

CSN Care Group Limited

Carewatch (Thames Valley)

Inspection report

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Date of inspection visit:
05 May 2022

Date of publication:
06 June 2022

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

About the service

Carewatch (Thames Valley) is a domiciliary care agency providing personal care to people in their own homes. The service supported older people, younger adults, people living with dementia and people with a physical disability or sensory impairment. At the time of our inspection there were 189 people receiving personal care.

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.

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

People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. Risk assessments were individualised to meet the needs of the person.

People told us they felt staff were caring. The service promoted people to be as independent as possible. People felt involved in their care and care plans reviewed regularly to meet the needs of the person.

People's communication needs were assessed, and staff were aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service. Staff worked well with people, families and health and social care agencies to support people's wellbeing.

The provider recruited staff in accordance with regulations and ensured only staff suitable to support people were appointed. Quality assurance systems were in place to monitor and continuously improve the service.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider and at the previous premises was requires improvement published on 14 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service including when the service registered with CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 (Thames Valley)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 May 2022 and ended on 10 May 2022. We visited the location's office on 5 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke to the area manager, registered manager and three staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff spoken to confirmed that they had received safeguarding training and were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.
- When safeguarding concerns were raised, the registered manager dealt with them appropriately and recorded all actions taken.
- Staff knew how to recognise abuse and protect people from the risk of abuse. One staff member said, "I am aware of the whistleblowing policy- if something is not right- then I will come back and raise the concern with [registered manager] and follow it through from there. I am not afraid to raise a concern. I feel that [registered manager] listens to me when I raise a concern."

Assessing risk, safety monitoring and management

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded and had improved since the last inspection.
- There were specific, in date, risk assessments in people's files, such as risk assessments for moving and handling, medicines and falls, which staff could readily access.
- The service had a business contingency plan which included COVID-19 in place to meet the support needs of people.
- The service had an alert system in place that was monitored by the management and administration team. The alerts included late or missed calls. When an alert was raised, the team contacted the staff member to resolve the missed or late call as soon as possible to ensure people were safe.

Staffing and recruitment

- Staff files contained all the necessary evidence including employment history, Disclosure and Barring Service (DBS) checks and relevant qualifications and were in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff deployed to support people. Rotas showed and people confirmed that people were supported by the same staff enabling continuity of care.
- One relative told us, "...there are regular carers going in who my relative recognises and who can identify how my relative is looking and can spot if they are off colour very quickly."

Using medicines safely

- Detailed and individualised 'when required' (PRN) medication guidance was in place to explain to staff

when the medication is necessary.

- Staff who had undertaken medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management training.
- All care staff administering medicines had their competencies reviewed annually by the provider.
- A review of spot check audits indicated that staff medication practice was being reviewed on a six monthly basis.
- A person using the service confirmed that they always received their medicines on time, "The carers give me my medication and they have never forgotten to give me them".

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

Learning lessons when things go wrong

- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt.
- Themes and trends had been identified and documented actions to be taken to improve the service. For example, where falls had been identified as a trend, people's care plans were reviewed and risk assessments updated accordingly.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care Plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out. One relative told us, "[Person] has had the same carers for a while and [Person] is very comfortable with them and feels safe with them which reassures me"
- Care plans were based on assessment, were well written and clear. Information seen in care plans indicated that people were supported to access healthcare services and professionals. For example; a person received support from occupational therapists and joint visits were completed to meet the needs of the person.

Staff support: induction, training, skills and experience

- All new staff were placed on an induction which included shadowing senior staff and completing all practical training required including manual handling.
- New staff who were also new to care completed The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider provided training in topics they considered mandatory, such as moving and handling, safeguarding adults and communication.
- A staff member confirmed that they had received mandatory training during induction. They said that they felt they had received good support from staff during their initial shifts.
- Staff supervision records were reviewed. The registered manager said they tried to ensure that staff received supervision every six months alternating with spot checks and an appraisal annually.

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as pureed food.
- The care plans also explained how meals were to be prepared and where the person liked to eat their food.
- The level of support with eating and drinking required was also included. One care plan said, "I like my care worker to remind me to have a drink or a meal when they are on a visit."

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

- The service had regular involvement with occupational therapists and district nurses to ensure that the person had the correct level of support.
- We also found evidence of regular conversations between the provider and other professionals to ensure the best outcome for the person.
- Professionals reported good communication in order to meet the needs of people. For example, one professional told us, "They respond very quickly to emails when trying to arrange urgent packages of care from hospital... [registered manager] generally goes out of their way to support any requests we have for care even ones in very difficult places to source."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Within people's care plans, it documented if the person has capacity and if they require any support with making decisions.
- Within their induction, all staff received training regarding the MCA.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record of the document obtained.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people demonstrated people benefitted from a caring team. People told us, "I think that it is great that the carers have a laugh and joke with [person] and know how to treat them with gentleness, kindness, respect and dignity." And, "I do not think that we could get better carers, they are excellent. They look after me too, they check on how I am."
- The provider promoted equality and diversity. The team was diverse and respectful of any cultural differences.
- Family members told us their relatives felt comfortable with staff who visited them. They told us, "I know that my relative is getting brilliant care, I watch how the carers are with [person] and they treat them with respect and care. They treat me really well too; we have a good rapport which [person] enjoys."
- People's protective characteristics such as their disability and ethnicity were taken into consideration when supporting them. People and staff were matched according to their individual preferences as well as language requirements. One example of this was explained to us by the registered manager. If English is not the first language of a person who uses the service, where possible, the care plan was provided in the person's first language to ensure they understand the care being provided and what to expect.

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

- People and relatives told us they were involved in decisions about people's care and support. People and relatives told us they felt valued and that their opinion mattered.
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments six monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- The management team undertook spot checks of all staff, which included ensuring that staff were treating people with dignity and supporting people with their independence.
- Care plans included requesting staff to support people with their independence. For example, one care plan says, "Please could the care workers ensure they gain my consent before completing any tasks within my care plan. Please ensure my ability to make decisions is respected..."
- People's care plans included information on how people would like to receive personal care including their likes and dislikes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained detailed descriptions of people's life histories and preferences. For example, one person's care plan said, "I live in own home, my sister also lives with me. I have a good relationship with my niece... I would like to remain as independent as possible and would like the carer workers to respect my choices and preferences, to encourage me to do as much as possible." By understanding people's history, this helped staff develop meaningful relationships.
- Support plans included specific information about the people's needs and what staff could do to provide the right care.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through the online system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person.
- There was guidance in communicating with people in a manner they could understand.
- Staff were aware of the individual needs of people and felt they had enough information to support the person effectively.

Improving care quality in response to complaints or concerns

- Complaints had been recorded and the registered manager responded to complaints in a timely way.
- There was evidence recorded and provided to show how the provider acknowledged, investigated and responded to complaints.
- Actions taken following a complaint were documented in order to improve the service.
- People knew how to raise a complaint or concern with the provider. One relative stated, "I have had a reason to complain and I felt that I was listened to and the matter was resolved quickly."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt the managers were accessible and approachable and any concerns raised would be dealt with effectively.
- The service had a whistleblowing policy in place. We spoke to the registered manager who stated they had an open and honest culture where they encouraged transparency and learning from mistakes.
- Feedback from people showed they were placed at the centre of the service delivery. Comments included, "I get really good care. The carers have become my friends which makes me feel safe and feel that I can trust them coming into my home."
- Staff told us they were involved and listened to. One staff member told us, "The management are very professional and treat the employees and services users correctly. I am always confident to ask for advice and help on my job because the management team are always professional and helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured required notifications had been promptly submitted to us.
- The management team worked to establish and maintain open and transparent communication with people's families.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team worked to establish and maintain an open and transparent communication with people's families, for example, around changes to guidance during the recent COVID-19 lockdown.
- An analysis of audits was completed on a monthly basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care.

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

- There were opportunities for people and relatives to provide feedback. The management team operated

an open-door policy and welcomed any feedback. Minutes from meetings with people demonstrated their views were sought.

- There were recent surveys that had been carried out with people, staff and relatives. The management team had analysed the results and actions taken were shared with all. For example, it was identified that people did not always know which staff member would be visiting to support with their care. The management team then implemented a document given to all people telling them which member of staffing would be attending each call that week.

Working in partnership with others

- The management team were able to detail when the service had worked in partnership with multiple professionals for one person receiving care to achieve successful outcomes.
- The management team with the local authority and commissioners regularly to ensure people's needs were being met.
- There were regular reviews of people's health and social care needs by community-based professionals.