

CSN Care Group Limited

Carewatch (Verdon Roe)

Inspection report

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London
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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Carewatch (Verdon Roe) is an extra care service that provides care to people living in 115 flats across three sites. Carewatch (Verdon Roe) is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. At the time of our inspection, there were 47 people receiving personal care.

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

People were not always supported by enough staff. People told us care visits were sometimes rushed and they did not always know who would be providing them support for each care visit. We have made a recommendation about the deployment of staff.

People, relatives and staff told us management oversight was not always robust over the three sites. We have made a recommendation about management oversight.

People told us they felt safe with the staff. People's accidents and incidents were recorded.

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.

People's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People told us staff were caring and treated them with respect and dignity. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, and person-centred. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People, relatives, and staff told us they felt the registered manager was approachable. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

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 this service was good. (Report published on 15 August 2019).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had in regard to the lack of management oversight, staffing levels and the support people received. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

This key question has not been rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

This key question has not been rated.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

This key question has not been rated.

Details are in our caring findings below.

Inspected but not rated

Is the service responsive?

This key question has not been rated.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

This key question has not been rated.

Details are in our well-led findings below.

Inspected but not rated

Carewatch (Verdon Roe)

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check specific concerns we had. We received a whistle blowing in regard to the lack of management oversight, staffing levels and the support people received. We also received a complaint regarding concerns about the personal care of one person.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

This service provides care 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.

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 24 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed five people's care records and their daily records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed two people's care records, training records, accidents and incidents records, complaint records, staff rotas, staff meeting minutes, and quality assurance documents. We spoke with five people who used the service and 13 relatives. We also spoke with two scheme leaders, eight care workers and one administrative assistant.

Is the service safe?

Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about staffing levels and the support people received.

We will assess all of the key question at the next comprehensive inspection of the service.

Staffing and recruitment

- We did not look at recruitment as this was not part of our targeted inspection.
- People and their relatives told us there not always enough staff available to support them and meet their care needs. We received mixed feedback about staffing levels and the length of time care workers spent providing care at each care visit. One person said, "[Staff] are normally on time but don't always stay the full time if they are busy. I have regular staff and they know what they are doing. I usually don't have to wait for staff to come if I need them. I think they have enough staff and the right skills to look after me". However, one person said, "Sometimes [staff] are busy and may get caught up with other people, this happens occasionally". Another person said, "I don't think they have enough [staff] as they do seem to be rushing about".
- People told us they didn't always know which staff member would be providing their support for each care visit. One person told us, "I would like them to [give us] a proper weekly rota, so people know who to expect. Sometimes if you know who is coming you can work out if they are going to be late". This meant the care provided was not always consistent.

We recommend the provider seeks advice from a reputable source in relation to the deployment of staff to meet the needs of people who used the service.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as personal care, medicines, toileting, mobility, oral hygiene, eating and drinking, finances, tissue viability, environment, and moving and handling.
- People and their relatives told us they felt the service was safe. One person said, "[Staff] have the right skills to keep me safe. In the shower they make sure I am holding the rail. Just knowing they are there makes me feel safe." A relative told us, "I would say [staff] keep [relative] safe. At shower time they will walk with [relative] and check the water isn't too hot."
- Staff knew about people's individual risks in detail such as mobility and behaviours that challenged. One staff member said, "[If someone was distressed] I would reassure them and calm them down and try and support them and get them to talk. Then I would report to my supervisor and manager."

Learning lessons when things go wrong

- Records showed accidents or incidents were recorded, and included the action taken after each incident or accident. A relative told us, "I have had it [incident] resolved and found the manager to be really good and sorted it out. It all got a bit messy, but lessons were learnt which is good."
- The registered manager gave us examples of how they had learnt from past incidents and accidents and what action they had taken to reduce the likelihood of the same problems being repeated. For example, one person had self-harmed. The registered manager told us, and staff confirmed they had received additional mental health training because of the incident. Also, the local mental health team were in the process of providing additional training to support staff. The registered manager told us mental health risk assessments had been updated with more detail to support people. Records confirmed this. The registered manager also told us because of the incident they were now working more closely with the local mental health team to share risks and information.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the support people received with dietary requirements and the skills and knowledge of staff.

We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member told us, "[Induction] gave me a general idea [about] what to expect from the position. I did shadowing for three days."
- Staff told us training was offered on a regular basis. Records confirmed this. One staff member said, "I just had mental health training today. It was really useful because it gave me a broader view of the different types of mental health illnesses and getting to know how to deal with challenging behaviours." Another staff member told us, "I like [the training] because I like to educate myself and be aware of more certain things. Also, it's good we get regular opportunities to get training and get qualifications and it helps you with your work."
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision regularly took place, where staff could discuss any concerns and share ideas. One staff member said, "I get [supervision] every three months. I think it is good because it is time to discuss anything I am concerned with or if I have anything I am going through outside of work. It is good to feel supported."

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

- Staff supported people with their meals when needed. Care records showed people's preferences and needs in relation to eating and drinking. A relative told us, "They are good at leaving [relative] snacks and drinks in between visits to help his appetite and they will sometimes pop in to check he's OK." Another relative said, "The staff do the breakfast and family do the evening meal. I am happy [relative] is getting a good varied diet."
- The complaint we received included concerns about one person's dietary requirements and support. We looked at the records for this person and spoke to the registered manager and found that they had taken the relevant steps to meet the needs of this person.

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

- The service worked with other agencies and health professionals to ensure people received effective care.

- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought. One relative told us, "[Staff] would deal with anything like a fall and get hold of his GP as necessary." Another relative said, "I trust [staff] to contact the appropriate people if [relative] not well. Sometimes they have rung the district nurse or [medical emergency team] and then they will contact me and keep me informed."
- People's care records showed relevant health care professionals were involved with their care, when needed.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the care people received.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- People were well supported and treated with kindness. One person said, "[Staff] do understand my condition and work with me. The [staff] are kind." A relative told us, "From what I've seen I think [staff] are very caring. They are attentive and show an interest in [relative]."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[People who used the service] are like a family. When you work with people for a long time they get used to you. They are nice people. You reassure them everything is going to be alright." Another staff member told us, "[People] are like family really. Like a second family away from home."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. A staff member said, "I would be respectful in regards to [people's] sexual orientation." Another person told us, "Me personally [I would] talk to [LGBT person]. I would also try and educate myself and do a bit of research to get an understanding. I would just talk to them to let them know if anything they need or talk about and I am open to talk. I did equality training last year."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen documented people's preferences and information about their backgrounds.

Respecting and promoting people's privacy, dignity and independence

- The service respected people's privacy and dignity. People told us their privacy and dignity were respected. One person said, "[Staff] treat me with dignity." Another person commented, "[Staff] make sure my 'modesty' is covered and will reposition me if needed. They always check I'm ready and talk me through what they are doing." A relative told us, "[Staff] treat [relative] with dignity and respect although you can see he his more comfortable with some [staff]."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "I try to make [people] feel comfortable as possible. I always the close the door and pull the curtains." Another staff member said, "You knock on [people's] door, you can't just walk in. We encourage [people] to live a private life."
- Staff told us they maintained people's independence and people were asked about what they were able

to do. One staff member said, "We always encourage [people]. We have a [person] who is bed bound and she needs full a body wash every day. We always let her do her face and as much as she can, so she feels is doing something for herself."

Is the service responsive?

Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about the service being responsive to people's care needs.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences. For example, one care plan stated, "I have two different flannels for upper and lower body. Staff is to use a dark colour for my private area and lower part and light one for my face and upper body. I have spare flannels in my chest draw in my bedroom. I am able to wash my face but due to restricted movement in my left side I require support from staff to wash the rest."
- After each care visit staff completed daily notes to record the support provided and capture any changes in people's needs. Records confirmed this.
- Fact sheets providing information about people's health conditions had been included in care and support plans. Subjects included diabetes, dementia, and multiple sclerosis. This meant staff understood how these conditions may impact a person and could be proactive if needed.
- People were involved in making choices about the day to day care they received. Staff respected people's individual lifestyles and the impact this made on a person's preferences and decisions about care. One person said, "I think [staff] are caring and if I wanted anything I can ask, and they will get it. If I need to talk to them, if I was worried about anything, I think they would listen and help."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and processes in place to record and investigate complaints.
- People knew how to make a complaint. People felt comfortable to speak to the staff about any concerns. One person said, "I would go to [scheme leader] if I needed to complain, she is very nice, very approachable." A relative told us, "I would complain at the office in the complex, I know the manager there, she is very approachable, they all are and believe they would sort out any issues."
- Records showed complaints were resolved as per the policy.

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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check specific concerns we had about management oversight.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- The service did not always provide good outcomes for people. Carewatch (Verdon Roe) is an extra care service that provides care to people living in 115 flats across three sites. The three sites are Verdon Roe, Dames Road and Windmill Court. One relative said, "There is only one person in the office so you can't always get hold of anyone to feedback to. It isn't enough." Another relative told us, "[Management] can be difficult to get hold of at times. There used to be someone in the office all the time but now not so much. They are approachable but there isn't as much communication as there used to be. Management seems to have been stripped back to the bare minimum." A staff member said, "We don't have any people in the office. Previously we had three members of staff in the office and things went more smoothly." This meant management oversight was not always robust across the three sites.

We recommend the provider seeks advice and guidance to improve their management oversight across all three sites.

- People and relatives told us the registered manager was approachable. One relative said, "[Registered manager] is very good, very approachable, and open and clearly cares." Another relative told us, "[Registered manager] is lovely and will listen to me as we talk anything and everything through. I have no issues."
- Most staff told us they felt supported by the registered manager. One staff member told us, "[Registered manager] is fine. If I have any problems, I can talk to her." Another staff member said, "[Registered manager] is very friendly. She speaks to every staff member. When it is lunch time, she will sit with us and chat. She is very genuine. Anytime I want a word with her I send her an email and that same day she will respond when she will be available in the office." However, another staff member told us, "It takes time for [registered manager] to respond. I sent her email about communicating more effectively. I don't think it has improved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and staff were clear about their roles in providing care that met the Health and

Social Care Act 2008 (Regulated Activity) Regulations 2014.

- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements and performance. Spots checks on staff were completed and helped to monitor their performance.
- The registered manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.