

A Peel Limited

# Carewatch (North Birmingham)

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Carewatch (North Birmingham) is a local area domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported 86 people.

People's experience of using this service:

The provider's governance systems to check the quality of the service provided for people were not consistently effective and required some improvement.

People and relatives told us they felt the service was safe and there were sufficient numbers of staff that were safely recruited to support people. Staff had completed induction training that included safeguarding, medication, health and safety and moving and handling. Staff had access to equipment and clothing that protected people from cross infection.

People were protected from potential risk of harm; risk assessments were in place and staff knew how to support people's individual needs to ensure they provided a consistent level of care. People's care and support needs were assessed to ensure the service provided could meet their individual need.

Staff received ongoing training they required to meet people's needs. People were supported to access healthcare services to ensure they received ongoing healthcare support. People, as much as practicably possible, had choice and control of their lives and staff were aware of how to support them in the least restrictive way.

People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity.

People were supported by staff who knew their preferences. Complaints made since the service started had been investigated and resolved. People and their families knew who to contact if they had any complaints.

People and their relatives views were sought about the quality of the care being provided. Staff felt supported by the management team.

People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.

The service did not meet some of the characteristics of Good in one key question and more information is in the detailed findings below.

Rating at last inspection:

Good (report published 31 August 2016).

Why we inspected:

This was a planned inspection. The site visit took place on the 29 and 30 April 2019 and telephone calls were made to people using the service on the 30 April 01, 02 and 03 May 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

Good ●

The service was effective

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Carewatch (North Birmingham)

## **Detailed findings**

## Background to this inspection

### The 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.

### Inspection team:

One inspector and one assistant inspector carried out the inspection site visit on the 29 April 2019, with the inspector returning on the 30 April to conclude the site visit. Two Experts by Experience contacted people and relatives by telephone. An Expert by Experience is someone who has had experience of using or supporting someone who uses with this type of care support service.

### Service and service type:

Carewatch (North Birmingham) is a domiciliary care agency registered to provide 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.

### Notice of inspection:

We gave the service 48 working hours' notice of the inspection visit because the management team is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

### What we did:

We reviewed information we had received about the service since they were registered with us. This

included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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 all this information to plan our inspection.

We contacted 29 people and/or relatives by telephone and spoke with six people and two relatives to gather their views on the service being delivered. We also spoke with the provider's representative, the registered manager, four care staff and a social care professional. We used this information to form part of our judgement.

We looked at seven people's care records to see how their care and treatment was planned and delivered. Other records looked at included three recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us that they felt safe in the presence of care staff. One person said, "I have no worries about my care and I feel safe as they (staff) come three times a day. If I had any worries I do feel that I could ring the office."
- The registered manager and staff we spoke with were clear on their responsibilities to ensure people were kept safe from the risk of harm or abuse. One member of staff said, "If we have any concerns we can always contact the manager."
- There were effective systems in place to monitor and manage allegations of abuse or harm.
- We saw any concerns had been reported to the local authority safeguarding team and appropriate action had been taken.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and risks had been assessed. A relative told us, "There are two carers at each call and they always turn up. [Person] is entirely safe with them and trusts them. It is hugely valuable that they are usually the same two staff."
- Staff spoken with knew how to support people safely.
- Staff told us any changes in people's needs, was promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- People had access to equipment such as walking aids, hoists and sliding sheets and people told us that staff followed safe moving and handling processes when supporting them.
- Risk assessments were completed of people's homes when they first joined the service. This ensured staff could support people in a safe environment.

Staffing and recruitment

- There was enough staff to support people's needs. People were satisfied with the level of staffing provided.
- People told us staff generally arrived on time and they would receive a call if staff were running late.
- Pre-employment checks for staff were followed up before they started to work at the service to ensure staff were suitable to work with people.
- Staff completed an annual self-declaration to confirm their police checks were clear. We discussed with the nominated individual and the registered manager the frequency they contacted the Disclosure and Barring Service (DBS) to corroborate staff declarations. This was because some staff members had not had their DBS reviewed for a number of years. They agreed they would review their recruitment processes to include at least three yearly checks on staff DBS records.

#### Using medicines safely

- Staff had completed training on how to administer medicines. At the time of the inspection most people did not require support with their medicines as they were able to self-medicate or required minimal support. One person told us, "The staff give me my medicine because I forget." A relative said, "They (staff) are good with [person's] medication and it is always given safely and correctly. We have total faith in them (staff)."

#### Preventing and controlling infection

- Staff spoken with told us they had received infection control training and were given a plentiful supply of protective equipment such as gloves that they used when delivering personal care. This ensured people were protected from cross contamination and infection. One person told us, "Staff are always hygienic they wear aprons when serving food, gloves in bathroom if ever I need assistance."

#### Learning lessons when things go wrong

- The service had not had any incidents or accidents to report at the time of our inspection. The provider had a system in place that could monitor incidents for any trends and recorded the action taken to mitigate future risk.



# 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.

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

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

- People's needs were assessed prior to joining the service so they could be planned effectively. People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. People's gender preferences for staff support were known and respected. A relative told us, "The care covers all that [person] needs and is comprehensive. The care package suits us as a family as it allows us the family time that we need too, as well as supporting us as a family."
- The service had conducted reviews of people's needs to ensure the service continued to meet their individual requirements. One person told us, "They (staff) ask me what I need and have recently reviewed my care. [Staff member] checks that I have everything in place that I need."

Staff support: induction, training, skills and experience

- Staff received training which was effective and relevant to people's needs. One person told us, "They (staff) do a good job and do everything that I need them to do. My carer is a very good girl and seems to be trained for the job." Another person said, "They (staff) are trained to look after me very well."
- New staff received induction training to the service. One staff member told us, "I shadowed another staff member for one day and one night." Staff continued to tell us they felt confident with the training and induction they had received to support people.
- Staff told us they had received positive support through supervision, team meetings and spot checks on their working practices. This enabled them to maintain their skills, knowledge and ongoing development.

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

- Most people did not require support from staff to eat and drink to maintain a balanced diet because they were supported by their relatives. However, people told us staff would ensure they were left with plenty of fluids to drink between visits. One person told us, "The staff do all my meals for me."

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access to healthcare services and support.

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One person told us, "I'm happy with how this works, (staff assisting to make appointments to visit healthcare professionals) the manager assesses how I am."

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.

- Staff we spoke with gave examples how they supported people to make their own decisions as much as possible.
- People and relatives we spoke with told us staff would always seek consent before supporting people . One family member told us, "Staff always seek consent, and are tremendously polite and courteous. They always check that [person] has everything they need. They (staff) do simple meals and drinks for [person] and always check first to see what she would like. I can't fault them (staff)."

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- People and their relatives provided positive feedback about staff and the service confirming they were treated with kindness and the staff's caring attitude. One relative told us, "The staff are wonderful with [person]. They engage them in conversation and are inclusive with our family, always making the time to talk to us too. They (staff) are just so caring and respectful and a great help in how they connect with us as a whole family."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One member of staff told us, "The best part of this job is looking after the people."
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care.

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

- People told us they were involved in the planning of their care and were actively encouraged to make their own choices.
- Care plans we looked at showed people were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their right to receive care and support in a dignified way. One person said, "My privacy and dignity is respected."
- People were supported to do as much as possible for themselves. Staff told us they tried to encourage, where possible, people's independence. A family member told us, "They (staff) are great at encouraging [person] to be independent in those things they can do, whilst supporting [person] in those things they can't. They (staff) really go the extra mile."

# Is the service responsive?

## Our findings

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

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 were supported by staff who were knowledgeable about their care and support needs.
- Staff knew how to communicate with people where verbal communication was limited and ensured they used their knowledge about people when providing choices.
- The service ensured consistency of staff as much as possible for people, so staff got to know people well. One person told us, "I have regular carers and I've known them over a long time."
- Staff responded promptly to changes in people's needs. For example, if staff found that a person's skin had become sore, they would make sure the community nursing team were notified promptly. This helped to ensure people continued to receive the right amount of care and support they needed.
- Staff understood their role in reducing the risk of social isolation for people and told us they spent time chatting and engaging with people during each visit. People we spoke with confirmed staff would spend time with them.
- Where required, staff supported people to go out into the local community, for example, shopping trips.
- The nominated individual and registered manager understood their responsibility to comply with the Accessible Information Standard (AIS) and had arrangements in place, for example, for people with limited sight to receive documents in large print. The AIS makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand the information they are given.
- The registered manager told us, if an occasion arose where a person used specific communication methods or where English may not be their first language; they would provide information in the person's preferred format and engage staff that had the appropriate language skills to ensure information sharing was effective.

Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to raise a complaint and were confident that if they did make a complaint it would be dealt with quickly and professionally.
- The provider had procedures which outlined a structured approach to dealing with complaints in the event of one being raised. The nominated individual and registered manager saw complaints and concerns as an opportunity to review and improve the service. We found that any complaints raised had been appropriately investigated and where there was learning this was shared with staff through supervisions, team meetings and staff newsletters.

End of life care and support

- The provider had processes in place to support people who required end of life care and support.
- The provider worked in partnership with other agencies to ensure people received care in line with their

needs and wishes.

- There were no people using the service who required this level of support at the time of our inspection.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The management team was in the process of transferring paper records to an electronic system. This meant there was some inconsistencies and missing information in some of the records we looked at. For example, although risks assessments were in place, they were missing detailed protocols for some conditions (diabetes and catheter care). Staff knowledge of people's risks was good and people did not raise any issues with us concerning staff practice. Post inspection the records have been updated and protocols were immediately introduced to support staff to keep people safe.
- The provider's medicine policy needed to be updated following discussions with the registered manager about what constituted the difference between prompting people to take their medication and administering people's medication. For example, from the medicine administration records sheets (MARS) we looked at there was some inconsistency with staff recording when medicine was prompted and when it was administered.
- There were quality assurance processes in place to monitor and check the service being delivered was to a high quality, however, the checks had not identified the issues we did during this inspection.
- The management team conducted spot checks on the support provided by staff and made regular contact with people to check they were happy with the quality of the service being delivered.
- The management team had a clear vision for the delivery of its service with strong values centred around personalised care with the person as the focus of the service and the centre of decision making. These values were clearly shared by staff we spoke with.
- Staff were clear on their roles and responsibilities and felt supported to work as individuals and as a team. Two staff members told us, "I feel listened to," and "I can make suggestions or raise concerns because [registered manager] is approachable."
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, in the event of severe weather, there were plans in place to ensure staff would attend their visits.
- The provider had met their registration legal responsibilities ensuring their current inspection rating was displayed in the office and promptly informing CQC of notifiable incidents.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us they felt listened to and that the management team were approachable. One person told us, "I am very happy with the company. They do the jobs that I need them to and that's it. I would recommend them."

- People and staff we spoke with were positive about the leadership of the service. People knew who the registered manager was. One person said, "The manager is [registered manager] and I could approach them as we have a good relationship. I have a care plan which they review every few months and they also come out and do spot checks on the carer. In general, I am happy with Carewatch there is nothing I can see that needs to be improved."
- The registered manager spent time with people in their homes and led by example to demonstrate how people should be supported with respect.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The management team were working in accordance with this regulation within their practice.

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

- People and relatives were supported to share their views about their care and the service through direct contact with the management team via telephone conversations and visits to people's homes. Discussions with people showed people were happy with their care and support they received.
- We were told the management team were contactable if people and relatives needed to talk to them. One person told us, "[The provider] is very good and I would speak with them." Another person said, "It is a well led and well-run agency and I would not change them, the quality of care is exceptional."
- Staff we spoke with felt involved in decisions about the service and were provided with information during meetings, newsletters and direct supervision.
- Staff told us the registered manager operated an open-door policy and there was always someone available to contact when they needed support or had queries.

Working in partnership with others; continuous learning and improving care

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, the local GP and community health teams.
- The management team displayed a commitment to improving care and support where possible. They had taken responsibility for their own learning and development to improve the service. They shared this knowledge with their staff which helped to ensure staff were up to date with current best practice guidance.