

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 7 March 2017. People who used the service were contacted by telephone on 8 and 9 March 2017. The inspection was announced. This was because the service provides care to people in their own homes and we needed to be sure that someone would be available in the office to support our inspection.

The service was last inspected in November 2014 and was rated as good.

The service provides personal care to 128 people in their own homes.

There was a registered manager in place. 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.

Feedback from people using the service was positive. People told us they felt safe and well cared for. People received safe support with their medicines.

There were sufficient numbers of staff to ensure people's safety and to cover unplanned staff absences. People were protected because staff were trained and confident in reporting safeguarding concerns.

Not all staff had received supervision in line with company policy however staff told us they felt well supported and well trained. Comments from people who used the service reflected they were satisfied with the skills and training of staff.

People reported feeling well cared for and had built positive relationships with the people that supported them. People were involved in reviewing their own care packages and were given opportunities to provide feedback on the service provided.

Care plans were person centred and in the main gave sufficient detail to guide staff in meeting their needs. We discussed with the registered manager how in some places further detail would be helpful. Staff told us that when they visited people they didn't know, staff in the office gave them information about the person to enable them to provide the support they needed.

There was a system in place to monitor staff attendance at their planned calls. This involved filling in time sheets and returning them to the office. People reported no concern about missed calls.

Complaints were managed and responded to so that people could be confident about raising concerns or issues. One person gave a specific example of a concern they'd raised that had been dealt with well.

There were systems in place for monitoring the quality of the service provided, and these had identified most of the issues we found at the inspection.

## 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.

People received safe support with their medicines.

Risk assessments were in place to guide staff to provide safe support for people.

Staff were trained in and aware of their responsibility to safeguard vulnerable adults.

There were sufficient staff to ensure people's needs were safely met.

### Is the service effective?

Good ●

The service was effective.

Consent was sought from people before providing care and support.

Staff worked with other healthcare professionals to meet people's health needs.

Staff provided support to people when required to ensure their nutritional needs were met.

Staff received training and support to carry out their roles.

### Is the service caring?

Good ●

The service was caring.

People were involved in planning their own care.

People gave positive feedback about staff and how they cared for them.

### Is the service responsive?

Good ●

The service was responsive.

People told us that staff understood their individual needs and preferences.

There were care plans in place to guide staff in providing person centred support for people.

Complaints were listened to and responded to.

### **Is the service well-led?**

The service was well-led. Quality monitoring systems had identified most of the areas for improvement.

People who used the service told us they would recommend the agency to others.

**Good** ●

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## **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.

This inspection took place on 7 March and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support the inspection.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all information available to us, including notifications. Notifications are information about specific events that the provider is required to send to us by law. The provider also sent us a Provider Information Return (PIR). This is a form that the provider completes to say what they are doing well and areas they hoped to improve.

During our inspection we spoke with 19 people who used the service or were a relative of a person using the service. We spoke with five members of staff and the registered manager. We reviewed care records for four people and reviewed other records relating to the running of the service, such as recruitment records, medicines records and quality monitoring records.

## Is the service safe?

### Our findings

People using the service told us they felt safe with the staff that came to see them. Comments included; "I have been in hospital a couple of times recently because of bad falls that I've had and now I can only really have a bath when a carer is there to support me. I love having a bath and having my regular carer there with me gives me the confidence that I will be safe and not slip over again when trying to get out of the bath on my own." Another person said "I know my family feel a lot more reassured about me, knowing that there is somebody checking up on my safety during the day."

People received safe support with their medicines. The medicine policy described the different ways in which a person may be supported with their medicines. This included people who may need 'support' and others for whom staff 'administered' medicines. The policy then went on to describe the records required when people were being supported with the medicines. The policy stated that for people at 'level 2 or 3', which included those people for whom staff were prompting medicine and for whom staff were administering medicine, a Medicine Administration Record (MAR) was required. The MAR should detail the current medication, what is to be taken when and the strength of the medicine that is dispensed. The details on the MAR should be checked for accuracy against the medication that is dispensed. Staff were using a system where they recorded that the content of the dosette box had been given. Full details of the medicines contained in the box were detailed on a separate document so that they could be cross referenced.

We read in one person's care plan that staff put medicines from the dosette box in to another pot, ready for people to take later. The registered manager confirmed that this practice took place for some people who requested to be supported in this way. The medicine policy stated that this practice should not take place unless specifically agreed with the commissioning body. In the example we saw, there was an agreement with the commissioning body and risk assessment in place.

Risk assessments were in place to guide staff in providing safe support for people. These identified any risks associated with people's care and identified the measures required to manage the risk. In some cases, we saw that the measures were clear and set out the steps that staff needed to take. For example in one example, we read that a person was only able to stand for short periods of time. The measures in place were that a ceiling track was to be used for all transfers and that staff moving and handling training should be up to date. However, in other example we saw that more general measures were in place that didn't describe specifically what the person needed. In one file, we read 'please ensure that I am fully supported when mobilising'. No specific details about the support required were given.

There were sufficient numbers of staff to meet people's needs safely. We spoke with the care coordinator responsible for completing rotas, who confirmed that with the staffing levels they currently had, they were able to meet the requirements of the care packages they had in place. There was also flexibility within the staff team to cover absences such as holiday or sickness. The registered manager did tell us two supervisors had left the service recently. The service were recruiting to these positions but in the mean time there had been some impact on supervision of care staff. The registered manager told us they had sent surveys out to

people using the service to gather feedback and ensure that the supervisors leaving had no direct impact on them.

There were procedures in place to ensure new staff recruited were safe and suitable for their role. This included checking photographic identification, gathering references and undertaking a Disclosure and Barring Service check (DBS). A DBS check identifies people who have been barred from working with vulnerable adults and children and whether a person has any convictions that may affect their work.

Staff had training in safeguarding vulnerable adults and told us they felt confident in raising any concerns about people they supported. We saw from the registered manager's records that the local safeguarding team had been contacted when necessary and the registered manager had been involved in meetings when appropriate. When concerns had been raised about the conduct of staff working for the agency, allegations had been investigated and appropriate action taken to ensure the safety of people using the service.

## Is the service effective?

### Our findings

Consent was sought from people in relation to the care they received. There was a consent form in the front of each file we viewed, signed by the person giving consent to carry out needs and risk assessments and undertake personal care. The registered manager was aware of their responsibility in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who aren't able to make decisions about their own care and treatment. The registered manager told us about situations they had highlighted to the local authority when they felt a best interests meeting was required in order to decide on the best way to support a person.

People's health needs were described in their care plans and guidance set out as to when healthcare professionals may need to be contacted. In one example, a person's care plan described how they had had concerns previously in relation to the health of their skin. Staff were advised to monitor the skin condition and notify the district nurses with any concerns.

Not everyone required specific support with their nutritional needs. However we read in some care plans that, when needed, staff would support people with preparing snacks and meals. One person commented "My carer will make my breakfast for me each morning and then she will usually tell me that she's put me some biscuits out on a plate so I've got something to nibble on during the morning." Another person told us "I am reliant on my carers to make all my meals for me. Because I see them regularly they tend to know what I like, but they will also ask me if I prefer something for a change. While my hot meal is cooking at lunchtime, they will usually ask me what I would like for tea and then will make it for me, cover it up and leave it in the fridge so that I just have to get it out when I'm ready to eat it later."

The registered manager told us that due to two supervisors leaving the service, this had impacted on staff supervision. Supervision is when a member of staff meets with their line manager to discuss their performance and development needs. The registered manager told us that each member of staff should be observed twice a year in a person's home, one office based supervision and one appraisal each year. We viewed four staff files and three of the four had an annual appraisal in place (the 4th had recently returned from long term leave). However not all office and field based supervisions had taken place in line with the timescale identified. One member of staff had not received a 'spot check' of their practice since 2013. A proportion of this time was accounted for by the person being on leave; however the registered manager also told us that the person concerned worked nights and so opportunities to carry out spot checks were limited. This member of staff had received a return to work interview and office based supervision. We discussed with the registered manager the need to ensure that all staff received 'spot checks' as part of their monitoring and to ensure they were safe to work in people's homes.

We found no evidence that the lack of formal supervision sessions was impacting on staff or the people they supported because staff told us they could seek advice and support at any time if they needed it. One person commented, "I have a carer coming in to help my living carer with the hoisting when we are getting me in and out of bed. The carer from the agency knows exactly what she is doing and I feel really well supported and safe when I am being lifted." Another person commented, "Because I see the same small

number of regular carers all the time, I don't have to worry about them not knowing what it is I need help with, and how I like things to be done. I have been very impressed with their overall training."

There was a five day induction for new staff based on the Care Certificate. The Care Certificate is a nationally recognised set of standards that people working in the care sector should achieve. The five day induction included topics such as safeguarding, health and safety, infection control and medicines. New staff also had the opportunity to shadow established members of staff to ensure they were confident to work independently. Staff told us the training programme met their needs and they felt confident in their work. Key topics such as safeguarding and moving and handling were updated regularly so that staff skills were refreshed and in line with current practice.

## Is the service caring?

### Our findings

People were positive about the care they received from staff. One person told us, "My carer is really very good and will usually make sure she leaves time in the morning just to pop across the road to the shop to pick me up a daily paper so that I have something to read during the day. It's not in my care plan, but she knows that it makes all the difference to me during the day if I have it and therefore she makes time to be able to do it for me." Another person commented, "When the doorbell goes in the morning, my carer will always shout through her name so that I know who I am answering the door to. She knows I get a bit wary being here on my own and you see and hear such dreadful stories in the news all the time. I know it's only a small thing, but it makes a big difference to me."

Feedback from people demonstrated they were treated with dignity and respect. One person told us, "When we go out shopping, when we get to the till in the shop the assistant will sometimes talk to my carer rather than me, but my carer always stops her and says 'this is the lady you wish to speak to, not me, I'm her carer.'" Another person told us how staff ensured their privacy during personal care by ensuring doors were closed.

People were involved in their care planning and had opportunity to give their views and opinions. There were records of six monthly reviews which involved the person concerned and any other family members the person wished to have present. In one record, we read, "I am very happy with all care workers, they are attentive and friendly." In another person's review, they stated they were happy with their support workers saying "they are all very good."

People's religious and cultural needs were identified as part of their assessment and whether this had any implication for their care. We also read about the aspects of people's care they wished to be independent with.

People spoke positively about how support from the agency had enabled them to remain independent. One person told us "once a week, my carer will take me to the local shops where she will help me to buy all the things I need for the coming week and then she will carry it back home for me. Without my carers, I wouldn't be able to live on my own in my own home, free to do the things that I really enjoy doing."

## Is the service responsive?

### Our findings

People told us that staff understood their needs and how they wished to be cared for. One person told us, "I like the fact that I have my regular carers who have been coming to me for quite some time. They have got to know me and also I have got to know them so I don't have to explain every single time someone comes what it is I need help with and how I like things to be particularly done." Another person said "I have two regular carers who I have known since I started with the agency six months ago and we all just get on with what needs doing in the morning, without really having to think about it these days."

Staff used time sheets to log the calls they had made to people. There was no system in place to monitor calls as they happened, for example by staff logging in by phone to register their arrival and departure times. However staff told us that communication was good and that if they were running late a member of staff would call ahead and let people know. People using the service raised no concerns about the timeliness of their visits. No one had experienced and missed calls. Comments included, "They are usually within half an hour of the time they are supposed to be with me. On a couple of occasions when they have been held up longer than that, someone from the office has called me to let me know.", and another person said, "Sometimes they can be 10 minutes late or 10 minutes early, but it really doesn't bother me. Other times my carer will tell me that the next day she may be slightly late because she has to come from further afield from the previous client. As long as I know, I don't mind because I know she will definitely get to me as soon as she can."

Before commencing a package of care with the service, people were assessed so that it was clear what their needs were. People told us they had been consulted and involved in this process. Comments included "we talked about what help I needed and I was asked what time I would like to visit to happen" and "I definitely felt like I was involved in arranging my care at the start".

People had care plans in place which included some brief details about the person's life history such as where they had lived previously and important events in their lives. This helped staff to get to know people as individuals. Staff also told us that they saw the same people regularly which helped them to understand how they wished their care to be delivered. Staff confirmed that when they went to see a person who was new to them, staff in the office sent them details about the person and their needs. One person told us "My carer knows I like a really warm bath and she will go and run that while we are doing some other jobs before she starts to undress me because otherwise I can get quite chilly before the bath is full and at the temperature that I like."

People's care plans contained a detailed description of what needed to take place during the visit from care staff. These descriptions contained details that would support staff in providing person centred care. For example, what drinks people liked and what staff should ensure was done before they left. Some plans would benefit from further detail and this was discussed with the registered manager. For example we read in one person's plan that care staff should 'complete catheter care.' There was no further detail about what needed to be done. However, staff told us that in general care plans gave them sufficient information to provide care and people raised no concerns about the ability of staff to meet their needs.

People told us they knew how to raise a complaint if they needed to and felt confident about doing so. One person told us . "Because of how well I know a couple of the supervisors, I would definitely make a complaint directly to them if I had any issues whatsoever." Another person said . "There is a leaflet about how to make a complaint in the folder as my care plan and all the records that the carers fill-in every day." We viewed examples of complaints made and saw that the person raising concerns had received an acknowledgment letter and a further letter detailing the outcome of the complaint investigation.

One person told us about a situation they hadn't been happy with and said they had discussed it with a supervisor. The supervisor had addressed the concern and the situation had improved. Another person said they had requested their afternoon visit to be at a slightly different time and confirmed that the agency had arranged this for them.

## Is the service well-led?

### Our findings

The service was audited by the provider and this led to an action plan being produced with areas requiring improvement. An action plan dated January 2017 identified some of the issues we found during our inspection. One of the actions was to 'ensure that adequate control measures are recorded in detail for all risks identified and there is a risk management in place'. This reflected our findings under 'safe'. During our inspection, we also identified some gaps in supervision for staff; this was reflected in the action plan where it was identified that staff required field based supervision every 6 months.

There were systems in place to monitor the quality of the service provided. This included gathering feedback from people who used the service. We viewed the results of the last survey in 2016 and saw the results had been analysed with areas requiring improvement identified. The results of the survey showed that 90% of people responding felt safe and confident with the care provided. Areas identified as requiring improvement including ensuring people knew in advance who was coming to them to deliver care and improving consistency of carers so that people received care from staff they knew well. The survey for 2017 had been issued shortly before our inspection and so it wasn't possible to see whether improvements were reflected in the latest survey.

People told us they would recommend the service to others. One person said "I would definitely recommend the agency to anybody else who is looking for a good quality of care. In all the years of using the agency, I have never had anything that has concerned me or that I have been worried about." Another person commented "I think anyone would be pleased to have someone from the service looking after them and I have already recommended them to a good friend of mine who is needing some care at the moment."

In addition to the annual survey, a selection of people using the service, were contacted by phone each month. This meant that opportunity by various means to raise any concerns about the service they received.

A staff survey was also issued and the results of this reflected that staff were happy and supported in their role. For example 16 out of 18 staff felt they had received adequate training for their role. The majority of staff also felt they had support from their line manager. Staff told us they could approach the registered manager and office based staff at any time; one member of staff commented "if I pop in to the office, there is always support around".