

CSN Care Group Limited

Carewatch (Verdon Roe)

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 ●

Summary of findings

Overall summary

About the service

Carewatch (Verdon Roe) is an extra care service that provides care to people living in 72 flats across two sites. 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. At the time of inspection, 42 people were receiving a personal care service.

People's experience of using this service

People using the service were protected from avoidable harm. Staff were knowledgeable about safeguarding and whistleblowing procedures. There were enough staff on duty to meet people's needs. Staff from the provider's other nearby services helped out to cover staff absences. People's medicines were managed safely and people were protected from the risks associated with the spread of infection.

Staff were supported in their role with training, supervision and appraisals. People's care needs were assessed before they began to use the service to ensure their care needs could be met. 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 supported people with their nutritional and healthcare needs when required.

We have made one recommendation about specific health conditions.

People and relatives told us staff were caring. Staff described how they got to know people's care needs and developed positive relationships. The service involved people and relatives in decisions about the care. People's choices and preferences were respected. Staff knew how to provide an equitable service. People's privacy, dignity and independence were promoted.

Staff understood how to deliver a personalised care service. Care plans were detailed, personalised and contained people's likes and dislikes. The provider assessed people's communication needs to ensure these could be met. People could participate in the different activities offered. People and relatives knew how to make a complaint. The provider dealt with complaints appropriately. The service had a policy and systems in place to provide people with end of life care if needed.

People and relatives spoke positively about the leadership in the service. The provider had systems in place to capture feedback from people about the quality of the service in order to identify areas for improvement. People and staff had regular meetings to be updated on service developments. The provider had a system of carrying out regular quality checks at the service to identify areas for improvement. The service worked in partnership with other agencies to provide good outcomes for people.

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

Rating at last inspection

The provider altered its legal entity on 17 April 2019. This is the first inspection since first registering under the previous legal entity in 2018.

Why we inspected

This was a first inspection as part of our planned inspection programme.

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 (Verdon Roe)

Detailed findings

Background to this inspection

The 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.

Inspection team

Our inspection was completed by one inspector.

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 24 hours' notice of the inspection. This was because the service is spread across two sites and we needed to be sure the registered manager and staff would be available to speak with us.

Inspection site visit activity started on 24 June 2019 when we visited the office at the main site to review care records and policies and procedures. We visited both sites where the service is delivered on 25 June 2019 to speak with staff and people who used the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return before this inspection. This is information we require

providers to send us at least once annually 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 four people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager and five care staff. We reviewed a range of records. This included five staff files in relation to recruitment and staff supervision. We looked at five people's care records including care plans and risk assessments. A variety of records relating to the management of the service including staff training, medicines management and quality assurance were reviewed.

After the inspection

We sought feedback from the local authority for their views about the service. We spoke with three relatives. The provider sent us information we requested.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff. Comments included, "Definitely safe" and "Very safe." Relatives told us they felt their family member was safe at the service.
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding vulnerable adults. They described the actions they would take if they suspected a person was being harmed or abused. One staff member told us, "I would speak to my manager and if they didn't act, I would have to go to CQC."
- The registered manager was aware of the requirement to notify the local authority and CQC about safeguarding concerns.

Assessing risk, safety monitoring and management

- People and relatives told us they were satisfied with the arrangements in place to reduce the risks they may face.
- People had risk assessments which gave guidance to staff about how to mitigate the risks of harm to people. Examples of risks covered included, fire safety and appliances, trips and falls, eating and drinking, and support outside the home.
- One person's care record contained a bedrail checklist and safe use guidance. The checklist noted the person had capacity to consent to the use of bedrails and these were used to prevent falls and not for restraint.
- The provider had a policy about managing people's finances in order to keep people safe from the risk of financial abuse. Staff recorded the details of each transaction and receipts were kept to evidence what money was spent on.

Staffing and recruitment

- People and relatives told us there were enough staff on duty to meet their needs and no visits were missed. One person told us, "If they are very late they will phone you up. A relative told us on the odd occasion staff were late it was because they were held up supporting another tenant."
- Staff confirmed there were enough staff on duty. One staff member told us, "There are times when there could be more staff if someone calls in sick."
- The service had its own bank of staff to cover staff absences. One staff member explained staff from the provider's other services nearby would help out if needed.
- Records showed during the day, eight care staff were on duty at one scheme and two care staff at the other scheme. At night, one scheme had two staff awake and the other scheme had a sleeping staff member.
- The provider had a safe recruitment process in place. Relevant checks were carried out before someone was employed which included staff providing proof of identification, the right to work in the UK and written

references.

- New staff had undergone criminal record checks to confirm they were suitable to work with vulnerable people. The provider had a system to obtain regular updates to the criminal record checks to confirm the continued suitability of staff.

Using medicines safely

- People and relatives told us they were happy with the support provided with medicines.
- The provider had appropriate systems in place to manage medicines safely.
- Staff received training in administering medicines before they began to administer medicines unsupervised.
- Medicines were securely stored in people's flats.
- Medicine records were completed fully and accurately.

Preventing and controlling infection

- People told us they were protected against the risks associated with the spread of infection. One person told us, "Everything's nice and clean."
- The service had an infection control policy which gave clear guidance to staff about how to reduce the risks associated with the spread of infection.
- Staff told us they were provided with plenty of personal protective equipment such as gloves and aprons.
- Legionella bacteria had very recently been found in the water supply at one of the schemes. The provider had taken appropriate steps to deal with this. The water system had been treated to eliminate the bacteria.
- Staff had been reminded about infection control procedures at the staff meeting and empty flats were not being filled whilst waiting for the Legionella bacteria to be eliminated.

Learning lessons when things go wrong

- The service had a system in place to record accidents and incidents.
- The registered manager told us they used accidents and incidents to learn lessons and to make improvements to the service. They gave an example of one person who was admitted to hospital with a urine infection whose feet were not in a good condition and this had not been identified by the visiting chiropodist. The lesson learnt was that staff were reminded at the staff meeting to check people's feet. The registered manager was now also regularly checking people's feet.

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.

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

- People and relatives told us they were happy with the service provided. Comments from people included, "Very nice people" and "It's a lot better than what it was." Two relative said, "We are very happy with the service."
- People's needs were assessed before they began to use the service to ensure the provider could meet their support needs. Information gathered at the assessment was entered into an 'All about me' section in the care plan.
- Information captured included the person's life history, support needs around mobility, medicines, skin, pain management, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Enhanced care plans included information around the person's important relationships, culture and spiritual needs and preferences such as care staff gender.

Staff support: induction, training, skills and experience

- People told us staff had the skills needed to provide them with care. One person told us, "Of course they do [have the necessary skills]. They do look after us."
- New staff received a twelve week induction which included completion of a care passport that was signed along the way and formed part of their personal development plan.
- Induction included three days classroom based training in safety topics such as moving and handling and two days completing e-learning in key care topics. The registered manager told us they were the trainer of new staff in the service.
- New staff shadowed more experienced staff as part of their induction and completed a footsteps programme which was equivalent to the Care Certificate. The Care Certificate is training in an identified set of standards of care that care staff are recommended to receive.
- Staff told us they were required to complete annual refresher training in the topics contained on the induction programme and they found the training useful. Records confirmed staff were up to date with training.
- Records confirmed staff were supported with regular supervision. Topics discussed included training, job activities and how the service could be improved. Staff told us they found these meetings useful. One staff member said, "You always learn something new."
- Staff had an annual appraisal where they discussed their performance over the past year and training or development needs to focus on during the forthcoming year.

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

- People told us they were happy with the support they received to maintain their nutrition.

- There was an on-site kitchen at the main scheme used by an outside agency to prepare the main meal at lunchtime for people. People could choose to eat this meal in a communal dining area or have their meal delivered to their flat.
- Staff were knowledgeable about people's dietary requirements and the support they needed with this.
- We observed lunch being served in the communal dining area of the main scheme. Staff were attentive to everybody sitting at the tables and offered choices of food and drink.
- People confirmed staff supported them to prepare light meals in their flat. Care records indicated the support people needed with their meals.

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

- Staff demonstrated they knew how to support people to maintain their health. One staff member told us, "We have activities. We try to encourage them to walk. If they don't have family, we would go to health appointments with them."
- Care records contained details of people's health appointments. These included access to chiropody, occupational therapy, memory clinic, dentist and hospital outpatients.
- People had an emergency grab sheet in their care plans with key information about health diagnoses, medicines and emergency contact details. This ensured important health information could be passed on should a person be admitted to hospital.
- Staff demonstrated they knew the signs to look for and what actions to take if people with specific health conditions, such as diabetes, became unwell.
- Care plans had details about specific health conditions but did not contain enough detail. For example, for diabetes, there were no details about the signs of low or high blood sugar level staff should look for or the action staff should take.
- We raised this with the registered manager who explained the district nurses were responsible for monitoring people's blood sugar levels and they would communicate to staff if there were concerns. They also confirmed that diabetic first aid was covered in staff training. The registered manager said they would update people's care files accordingly so that staff could refer to this if needed.

We recommend the provider seek advice and guidance about supporting people with specific health conditions.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of this inspection, the service was not working with anybody who needed their liberty restricted.
- People had signed consent forms to agree to having a pre-assessment, to consent to receiving care and to consent to have their photograph taken.

- Where appropriate, some people had a Court of Protection agreement for a family member to look after their property and affairs.
- Care records showed people's mental capacity had been assessed in relation to capacity to consent.
- Staff understood the need to obtain consent before delivering care. Comments included, "We always need to get consent" and "We get consent all the time for everything."

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 relatives told us staff were caring. Comments included, "[Staff] are very kind to me", "[Staff] would do anything for you" and "[Staff] are nice people." A relative said, "There's one staff there who is brilliant."
- Staff described how they got to know people and their care needs. One staff member told us, "We get to know the person by talking and spending time with them, reading their care plans, log books and communication sheets."
- Staff demonstrated they were knowledgeable about equality and diversity. One staff member told us, "By treating [people] fairly I make sure their needs and their wishes are met whatever their background, ethnicity, sexuality or even health requirements."
- We asked the registered manager how they would support a person who identified as lesbian gay, bisexual or transgender, They told us, "I would support them the same way I would support anybody else. I wouldn't support them any differently."

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

- People confirmed they were involved in making decisions about their care. One person told us, "They don't let me do anything that is wrong."
- Relatives told us they were kept updated on their family member's wellbeing.
- The registered manager explained how people and relatives were involved in making decisions about care. They said, "We have tenants' meetings. Families are invited to the pre-assessment. Families visit the building with the [person]. If families have problems they come and speak to you."
- Staff explained how people and their relatives were involved in making decisions about care. One staff member told us, "Every person and every family is different. Some can tell their family what they need and they come and talk to us. Some have dementia and the family will tell us."
- Staff described how people were encouraged to make choices. One staff member told us, "You always try your best to give choices. You always keep asking. If you get it wrong [people] are not going to be happy."

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity were promoted. One person told us, ""Yes they do respect my privacy."
- Staff demonstrated they knew how to promote people's privacy and dignity. One staff member told us, "Never discuss [people using the service] outside. When giving personal care keep windows and doors closed, blinds shut. Keep them covered as best you can so they are not all hanging out. Always knock when you enter."

- Staff described how they promoted people's independence. One staff member told us, "We assist and encourage. We ask them if they need help but try to get them to do it first." Another staff member said, "By ensuring whatever they are able to do, I support them to do it and encourage them."
- Care records gave information to staff about what tasks the person could complete independently and what tasks they needed support with.

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 meet people's needs, preferences, interests and give them choice and control

- Staff understood how to deliver a personalised care service. Comments included, "The care is centred around that person", "Care is designed specially for the person" and "Choices, rights, care needs and the care plan is centred around the [person]."
- Care records were personalised and contained people's likes and dislikes. One person's care plan stated, "I don't like if staff do not pay attention to my wishes, preferences and decisions. I like to do shopping for myself."
- Care plans detailed the time and what tasks needed to be completed at each visit.
- Care plans were reviewed annually or sooner if a person's needs changed.

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.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us for people who had a sight impairment or were blind, "I would find somebody to help me put the information in braille so they could read it." The registered manager told us people who had a hearing impairment or were deaf, had a chalkboard or white board to ease communication from staff and they would book interpreters for meetings.
- Care records contained guidelines for staff about how the person communicated. For example, one person's care plan stated, "I am a bit hard of hearing but I do not wear a hearing aid. Communication needs to be written or speak clear and loudly directly to me."

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

- People were supported to participate in activities.
- Activities included weekly sessions for bingo and keep fit. There was a fortnightly visit from a hairdresser which took place in a dedicated room. Other activities included summer barbecues, afternoon tea, coffee mornings and parties on occasions such as birthdays and religious festivals.
- Care records included details about how people preferred to spend their time. One person's care plan stated, "I like knitting and watching TV. I like to communicate with staff."

- People were encouraged to maintain their connection to friends and family and care records reflected this. One person's care record stated, "I like to socialise with people and to build new friendships. I have a close friend who I see regularly."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which gave clear guidance to staff about to handle complaints.
- People confirmed they knew how make a complaint but had not needed to. One person said, "I would complain to [registered manager] and I think she would listen." Another person told us, "Never [complained]. They are so nice to me."
- Relatives told us they knew how to make a complaint. One relative told us there was one occasion where they made an informal complaint and they were satisfied with the action that was taken.
- Staff understood what actions to take if somebody wished to complain. One staff member told us, "I would discuss it with the person and then call the manager." Another staff member said, "I would give them my supervisors phone number. [People] always have a right to complain."
- We reviewed the record of complaints which showed three complaints were made during 2018 and 2019. We saw these had been dealt with appropriately and to the satisfaction of the complainants.

End of life care and support

- At the time of this inspection, there was nobody at the end of their life or diagnosed with a terminal illness.
- The provider had an end of life policy which gave clear guidance to staff on how to provide care sensitively when a person reached the end of their life.
- The service had an advanced care plan document which could be completed should anybody require end of life care. This document enabled people's end of life care wishes to be recorded.
- People had a 'do not attempt cardio pulmonary resuscitation' agreement in place appropriately where required.

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

- People gave positive feedback about the registered manager. Comments included, "[Registered manager] is very nice to me, very polite" and "[Registered manager] is very pleasant."
- Relatives told us the service was well managed. A relative told us, "I find the [registered] manager and assistant manager very helpful."
- Staff told us they were supported in their role by the leadership in the service. One staff member told us, "[Registered manager] is very nice. I could not ask for a better one."

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 understood their legal responsibility under duty of candour. They told us, "Duty of Candour is to be open and honest and transparent."
- The provider notified CQC and the local authority about incidents and safeguarding concerns as required.

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

- The registered manager described how they ensured staff had their voice heard, "I have regular staff meetings with the staff and a [mobile phone application group]. We have regular supervisions and I do the training with them [staff]. They know they can ring me at any time."
- Staff confirmed they were updated on people's wellbeing and the 'mobile phone' group was a useful means of communication. One staff member told us, "We get a [daily] handover and I'm quite inquisitive; I want to know if there are any changes."

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

- The service kept a record of compliments. For example, one person had written a compliment which stated, "I would like to give many thanks to Carewatch. Since they have taken over the service has improved immensely. The carers have always been good but now the management are approachable and responsive."
- People had regular meetings so they could give their views on the service and be updated on any service changes. Topics discussed at these meetings included housing related issues and activities.
- Staff confirmed there was equal treatment of employees.

- The provider held regular staff meetings. Staff told us they found these meetings useful. Topics discussed included recordkeeping, timekeeping, health and safety, lunch service, laundry and uniforms.

Continuous learning and improving care

- The service had various quality assurance systems in place to identify areas for improvement.
- Line managers carried out unannounced spot checks on staff to ensure they performed to a high standard. Identified issues were discussed with staff during supervision.
- The management team carried out monthly home visits to people using the service to discuss if any improvements were needed.
- Care records showed the management team completed a six monthly quality monitoring form to document feedback from people using the service about the quality of service provided.
- Monthly audits of medicines, finances and daily records were audited to identify areas for improvement. A review of the most recent audits showed staff had been spoken to about recordkeeping.
- The provider carried out an annual quality check. We reviewed the audit carried out on 7 May 2019. This showed all required documentation was in place on people's care records and in staff files. The audit included feedback from people using the service, relatives, staff and outside professionals.

Working in partnership with others

- The registered manager told us they worked in partnership with other agencies in order to achieve good outcomes for people. They said, "We have district nurses that come into the building every day. We have a fantastic relationship with the continence team and the rapid response. We have regular meetings with social services and the hospital."