

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?	Good ●

Summary of findings

Overall summary

This inspection took place on the 20 July 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting. This was because the provider offers a supported service to people living in their own homes and we wanted to make sure that people and staff would be available to speak with us.

Carewatch is registered to provide personal care and support for adults within their own home. They currently provide personal care and support for 102 people.

There was a registered manager in post at the time of our 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.

There was no previous inspection information available for this location as this was their first inspection.

People were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff were provided with sufficient guidance on how to support people's medical support needs. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training.

People and relatives felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for people in a way that met their individual needs and preferences. Where appropriate, people were supported by staff to access health and social care professionals.

People were supported to make choices and were involved in the care and support they received. The provider was taking the appropriate action to protect people's legal rights.

Staff were caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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 were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and managed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People were kept safe as staff knew how to support them in cases of an emergency.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's consent was obtained before care and support was provided by staff.

People were involved in deciding how they received care and support.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by the staff and their privacy was upheld at all times.

People's view and opinions were listened to and acted upon.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service is responsive.

People's consent was sought by staff when providing care and support.

People were supported to make decisions about their lives and discuss things that were important to them.

Staff were responsive when supporting people's changing needs.

Is the service well-led?

Good ●

The service is well-led.

Audits were carried out effectively.

People knew the manager and had a positive relationship.

Staff were happy working for the provider.

Carewatch (North Birmingham)

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 was planned to check 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 the 20 July 2016 and was announced. The inspection team consisted of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also contacted the local authority commissioning and safeguarding teams to identify any information that might support our inspection.

During our inspection we spoke with eleven people who use the service, four relatives, five care staff members, the registered manager, the operations manager and the managing director. We reviewed the care records of three people to see how their care was planned and delivered, as well as their medicine administration records. We looked at recruitment, training and supervision records for staff. We also looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

People told us that they felt safe with the service provided and that staff supported them with their care needs safely. A person we spoke with told us, "They [staff] look after me okay, I do feel really safe with them". A relative we spoke with told us, "I can't fault them [staff] really, all the people that come are great". Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed. They were knowledgeable in recognising signs of potential abuse and how to follow the provider's safeguarding procedures. Staff we spoke with were able to explain the range of different types of abuse to look out for when supporting people. Staff knew how to escalate concerns about people's safety to the provider and other external agencies if required. There had been two safeguarding concerns raised in the past twelve months and the provider had notified CQC of them in appropriately.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A member of staff we spoke with told us, "Risk assessments are done by supervisors, but we report any concerns as and when required". They also explained how they maintained an ongoing evaluation of risk assessments during their daily work routine. They told us, "Trips and falls are the main risks. I make sure there are no objects to trip over, I move things out of the way". We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded to ensure that potential risks were minimised.

Staff understood, and were able to explain what action they should take in the event of an emergency. One staff member gave us an example of how they would respond if they found a person who was unconscious, they told us, "I would check to see if they [person] were breathing, call 999 and contact our office". The staff member gave us an example of when they had carried out emergency first aid on an unconscious person. We saw the provider had an accident and incident policy in place to support staff and minimise risk for people in the event of an emergency. We saw that incidents and accidents were reported and used by the provider to improve practice and to reduce the risk of harm.

Everyone we spoke with felt there was sufficient staff to meet people's needs and minimise the risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty with the appropriate skills and knowledge to ensure that people were cared for safely. A person we spoke with said, "They're [staff] very good, they look after me and I do feel safe with them". A relative told us, "They [provider] do have some excellent staff, I don't have a problem with any of them". A member of staff told us, "There's usually enough staff unless someone is off sick or on leave, then the work is divided amongst the staff. We get it all covered". There were processes in place to ensure that people were continually supported by staff that knew them well, maintaining consistency of care.

People and their relatives told us that care calls were generally on time. A person we spoke with told us, "They're [staff] no usually late, but they let me know if they're going to be". Another person we spoke with said, "If they're [staff] late they will call to let us know. We do understand they can be held up at times but it's not a problem". Staff we spoke with understood the importance of informing people if they were going to be

late for an appointment. The provider also ensured that people were informed if staff were going to be late, for example, because of excessive traffic. The manager explained to us how they use a telephone monitoring system to minimise the chance of staff arriving late at people's homes. They told us how staff call times are recorded on their weekly rota's. If staff are going to be late they call the office and the 'on call' team inform the person that's waiting.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people living within their own home. Staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work.

Most people we spoke with managed their own medicines or were supported by a relative. A person we spoke with told us, "I do my own medicines, but they [staff] do offer to help if I need it". A person who was supported by staff with their medicines told us, "They [staff] give me my medication every day, there's no problems there". Another person told us how staff supported them to take their medicines on time and as prescribed, "They [staff] do it satisfactorily and I get them [medicines] when I have to". Staff told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff were able to explain how they recorded information about people's medicines by completing Medicine Administration Record (MAR) sheets.

Is the service effective?

Our findings

People and relatives told us that they felt confident that staff had the correct training and knowledge to meet their needs. A person told us, "They [staff] seem skilled. They do everything that's right for me. I've no complaints". Another person said, "They (staff) certainly seem well trained, I wouldn't have them if they weren't". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. We saw that new starters were trained in accordance with the Care Certificate which offers guidance on the basic skills and knowledge needed to work with people requiring health and social care support. A staff member told us, "My induction process went well, I was given enough support before working solo. I'm currently doing the Level 2 in Health and Social Care". Staff were able to explain to us about people's needs and how they supported them. We saw that the provider had a planned approach to staff training, which highlighted when refresher training was due. This ensured that staff were appropriately skilled to perform their roles effectively.

Staff felt supported in their role, although some of them said they did not have regular supervision and appraisals to support their development. We asked staff how often they had supervision, a member of staff told us, "I don't recall, but I've been shadowed a few times". Another staff member told us, "We have supervision every four or six weeks." The manager acknowledged that carrying out regular supervision with staff was not done in a structured way. However, we could see that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed. A member of staff said, "If I have any concerns I can talk to the manager or contact the office".

People and relatives we spoke with told us that they felt that their care needs were supported and that they were involved in decisions made about their care. A person we spoke with told us how they were involved in developing their own care plan. This person said, "We talked a lot about what they [staff] do for me". Another person told us, "They [staff] listen to what I want. If I need them to do anything differently, like when they put my cream on, they listen to me". A third person told us, "It's me telling them [staff] what I want regarding my care. They're very adaptable". A relative said, "They [provider] discuss things with me. [Manager's name] is very good, if we need anything she helps". We saw that the provider had processes in place that involved people and relatives in how people received personalised care and support. Staff explained how they gained consent from people when supporting their care needs. One staff member told us that they asked people if they are happy to receive care and support when they visit. They said, "I always ask how they [people using the service] like to do things, people have their own routines". A person we spoke with told us, "They [staff] ask if it's okay to move me in my wheelchair". Another person told us, "I tell them [staff] what I want them to do and they ask me before doing anything, they're good like that".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff told us that they had received training in the MCA and

understood the importance of supporting people to make decisions about their care and support that was in their best interest.

Staff were knowledgeable about supporting people whose behaviour might become challenging. Staff explained to us how they knew people well and could recognise when they might become unsettled or anxious. Staff explained how they would use techniques to reassure people and help them to relax.

People and relatives we spoke with were happy with how they were supported at meal times. One person we spoke with told us, "They [staff] cook my lunch, breakfast and evening meal, I've got no complaints the food's always fine". Another person we spoke with said, "I get someone [staff] to help me choose what I want to eat. I have it all planned out every week". A member of staff we spoke with told us, "I make lunch for [person's name] and make sure there's fruit available for her". We saw care records that showed when there was involvement of health care professionals to support and monitor people's dietary needs. A relative we spoke with told us, "They seem to be on top of things with her [family member's] diet. They support her to eat healthily".

We saw that people were supported to maintain good health. We saw care records that provided information about regular appointments to doctors, opticians and dentists. Staff were aware of how to contact health care professionals if they needed to.

Is the service caring?

Our findings

People and relatives we spoke with were pleased with the care and support they received from the provider, they felt that staff listened to them and acted upon what they said. One person we spoke with told us, "They're [staff] very caring people. My spirits can dip sometimes but they raise them. They're very kind and I feel comfortable with them". Another person told us, "They're [staff] really nice, caring girls. We have a laugh and get on really well". A third person we spoke with said, "I think they [staff] are all very good. I tell my son how good they are". People and relatives told us that staff were polite and communicated with them effectively. We spoke with a relative who told us how their family member had built up a special bond with staff; "They're [staff] lovely, they have a joke with him. He can't talk but he'll sometimes wink and we have a laugh about him flirting". A staff member told us how they 'got to know' the person they were caring for; they told us, "Initially, I'd introduce myself and slowly build up a relationship. When you've cared for someone for a long time you feel like part of the family".

We saw that people and their relatives were involved in care planning that ensured people's individual support needs were met. A person we spoke with said, "It's written down how I want things done and they [staff] write things down every day when they visit me". Another person said, "I'm always involved in decisions about my care planning". A relative we spoke with told us, "We [relatives] get regular reviews, I've been involved right from the start". We saw from people's care plans that people and relatives were supported to express their views and to be involved in making decisions about care and support. The manager had regular contact with people both in person and by telephone where they discussed their care. People we spoke with told us about regular care and support review meetings that they had with the provider.

People and relatives told us that staff treated people with dignity, respect and upheld their rights to privacy. One person spoke with told us, "There's no problem's, I feel they [staff] respect me". People told us how staff ensured that their privacy and dignity was upheld when being supported with personal care, one person said, "They [staff] really respect my privacy. Doors are closed and they cover me with a towel". Staff were able to explain to us how they ensured that people were treated respectfully. Staff received guidance during their induction in relation to dignity and respect.

A person we spoke with told us, "I'm too independent at times, but it's good to be as independent as possible, isn't it?" Another person said, "They [staff] encourage me to walk and keep active, I use my frame for that". Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible, for example; personal care and household tasks.

Is the service responsive?

Our findings

People using the service and relatives told us they felt that the provider was responsive to people's needs. A relative we spoke with told us, "We get the staff that we like. We can ask to have who we want, and we do". One person we spoke with told us how the provider responded quickly to their requests, "If I want anything changing we [person using the service and provider] talk about it. I've improved so much since I've been with them [provider] I have no complaints what so ever". The operations manager and managing director gave us an example of when the manager had taken Christmas dinners out to people who were not seeing their families on Christmas day. This demonstrated the managers caring, responsive and flexible approach to people using the service.

We saw from people's care plans that assessments had been undertaken to identify people's support needs and were developed outlining how these needs were to be met. Care plans were reviewed on a regular basis and any significant changes were documented. A person we spoke with told us how the provider would contact them to see if there were any changes to their care and support needs, they told us, "[Operation manager's name] comes out and does a review every now and then. We did one quite recently". Another person we spoke with said, "They [provider] get you involved and we discuss it [care plan] quite regularly". Staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide a personalised and responsive service.

We saw that the provider had a complaints and compliments policy. We saw records of minor issues and the actions that had been taken to rectify them appropriately. People and relatives were aware of how to raise any complaints if they needed to. One person we spoke with told us, "I've never had to make any complaints. If I did, I'd call the office [provider]". Relatives we spoke with were confident that the provider would deal with complaints effectively. A relative we spoke with told us, "I raised a complaint with [manager's name] recently. She acted very quickly and got it sorted out". A staff member told us how they would support a person to raise a complaint by contacting the manager or the local authority. We saw that the provider used information from concerns or complaints to support the service development.

The provider had systems in place for people and relatives to provide feedback about the care and support being provided. A person we spoke with said, "I get phone calls enquiring about x, y and z. I would voice my opinion if I wasn't happy with something, I've got the managers telephone number". Another person told us, "I can let them [provider] have feedback at any time. They phone sometimes to ask how things are going and make sure the staff are doing things properly". A relative told us how the manager would contact them to see if they were happy with the care their relative was receiving.

Is the service well-led?

Our findings

We saw that the provider supported staff and that they were clear about their roles and responsibilities. A staff member told us "I like working here, the hours are flexible and there's a good work/life balance". Another staff member told us, "It's a good company to work for, they're supportive and approachable. If you have any concerns you can go to them [provider] in confidence and they help sort it out". A staff member we spoke with said, "I feel comfortable raising issues with the manager. I feel supported to do my job". Staff told us that the manager or senior staff members completed spot checks to ensure consistency and quality of care was being provided. Staff told us they felt supported and valued by the management team. A staff member told us, "They [provider] always praise us and thank us for the work we're doing". Another staff member said, "I'm always listened to and spoken to with respect. They [provider] deal with my concerns and I'm treated well".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority or CQC.

At the time of our inspection there was a registered manager in place, this meant that the conditions of registration for the service were being met and staff benefitted from effective and consistent leadership. We saw that the manager had access to support from the managing director to ensure that they were providing effective management and leadership. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw that there were systems in place to record any accidents and incidents that occurred and that the information was shared with staff to improve quality of care.

Staff, people and relatives we spoke with told us that the manager was very approachable and operated an 'open door policy'. A person we spoke with said, "[Manager's name] is very nice, I've spoken to her quite a few times". Another person said, "[Manager's name] is very nice, I can talk to her about anything". A relative told us, "[Manager's name] the one I deal with most, she pops in from time to time". Staff told us they would have no concerns about raising anything they were worried about with the manager.

We saw that quality assurance systems were in place for monitoring the service provision. People and relatives were encouraged to share their experiences and views of the service provided. We saw evidence from review meetings and returned questionnaires that people, staff and relatives were involved in how the provider delivered a quality service to people. We saw evidence that regular audits were taking place, for example; individual care plans, risk assessments and medicine records which ensured that people received a consistent quality of care. We saw that the provider operated a regular courtesy call audit system to monitor service provision. This ensured that the provider received regular updates from people using the service to maintain satisfactory service provision.

The information submitted by the provider in the Provider Information Return (PIR) reflected the service accurately, when compared with the information we gathered during the inspection.

