

I & S Dutton Limited

Carewatch (Bath & North East Somerset)

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carewatch (Bath & North East Somerset/BaNES) ("Carewatch") is a care at home service. They provide services in people's 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. On this inspection, 103 people were being provided with personal care.

There was a clear vision of delivering an excellent caring service which was led and driven by the registered manager and provider. The quality of the service was monitored closely, and any concerns responded to openly and thoroughly. There were clear lines of governance that sought to improve the perception of care at home services (domiciliary care services) locally and regionally. In this way, a wider group of people would receive a great service as a result.

Staff were recruited in good numbers and trained to meet specific needs. People were able to have a dedicated team of staff who knew them well. Everyone spoke about the rapport that was then able to develop. Care was planned with people and for people to get the best from their lives. From initial assessment, to full care plan, to end of life, people were assured of the care they desired.

People received care and support that was clearly personalised to their needs, respectful of their rights and delivered by staff who were extremely well trained and caring. Their views about their care and the service were important to the registered manager, provider and staff. Health needs and food and hydration needs were met fully. Any issues were identified and followed through to a good conclusion.

Feedback about the service from people, family and linked professionals always mentioned the service in positive terms. People said, "I class the staff as my friends. They will take time to sit and have a chat or sing with me. They are respectful in the way they look after me and talk to me. When they are here, it's you they concentrate on, they make me feel I matter"; "The way they treat me makes me feel I am an individual" and, "It's perfect. They are lovely and good; we have a laugh and a joke. I won't have a word said against them. I don't know about feeling special but one of them brought me a present back from holiday so that's lovely".

Relatives said, "They are always friendly and try to stimulate my mum with conversation, they talk about her life and the news and the weather. Anything really" and another said, "They are brilliant. It's more than just a job, they have a laugh and joke with him and that helps him relax".

Staff ensured the Mental Capacity Act 2005 (MCA) was applied in line with the law and guidance. People were then supported fully 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. The service and staff ensured they met the requirement to seek consent and put in place the right form of communication for that person. Staff supported and advocated for people to communicate with other services and health and social care workers to ensure their voice was heard.

The service had a positive approach to risk and linked the assessment process to the MCA and duty of care. This meant people's rights to take risks in their life was respected but was measured against their ability to understand this fully. Staff knew how to recognise and keep people safe from abuse. The safety of children was also always considered.

People's medicines were managed safely, and people were protected from infection by clear policies, processes and practices being in place.

Rating at last inspection

The last rating for this service was Good (the report was published 25 April 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carewatch (Bath & North East Somerset) on our website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating. At this inspection we have found the service has remained the same. .

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Carewatch (Bath & North East Somerset)

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 completed by one inspector, one assistant inspector and two Experts-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 is a care at home service (a domiciliary care agency). It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke by telephone with 22 people who used the service and 13 relatives about their experience of the care provided. We spoke with four members of staff also by telephone. In addition, we spoke with the registered manager, provider and operations manager.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further written feedback from one person, two relatives, six staff and six health and social care professionals.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured there were clear policies and processes in place to keep people safe.
- Staff underwent training in safeguarding adults and children every year.
- Staff clearly identified the risks people could face and were clear on the process of reporting and keeping people safe. All were confident that their concerns would be heard and acted on. A staff member then added, "If reported I have faith the team would work together to also make the person safe by getting in touch with either their social worker or relevant agency." This meant the service did extra to reporting concerns; they ensured the person was safe.
- The initial assessment process checked if children would be attending or lived in the home, and the provider ensured policies were in place to keep children safe.
- The registered manager sat on the Safeguarding Adults Board and disseminated information to other care at home services and their staff. This meant the registered manager and staff learning and skills were up to date. It also meant other providers and staff providing home care services were up to date with current.
- A social care professional said, "Carewatch are closely 'plugged into' the Safeguarding agenda in Bath and North East Somerset (BaNES), and we are always confident that they will always report incidents and follow them up appropriately" and, "Their Safeguarding Annual Report provides evidence that Carewatch takes Safeguarding issues seriously and that staff maintain up-to-date knowledge and skills in this area."
- Another professional told us, "I have worked with Carewatch on several cases in safeguarding. I have found them to be very thorough, pro-active and communication from them has been great."

Assessing risk, safety monitoring and management

- The service had an extremely positive approach to risk and linked the assessment process to the Mental Capacity Act and duty of care. This meant people's right to take risks in their life was respected but was measured against their ability to understand this fully.
- Risk assessments were in place for the environment to help staff keep people and themselves safe. A professional told us, "My impression of Carewatch is that care staff work hard to keep the service user safe from harm and deliver care and support in a personalised manner."
- A person suffered a burglary that staff discovered on their arrival. They worked closely with the police and the person to ensure they were safe and ensured the premises was secured. The person was given a lot of support and staff time to enable this process to take place.
- The risks associated with people's individual needs were assessed and every effort made to mitigate them. Clear links in the care plans and to the staff role were evident. A further professional told us, "Risk assessments have been thorough and proportioned with a strength-based approach."

- Where people were at risk of choking staff supported them safely and worked with healthcare professionals to reduce risk. However, records did not reflect care delivery. In response to feedback, the registered manager started work to improve this during the inspection.
- Staff were trained and updated yearly in areas of need where a risk was more likely. For example, moving people safely and diabetic care. People's records in their home also held information sheets for staff to review. This meant staff could recognise when action needed to be taken.
- A staff member said, "Our clients are often vulnerable, so we have to be scrupulous and we keep an eye open for anything that can cause a risk of harm – furniture, rugs, spillages etc. All this is covered in our training."

Staffing and recruitment

- Staffing was carefully considered before agreeing to support and care for people. The registered manager and staff were proactive in linking with commissioners to ensure the care was the right level and flexible for the person.
- Where people required, every effort was made to ensure people had a pool of familiar staff.
- Rotas and details of who was coming to their home were sent in advance to people who desired this, with variance communicated by phone.
- Four supervisors, two seniors, three office staff were trained to care and offered a backup to usual staffing if required.
- Staffing was flexible to people's needs. For example, to support people to get ready for appointments or responding to a phone call to go and provide immediate personal care.
- Staff were recruited safely and thoughtfully with all checks in place before the new staff member's employment was confirmed.
- The PIR stated, "We are always actively recruiting to find the best matched people for our client base. Over the years our selection criteria have become more robust".

Using medicines safely

- Where medicines were given, this was achieved safely. Staff were trained and checked as competent each year. New staff did not administer medicines unsupervised until they had had their competency signed off by a supervisor.
- The service recorded different types of medicines on different medicine records, so any errors could be identified quickly. General medicine, topical medicines, pain patches and warfarin/blood thinning medicines had their own record.
- Staff were encouraged to self-audit and report any gaps or errors. Where errors were reported or observed in audits this was communicated to staff with training and competency immediately reviewed.
- Medicine Administration Record (MAR) for sheets were completed fully. We observed there were some gaps in one general medicine MAR. The registered manager responded quickly to ensure staff were communicated with and re auditing considered.
- People's care records contained a list of the person's medicines which were reviewed annually or sooner if needed. We were told by the registered manager that staff checked the new cycle of medicines each month were for the right person and accurate. However, this was not recorded, and the registered manager advised they would look for staff to include this in the MARs for general medicines going forward.
- A GP gave extremely positive feedback about how the service worked with them to manage an extremely complex medicine regime for one person that also kept this person safe in the community and ensured their ability to live independently.

Preventing and controlling infection

- Policies and practices were in place to ensure good infection control practices.
- Staff had training which was updated annually. Spot checks were completed on practice to ensure ongoing

good practice.

- Any infection risks to people and staff were assessed at initial assessment and during their annual review of care.
- Personal protection equipment was provided for staff to use.

Learning lessons when things go wrong

- The registered manager and provider viewed adverse events as something to learn from and improve care for all.
- Learning was shared with all staff and shared throughout the Carewatch network. In this way, lessons learned by other branches within Carewatch were taken on board across the network.
- A social care professional told us, "The organisation can be relied upon to use incidents as a means of learning and improving" adding, "Staff work in a professional way and seek advice from other professionals as appropriate."

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.

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

Supporting people to live healthier lives, access healthcare services and support

- People told us they were very happy that staff cared about them and their health. A person said, "It's usually the carers that notice that I'm a bit under the weather before I do. They usually try to encourage me to pick up the phone to either get the district nurse out or to make an appointment to have a chat with my GP. If I really don't fancy doing it myself then they will ask me if they can help with that." Another said, "They usually pick up that I might be starting a urine infection maybe sooner than I would do. In the past, they've offered to take a specimen into my GP for me, which I've been grateful for because it would take me a couple of days to organise someone to take it otherwise."
- A staff member said, "I ask clients on each call and if they are unwell and ask if they would like a GP appointment or a district nurse. We ask open questions to clients, so they come to their own decisions and help them explore those without advising them or telling them which route to take."
- People's records detailed their health needs. Staff had specific information on health needs to refer to if needed. Staff concerns were always then listened to and acted on.
- A GP told us regarding a complex care package, "Carers always ensured that if health professional intervention was needed this was supported and help given to the patient to access health services. Various agencies in the end were involved in patient care and the [Carewatch] carers were a fully supportive part of this team." This meant this person could then remain in the community and had their health needs met.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed very carefully during the initial assessment stage to ensure the staff had the skills and training needed to care for the person. The PIR stated, "We ensure that if any specific training is needed for a client then we source the training and provide the correct people with these skills" and, "By providing specialist training for care workers this has greatly benefitted the clients. More and more of our clients are showing signs of dementia and by all care workers receiving dementia awareness training this allows us to provide a better service overall."
- Health and social care professionals were consulted when planning and reviewing people's care if it seemed other measures could be put in place for people. This was then discussed with people, added to the care plans and disseminated to staff. Training was reviewed as necessary to ensure all people benefitted.
- People often described how management, and/or the office staff advocated for or supported them to have contact with other agencies. One person said, "I think the service listens well. I had a problem getting hold of the social services worker but Carewatch managed to sort it."
- People were advised of their right to access certain benefits such as carers allowance and supported by staff to complete the forms.

- The provider and registered manager ensured they were providing care in line with current guidance by keeping themselves informed and ensuring their staff did as well. They gained this through attending local forums, liaising with other care providers and ensuring they received updates from us and other reputable sources.
- Policies and procedures were updated annually in line with NICE (The National Institute for Health and Care Excellence) and UKHCA (the professional association of home care providers) guidance.
- A professional told us, "Carewatch has worked closely with [another provider] to encourage the local authority to reinstate Domiciliary Care Provider Forums, which are now scheduled to re-start from January 2020. Further, Carewatch have recently become a Board member of the BaNES, Wiltshire and Swindon Care Skills Partnership, alongside [the other provider] and local authority representatives." This means care in people's home will have a higher profile locally.
- A further professional said, "We have a very effective long-standing working relationship with Carewatch. They are always proactive in contributing and developing ideas for improvement and are responsive to commissioners' requests. Over the last 18 months Carewatch have been heavily involved in working with commissioners on a redesign of homecare, including contributing their views on outcomes for people, pilots and customer experience."

Staff support: induction, training, skills and experience

- Staff training was viewed extremely proactively by the provider and registered manager as a means of ensuring good quality care and investing in staff.
- Staff had a core training programme, regular appraisals, supervision and checks of their competency.
- Systems in place ensured training was always in date. Any concerns about staff practice was brought out by audits. For example, was linked back to training, competency and supervision.
- The operations manager was trained to a very high level, so they could train in a multitude of subjects and higher care qualifications. Their training was updated so they remained skilled to teach and measure the competency of others.
- New staff received training before supporting people and shadowing more experienced staff. A person confirmed, "When new carers start, they always come out with one of my regular, more experienced carers, so that I can meet them, and they can see where everything is kept and how I like things to be done." A relative said, "I don't think she's ever been sent a new carer who she has not even met before. As far as I'm aware the agency is very good at making sure that new carers shadow a more experienced carer, so they can be introduced to the clients."
- The induction was an eight-step process. Staff had 12 weeks to complete 16 modules that linked closely with the Care Certificate. Every step checked their progress and confidence. The Care Certificate was brought in to ensure a common standard of practice for staff new to care.
- A probationary period for new staff followed with regular checks to ensure all was going well. New staff were linked to a buddy to support their learning and professional development
- Along with core subjects, training was provided up to level three in dementia care, immediate management of anaphylaxis, end of life care, diabetes, mental health, first aid at work and, control and administration of medicines.
- Additional training to meet specific needs was provided as required. Staff could ask for further or additional training to meet people's needs or expand on an area of interest.
- The registered manager said, "Any client who has a specialist need will have a group of care workers who are trained specifically for them in relation to that need, by a registered health professional who assesses their competency." For example, people requiring feeding through their stomach wall (known as percutaneous endoscopic gastrostomy or PEG feeding). The service made sure any such training was specific to the person's needs each time.
- Staff were offered paediatric first aid training along with that for adults. This meant they could respond to any incidents in the community and their own families. Staff told us, "I thought it was good [to have the

paediatric first aid], and nice to have something more detailed than what we had before. I felt the paediatric first aid was good, and it's nice to have something extra for us" and, "I have recently had a baby so it is useful to have the paediatric bit so if anything happened, I would know how to do it."

- Training was reinforced in supervision, at the annual training review, staff meetings and in the company newsletter. A staff member said, "I know if I rang and asked for any support they would give it to me."

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

- For people who had food and fluid provided by staff, this was provided effectively. Staff were diligent for all people to ensure they had enough to eat and drink regardless of whether the package of care included this or not.

- People also told us staff were very observant and flexible. Staff would offer to make them something else if what had been defrosted, for example did not appeal. One person said, "I sometimes ask my carer just to make me a snack, like something on toast or a jacket potato and I'm happy with that. The carers are concerned that I eat sufficient to keep me healthy, but they certainly never force a ready meal on me and they've always been more than happy to make whatever it is that I fancy eating."

- People were encouraged to follow a healthy diet. Monitoring of people's needs and communication with other professional took place as required.

- People told us that the carers were extremely careful to ensure there had a drink with them before leaving or while they were there.

- Staff were trained to recognise concerns in respect of malnutrition and dehydration.

- People's care plans and staff records showed they followed advice from health professionals.

- Staff would always mention and follow up with people, family and the office if they had any concerns. For example, a staff member said, "If there are concerns over someone's eating or drinking, we would raise it with family, GP and office to get the ball rolling with perhaps a dietician."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with social workers, commissioners, speech and language teams, occupational therapy and other key agencies to ensure people were receiving the care they needed.

- One person said, they had the district nurse visiting them and, "My carers will usually write her a note if they've noticed anything that they think she should know about. The nurse often says to me that she will go away and phone the office to let them know what she has advised going forward."

- Staff spoke highly of their links and communication with other services. For example, links with social services, GPs, district nurses, occupational therapy and reablement, were all mentioned positively. One staff member described them as "better than good". Staff felt this then created a far better outcome for people they were caring for.

- Relatives continually told us they felt staff work well with them and respected them as part of the care team. One relative told us, "I have no problems at all with the carers – they are very good. The relationship between them and my wife is excellent."

Adapting service, design, decoration to meet people's needs

- As a care at home service, Carewatch were not responsible for people's premises. However, they worked to support people to have fire alarms fitted should they agree.

- They also supported people to access equipment that was required for them to be safe in their own homes. A relative said, "Carewatch reported that my relative needed more help with moving. They initiated social services coming in and checking and getting a hoist put in."

- One person was supported to remain in the home by involving the occupational therapy team. The person had their bathroom adapted so they could continue to shower safely, as this was important to him. They also had an alarmed dosage box put in situ to assist them to remain independent with their medication while staying safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager was fully informed of the need to ensure they did not deprive someone of their liberty unless authorised by the Court of Protection.
- People said their rights were respected and staff would only act for or on behalf of someone with their consent. One person said, "No one from the agency has ever forced me to do anything that I wasn't completely happy with."
- The PIR stated that for people with reduced cognition, "They are still offered choice about as much of their care as possible (food choices, bathing options etc.) but given direction on other parts of their care plan. If a client does not have capacity to direct their own care, we would encourage family input as well as professional input. All decisions made on behalf of clients are made in their best interests, in line with the MCA 2005."
- A staff member said, "It's always about talking and asking and getting consent, especially on personal care. Offer choice." Another staff member said, "With people who lack Mental Capacity, I always approach their care with implied consent until they decline or show signs of discomfort" with any difficulties discussed with management and key professionals in that person's life.
- A professional told us, "Carewatch have sought service user's full and informed consent for medication administration. Whilst visiting the [particular] service user I myself have observed Carewatch staff offering them choices and interacting in a respectful and person-centred manner."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were extremely positive about the staff and their caring nature.
- The service was run by a registered manager and provider who expressed a clear desire to deliver an excellent service established around clear principles of personalised care. They told us, "Our vision has always been to deliver high quality care. The way we do this is by maintaining good lines of communication throughout the team (office and field based). As managers we have an open-door policy, and encourage honesty, candour and a supportive learning environment." This was made clear to all staff at recruitment, training, supervision and on an ongoing basis.
- The registered manager clearly knew people who used the service well and delivered care themselves sometimes to keep their skills and relationships with people and staff good.
- Staff described how care was provided on an individual basis by a team who cared about the individual person's day. One staff member said they did this, "By offering care on an individual basis, adapting to each client and remembering things they like or dislike during their routine or when conversing."
- One person said, "They couldn't be nicer to be fair. I love to have a chat and have a laugh with them. It doesn't matter what sort of day they've been having, when they arrive at mine they always give me the impression that they're concentrating just on me and what they can do to make sure I have everything I need and am comfortable."
- Other comments from people were, "It can be a really lonely long day when I don't see anybody other than my carers and just to have someone come through the door with a smile on their face, who wants to know how I'm feeling and then spends the next 30 minutes or so chatting away with me, makes all the difference to my day" and, "It's only a very small thing, but one of my carers noticed that my compression stocking had rather a large hole in the toes end. I told them that once upon a time I would've darned that, but my fingers just haven't got the strength and my eyes probably wouldn't be able to see where the hole was. No sooner had I finished talking than my carer said to me to get my sewing basket out and she sat and darned it for me and she made a beautiful job of it. I was most pleasantly surprised."
- One person's child sadly died and due to their health and mobility needs, was unlikely to be able to go to their funeral. This was very distressing for this person. The staff made it happen for them. The provider covered the cost of the staffing that was needed.
- A relative said, "I have no fault with the staff; they do a wonderful job. You can tell from the rapport between them, it's nice to watch. My wife chats to them very naturally, everyone gets on like a house on fire. My wife tells them what she wants, and it's done without a quibble."

- Another relative told us they had a new hospital bed delivered but the old bed was causing a problem with space. They added, "I was beside myself because I had no idea what I was going to do with it. Out of the blue, one of the carers just said to me that she didn't mind taking it in her car and disposing it for me. I couldn't believe her kindness and was so grateful to her. It's just little things like this that make the world of difference with this agency."
- People felt special to their carers and enjoyed their company. Staff were respectful of people's cultures and routines. One person said, "I know a lot of people would say that I'm set in my ways and am very old-fashioned in how I like things to be done. None of the carers has ever tried to change the way I like things, nor have they ever complained about my somewhat eccentric nature. They just respect me for who I am."
- Management supported and encouraged staff to think of how their service could improve a person's life and not only think in line of their care role. For example, staff ensured people had the right benefits, equipment and services to meet their needs. This had led to staff, with people's consent, contacting the council to help with recycling for people who cannot get boxes to the curb side, arranging meal services if people found cooking difficult, and generally signposting people and supporting them to access different services and/or forms of support.
- A social care professional said, "The registered manager sets a great example to other care providers by being proactive and passionate about her service, by being open and honest about the issues and challenges confronting care providers, and by listening to and responding to the views of other professionals."

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

- Staff supported, and advocated on behalf of, people to ensure people were in control of their care and to ensure people had the level of care they required and could continue to live in their own home.
- One relative told us, "If I'm honest, if it wasn't for one particular carer my relative would've been in a nursing home quite some time ago. [The carer] goes absolutely out of her way to make sure my relative is as comfortable as she can be and that she has absolutely everything that she needs. My relative really lights up when she comes through the door, and she is really one of the family now. What she can do in a 30-minute call, is unbelievable, and it's all done without my relative being rushed at all."
- A person said, "In all the years they've been looking after me, I don't think I've ever asked any of them to do something that they've said no to. It doesn't matter whether it's in my care plan or not, if I need help with something, then they are always willing to provide it and that goes a long way in my book."
- A staff member said, "I focus on people talking to them about themselves; make them, not their care the centre of attention."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us about the lengths staff went to in order to protect people's dignity. One person told us they shut the curtains of an evening, so they were not overlooked by neighbours as this was important to them.
- The service campaigned with commissioners to ensure a person had flexible care that met their requirements. This included responding to 'as and when' phone calls from the person to ensure their comfort and dignity was ensured. The registered manager said, "I wanted the social worker to be able to see [them] as a person, so that she could go back to her manager and explain why there needed to be ongoing flexibility to meet their needs. We as a provider were not prepared to see [the person] left until their next call if she had had an accident." This also meant the person could stay in their own home rather than be considered automatically for residential care.
- A relative said, "My mum was such a particular person when she was younger and took great pride in her appearance. I have found the carers to be really very mindful of this and they will sometimes say to me that there is some extra washing because they've changed her in the afternoon when they've come in because they've noticed that she is sitting with something down her top." The carers never left the relative or anyone

soiled even if this was not part of why they were visiting on that occasion.

- People told us the staff respected their need to remain independent for as long as possible. People also told us staff recognised when people had regained certain abilities having become better and would only act if the person said they could. One person said, "They are very good; they tell me 'You're the one who is in charge'."
- A staff member said, "I want to let them do things rather than take control. I help them to use aids and make sure they are using them properly". In this way, people can be supported to remain independent.
- A social care professional told us, "Carewatch are well regarded; staff are very caring and treat service users with dignity and respect, considering issue of mental capacity as well as physical capability."

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.

End of life care and support

- The service provided really good end of life care for people to ensure people who wished to pass away at home could do so with the care they desired. The service worked closely with the hospice, district nurses and GPs in this.
- Staff were trained to provide end of life care in peoples' own homes. All staff were considered as being able to champion excellent end of life care.
- People were encouraged to think about their end of life and the role of the agency in meeting that need if appropriate.
- Feedback from family members was extremely positive about staff and their ability to meet people's end of life care needs in a personalised, caring way. Compliments read, "I just wanted to pass on that your staff who cared for her were wonderful. They treated her affectionately, professionally and with dignity. I cannot praise them enough for what they did" and, "I wanted to thank the amazing staff who came to care for [my relative] in the last few weeks of their life. They all showed enormous kindness and compassion to them. Their warmth and goodwill helped make an almost unbearable situation more bearable for everyone".
- The registered manager told us, and records confirmed, a person who died earlier this year after having care for six years. The care provided at the end of his life by the care staff and district nurses was exemplary. In the person's final weeks, there were three regular care workers and two district nurses who really listened to their wishes. The person expressed they just wanted to die alone at home with their dog. As a team, preparations were made to look after their dog after they died that they were happy with. The nurses and care workers took the dog for walks as before in their own time and, sorted out a rescue centre that would re home the dog once the person had passed away, as this was the one thing they really cared about. In this way, the person's end of life was personalised and as they desired.
- A GP told us about the person's care described above, "The care staff from this agency showed compassion and care. The patient was able to express his preferences and the carers were always supportive of his requests and at times went above normally expected levels of care to provide for this patient's needs. Thanks to their care he was able to fulfil his wishes and died at home."

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

- People continually described how they felt the way staff responded to them was personalised. One person said, "If I'm feeling down, they check how I am and ask what they can do. They are very responsive to my needs. They never make me feel they are rushed" and, "When I went into hospital, they came and planned with me the extra help I'd need for a few weeks once I came out and that all worked very well". A relative

said, "They are brilliant, it's more than just a job, they have a laugh and joke with my relative and that helps them relax."

- Everyone told us they knew about their care plan and were fully involved in contributing to its contents. Writing and reviewing the care plans was completed with people and signed off by them or their representative to ensure the information was accurate.
- One person said, "My care plan is here in my folder and it was put together when I first started with the agency when I came out of hospital. I was certainly asked how I wanted my care organised and what times I would like the visits to happen. I was also asked whether I preferred male or female carers, to which I said I'd much rather have female carers. I also told them that for me it was important that I have female carers and regular ones", and this has been adhered to.
- A relative said, "We have been totally involved in organising his care" including the times of the visits being arranged when preferred. The relative described the service as extremely flexible in supporting them to adapt to requiring carers come into their home. Different times were tried until it fitted their routine.
- Relatives said they appreciated the carers would contact them if they were concerned about their family member. One commented, "I'm particularly grateful to them for how interested they are in her welfare" and notice changes in their condition quickly.
- A professional said, "I have observed that Carewatch work well to help to enhance the Service User's quality of life, such as through offering her choices and taking the time to have a chat with them."
- Staff described the care of people in person centred terms and were clear that this was an important part of their role. Staff commented, "The care plan is person centred; people tell us what they want, and it's done round their needs and likes/dislikes" and, "We don't just tell people what will happen" adding it is about communicating and ensuring people had control.
- The service was responsive to people's requests to change their care time if possible. One person said, "If I've got a hospital appointment come through and I need to alter the time of my morning call, then I always have a word with my carer, and she will usually tell me whether she can change her time and then she goes and sorts it out with the office. So far, they've always managed to accommodate any changes that were needed."

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 service ensure they assessed people's communication requirements during the initial assessment. This was reviewed often to ensure people's needs were being met.
- The PIR stated, "We have one client who does not speak English or understand the English language. We have overcome this by working closely with an interpreter and we assist the client with all other aspects e.g. speaking to the housing association when a repair is needed on the client's home and arranging to meet with the repair person, so the care worker can support the client."
- Staff described being diligent in ensuring people had their hearing aids in, if these were prescribed and wanted by the person. Staff also ensured the aids worked and would fit new batteries for people if needed. Staff also ensured people had their glasses on or to hand if needed.
- Another staff member described "thinking outside the box" adding, "I will ensure I try my hardest to get something in place for that person." This meant linking with a range of agencies to secure the right communication method for that person. A further staff member described how they used "prompt cards" for one person.

Improving care quality in response to complaints or concerns

- Systems and processes were in place for people to raise a complaint or concern. No formal complaints had

been made since the last inspection.

- People told us they had a copy of the complaints policy and process in their files. People and relatives both described feeling very comfortable expressing any concerns informally which made a formal complaint unlikely.
- One person added that they had contacted the office about a concern, adding, "At no time was I made to feel guilty for approaching the agency at all". A relative said, "To be honest, we've always found the best way to get anything changed quickly is just to pick up the phone and talk to one of the office staff. They make no bother about it".
- Staff told us they picked up any concerns and issues quickly when a person had a problem with something or would like an improvement to their care.
- The annual training and regular communication with staff were used to feedback on any issues. A staff member said, "Complaints can be used to make improvements. If any complaints, the office are always on hand or out of hours support."

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

- Care at home services are not normally discussed in respect of social activities. However, people told us staff would ensure they had their care in time to attend faith services and attend important social occasions.
- The PIR stated, "We often work with local churches and arrange for clients to receive religious services from home if they are housebound."

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.

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

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

- Everyone was extremely positive about the service and the way it was being run. All told us that they felt the registered manager, provider and management team were very approachable.
- The service was run by a registered manager and provider who expressed a clear desire to deliver an excellent service established around clear principles of personalised care. They told us, "Our vision has always been to deliver high quality care. The way we do this is by maintaining good lines of communication throughout the team (office and field based). As managers we have an open-door policy, and encourage honesty, candour and a supportive learning environment." This was made clear to all staff at recruitment, training, supervision and on an ongoing basis.
- The registered manager clearly knew people who used the service well and delivered care themselves sometimes to keep their skills and relationships with people and staff good.
- Management supported and encouraged staff to think of how their service could improve a person's life and not only think in line of their care role. For example, staff ensured people had the right benefits, equipment and services to meet their needs. This had led to staff, with people's consent, contacting the council to help with recycling for people who cannot get boxes to the curb side, arranging meal services if people found cooking difficult, and generally signposting people and supporting them to access different services and/or forms of support.
- People and relatives spoke extremely positively about the communication with staff in the office and management. A person said, "The office people are very good. When I go down there to pay my bill, they always chat to me, we are on first name terms. The age difference doesn't matter; there is mutual respect" and, "The office staff are excellent, they try to answer any problem as quickly as possible and they ring back when they say they will."
- Staff were very complimentary of the support to them from the registered manager and office staff. Communication and support from them was described in terms of excellence. Staff commented, "I think it's managed very well. We are always informed. There's an open office policy. The seniors and supervisors are all very good and they see the clients. Clients know us well and we know them."
- The registered manager and provider rewarded staff for their care and work. The registered manager stated, "We believe that valuing and respecting staff has a direct effect on the quality of care delivered. We pass on compliments and share this good practice in newsletters and training. We reward long service, acknowledge birthdays and other special days, celebrate successes (private or professional) and listen – we

listen to our staff."

- A social care professional said, "The registered manager sets a great example to other care providers by being proactive and passionate about her service, by being open and honest about the issues and challenges confronting care providers, and by listening to and responding to the views of other professionals."

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

- There were clear leadership and governance processes in place. The registered manager said this ensured events, people and staff did not then "fall through the gaps".
- Systems and processes were robust, and management and staff were clear about their roles and responsibilities. At every level, all were encouraged to excel in their roles.
- Formal methods were in place to monitor the quality of the service. These included questionnaires, audits and care plan reviews.
- Staff meetings, supervisions, spot checks and appraisals also took place at regular intervals to ensure staff understood their responsibility and that the front-line delivery was at the level of the high-quality care required.
- There were also informal means to stay in touch with management and staff. Calling into the office in person or by phone was encouraged.
- The registered manager advised that when a comment or issue came into the office or supervisors, the staff member taking the call took full responsibility for taking the matter through and communicating with the person, relative or professional. Adding, "It has a major impact on the lives of our clients and staff when complaints, concerns and compliments are dealt with well. It shows that people are valued."

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

- People, families, professionals and staff were asked at regular intervals for their feedback and ideas for developing the service.
- Annual questionnaires were sent out and analysed. These were anonymous, so feedback was given to all with details of how this would make a difference to all who were cared for by the service.
- People had checks in their home and at the reviews to see if improvements could be made to the service and not just their individual care.
- Meetings and communication with staff were ongoing again, with opportunities to give their view.
- A professional said, "Carewatch Bath took a highly collaborative stance in seeking the views of their service users on experience of homecare and how it could be improved, as part of our redesign of homecare services. This information was fed back directly to commissioners."
- The service accessed the town hall across the way from the office to support people with access issues to visit and speak with office staff. The service's recent 20th anniversary was celebrated there too.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were very open to being inspected and saw the inspection as an opportunity to learn as well as wanting to tell us of the excellent service they delivered.
- Along with the registered manager sitting on the local adult safeguarding board, the operations manager sat on the board of BaNES, Swindon, Wiltshire care skills partnership (BSWCSP). This is a provider led board alongside skills for care and the council. The board represents the voice of service users, carers and providers. The focus is on improving the quality of care by training care staff to above minimum standard at a reasonable cost.
- The registered manager is linked with the registered manager forum and encouraging and investing in aspiring managers.

- A professional told us, "I have always found the senior management team at Carewatch very approachable, supportive, knowledgeable and sincere. Carewatch have been closely involved in innovative initiatives such as reinstating provider forums and the development of the Trusted Reviewer model."
- A further professional said, "Carewatch Bath's registered manager plays a key role in local strategic safeguarding structures; ensuring that Carewatch's staff derive benefits from this role."
- The registered manager told us they were always looking to improve care for people in the service, locally and regionally. This included opportunities to provide other avenues people to be involved with. From supporting national charity bake/fundraising events to linking with local school children to build on intergenerational understanding and support.
- The registered manager was involved in a local safeguarding review of self-neglect cases that had been to serious case review. This was having had first-hand experience of an adult at risk of self-neglect who they successfully helped to improve their life. This will lead to improved policy, practice, services and outcomes for people in the local county.

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

- The provider had systems in place to ensure they adhered to the requirements of the duty of candour.
- Staff felt extremely safe to "blow the whistle" if they had any concerns about people's safety from colleagues within the service.