider had systems in place to help prevent and control infection. However, we found COVID-19 risk assessments were not robust enough as these did not include indicators for what puts a person at higher risk from COVID-19. Staff had a general COVID-19 risk assessment but not individual ones. When we raised this with the registered manager, they began taking immediate action to improve these and make them more comprehensive.
- Staff received relevant training and could explain good practice. The manager said they had worked well with the housing provider to help ensure everyone was living and working in a safe environment. They also had lots of informal meetings and daily reminders about good practice.
- Staff were provided with protective equipment such as gloves and aprons to protect people from the risk of infection. People and relatives told us personal protective equipment (PPE) was used appropriately. One person confirmed, "They always wear their PPE."
- The service has recently nominated an infection control champion to lead on best practice.
- Staff had weekly COVID-19 tests and were given information about getting the vaccine. This included a webinar link for staff hesitant about the vaccine.
- The business continuity plan dated March 2021 included guidance for managing a covid-19 outbreak.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from the risk of abuse. These included adult safeguarding policies and procedures and whistleblowing procedures.
- People and their relatives told us they felt safe at the service. Comments included, "It feels safe here. I know all the attendants. [I get the] same care workers" and "I do feel safe. I can lock my front door if I wish and allow only people I want in my flat."
- Staff received training around safeguarding adults to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and they were able to explain how they would respond to a safeguarding concern.
- The registered manager knew how to raise safeguarding alerts and the records indicated they had informed the local authority and CQC as required. Safeguarding investigations included details of the safeguarding, action taken and lessons learned, which helped the provider to mitigate risk and help to keep people safe.

Assessing risk, safety monitoring and management

- The provider had systems and processes in place to help keep people safe including risk management plans to help reduce the risk of avoidable harm to people.

- Other risks were appropriately assessed and monitored. They covered a range of needs including choking, epilepsy, behaviour that challenges and smoking. People's files contained fact sheets about various conditions in addition to individual risk management plans that provided clear guidelines for staff to help keep people safe.
- The provider reviewed and updated risk assessments regularly to reflect people's current needs

Staffing and recruitment

- The provider followed safe recruitment procedures to ensure new staff were suitable for the work they were undertaking. These included checks on staff members' suitability for the job and criminal checks.
- There were enough staff to meet people's needs and care for them in a safe way. Two staff did comment about the need for more staff, however, the registered manager said the managers had been helping to cover shifts as required and interviews were recently completed to hire three more staff. A relative told us, "There is enough staff who are trained. The staff are very patient and relaxed with [person] so [person] is relaxed. When I come here, I get that feeling of comfort and happiness."
- People received care from the same staff so there was consistency of care. Care workers generally arrived on time and stayed for the agreed length of time. One person said, "I am very happy with the carers and the care they provide, they are friendly and polite, and they do what they are supposed to do. On the whole the service is very good. They always come when they are supposed to."
- The provider was in the process of implementing a new digital system which will include a system for staff to log in and out before and after visits and enable the provider to better monitor care calls.

Using medicines safely

- People received their medicines safely and as prescribed.
- The provider had assessed each person's medicines needs and staff completed medicines administration records (MARs) appropriately. For example, if someone refused their medicine, this was recorded separately with an explanation. MARs were audited monthly help ensure medicines were being administered safely as directed.
- New staff undertook theoretical and practical medicines competency testing. After that, staff completed annual medicines theory testing and practical medicines competency testing was monitored through field based observations and spot checks. A healthcare professional told us, "I think it is very well managed, especially with medicines. They are pretty on the ball."

Learning lessons when things go wrong

- The provider had a policy for responding to incidents, accidents and complaints and systems to investigate and review these. This included what actions were in place to prevent a similar situation happening, updating the risk assessments and care plan if necessary and recording learning outcomes.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We looked at the records for seven people in relation to mental capacity. In three of the files, it was not clear if people had capacity as there was information to indicate they both did and did not have capacity to make specific decisions. The registered manager assured us all three people had capacity to make their own decisions and after the inspection emailed us updated records, which where appropriate, were signed by the person, as evidence they had the mental capacity to make their own decisions.
- We found the other people's forms regarding consent to care and information sharing were signed correctly and where there was lasting power of attorney, which is the legal authority to make decisions on behalf of someone else, this was recorded.
- The provider had an MCA policy and staff received training on the principles of the MCA.

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

- A needs assessment was completed prior to the package of care commencing, and this was used to form the basis of people's care plans. A relative commented when their family members moved into Moorlands, "They promptly identified the needs of my [relatives], developed their personalised care plans, built an atmosphere of trust with them and gave them the individual attention they needed, the freedom to make choices as well as assisted them with their medical appointments."
- Consent to care forms signed by people, indicated they were involved in developing their care plans, and subsequent reviews recorded if they were present at the review. One person said, "I do have a care plan and I was involved in all the decisions."

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training and support from the provider that included supervisions and annual appraisals. Staff had completed training the provider considered mandatory. This included safeguarding adults, manual handling and medicines training.
- A healthcare professional commented, "Staff have the required skills. They have insight into diabetic patients and know about sugar and blood levels and that they have to have meals at specific times. As soon as there is a problem, for example, a blocked catheter, they always contact the nurses asap. They know about service users and can give the information required."
- Staff completed refresher training annually to keep their knowledge and skills up to date. Staff also received training specific to people's individual needs, for example, PEG and epilepsy training.
- The provider undertook checks of staff while they worked in people's home to monitor staff competency when delivering care.
- The provider had team meetings to give staff the opportunity to reflect on their practice and raise any issues.

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

- People were supported to have enough to eat and drink.
- Care plans included information about people's food preferences and any dietary needs they had. For example, one person required their food to be pureed and there was information from the speech and language therapist about their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw evidence in care records of staff working together with other professionals to achieve positive outcomes for people. This included solicitors, the local authority, district nurses, pharmacist and occupational therapists.
- Care plans included information about other health and social care professionals involved in people's care. We viewed notes that showed the provider emailed the GP to request an urgent appointment regarding someone's skin condition. In another instance staff contacted the GP about a person having difficulty swallowing, so the GP could make a referral to the speech and language team. A relative said, "They are very quick, on the ball, when it comes to infections or illness and will get the doctor out immediately."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us the provider tried to ensure people were well treated and supported. People told us, "If I won millions in the morning I wouldn't leave. They are brilliant people. They ask me what I want. They are very good" and "The carers are all lovely. They make my life easier and they are good company. We like to have a laugh and a chat. A relative said, "[The registered manager] always makes me feel relaxed when I approach them. It's like a family unit when I come here. Everyone is kind and gentle and smiling and happy go lucky. When I go home, I know [person] is happy and in the right place and that makes me feel good."
- The provider had an equality and diversity policy and people's needs such as their preferred name, preferred language, personal history, hobbies, likes and dislikes were recorded. A relative said, "[Person] doesn't like being called by that name, all the carers know they like to use a different name to the one they were christened with."
- Staff had also undertaken equality and diversity training. This helped to ensure people received care according to their wishes and needs. For example, one person had a sight impairment and used a sheet magnifier to enlarge the print so they could read their letters. However, if they were unable to read with the magnifier, they brought the letter to the office and staff assisted in reading it for them.
- The registered manager explained that during the pandemic they had taken extra time to explain to people with learning disabilities about COVID-19 guidelines and why people's routines had to change.

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

- Staff told us how they supported people to make choices and care plans included information about people's preferences and choices.
- People told us they were involved in decision making and received care in their preferred way. One person said, "They ask me what I want to eat and anything like that. They have a conversation to find out how I am and what I need. We can talk. I'm quite happy really." A relative said, "Some of the carers have been there for some years and I feel that is a good sign. They know all the residents' preferences. What they like to eat, what they prefer to wear, everything from what I can tell."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People and their relatives confirmed this and told us, "They give me a shower every three days and are very good. Brilliant. She covers me up and treats me respectfully." A relative said, "I find the carers very considerate and respectful with [person], they

introduce themselves and explain to [person] why they are there and what they need to do, stuff like that."

- Care plans had guidelines for how to complete personal care tasks and information around people's individual needs, for example their preferred toiletries.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to contain information and guidelines for staff so they could provide appropriate care according to people's needs and preferences.
- People and their relatives told us staff understood their needs and provided support as per the person's wishes. One person said, "I do have a care plan and I am involved in the updates/reviews/changes." Comments from relatives included, "I was there with [person] from day one. I approved and participated in the way it has been done", "We have been involved in all care plans and decision making regarding my relatives. They have upped the care package due to extra needs but I am sure the carers still go in more often if they are needed, just to keep an eye and because they really care about these people" and "I was involved with [person's] care plan and have been informed and involved in updates."
- Family and social background information provided staff with context and areas of interest when communicating with the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs, including if they required assistive aids such as glasses or a hearing aid.
- One person had a hearing impairment. Their communication information included that they could lip read or staff could use gestures or write on a whiteboard there for the purpose of better communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider helped to prevent social isolation. Staff supported people to stay in touch with friends and relatives by helping them to make video calls and telephoning them. Relatives said, "I came to see [person] a few times in the garden and had social distancing. I know the procedure [regarding PPE and social distancing]. [Person] said they are happy with everything that was happening. Also booked video calls on the weekend. Staff helped [person] to keep in touch" and "During the lockdown when we were able to meet, we sat in the garden and when that wasn't possible the carers would organise video chats."

Improving care quality in response to complaints or concerns

- The provider had systems for responding to complaints and concerns.
- People using the service and their relatives told us they knew how to make a complaint and felt this would be addressed by the registered manager. A relative said, "I have never had to make a complaint, but if I felt I needed to I would do it. But no reason to. It's wonderful."
- Records for complaints recorded actions taken and lessons learned to avoid repetition and improve service delivery.

End of life care and support

- At the time of the inspection, no one was being supported with end of life care.
- Care records included advance wishes which mainly recorded people did not want to discuss end of life wishes at this time. The provider did have some people who did not have family or anyone else to make decisions about end of life care and agreed this was an area they could further explore with people. The provider was also arranging further end of life care training for staff.
- The registered manager told us if someone did require end of life care they would liaise with external professionals such as the palliative care team to help ensure people were well cared for at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture. People and their relatives told us they felt supported and that there was good communication. One person said, "They have a very good newsletter they send round which keeps us informed about all sorts" and a relative commented, "I have found the providers really good. They have shared all information. They let me know if [person] needs shopping or if they have mislaid their glasses or their teeth."
- Prior to the pandemic, the provider had included a person using the service on the interview panel for staff recruitment. This helped people be involved in choosing who was helping to support them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and notified the correct agencies.

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

- The registered manager and staff team understood their roles and had a clear management structure.
- We saw the whistleblowing procedure had recently been used and the registered manager was positive about staff knowing how to use it and feeling confident to do so.
- Staff were generally happy with the support they received from the management team. Staff comments included, "[The registered manager] is always available. I can talk to [them] any time", "[The registered manager] is a very good manager. [They are] very approachable. If there is something you need to improve, [they] will make sure [they] improve it" and "[The registered manager] is a very supportive manager. [They are] very sweet. When there is a problem, [they] will quickly respond to you and address the issue whatever it is. Always there."

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

- The provider contacted people using the service and their families for feedback about their experiences

through satisfaction surveys and on-site observations of staff. This helped the provider to monitor service delivery and identify where improvements were required. One person confirmed this and said, "I have had questionnaires and I have filled them in." Relatives told us, "I have had feedback forms and questionnaires which I have filled in and returned. I have nothing negative to say about the care or the providers" and "I did have a questionnaire and then I had a call from the providers as I wasn't able to answer some of the questions."

- People and their relatives consistently told us there was good communication between them and the provider. One relative said "They contact us straight away if there is anything wrong. The office and the team kept us informed with new developments during the lockdown. I can phone the office or email them, and they get back to me very quickly and always apologise if there is a slight delay."
- People's diverse needs, including protected characteristics, such as ethnicity, disability and religion were considered as part of the assessment process.

Continuous learning and improving care

- The provider completed checks and audits that included medicines, people's care records and staff files. The audits contained action plans to improve service delivery.
- The registered manager attended local network forums to discuss current themes in social care and share best practice.
- The provider was also in the process of implementing a digital system which meant staff would be able to read people's care plans and complete care notes in real time on hand held devices. The system will also include an application to allow families to access care records, if appropriate.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- Where appropriate they liaised with other relevant agencies, such as the local authority and community health care professionals to ensure people's needs were met.