

CSN Care Group Limited

Carewatch (Ipswich)

Inspection report

1a
Norfolk Road
Ipswich
IP4 2HB

Tel: 01473216112

Date of inspection visit:
05 June 2019
07 June 2019

Date of publication:
13 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Carewatch (Ipswich) provides care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 122 people receiving personal care and support from the service.

Carewatch (Ipswich) was bought by CSN Care Group Limited in January 2019, retaining some of its directorship. The service was registered under its new provider name on 17 April 2019. As the service retains some of the directorship from the previous provider, the regulatory history for this service has transferred from the previous registration.

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

At the last inspection on 17 May 2018 the service was rated 'Inadequate' in the Safe and Well-Led domains. Breaches of regulations 9, 12, 14, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. This inspection was carried out to assess whether enough improvements had been made to the service to ensure people were provided with a service which met their needs. The service still needs to make improvements to fully meet the requirements of the Mental Capacity Act (MCA) and embed its quality assurance system.

At this inspection we found;

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the systems in the service did not fully support this practice because appropriate assessments of people's capacity had not always been undertaken. This meant it was unclear how the service had determined whether people could consent to care and treatment.

There was a quality assurance system in place which was capable of identifying areas for improvement. The service had a comprehensive action plan in place detailing how they would continue improving the service provided to people. Whilst significant improvements had already been made, more time was required to fully embed this system and some shortfalls had not yet been addressed.

People receiving support from Carewatch (Ipswich) have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring towards them and that they had regular carers visit them who knew them as individuals

People were provided with support, where required, to maintain good nutrition and hydration.

The service had sought people's preferences in coming to the end of their life and there were end of life care plans in place where this was appropriate.

The service worked well with other organisations to ensure people had joined up care.

People were supported to make and attend appointments with external healthcare professionals where this was part of their agreed support plan.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

This service has been in Special Measures since 20 July 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

See more information in Detailed Findings below.

Rating at last inspection: Inadequate (report published 20 July 2018).

Why we inspected: This was a planned inspection following the service's registration with the Commission.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Carewatch (Ipswich)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection activity started on 5 June 2019 and finished on 10 June 2019.

Inspection team:

This 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. This expert by experience had experience in mental health services

Service and service type:

This service is 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection:

We gave the registered manager 24 hours' notice of this inspection. This was to ensure someone would be available at the office when we visited.

What we did:

We reviewed information we had received about the service since it registered with the Commission. This included details about incidents the provider must notify us about. We used all this information to plan our inspection.

During the inspection, we spoke with 20 people who used the service and one healthcare professional to ask about their experience of the care provided.

We spoke with the registered manager, a member of training staff, the training manager and three support workers. We looked at four records in relation to nine people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At our inspection on 17 May 2018, we found that the service provided to people was not consistently safe. This was because appropriate risk assessments were not in place, medicines were not managed safely and there were not enough staff to provide people with the care they required. The service was in breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had made improvements to risk assessment, medicine management and staffing. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe when care staff visited them. One said, "You get to know each other, and you feel safe." Another person told us, "I always feel safe when they are here. They will do anything for you."
- ☐ Staff were aware of the service's policies and procedures in relation to safeguarding and had received training in this area. Staff had reported concerns about people's welfare and wellbeing. Safeguarding referrals had been made where appropriate.

Assessing risk, safety monitoring and management

- ☐ The service carried out comprehensive assessments of the risks to people. The measures in place to reduce the risk and the action staff should take was set out in detail in people's care records. People benefited from having regular carers who knew of their needs. Staff were aware of the risks to people they supported and the measures in place to reduce them.
- ☐ Incidents and accidents were reported, and these were reviewed by senior staff to assess whether changes were required to people's care and support. The registered manager told us how reviewing reports from staff about one person's nutrition had led to them seeking funding to extend the length of this person's visit from the local authority. This meant staff were better able to support them to eat and drink.

Staffing and recruitment

- ☐ Improvements had been made to ensure there were enough staff to cover all the visits people required. People told us they now had regular carers who were reliable and arrived to support them at the times they had agreed. The service had made improvements to ensure that staff visited people at times according to their preferences. People now received a weekly rota to tell them which carers would be supporting them.
- ☐ One person told us, "I feel safe as they always arrive, they are pleasant, and they are always, with very few exceptions, on time." Another person said, "I like the rota, it comes every week and tells me who is coming and what time, it is a comfort."
- ☐ Systems were in place to monitor whether staff arrived on time and stayed for the agreed length of time.
- ☐ The service practiced safe recruitment procedures. This included checks to ensure prospective staff had suitable backgrounds, qualifications and character to work with vulnerable people.

Using medicines safely

- ☐ Improvements had been made to the way medicines were managed, monitored and administered. More robust quality assurance systems were in place to identify medicines errors or recording issues.
- ☐ The registered manager told us they were still addressing some recording issues, but records demonstrated these were now being identified and addressed more promptly.
- ☐ Where people required support with their medicines, care records made clear how this support should be delivered, what medicines the person took and what these were for.
- ☐ People told us they received appropriate support with their medicines. One person said, "They get me up for the day give me my medication on time."
- ☐ Staff received training in administering medicines and their competency was assessed at regular unannounced spot checks.

Preventing and controlling infection

- ☐ The service assessed the risk of the spread of infection and put measures in place to reduce this.
- ☐ Staff told us they had access to appropriate protective clothing such as gloves and aprons (PPE) when carrying out personal care. The service checked whether staff were wearing appropriate PPE at regular unannounced spot checks. People were asked to confirm whether staff wore appropriate PPE and uniforms in quality assurance surveys and at care reviews.

Learning lessons when things go wrong

- ☐ Incidents and accidents were recorded, and thorough investigations carried out. Records made clear what actions had been taken following incidents to reduce the risk of these recurring.

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 our last inspection the service was rated 'Requires Improvement' in this key question. This was because people did not always receive appropriate support to eat and drink and the service was not effectively implementing the Mental Capacity Act (MCA). There was a breach of regulation 14 (Meeting Nutrition and Hydration Needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14. Some improvements were still required to effectively implement the MCA.

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.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA).

- ☐ Improvements were still required to ensure the principles of the MCA were effectively implemented.
- ☐ Mental capacity assessments had not always been carried out where these would be appropriate. This meant it was not always clear how the service had determined whether people had capacity to fully understand potential risks when making unwise decisions.
- ☐ The registered manager accepted improvements could be made and that staff carrying out assessments required further training to fully understand the process.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ The service carried out comprehensive assessments of people's needs before the service started supporting them. People's preferences and views on the support they required were clearly documented and used to inform care planning.
- ☐ People's care records were written in a way that reflected best practice guidance.

Staff support: induction, training, skills and experience

- ☐ The service provided staff with suitable training for the role. Some people using the service had more specific needs. The service had ensured the carers supporting them had appropriate training in this subject. One person told us, "They are doing everything as they should do."
- ☐ Staff were supported to improve in their role, and supervision sessions and annual appraisals focused on training needs and improvements to knowledge and experience. The provider had a training manager and qualified trainers to support staff with learning and progression. Staff were supported to complete qualifications such as NVQ's to improve their knowledge.
- ☐ New staff attended a comprehensive induction which included face to face training and shadowing other

care staff. New staff were allocated a buddy or mentor to support them through the induction process which included completing the care certificate.

- The service carried out unannounced spot checks to assess the skills of staff and to ensure that training had been effective.
- Staff told us they felt supported by the management of the service and had regular one to one sessions with senior staff.

Eating, drinking and a balanced diet

- Improvements had been made to ensure people received appropriate support to eat and drink. The support people required was clearly set out in their care records and people's risk of malnutrition or dehydration was assessed. Staff raised concerns when people were not eating or drinking so the support they required could be reviewed. For one person, this had led to an increase in the length of their visit to support them with eating.
- People told us they received appropriate support with eating and drinking in line with their agreed care plan.

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

- Where it was part of their agreed support plan, the service supported people to access support from external health professionals such as GP's, dieticians and chiropodists. One person told us, "Once when [relative] had to go to hospital the carer stayed with us until the ambulance arrived. It was such a comfort."
- The service liaised with other healthcare professionals such as district nurses to ensure they kept up to date with the care people were receiving from other agencies.

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 the service was rated Requires Improvement in this key question. At this inspection we found improvements had been made and the service is now rated Good in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ All the people we spoke with told us that staff were kind and caring towards them. One person told us, "They always do a little extra, you never have to ask them they just offer." A relative said, "We have only had carers for three months, but I can't tell you what a difference it has made to all our lives. [Relative] really looks forward to them coming. It is absolutely marvellous the way they have looked after [relative] and we have a lovely relationship with them".
- ☐ The service promoted meaningful relationships between people and staff. They ensured that people received support from a consistent staff group who knew them well. The registered manager told us about how they considered the traits of people using the service when carrying out interviews for prospective staff. This meant care was taken to match people using the service with staff who shared similar interests or personalities.

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

- ☐ People and their representatives were involved in the planning of their care. People's views were reflected, and people signed their care plans. Improvements had been made to the service to ensure that people received person centred care at times according to their preferences.
- ☐ Copies of people's care records were kept in their home's, so they had ownership of these and could access the records held about them.
- ☐ The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

Respecting and promoting people's privacy, dignity and independence.

- ☐ Care records were detailed and contained information about people's life histories, which meant that staff had access to information that could help them better understand the person. This included information about their childhood, families, schools they had attended, events important to them and past achievements.
- ☐ Care records were clear about the parts of people's daily routines they could carry out independently. The service supported people to become more independent. One person told us, "The carers I have are helpful and supportive. I used to have a double up session, now I am increasingly becoming more independent." Another person said, "I have just cancelled the night visit as I am so improved and can get myself to bed now."
- ☐ Care was taken to ensure people could have privacy when they wished for it. Care records made clear

where one person didn't wish for staff to stay any longer than was needed to complete the agreed tasks, so they could spend time alone with their family.

- People told us staff were respectful of them and their home. One said, "They treat me with respect and they respect my home." Another person told us, "They behave so professionally I don't feel embarrassed at all. They treat me and my body with respect at all times." A relative commented, "At the weekends we are in bed having a lie in when they come to [relative]. They just come in quietly up to the first floor, they never disturb us, so respectful."

Is the service responsive?

Our findings

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

At the last inspection the service was rated Requires Improvement in this key question. At this inspection we found the service had made improvements and it is now rated Good in this key question.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's care plans were personalised. They included information about people's hobbies, interests and life history.
- ☐ Discussions with the registered manager and other staff demonstrated they knew people well and as individuals.
- ☐ Where it was part of their agreed care plan, the support people required from staff to engage and interact with them to reduce the risk of social isolation was set out in their care records.
- ☐ People were supported to attend and engage in activities where this was part of their agreed care plan. Care was taken to ensure that staff were aware of the need to ensure they arrived to support people before they needed to leave to attend pre-arranged activities, such as visiting day centres.

End of life care and support

- ☐ People had been asked about their preferences and the support they wished to receive in coming to the end of their life. Where this was required, personalised end of life care plans were in place which reflected best practice guidance.
- ☐ The service worked well with other professionals to ensure that people could end their lives peacefully and comfortably in their own homes.

Improving care quality in response to complaints or concerns

- ☐ Improvements had been made to ensure there was a suitable complaints procedure in place which people were aware of.
- ☐ We reviewed the records of two complaints which had been made. Records demonstrated that these were investigated thoroughly, and written responses were provided to people.
- ☐ Where the investigation of complaints indicated areas for improvement, we saw that records demonstrated actions had been taken.
- ☐ The service had learned from previous complaints and had made significant improvements to the service to ensure people were more satisfied with the support they received.

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 our inspection on 17 May 2018 we identified significant widespread shortfalls that meant people did not always receive the care and support they required. These shortfalls had not been identified and acted on promptly enough. The service was rated 'Inadequate' in this key question. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that robust management and quality assurance systems were now in place. This had led to significant improvements in the service. The service is now rated 'Good' in this key question.

Continuous learning and improving care

- ☐ The registered manager and provider had implemented a robust quality assurance system which was capable of identifying shortfalls and monitoring progress. A representative of the provider organisation carried out regular thorough and questioning audits of the service.
- ☐ The registered manager was required to report back to the provider regularly on results of their own audits, such as on staffing, medicines, training, complaints, supervision and appraisal. The provider set targets, such as for the percentage of staff up to date with their training, to drive improvement.
- ☐ Lessons had been learned from previous shortfalls. Significant improvements had already been made but the registered manager still told us about areas they wished to develop, such as the recording of medicines administration. They provided us with a comprehensive and detailed action plan setting out the improvements and developments they planned to make in the service. This meant we were assured there was a commitment to continued improvement.
- ☐ Whilst most of the area's for improvement had been identified, the action plan we were provided with showed that shortfalls in MCA practices identified at our last inspection had been signed off as complete. At this inspection we found some shortfalls in this area remained, and these had not been identified by the service.
- ☐ Discussions with the registered manager about the remaining shortfalls assured us that these would be addressed.
- ☐ Feedback from Suffolk County Council staff was positive about the improvements that had already been made and those that were planned. They told us that people using the service were more positive about the support they received and that they were no longer receiving the high volume of complaints they were at the time of our previous inspection.
- ☐ People told us the service they received had improved. One person told us, "I'm living and quite happy, all down to the support I have from them." Another person commented, "Through their care I have improved a great deal and I have my confidence back." A relative said, "All the problems are in the past, the workers are responsive to our needs and respect us and our property. I am more than satisfied with care workers and so is my [relative]."

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The provider had invested in better quality assurance systems, including employing additional staff to oversee quality assurance. This had led to better provider oversight of the quality of the service provided to people.
- Staff we spoke with were positive about working for the service and the improvements that had been made by the current registered manager.

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

- The registered manager understood the requirements and responsibilities of their role. They had good oversight of the shortfalls in the service and had plans in place to address these.
- The registered manager had brought about significant improvement in the service since our previous inspection. This meant people now received a much-improved service which met their individual needs and preferences.
- Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

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

- The service had improved its systems to obtain feedback from people on the service they received. People were asked for their feedback at unannounced spot checks, at their care reviews and through telephone surveys.
- People were also provided with regular questionnaires. We saw that the results of the most recent survey were positive, with some further minor areas of development being identified. These had been added to the ongoing action plan the service had in place with a plan of how these would be addressed.

Working in partnership with others

- The management team had built positive relationships with other agencies. Feedback from Suffolk County Council was positive about the way the registered manager had engaged with them and took on board their advice.