



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Carewatch (Lancaster and Morecambe)

**11 Northumberland Street
Morecambe
LA4 4AU**

Lead Inspector
Mrs Marie Cordingley

Announced Inspection
6th October 2005 10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Carewatch (Lancaster and Morecambe)
Address	11 Northumberland Street Morecambe LA4 4AU
Telephone number	01524 402340
Fax number	01524 402340
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	County Care Services Ltd
Name of registered manager (if applicable)	Mrs Susanne Mary Edmondson
Type of registration	Domiciliary Care Agencies
No. of places registered (if applicable)	0
Category(ies) of registration, with number of places	

SERVICE INFORMATION

Conditions of registration:

1. The registered person shall at all times employ a suitably qualified and experienced manager who is registered with the NCSC.
2. The agency may only provide care to the following categories of service user:-
 - Older People
 - People with dementia
 - Adults with mental health problems
 - Adults with learning disabilities
 - Adults with physical disabilities
 - Adults with sensory impairment
 - Adults with HIV/AIDS
 - Adults with terminal illness
 - Adults who are ill (other than terminal illness)
 - Adults who are recovering from illness
 - Children with physical disabilities
 - Children with learning disabilities
 - Children with sensory impairment
 - Children who are ill
 - Children who have been ill

Date of last inspection 4th November 2004

Brief Description of the Service:

Carewatch is a domiciliary care agency providing services to people within their own home in the Lancaster, Morecambe and surrounding rural areas.

The agency is a franchise operation owned by County Care Services Ltd. The responsible individual for the service is Mr Martin McHugh who is registered with the Commission for Social Care Inspection along with Suzanne Edmondson, the manager of the service. Both registered persons are based at the agency's office premises in Morecambe.

The office is staffed during usual working hours and service users are able to make contact with the agency out of office hours by phone. A rota is in place to ensure that there is always someone available to take such calls.

The agency currently provides services to over 200 people, both male and female, including; older people, people with sensory loss, people with mental health problems, people with learning disabilities, children and their families and carers.

The range of support offered includes; help with personal care such as washing and dressing, help at meal times, assistance with medication, help with shopping and laundry, cleaning and social support.

SUMMARY

This is an overview of what the inspector found during the inspection.

This was an announced inspection, which meant that the agency had several weeks notice before it took place.

The agency's office was visited and the inspector discussed a number of aspects of the service with the registered manager. A variety of documentation was examined including a selection of service users' care plans and personnel files in respect of a number of carers.

In addition, the inspector made contact with a selection of randomly chosen staff and service users to seek their views on the service provided by Carewatch.

What the service does well:

During consultation with service users the inspector received very positive feedback about the service provided by Carewatch. In general, service users were very satisfied with all aspects of the service and made some very positive comments. Such comments included;

"They are extremely sensitive and helpful."

"I feel like I can ring her '(the manager)' about any issue and no matter how busy she is, she will always take time to talk."

"My mother's carers are excellent."

"I am very satisfied with the care I have, it is excellent."

"All the carers are very friendly and easy to talk too."

"My mother gets the best care anyone could have."

100% of the service users consulted said that they were happy with the overall service provided.

Comments received from carers were also generally very positive. Carers spoke highly of the managers at Carewatch and the majority said they felt well supported and able to approach their managers if they had any concerns. One carer said "the manager is very approachable, you can talk to her any time about anything."

Carewatch is a very large agency, providing care to over 200 service users. The size of the agency is reflected in the management structure which is well established, with each senior member of staff having a well-defined job role.

The agency has well-established policies and procedures in place which cover all the appropriate areas and provide staff with comprehensive guidance.

What has improved since the last inspection?

A number of requirements and recommendations were made following the last inspection of the agency. During this visit it was confirmed that the majority of these had been addressed.

Service users' care plans have been developed to provide more detailed information to carers. Those care plans that were viewed were more detailed in terms of the support required by individual service users, resulting in carers having the knowledge to provide more appropriate care.

All the care plans viewed contained signatures of either the service users or their representative. This confirmed that they had been enabled to take part in the care planning process and asked for their views.

In accordance with requirements made following the last inspection, a number of improvements had been made to the agency's medication procedures to further safeguard service users.

Signed consent forms are now obtained from each service user who requires support in relation to medication. These are held on the service user's file.

In addition, it was confirmed that documents are now held in service users' homes to record any assistance provided in relation to medication. Finally, it was also confirmed that service users' care plans had been updated to include more details of any assistance required in this area.

As requested after the last inspection, application forms for staff had been updated to include a full employment history. In addition, it was also confirmed that any gaps in employment history would be thoroughly investigated during the interview of a potential staff member.

What they could do better:

The National Minimum Standards recommend that staff are provided with formal supervision at least once every three months. This is an opportunity for staff to meet with a manager and discuss issues such as training, personal development and any aspects of their job they are concerned about.

Since the last inspection, the agency have put measures in place to increase the amount of supervision provided to staff, but records viewed and discussions with staff, confirmed that it does not take place as often as is recommended.

However, the majority of staff confirmed that they felt that managers at Carewatch were very supportive and that they felt able to raise any concerns they had at any time.

A common theme which arose when consulting staff was that of hours and rota arrangements. Some staff felt that they often worked more hours than they wanted to. As such, it has been recommended in this report that the format used for supervision be updated to include this area as one for discussion in each supervision held.

In discussion, the inspector was advised that staff meetings are not held on a regular basis. Whilst the inspector acknowledges the difficulties in arranging such meetings owing to the size of the staff team, it is recommended that this area be revisited and ways of implementing staff meetings be considered.

It was recommended following the last inspection of the agency that policies be implemented in relation to the security of service users' homes. In addition it was also recommended that each service user's care plan contains instruction to staff to ensure service users are safe on each visit, for example, by checking windows are secure.

This has not yet been implemented and as such, is repeated in this report.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

2, 5 & 6

The agency ensures that a thorough assessment is carried out ensuring that carers have the information they need to provide an appropriate service.

EVIDENCE:

The inspector viewed a selection of service users' personal files and noted that they all contained a comprehensive care needs assessment.

The assessment contained information such as the amount of personal care the service user needed, their interests and hobbies and how much help a person needed in respect of moving and handling.

When viewing the written plans of care that had been developed for each service user, it was apparent that close attention had been paid to the assessment, ensuring that carers had enough information to meet service users' needs properly.

In addition, for those service users who were funded by the social services, a copy of the social service assessment had been placed on their file. Where this assessment was present, the inspector found it linked well to the assessment carried out by the agency.

In consultation with the manager and a selection of staff, it was confirmed that the agency has procedures in place for staff to feedback any changes in a service user's circumstances or any concerns they may have.

Carewatch have confidentiality procedures in place which are provided to service users when they start receiving the service. These policies are also provided to carers at the start of their employment who must sign to say that they have read and understood them.

There are suitable facilities within the office for confidential information to be held securely.

All the service users who were consulted by the inspector were satisfied that any information held about them was treated confidentially.

Service users were happy that carers spent the correct amount of time with them during their visits.

In addition, service users were generally satisfied with the consistency of care and said they usually received the same carer.

The agency has good systems in place for self-assessment in relation to reliability and consistency.

A weekly audit is carried out to assess consistency by analysing how many service users have received their regular carer during the period. This is also required by the local authority who purchase care on behalf of service users. In viewing results of their audits, it was evident that they had performed well and almost achieved a 100% success rate in providing the same carers for service users.

Personal Care

The intended outcomes for Standard 7 – 10 are:

- 7.** The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
- 8.** Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
- 9.** Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- 10.** The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8 & 10

Service users receive appropriate care which is provided in a sensitive manner.

EVIDENCE:

Those care plans viewed were of good quality, providing carers with detailed instructions on how to meet service users' needs.

Care plans were very in-depth and included guidance on how to communicate with service users. For example, in one care plan it stated 'speak slowly and clearly and make sure that she can see your face when you are speaking. Never touch her to gain her attention as this will startle her.'

Several of the care plans viewed reminded carers about the need to promote service users' independence and warned against 'taking over' tasks rather than providing assistance.

All the service users who were consulted by the inspector expressed satisfaction with the approach and manner of their carers and said they were

treated with kindness and respect. One service user said 'They are very kind and helpful. I feel like I can ask for anything and it is no trouble.'

The agency has a detailed medication policy and procedures in place which clearly state the tasks that carers are allowed to carry out and those they must not do.

In addition, a log is now kept in all service users' homes who receive assistance with their medication. Carers sign the log each time they give any tablets.

Following a requirement made after the last inspection of the agency, consent forms are now in place for the administration of medication. These are signed by either the service user themselves or their representative and held on file.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 14 & 15

The health, safety and wellbeing of both service users and staff is promoted. Service users would benefit further from guidelines being issued to staff in ensuring the safety of their homes.

EVIDENCE:

The agency has a health and safety policy in place which is supported by a number of associated procedures, including moving and handling and COSHH (control of substances hazardous to health).

The registered manager advised the inspector that arrangements are in place to provide carers with training in various areas of health and safety, such as moving and handling and first aid and that this training was updated every year. This was also confirmed by a number of carers who were consulted.

The registered manager also undertakes the role of designated health and safety representative. In discussion, she demonstrated a good understanding of health and safety legislation and risk assessment procedures.

Risk assessments are carried out in a number of areas including the moving and handling of individual service users and the environments in which carers work (usually service users' homes).

It was confirmed that these risk assessments would be updated regularly or when any concern was identified.

There are written procedures in place, which ensure that any allegation or suspicion of abuse is promptly reported and dealt with correctly. It was confirmed that these procedures are provided to staff during their induction and reinforced throughout their employment.

The registered manager had a good understanding of the procedures and was aware of how to respond in the event that an allegation of abuse is made.

The registered manager was aware of her responsibility to refer any people who may be unsuitable to work with vulnerable adults to the POVA (protection of vulnerable adults) register. It was confirmed during this inspection that to date, there had been no requirements to refer any staff member from Carewatch to the register.

There are good procedures in place in relation to the holding of service users' house keys. The agency use a number code system which means that if carers ever lose a key, there is no address on it.

Both service users and carers confirmed that identification badges are provided that include a photograph of the carer, and that these badges are used at all times.

Currently there are no procedures in place in relation to carers ensuring the security of a service user's house before they leave. These procedures should be developed and individual security arrangements required by each service user should be included on their care plan.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19, 20 & 21

The agency is very careful when recruiting staff and make sure that appropriate checks are carried out.

EVIDENCE:

The agency has thorough procedures in place to ensure that carers are subject to appropriate checks before starting their employment.

The inspector viewed a selection of carers' personnel files and was able to confirm that all carers had provided a satisfactory CRB (criminal records bureau) check had been formally interviewed and supplied two written references.

As requested after their last inspection, Carewatch have now developed their application forms so that a full employment history is obtained from each candidate.

It was confirmed verbally that any gaps in a candidate's employment history were fully investigated. However, the inspector recommended that a record be made of all such discussions as evidence of this.

Records confirmed that the agency provide grievance and disciplinary procedures to all staff at the start of their employment. It was also confirmed that there were no disciplinary investigations ongoing at the time of the inspection.

Staff consulted confirmed that they had received adequate training at the start of their employment about the caring role and the expectations of the agency. This training, generally called induction, is recorded and signed by the manager and the staff member who provides it.

The registered manager advised the inspector that during induction a skills checklist was completed for each member of staff. This checklist records previous employment experience, previous training and any particular interests carers may have. The results of the checklist are then analysed and used to identify training needs and match staff with particular service users.

Systems are in place to provide NVQ training for staff. Whilst the agency has not yet met the 50% target stated in the National Minimum Standards, they are continuing to work towards it. At present there are 37 carers who hold the qualification and another 15 due to commence the training in the near future.

As earlier stated, systems for providing supervision to staff have improved. However, when viewing files and consulting staff it was apparent that supervision is still not being provided as frequently as recommended. The staff team at Carewatch is a very large one and the inspector recognises the difficulty in providing supervision for a staff team of this size. However, it is recommended that this area be examined to see how the frequency of supervision can be improved.

It is also recommend that the issue of hours and rota arrangements be included on the standard format for supervision as this was an issue raised by a number of staff members in consultation with the inspector.

The staff team at Carewatch is a very large one and as such, turnover of staff is experienced frequently, although the staff turnover is not excessively high. Currently there are no systems in place to monitor staff retention figures. It is recommended that such a system be implemented to enable the management to constantly monitor this area.

It is also recommended that exit interviews be implemented, so that each staff member who leaves the agency is given the opportunity to express their views.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

22 & 26.

This agency is well managed resulting in the provision of a reliable and consistent service and a generally content staff team.

EVIDENCE:

Carewatch is a very large agency providing care to over 200 clients. The size of the operation is reflected by the structure and the skills of the management team.

The registered manager is suitably qualified and experienced. In addition, she demonstrates the skills required to provide effective leadership.

The service is run from a well-equipped office which is conveniently located. In viewing the office, the inspector was able to determine that there was appropriate equipment and lockable facilities for the storage of service users' information. In addition, there are several rooms available for private meetings and a larger meeting room.

A complaints procedure is in place, and when consulted by the inspector, 13 out of 14 service users confirmed that they were aware of the procedures. In

addition, service users said that they were confident that any complaint they made would be dealt with effectively.

In viewing records, the inspector was able to determine that the agency have received two complaints since their last inspection. Records also confirmed that these complaints had been addressed appropriately.

The Commission have not received any complaints about the agency since their last inspection.

Staff who were consulted as part of the inspection were generally complimentary about the management team. Most carers said that they felt supported and able to approach the manager about any concerns they had.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
 “N/A” in the standard met box denotes standard not applicable

User Focused Services	
Standard Number	Score
1	X
2	3
3	X
4	X
5	3
6	3

Managers and Staff	
Standard Number	Score
17	3
18	X
19	3
20	2
21	2

Personal Care	
Standard Number	Score
7	3
8	3
9	X
10	X

Organisation and running of the business	
Standard Number	Score
22	3
23	X
24	X
25	X
26	3
27	x

Protection	
Standard Number	Score
11	3
12	3
13	X
14	3
15	2
16	x

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2003 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	DO15	13	Written protocols must be developed that cover the securing of service users' homes.	31/12/05
2.	DO21	15	Carers must be provided with regular office and community based supervision.	31/12/05

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	DO17	Investigations into gaps in prospective employee's work histories should be recorded.
2.	DO21	Regular meetings should be held for staff.
3.	DO27	A system should be introduced for recording staff retention figures.
4.	DO27	Consideration should be given to implementing exit interviews for all staff who leave the agency.

Commission for Social Care Inspection

North Lancashire Area Office

2nd Floor, Unit 1

Tustin Court

Port Way

Preston

PR2 2YQ

National Enquiry Line: 0845 015 0120

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI