

Bexley Homecare Services Ltd

# Carewatch (Bexley)

## 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

Care Watch Bexley is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older people. At the time of our inspection 51 people were using the service.

This inspection took place on 18 and 19 July 2018; and was announced. The last inspection of the service took place 20 July 2017 where we found a breach of regulation of the Health and Social Care Act. The provider had not ensured that staff received appropriate training to enable them carry out their duties effectively. The provider sent us an action plan on how they would improve. At this inspection, we found that the service had made the required improvement and complied with our regulations. We have rated the service Good.

The service had a registered manager at the time of the inspection. 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.

Staff were trained, supported and supervised in their roles. Staff were trained to keep people safe from abuse. They knew the procedure to report any concerns appropriately. People were protected from avoidable harm as risks were assessed and management plans were in place which guided staff on how to reduce risks to people. Staff reported incidents and accidents. The registered manager reviewed them and took actions to address them and reduce reoccurrence.

There were sufficient numbers of experienced staff to support people safely. Staff were appropriately deployed to cover care visits. When staff were recruited they were vetted to ensure they were suitable to work with people. Staff provided people with the support they required to take their medicines safely. The risk of infection was minimised as staff were trained and knew the procedure to reduce infection from spreading.

People received the support they required to eat and drink. Staff supported people to maintain their health and access healthcare professionals as their needs required. Staff liaised with other professionals to ensure people's needs are met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before they were delivered.

People received care from staff who were compassionate and caring. Staff supported people to make day to day decisions about their care. People were involved in planning and delivering their care. People were encouraged to maintain their independence. People's privacy was respected and their dignity was

promoted. Staff knew people well and had developed positive relationship with them. Staff were trained to deliver end of life care in line with people's wishes.

People had their needs assessed before they started using the service. People's care needs were reviewed and care plans were updated to reflect people's current needs. People received the care and support they needed to meet their needs. People knew how to complain if they wished. The service sought the views of people about the care they received and acted on them.

People and staff told us the organisation was well managed. There was an open management style at the service. The provider undertook checks and audits to monitor service delivery and drive up improvements. The provider worked with other organisations to develop and improve the service.

## 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. Staff were trained in safeguarding procedures and knew how to identify signs of abuse and the procedure for reporting their concerns.

People's risks were assessed and plans were in place to alleviate them. Staff reported incidents and accidents.

Recruitment checks were completed on staff before they started working with people. There were enough staff available to meet people's needs. People told us staff had enough time to support them.

Staff were trained in medicines administration and supported people to receive their medicines safely. Staff followed infection control procedures.

### Is the service effective?

Good ●

The service was effective. Staff received training and support to be effective in their roles.

People's needs were assessed to establish what care they needed. People and their relatives consented to the care they received. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs. Staff supported people to access healthcare services. Staff liaised with other professionals.

### Is the service caring?

Good ●

The service was caring. People told us that staff were caring and kind towards them. Staff knew people and understood their needs. Staff had developed positive relationship with people. People were involved in their day-to-day care.

People's independence was promoted. Staff treated people with dignity and respect. People received end of life care they wished.

### Is the service responsive?

Good ●

The service was responsive. People received the care and support they needed and in the way that met their preferences. Care plans were regularly reviewed to reflect people's circumstances and needs.

Care records detailed people's cultural and religious needs. Staff had completed training in equality and diversity and respected people's individuality and differences.

People told us they knew how to complain about the service if they were unhappy. The registered manager responded to concerns in line with their procedure.

Staff were trained to deliver effective end of life care to people at that stage of their lives.

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

The service was well-led. There was a registered manager in post. People and staff told us the registered manager was open and approachable. Staff felt supported by the registered manager and the members of the management team.

There were systems in place to monitor and assess the quality service. The provider actively sought the views of people about their experience of the care provided and used feedback received to improve the service. The provider work in partnership with other organisations to improve and develop the service.

**Good** ●

# Carewatch (Bexley)

## 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 site visit took place on 18 and 19 July 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and one expert by experience. The expert by experience made phone calls to people on 11 July 2018 to seek their feedback about the service. 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 the information we held about the service including complaints and notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also examined the information the provider sent to us in the Provider Information Return (PIR). This information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with the registered manager, the quality officer, one field care supervisor and five care workers. We reviewed six people's care and medicine administration records (MARs). We looked at five staff files which included recruitment checks, training records and supervision notes. We also reviewed other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. The expert by experience spoke with eight people and one relative about the care they received.

# Is the service safe?

## Our findings

People told us they felt safe with staff in the way their care was delivered. One person said, "Very much so. They're very nice people; my carers are very trustworthy and they've not done anything suspicious." Another person told us, "I feel safe with them being around. They take care of me and they make sure I'm in a position where I do not fall; they're good at that."

All staff had completed safeguarding training and understood the provider's safeguarding procedures. They were clear about the various types of abuse, signs to recognise them and actions they would take. A care worker told us, "If I notice anything not right, the immediate thing is to report it to the manager. I trust them. They always act. I know how to whistle blow too if management were not dealing with cases of abuse seriously." Another care worker said, "Report any concerns and make note of marks or bruises. Make sure that they are investigated. If I am concerned that nothing would be done, I would report it to CQC." The registered manager knew their responsibilities to protect people and was aware of their duty to respond to alleged abuse. This includes undertaking an investigation; alert the local safeguarding authority and notifying the Care Quality Commission (CQC). Record showed that they had followed their procedure in addressing safeguarding concerns and had taken adequate steps to protect people. There were no safeguarding concerns at the time of our visit.

Risks to people's health, safety and well-being were minimised. Senior members of staff carried out assessments to ascertain risks to people. This covered areas such as pressure sores, moving and handling, nutrition and people's home environment. Management plans were developed to address risks identified. Risks management plans provided staff with instructions to follow to reduce harm to people. For example, there was guidance to support people who may be at risk of developing pressure sores. It noted staff should encourage and support people to reposition regularly, to apply barrier creams and to use pressure relieving equipment provided. Moving and handling plans were in place that included the number of staff required to carry out safe transfers, any equipment required and how to use it. Staff we spoke with understood the risk management plans for people and they told us plans guided them on how to support people safely and minimise risks to them.

Arrangement on how staff should enter people's homes was noted in their care plans. It stated actions staff should take if they were unable to gain access to access to a person's home. Staff told us if people did not respond as planned to their arrival at their homes, they contact the office from where the office staff would phone family members.

Staff knew how to respond to emergency situations. Staff told us if people had an urgent medical situation, they would contact the ambulance service. If there was a non-urgent medical situation they would contact the person's GP and inform their relatives. One member of staff said, "If I make mistake with people's medicines, I will call the office, GP, or 111."

The service managed incidents and accidents to reduce a recurrence and to keep people safe. Records of incidents and accidents was kept and they were reviewed regularly. The registered manager and senior staff

members updated care records and guidance to staff to prevent recurrence. Where people had frequent falls, a professional such as an occupational therapist was involved to assess the risk and develop a management plan.

There were sufficient and properly deployed staff to meet people's needs. One person said, "They're not always on time, but they're reasonably punctual; they would call me if running late. They do all they need to do at the time." Another person told us, "They're usually on time and they will tell me if running late. They get everything done on time and properly." Staff also told us they had sufficient time allocated to them to care for people. One staff member said, "The care visit times are sufficient mostly. If we are constantly overstaying the office goes to the council and request for increase." Another staff member said, "Time allocated is enough. If we struggle because a person's needs have changed, we speak to the registered manager and they contact social services to increase." Staff told us double handed tasks were always done by two care staff members. One staff commented, "The office staff always insist that all tasks which requires two staff to perform are done by two staff. They are tight with that."

The service had an electronic monitoring system (EMS) used to manage care visits in order to spot a potential late call or missed visit. The system sent alerts to the office based staff who then arranged immediate cover. The office based staff were hands-on so provided cover in emergency. We noted that there had not been any missed visits in the last six months. Late visits were within the leeway period agreed.

People received support from staff who were recruited in a safe way. Prospective staff submitted applications and were interviewed as part of the process. The service explored gaps in applicants employment histories if any was identified. References, proof of identify, right to work in the UK and criminal records checks were also undertaken before staff recruited could start working with vulnerable adults.

People received their medicines as required. The support people required to manage their medicines was assessed as part their needs assessment process. Where required, staff supported people with ordering repeat prescription, collecting medicines from the pharmacist, administering and returning unused medicines. Staff had completed training in medicine management and their competency assessed. One staff member explained, "I have been trained on medicine management. We always check for the right person, right medication, right day, right time, right route, right dose. Complete MAR. Know the support level the person requires. If the person is refusing their medication, report it." Medicines administration records [MARs] we checked showed people received their medicines as prescribed by their GPs. Senior staff completed regular audits of MARs to ensure they were accurate.

People were protected from the risk of infection. Staff were trained in infection control. Staff told us they the service provided them with personal protective equipment (PPE) and reminded them of the importance of using PPE. They told us effective hand washing and disposing waste appropriately was key. One staff member said, "We always use PPE, wash hands before and after duties especially when coming in contact with bodily fluid or anytime you feel they need washing."

## Is the service effective?

### Our findings

At our last inspection in July 2017, we found that staff did not get adequate training to enable them to provide effective care to people. At this inspection the provider had made the required improvement. People received care and support from staff that had experience and knowledge in the job. One person told us, "It depends who you get really; the older carers are more experienced, but the younger girls not so much but they learn quickly." Another person said, "Yes they do seem quite trained and experienced. They know what they're doing; they know how to use the hoist and how the bed works."

Staff told us and records confirmed they received training to meet people's needs. Training completed included medicine management, safeguarding, health and safety, manual handling, infection control and first aid. Staff had also received training in specialist areas such as dementia care, fluid and nutrition, and catheter care. One staff member told us, "The training we do help you gain more confidence in doing the job and as a person. I have certainly become more confident especially as I haven't cared before." Another member of staff said, "I had done loads of training here. There is always something new to learn from these trainings. They are helpful." A third member of staff commented, "I have done various trainings in health and social care. These courses equipped me to do the job and deal with challenging situations effectively."

People were supported by staff who had been inducted in their roles. New staff received induction training which included learning the theoretical and practical aspects of the job. One staff told us, "I had training on different topics during my induction. I shadowed experienced care staff to build my confidence. They made sure I was comfortable before I started working on my own." Another member of staff said, "My induction was comprehensive and helped me a lot. I did all the mandatory training as part of my induction. I did shift shadowing too." We saw that staff new to the caring role completed the Care Certificate Induction programme. The Care Certificate is the benchmark that has been set for the standard for new social care workers. Staff confirmed their induction helped them improved their knowledge and skills for the job.

All the staff we spoke with confirmed they were supported in their roles. One staff member said, "I feel well supported. We get quarterly one-to-one supervision and an annual appraisal. I discuss how I am feeling and my job. I can always bring issues for discussion at any time outside one-to-one. My manager listens and gives me the advice I need." Another staff mentioned, "We get the support we need. We get spot checks, one-to-one, care staff meetings, and trainings. I learn something useful from these. They help me improve." Records showed that staff received regular spot checks, observations, one-to-one feedback and updates and performance reviews. Annual appraisals also took place to review and give staff feedback on their performance.

People's needs were assessed to establish what support they needed. Senior members of staff reviewed referral documents which included an up to date assessment report of needs from the referring agency. Where required they visited the person to conduct a face-to-face assessment. The assessment process enabled the service to decide if they could meet the person's needs and requirements safely. Assessments undertaken covered medical conditions, physical and mental health; nutrition, eating and drinking,

mobility, falls and daily activities. We saw that tools and forms used to complete assessment were designed in line with The National Institute for Health and Care Excellence best practice guidelines. We also noted that appropriate professionals such as occupational therapist (OT), speech and language therapist (SALT) were involved assessing people's needs. The registered manager told us they only accepted care packages they could safely deliver.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff understood the MCA principles and their responsibilities to promote it and ensure people consented to their care and support before they were delivered. One member of staff told us, "We always ask for people's agreement before we do anything. If someone was refusing care, I would try different techniques to encourage them but if they are still refusing, I would involve family and my line manager. They will follow necessary steps." Another staff said, "People should be given the opportunity to decide what they want or don't want. If someone refuse care they need. Gentle persuasion might help. Explain why they need it. If they still refuse and you are concerned, contact their relative to speak to them. Inform the office but never force them."

People received the support they needed to eat and drink safely. Care plans indicated what support people needed to meet their nutritional needs and how staff should support them with this. Staff told us they supported people to shop, prepare meals and to ensure people had a healthy balanced diet. One member of staff said, "If someone wasn't eating well, I will encourage them to eat. If someone was losing weight and not eating their food, I will report to the office and action would be taken." Another staff member explained that they always left people with drinking water to keep them hydrated especially in the hot weather. Records also showed where required, people were supported to meet their hydration needs. Food and fluid chart was maintained to monitor people's intake.

People were supported to maintain their health. Staff told us and records confirmed that they supported people to make and attend appointments with healthcare professionals and recorded outcomes as required. Record showed a range of health professionals were involved in meeting people's health and social care needs. During our visit we heard the registered manager following up with a person's GP about their medicines.

The registered manager explained that a 'Quick Information' sheet which people took along when they went to hospital or other services was in place. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required. This enabled people to receive well-coordinated care and support when they used other services.

## Is the service caring?

### Our findings

People were cared for by staff who were compassionate to them. One person told us, "Yes, staff are very caring. They're my friends and they care about me. They are very warm and make me feel comfortable." Another person said, "Yes, absolutely. All of them are my friends really. They are nice and helpful." A third person mentioned, "Yes. The [staff] are just nice people and kind. They show a caring attitude towards me."

Staff knew people well and had built a positive relationship with them. People told us they felt comfortable with staff who worked with them. One person said, "I am well matched for my needs. I get the same carers." Another person commented, "Sometimes they are a bit different but I know them and get on well with them." A third person mentioned, "I get mainly the same ones. They know me now and I'm happy with them." The registered manager explained they matched staff to people based on preferences, interests and skills. The service maintained regular carers as much as possible to enable consistency and continuity. A senior staff member told us, "We maintain the same carers and time as much as possible. It helps with continuity, consistency and building relationship." Staff gave us examples of what people they cared for liked and disliked and how they preferred to be cared for. For example, some people liked staff to get on with the task at hand and some preferred to be involved and have some informal conversations. Staff told us they followed what people wanted. This showed staff understood the needs and preferences of the people they cared for.

People and their relatives were involved in the planning of their care and were given a choice of how their day-to-day care should be delivered. Care records showed people's involvement in the needs assessment process. We saw that people and their relatives were regularly consulted and updated about changes in their care arrangements. One person told us, "They're always asking if there's anything I need doing and consulting me on everything. I have a relative who they can contact." Another person said, "We accepted the care package as it came. We know exactly what we are getting and I know exactly what I didn't want. I am fully consulted on everything." Staff told us, they let people decide and make choices of what they want to eat, wear and how they want their personal care done. One staff member said, "I only give suggestions but let the person decide. I ask them always what they want." Another staff member commented, "It's what the person wants that matters. I just help them make the right decision."

Staff told us they provided people with emotional support when they were distressed or unhappy. Staff explained that if people were unwell or had an emergency they stayed with them until help come for the person. One staff member said, "If someone was agitated, you have to find out what they like and help them calm down. Give them time." Another member of staff told us they supported people to contact their loved ones if they were feeling lonely. People told us staff showed interest in them and were affectionate towards them. One person said, "Having them around makes me feel safe and loved." Another person mentioned, "I feel comfortable with the carers I have. They understand my moods. We have a two-way relationship too."

Staff maintained people's independence, and respected their dignity and privacy. One person told us, "They're always shutting doors and covering me up. They respect me and my privacy." Another person said,

"I have never felt compromised with the carers. They treat me with dignity." Staff told us how they maintained people's dignity and privacy. A member of staff told us, "Never strip the person completely when assisting with a wash. Do personal care in private. Leave people in the toilet except if necessary for you to stay with them." Another member of staff said, "Always give people privacy when they are using the toilet. When doing personal care don't unnecessarily expose them." Staff understood the importance of promoting people's independence. They told us if people could perform a task by themselves, they encouraged them to do so.

## Is the service responsive?

### Our findings

People told us they received the care and support they wanted and which met their needs. One person said, "They [staff] absolutely look after me well. They help me with the things I need. I'm happy with the care I get." Another person commented, "I've got [medical condition] so the care had to be tailored around my condition. I have to be supported in a certain way. The girls know exactly what to do and they are always so careful because of my pain."

Care plans provided information about people's preferences, likes, dislikes, goals and what was important to them. It also contained the times and duration of care visits, and the tasks to be undertaken. Care was delivered to meet people's needs. People received support as required with their personal care, meal preparation, eating and drinking, mobilising, transferring, medicine management, socialising, managing and maintaining health and this was all detailed in their care plans. Staff we spoke with understood the care people received. They told us care plans gave them sufficient information to appropriately care for people. One care staff told us, "Care plans are personalised. Families are involved. It tells you about the person's life, their wishes and what they want. I always read care notes from previous visits so you know if there is anything that needs following by us." Another care staff said, "Care plans tell you what a person requires, and what care we provide. I find care plans very useful. I feel, I can support people well because I have the information I need in their care plans."

Care plans were regularly reviewed and updated to reflect people's care needs and circumstances. Senior staff members carried out a reassessment of people's needs following a hospital admission or fall. Staff confirmed they were informed about changes in people's care by reading through the care plans, and phone calls from senior staff members.

Staff were flexible in the support they provided to people. One staff member said, "It is based on what people want. For example, if I arrive at a care call and the support has already been given but they want me to do something else within my remit and time I will do it." If necessary, people were supported to do shopping and other non – care related tasks.

Care plans documented people's needs in relation to their religious, cultural, disabilities and sexuality. Staff had undertaken training in equality and diversity. They knew to respect people as individuals.

People and their relatives knew how to complain. One person told us, "I would get in touch with the office; they would certainly listen to me. I've spoken to them in the past and they have listened and helped me." Another said person said, "I would go to the Manager; yes, I think she would listen; she's on the ball." A relative said, "I would call the Manager. I have complained in the past to the carer and then I'd call the Head Office. I didn't get total satisfaction about the matter raised." We spoke to registered manager about this who clarified what the matter was. They told us they were working with staff and the family to ensure it was resolved. Information about how to complain was included in the service user guide which people received when they began using the service. The complaint procedure included how to escalate concerns if not resolved internally by the provider. We saw that the registered manager had responded to all five complaints

received about the service since our last inspection in line with their procedure.

The service provided end of life care to people in line with their wishes. Staff had received training in end of life care. The service worked closely with the local palliative care team and people's GPs and relatives to care for people at the last stage of their lives. No one was receiving end of life care when we visited. We read compliments from relatives about the end-of-life care their loved one had received from the service. Comments included. "I would like to thank the carers once again for the tenderness with which they treated my mum in her final days. It meant a lot to us.", "Just wanted to thank you for your help and support at a difficult time in dad's and therefore my life. really appreciate your speed in helping us with carers and your patience.", and "I would like to take this opportunity to thank you all for the care and attention you afforded mum, particularly in the last days. You really do have a wonderful bunch of ladies there."

## Is the service well-led?

### Our findings

There was a registered manager in post who had worked in the service for several years. The registered manager understood their role and responsibilities in delivering effective care service and meeting their CQC registration requirements, including submitting notifications of significant incidents. The last inspection rating of the service was displayed correctly on their website and at the service.

The registered manager was supported by a quality officer and a team of field supervisors and care coordinators who were out in the community monitoring care people received and providing support to staff. They spoke highly of the organisation and the registered manager. Comments included, "Registered manager is always available and listens.", "She provides us the support we need to carry out our duties.", "She is very passionate about the service and wants to deliver care to high standards."

People told us that they were happy with the service. One person said, "The Manager is marvellous and all the office staff are all very good." Another person told us, "I've spoken to the Manager on the phone, but I've never met her. I've never had a need to complain, but I have phoned to praise."

People told us that their views about the service were sought and were used to make improvements. One person said, "The office staff phone me occasionally to find out how I'm doing and if I'm happy. They all seem quite nice." Another person mentioned, "I'm involved all the way; I get a call every two to three months to see if things are ok. They take me seriously." The service gathered people's views through annual surveys, quality monitoring visits, phone calls and spot checks. Comments gathered were reviewed and evaluated and used to inform how care was planned. For example, the service tried to inform people if staff were running late for their care visits. This improvement was made following comments from people.

The result of the last survey showed people were satisfied with the service. Other audits and checks carried out as part of the provider's quality monitor process included a monthly medicines administration record (MAR) audit to identify any errors, daily logs, staff files and any financial transactions. Action was taken to rectify any issues identified through audit. For example, it was identified that a staff member was not completing MARs correctly. The service asked the staff member for an explanation and provided the staff support to improve.

All the staff we spoke with told us they were well supported and felt satisfied working for the organisation. One staff member told us, "The registered manager and senior staff are helpful and lovely. If you phone them and you need help, they always help you. Nothing is too much for them. They are wonderful people to work for and I feel motivated working with them." Another staff member said, "I like working with this organisation because there is good team work, caring staff and supportive managers you can always go to if you need anything." A third staff member mentioned, "I like Bexley Care watch. I'm always supported. The registered manager and supervisors are always there and they act on things very quickly. They take a good and proactive approach to make care better for people. For example, they employ good people who care and committed to work with them."

Staff were given the leadership and direction they needed. Regular staff meetings took place which were used to consult, update and listen to concerns or suggestions about the service provided. The registered manager told us they operated an open-door policy where staff can visit anytime to chat with them about anything. Staff told us they could discuss any ideas they may have with the registered manager and she listened; and gave them a chance to implement changes that were aimed at improving the service. They said she guided them on how to make the service better for people. Staff meetings were also used to give updates about the service and changes in policies and procedures. Staff understood their roles and responsibilities. Staff told us the expectations of the service, which was focused on delivering person-centred care to people.

The registered manager and care coordinators worked closely with other agencies to promote positive outcomes for people. They worked closely with local authority commissioners. They also regularly sought advice from health and social care professionals to ensure people's needs were met.