

CSN Care Group Limited

# Carewatch (Norfolk)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carewatch (Norfolk) is a domiciliary service providing personal care to people in their own homes. 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 the inspection, 158 people were receiving support with personal care.

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

The provider had ensured that effective systems were in place to protect people from the risk of abuse and avoidable harm. Risks to people's safety had been assessed and managed well.

There were enough skilled and knowledgeable staff to complete people's care visits. The provider had completed the required checks on new staff to make sure they were safe to work at the service.

People received their medicines when they needed them and staff took precautions to reduce the spread of infection, including COVID-19. When things had gone wrong, lessons had been learnt to improve the quality of care provided.

People were involved in making decisions about their care and they told us their care needs were met. Some people said their care visits were on occasion, at inconsistent times or late. The provider had already recognised this issue and was actively reviewing people's care visits with the aim of improving this area.

The culture within the service was open and people and staff felt comfortable to raise concerns. When mistakes had been made, the provider had acknowledged and learnt from these to improve the care provided.

There was good leadership in place. Governance systems were effective at monitoring and driving improvement within the service and the provider worked well with other organisations for the benefit of people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 4 July 2019). At that inspection we found the provider had not notified CQC of important incidents and this resulted in a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, the management of risk's to people's safety, medicines management and people not receiving care to meet their individual needs. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### 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 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 (Norfolk)

## 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 two inspectors and two Expert by Experiences. 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

We gave the service notice of the inspection. This was so the provider could gain consent from some people and relatives for us to contact them for their feedback about the quality of care being received. We also needed to be sure that the provider or registered manager would be in the office to support the inspection when we visited.

Inspection activity started on 24 May 2021 and ended on 2 June 2021. We visited the office location on 2 June 2021.

#### What we did before the inspection

We reviewed the information we had been received about the service since the last inspection. This included feedback from the public and important incidents the provider had told us about. We obtained feedback from the local authority who commission the service. We used this information to plan our inspection.

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 24 people who used the service and five relatives about their experience of the care provided. We gathered feedback from 13 members of staff including the regional manager who represented the provider, registered manager, care and office staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Systems and processes were effective at protecting people from the risk of abuse and avoidable harm. Staff understood how to protect people from the risk of abuse. The registered manager had acted on concerns raised to minimise the risk of harm. One person told us, "I feel very safe when my carers are in my home. They are well trained, and I trust them."
- Risks to people's safety had been assessed and managed well. Staff demonstrated they understood how to manage risks effectively. For example, they told us they checked people's skin who were at risk of developing pressure ulcers and reported any concerns to the relevant professional.
- An assessment of people's overall safety had taken place to identify those who were most at risk if an exceptional situation occurred such as a period of bad weather. This ensured staff knew who to prioritise for a visit to keep them safe.

Staffing and recruitment

- There were enough staff to complete the care visits and meet people's needs. People and staff told us no care visits had been missed. Records showed five of the 70,000 care visits completed within the last six months had been missed. The registered manager had thoroughly analysed these and acted to try to prevent them from re-occurring.
- The provider had conducted several checks on new staff to ensure they were safe to provide care to people in their own homes. This included checks of their identity and their conduct in any previous employment.
- People told us they felt staff were sufficiently trained to provide them with safe care. The staff we spoke with said the training and supervision they received was good. One person said, "I am happy with the carers. They are well trained and skilled in what they do. I know I am safe in their care."

Using medicines safely

- At our last inspection, we found the management of people's medicines required improvement. At this inspection improvements had been made and people's medicines were managed safely.
- People told us they received their medicines when they needed them. One person said, "They make sure I get my medication first thing in the morning." Staff had received training in how to give people their medicines and senior staff had assessed they were competent to do this safely. The staff records we viewed confirmed this.
- An electronic system was in place that monitored whether people had been given their medicines at each care visit. An alert was generated if the system had not been updated which enabled the provider to identify and correct any errors quickly.

### Preventing and controlling infection

- Effective systems were in place to reduce the risk of the spread of infection, including COVID-19. People told us staff took precautions such as regularly washing their hands and wearing personal protective equipment (PPE) such as masks and gloves when providing them with care. One person said, "The staff wear a mask, aprons and gloves. They wash their hands and put sanitiser on them."
- Staff had received training on what they needed to do to prevent the spread of infection and demonstrated good knowledge in this area. They were participating in weekly testing in line with Government guidance and understood the importance of self-isolating if they developed any symptoms of COVID-19. The provider conducted spot checks on staff to ensure their infection control practice was safe.

### Learning lessons when things go wrong

- Appropriate action had been taken to learn from errors and improve future care provision. Staff understood they needed to report any incidents or accidents that occurred to the office for investigation.
- The registered manager conducted a thorough analysis of any incidents that had been raised or complaints received and acted to make improvements. For example, in response to a recent medicine error, staff induction training had been revised. This was to ensure staff had further knowledge to reduce the risk of the error re-occurring in the future.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received care that met their individual needs. Records showed people's needs had been holistically assessed to include their preferences and personal goals. People told us their needs were met with one person telling us, "I am very happy and feel safe because they take their time to make sure my needs are met. They are always on time." A relative told us, "They meet all his personal care needs, washing, showering, dressing and his bedtime routine. They always make sure his appearance is lovely." Regular reviews of people's care had taken place to ensure the care provided met their individual needs.
- Most people told us they were happy with the timings of their care visits however, some said this was occasionally an issue for them and that they were not always told when staff were running late, or changes had been made to their visit schedule. Records showed that adequate travel time had sometimes not been included in between visits which increased the risk of lateness. The registered manager was aware of these concerns and had recently reviewed some care rounds which staff told us had resulted in improvements. Plans were in place to continue with this work.

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.

- People's communication needs had been assessed. Staff told us how they used hand gestures to communicate with one person who was not able to verbalise their needs.
- The registered manager confirmed information was available to people in different formats including large print.

Improving care quality in response to complaints or concerns

- People's concerns and complaints had been dealt with appropriately. People and relatives told us they knew how to complain and felt confident to do so if needed. Most said any complaints raised had been acted upon to their satisfaction.
- The registered manager had reviewed and analysed any complaints made. These had been responded to and the person making the complaint was involved in the process. The registered manager told us they welcomed complaints as an opportunity to learn and improve the quality of care provided.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, records showed that some

people's end of life wishes had been routinely captured so staff were clear how they were to act in certain situations. For example, whether a person wished to be resuscitated or not if they had a cardiac event.

- The registered manager told us they worked closely with health professionals to ensure people received care in line with their wishes, when it was appropriate to do so.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure they had notified CQC of important events as is required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- The registered manager had notified CQC when it had been appropriate to do so. This had included incidents such as allegations of abuse. They demonstrated a good knowledge of regulatory requirements.
- The registered manager and provider regularly monitored the quality of care people received and conducted analysis to continuously learn. For example, missed visits, the completion of care reviews and staff training and competency were closely monitored. Late visits were also monitored, and we saw these had reduced over the last six months. We advised the registered manager these could be interrogated further to aid the identification of patterns. The registered manager was responsive to our feedback and confirmed to us during the inspection, they had reviewed their analysis of late visits.
- The registered manager had a rolling action plan in place that included areas they identified needed improvement. This was regularly reviewed, and action taken as appropriate. For example, the review of care rounds to improve the timings of people's care visits.

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

- There was an open, transparent and learning culture at the service. Staff, people and relatives told us they felt comfortable to raise concerns and were confident these would be acted upon. The registered manager understood the duty of candour. They had ensured people and relatives had received an apology and been involved in any investigations where mistakes had been made.
- Most people and relatives we spoke with told us they were happy with the quality of care provided and spoke highly of the care staff. One person said, "If people find fault with them, they are wrong. I would recommend my carers to anyone." A relative told us, "We are both thoroughly pleased with their help. They are respectful, kind and very caring. I have no complaints. I love to hear them chatting and laughing with my husband. He loves to wind them up and have a joke and this helps his mood a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in making decisions about their care. They were given the opportunity to feedback about the care they received either through an annual survey or quarterly reviews of their care. Records showed the registered manager analysed this information and spoke to people individually to resolve any concerns they raised.
- Most staff told us they felt engaged and supported. Some said they felt the relationship and communication between themselves and the office needed to be improved. The registered manager had plans to recommence face to face staff meetings to help improve this area.
- The registered manager and provider worked closely with other organisations for the benefit of people using the service. For example, they had worked with the local authority to improve recruitment in certain areas of the county.