Care Quality Commission

Saren Limited

Carewatch North West Wiltshire

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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Carewatch North West Wiltshire is a domiciliary care agency. Personal care is provided to people living in their own homes and flats in the community and specialist housing. It provides a service to mostly older adults as well as younger people with autism and with learning disabilities. Not everyone using Carewatch North West Wiltshire received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This is the first inspection for this service since the name of the agency changed and the location moved. It was announced and took place over three days. We visited the agency office on the 14 February 2018. We spoke with people and staff on the 16 February and 19 February 2018.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the staff recorded the delivery of care and there were six monthly reviews. Care plans were person centred. Customer detail reports gave staff a summary of people's preferred routines, the assistance needed from the staff and aspects of care they were able to manage for themselves. However, some parts of the care plans lacked detail. We recommend that the service seek advice and guidance from a reputable source, about developing clear and concise care plans.

The people we spoke with and who replied through questionnaires said they felt safe with the staff. Relatives said their family members were safe with the staff. The staff we spoke with and training records confirmed they had attended safeguarding of abuse training. They knew how to identify abuse and the procedures for reporting their concerns.

Risks were assessed and action plans were developed on minimising the risks. Individual risks to people included mobility, pressure ulcers and choking. Environmental risk assessments were in place to ensure staff were able to deliver personal care in safe surroundings.

Staffing levels were appropriate to meet people's personal care needs. People told us they had their personal care delivered by consistent staff. They said staff mainly arrived on time and stayed for the allocated time. Staff told us there was some lone working and there was enough time allocated to deliver personal care at a pace that people preferred.

Staff that administered medicines had attended appropriate training. We saw Medicine Administration records (MAR) charts were signed to indicate medicines administered. Completed MAR charts were audited to check for any gaps in the recording.

New staff had an induction to ensure they were confident to perform their role. Staff told us the training was good. They attended twice yearly training set as mandatory by the provider. One to one observations with supervisors were monthly where "problems" could be discussed.

People were enabled to make decisions about their personal care. People said staff gained their consent before personal care was delivered. Staff knew the day to day decisions people were able to make. Where Lasting Power of Attorney was in place the type of order such as health and welfare or financial was documented in the care records.

People made their own arrangements for GP visits. Where necessary and in an emergency office staff made GP appointments. Staff said they were kept informed about visits from healthcare professionals.

People told us the staff were good and knew how to meet their personal care needs. Members of staff knew the importance of building relationships with people. For example, discussing with people their interests and getting to know about their background history. The rights of people were respected and staff gave us examples on how people's rights to privacy and dignity were respected.

There were no complaints received since 2018. People knew who to approach with concerns.

Quality assurance systems were in place and the registered manager prepared reports for the provider on the quality performance, risks and regulatory requirements of the agency. Incident and accidents reports were completed and analysed for patterns and trends. People were asked to give their views about the agency and the staff that delivered personal care. Overall people said they would "recommend the agency".

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 consistently safe.

Medicine systems were safe.

Risks were identified and action plans were developed on minimising the risk. Members of staff were knowledgeable on the actions necessary to take to reduce risks.

There were sufficient levels of staff to support people in their own homes.

People said they felt safe and were able to describe what safe meant to them. Staff attended safeguarding of vulnerable adults training which meant they knew how to recognise the types of abuse and how to report their concerns.

Is the service effective?

Good

The service was effective.

Staff enabled people to make choices. People's capacity around specific decisions was documented.

The staff had the skills and knowledge needed to meet the changing needs of people.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion. Staff knew people's needs well and had built relationships with them.

People's rights were respected and staff explained how these were upheld.

Is the service responsive?

Requires Improvement

The service was not always responsive

Care plans were person centred but some areas of the care plans lacked detail. People told us their needs were reviewed six monthly.

People said they felt confident to approach staff with their complaints.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were in place and there were processes for assessing the delivery of care.

There were arrangements in place for continuous improvement.

Staff were aware of the values of the organisation. They said the team worked well together.

Carewatch North West Wiltshire

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We gave the service 48 hours' notice of the inspection visit because it is small. We needed to be sure that they would be in. The Inspection site visit started on 14 February 2018 and ended on 19 February 2018. We visited the office location on 14 February 2018 to see the manager and office staff and to review care records and policies and procedures

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The inspection team consisted of one inspector who undertook the visit to the office location and an Expert-by-Experience who made phone calls to people and their relatives. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with four people and 19 people replied to our questionnaire. Three relatives also responded to questionnaires seeking their feedback about the service. We spoke with three staff, the registered manager, care coordinator and the provider. Six staff and two social and healthcare professionals also responded through questionnaires. We looked at the care records of five people and one staff recruitment file. We also looked at records relating to all aspects of the service including care, staffing, training and quality assurance and policies and procedures.

Good

Is the service safe?

Our findings

Effective safeguarding systems were in place and concerns were promptly reported using local safeguarding procedures whenever necessary. People that gave feedback through phone interviews and questionnaires said they felt safe with staff from this agency. The staff told us and training records confirmed they had attended training in safeguarding of adults from abuse procedures. The staff we spoke with knew the types of abuse and to report abuse where it was suspected.

Arrangements were in place to assess risks to people's wellbeing and how these risks were managed. A member of staff said the office staff made them aware of emerging risks before visits took place. Moving and handling risk assessments were in place for people with mobility needs. For one person the mobility risk assessment stated that two staff were to use the ceiling hoist for all transfers. The staff told us they had attended moving and handling training and were clear about their responsibilities to use equipment correctly.

The registered manager told us that where people were at risk of pressure ulcers referrals were made for healthcare professional input. Monitoring charts were completed by the staff for one person which included key aspects of pressure ulcer care. For example, repositioning, pressure relieving mattress, nutrition and continence care.

Risks were assessed to minimise the risk of injury caused by people's living environment. The environment was assessed to ensure staff were able to access the property and to ensure equipment used met safety requirements. For example, a management plan for passive smoking was devised for one person who smoked in their house. A member of staff said people that smoked had agreed to ventilate rooms before their visits.

A member of staff told us one person at times refused assistance with personal care. They said the person was encouraged to accept assistance. The care notes for this person confirmed they often refused personal care. Staff had recorded that a change of visit times should be considered as the person may be more agreeable to assistance later in the day. Also recorded was that the person had hearing impairments. The care plan and risk assessment did not include guidance on how staff were to offer assistance. The registered manager told us copies of British Sign Language (BSL)symbols were included in the care plan kept in the person's home. They said the care plan was to be updated.

We recommend that the service finds out more about developing behaviour management plans, based on current best practice, in relation to the specialist needs of people living with dementia.

People told us they had regular staff to deliver their personal care. Comments from people we spoke with regarding the staffing levels said "They normally send me a weekly rota. It varies they [staff] turn up on time", "They stick to their times. The best thing about staff is that they try to keep the same people coming in. I have the same staff as my [relative] had. My carers don't rush me. It helps if people understand the problems".

Care plans did not include a schedule of allocated times and days the staff were expected to visit people's homes. The registered manager said staffing levels were based on achieving outcomes and not on the completion of tasks within a specific timescale. Staff told us they were able to complete all care and support within the time allocated for each visit. A member of staff said office staff were made aware of visits that "overrun". They said more time was allocated for visits that were taking longer to complete.

Recruitment systems were robust and ensured the right staff were recruited to support people to stay safe. Staff files included application forms and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

People received their medicines as prescribed. Some people told us they managed their medicines. Other people we spoke with told us the staff "ask if I have taken them" or "were encouraged not to get into too much pain."

Care plans listed the medicine support given to people by staff. Where staff administered medicines a sample record of their signatures was attached to the medicine administration record (MAR). The medicines included in the monitored dosage system were documented in the MAR record. Staff signed the records to indicated that medicines within the monitored dosage system were administered at the prescribed times.

Good

Is the service effective?

Our findings

A care coordinator told us their role included organising care packages from referrals received. They said once requests were received an initial visit was arranged. At these visits the "field staff supervisors" discussed and assessed with the person their personal care needs. Once it was established that staff were able to meet people's needs regular staff were allocated.

The staff we spoke with said introductory visits were arranged for new packages of care. They said these visits were organised to ensure people had an opportunity to meet their regular staff and to discuss preferred routines. "Customer Detail" reports were then completed which included risk assessments, assessments of need and medical history. "This is me" detailed people's family relationships and working and education history.

The comments from people about the skills of the staff included "The girls [staff] I get seem to be very well trained". "Oh yes, they are well trained, they know me well". "One or two seem to go the extra mile". "They know what they're doing".

New staff had an induction to prepare them for their role. A member of staff told us gaining the Care Certificate (set of standards that health and social care workers adhere to in their daily working life) and shadowing more experienced staff was part of their induction.

Staff we spoke with said refresher training was twice yearly. The training matrix showed that staff attended twice yearly training set as mandatory by the provider and included moving and handling, safeguarding of adults, medicines and Mental Capacity Act 2005 (MCA). The registered manager said staff identified training needs during their personal development discussions and the training matrix showed staff had attended other specific training. For example, dementia awareness, End of Life care and Parkinson.

People said they or a close family member normally contacted the GP when needed. One person said "if they are worried they phone my daughter who sorts it out for me". Staff told us they contacted the office staff whenever they observed a deterioration of people's health. They said usually people made their own appointments but where necessary office staff organised GP visits for people. A member of staff said that GP "sometimes" record the outcomes of their visits in the daily reports.

Some people were supported by staff to maintain a balanced diet. The comments made by the people we spoke with included "My lunchtime visit is to make sure I have something to eat and something for my evening meal. They normally make me a hot drink as well". "I have to have proper cooked food. The carers prepare it for me, finish the cooking and wait until I've finished". "I have to pay attention to nutrition. They do my breakfast, they make a sandwich for my lunch and my relative cooks the evening meal.
The registered manager told us ready meals were mainly served by staff. A member of staff said they supported one person with meal preparation. They said during the morning visit the person usually told staff the food to prepare. For example, vegetables. On the evening visit the meal was then cooked and served as the person was able to "switch the cooker on just before the evening visit."

"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.

The comments made by the people we asked included "Yes, they ask permission and talk it through". "They always ask. They do it the way I like it". "Nothing gets done unless it's run past me first". "I definitely make my own decisions". "I get a say in everything".

People with capacity to consent signed agreements for care and treatment. Staff told us people had capacity to make day to day decisions. Care plans in place detailed how staff were to support people with making specific decisions. For example, showing visual choices. Where there was a lasting power of attorney appointed details of the court appointed deputy was recorded. For some people there were lasting power of attorney for health and welfare.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care and support received from the staff. The comments from people we spoke with included "They are, lovely girls. Yes, they listen to my opinion. If they didn't I wouldn't have them!". "I think they're wonderful". "They lift my spirits". "They're lovely". "They are very caring. They do everything I need. I get a say in everything".

The staff delivered personal care in a kind and compassionate manner. Staff told us speaking to people about their interests helped them develop trusting relationships. A member of staff said I "introduce myself to people. The [people] need time to get used to staff. I ask people what they want from the staff. Care is not rushed and I go at their pace. I am easy to get along with. I chat at their level." Another member of staff said "we say we are here to help you".

People were cared for as individuals and staff responded to their changing needs. Staff said where people's needs changed in between visits the office staff made them aware of these changes. A member of staff said "people like staff that smile." This member of staff said that discussing people's interests ensured there was common ground that promoted empathy. Another member of staff said that people's care records gave them information about people's life stories. Where people's needs changed between visits the office staff made them aware of the person's current needs.

The registered manager said spot checks of staff by "field care supervisor's" ensured staff were delivering care in a compassionate manner. For example, the observations of staff were based on how staff communicated with people. The records kept in the office were held in secure cabinets. Care records detailed people's preferences on how their care was to be delivered and information recorded by staff was written in a person centred manner.

Community professionals that responded to our questionnaires told us that the staff they met were kind and caring towards the people who used the care agency.

People's rights were respected. Comments made by the people we spoke with included "All my personal care is provided. They always maintain my privacy and dignity. I have my own bedroom, they keep the door shut when they are working with me". "I don't have personal care, but I am happy with privacy and dignity and yes, they respect my rights". "They are very good with dignity".

A member of staff said "I knock and I shout" before entering people's homes. Another member of staff said "everybody has the right to say no. I ask people and don't assume its ok to deliver personal care."

Requires Improvement

Is the service responsive?

Our findings

People knew a care plan was in place on how their personal care needs were to be met. The comments of people we spoke with included "I think there is a care plan which says, [to the carers] do as you're told for half an hour". "They write everything down". 'I'm quite happy with what I've got".

People told us their needs were reviewed and their comments included "Yes, they do I think it [review] is every six months" "Yes. Nothing I would change at the moment".

The members of staff told us that care plans were "good. It's all in order." Another member of staff said "there is a lot of information. There is a main care sheet with the personal care to be provided and risk assessments. We read the care plans and duty tasks we sign to say we read the care plan."

The "Customer Details" report described people's preferred routines and the aspects of care the person was able to manage for themselves. Also included were risk assessments on how to minimise risks and the assistance needed from the staff to meet the needs identified. For one person assistance from staff was needed with prompting medicines and personal care.

Care plans were devised from the "Customer Details" reports and reflected people's physical, mental, emotional and social needs. However, parts of the care plans were incomplete or lacked detail. "This is Me" section of the care plans included people's medical history and for some people there was a brief description of their family history and their ability to make day to day decisions.

For some people that required assistance with continence the care plan lacked detail on how staff were to assist the person. For another person the pre-populated section of the mobility care plan stated the person was not able to transfer and staff were to use a ceiling hoist. However, clear guidance on using the ceiling hoist was missing. The registered manager told us they had become aware during the inspection that sections of the care plans such as "things we need to consider" were not always completed. They said the deputy manager was to be told about the gaps in the care plans.

We recommend that the service seek advice and guidance from a reputable source, about developing clear and concise care plans.

Staff recorded direct care delivered on each visit. For example, the personal care and medicines administered. Where there was contact with healthcare professionals staff recorded the outcome of the visits in the daily notes.

The comments from people we spoke with about the complaints procedure included "I have never had cause to complain but I have the number inside of my paperwork". "I'd just complain to the office. I don't normally have to complain about anything". "They'd soon know about it if there was a problem".

The management of the complaints policy was clear that feedback including expression of dissatisfaction

was welcome in any form. For example, in writing and verbally. The procedure for complaints included the timescales and the staff to approach with their concerns. The procedure to follow where people were not satisfied with the outcome of their complaints was also listed.

Good

Is the service well-led?

Our findings

The vision and values of the organisation were embedded into practice. Staff told us there was continuity of care because people had their care delivered by the same group of staff. A member of staff told us the organisation promoted independence to help people stay in their own homes for longer. Other staff told us having office staff available for advice ensured care was delivered in line with policy and procedures.

A registered manager was in post. The registered manager told us there were to be changes in the leadership of the agency and another manager was to register with CQC. Staff told us the team worked well together. One person told us "I know their voices. I've not met them. They might ring me and tell me about a change".

People told us they gave positive feedback when the care agency asked them to comment about the delivery of personal care. Their comments included "I would recommend xxx". "I am more than happy, I don't want any changes". "I find them better than the other agencies". "There's nothing I would change at the moment". The social and healthcare professionals that responded to questionnaires told us the staff continuously improve the quality of care and support they provide to people.

Questionnaires were used to gain feedback from people about the delivery of care, visits time, skills of the staff and individualised care. Two of the 38 responses received from people specified issues regarding staff being inexperienced and meals. The registered manager was in the process of analysing the survey responses from people. They told us contact was to be made with the people that gave specific comments to gain more detail about their experiences.

The staff received feedback from managers in a constructive and motivating way, which enabled them to know what action they need to take. Staff told us team meetings were twice yearly and the minutes of the meeting held in November 2017 showed actions from the previous meetings were discussed, policy and procedure changes were discussed and information was shared. For example, medicines and training was discussed. The provider told us during these meetings the staff were asked to complete "Satisfaction" surveys to ensure they gained feedback from the staff attending. Employee questionnaires were based on contact with the office staff, suggestions for improvements and one to one supervisions with line manager.

Systems were in place to assess and monitor the quality of personal care delivered to people. There were a range of internal audits which the registered manager undertook. For example, 10% of visit reports and medication administration records were audited monthly. Care plans were reviewed six monthly and the field supervisors and deputy manager ensured information was up to date and accurate.

Medicine audits showed that action was taken where there were persistent medicine errors. The registered manager said that for three or more medicine errors disciplinary action was taken. Staff were formally invited to a meeting with the registered manager to discuss the errors and the actions to be taken.

Monthly reports were prepared for the provider on the outcome of audits and important events. The most

recent report showed that there had been one fall due to inappropriate footwear, no complaints were received and there were no outstanding safeguarding referrals. There were 11 missed calls which the registered manager said these were mainly late arrivals. For example, one missed visit was due to staff not reading the rota correctly. This visit was re-categorised as a "late visit" because as soon as the person made the office staff aware of the missed visit another member of staff was sent to cover the visit.

There were arrangements in place for continuously learning and to ensure there were improvements in the care people received. The registered manager told us the challenges for the agency included errors made with medicine administration and ensuring staff followed the principles of the Mental Capacity Act (MCA) 2005. They said there had been learning from complaints and from feedback received from staff about care planning. The staff had made the registered manager aware that new care plan formats were too detailed which meant staff were not reading the care plans. For this reason the "Customer Details" reports were devised to help staff gain the relevant information needed to deliver personal care.

The provider told us they had joined partnership boards which gave them a "direct link to Wiltshire Council and provided two way communications". Also they had joined national training organisations where training events offered an opportunity to share information with other managers. We saw a "Celebration Tree" where staff were invited to share feedback received about them and about colleagues.