

Watch Home Care Services Limited

# Watch Home Care Services Limited

## Inspection report

Smith Cottage  
2 West Bank  
Chorley  
Lancashire  
PR7 1JF

Tel: 01257263326

Date of inspection visit:  
11 January 2018  
15 January 2018

## 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 11 & 15 January 2018.

Our last inspection of the service was carried out in February 2015. At that inspection we rated the service as good. At this inspection in January 2018 we found the service remained good.

This service is a domiciliary care agency. It provides personal care to people living in their own house in the community. It provides a service to older adults and younger disabled adults.

Watch Home Care Services Limited is registered to carry out the regulated activity of personal care. The agency's office is located in the centre of Chorley and is readily accessible for people using the service and staff. The service provides personal care and domestic support to people living in their own homes in Chorley and the surrounding area. At the time of our inspection 37 people were receiving support from the service, 21 of whom received personal care as part of their support.

There was a registered manager in place 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.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

People received their medicines as prescribed and when needed and appropriate records had been completed. No-one spoken with raised concerns about their medicines.

Staffing levels were seen to be sufficient to meet the assessed needs of the people. People and relatives told us that staff were consistent and turned up on time.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. Staff spoke well about confidentiality, privacy and dignity and this came through when speaking with people.

The service had information with regards to support from an external advocate should this be required by them.

Care plans contained a good level of person centred information with good guidance for staff. People who wished to be involved in care reviews did so.

A number of audits were undertaken to ensure the on-going quality of the service was monitored appropriately and lessons were learned from issues that occurred.

The service communicated well with people, relatives and staff. We saw evidence of a number of ways this was done including memo's, newsletters and spot-checks.

The feedback from people and relatives was very positive and we received lots of comments from them about the agency, its staff and management.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was now Good in this area.

### Is the service well-led?

Good ●

The service remains Good.

# Watch Home Care Services Limited

## **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 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.

This inspection took place on 11 & 15 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was completed by one adult social care 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.

Prior to the inspection the lead inspector gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received.

We spoke with three people who received care and support and seven relatives. We also spoke with six members of staff including the registered manager.

We reviewed five care records of people using the service and associated documentation such as risk assessments and pre assessments. We also reviewed four staff files, training records and records relating to the management of the service including quality audits and monitoring information.

# Is the service safe?

## Our findings

People and relatives continued to tell us that they felt safe when they or their loved ones were receiving care and support in their own home. One person told us, "I was very apprehensive but they have been absolutely amazing and I can't fault them one iota." A relative said, "I have absolute confidence in them; they've adapted to [name], blended in with them and followed their directions; no disrespect ever." Another person said, "I always feel safe, yes."

The service had an up to date and relevant safeguarding policy and procedure in place. We spoke with staff about the service's safeguarding procedures to ensure they understood them. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. They were also able to tell us who they would report issues to outside of the service if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols. We saw that appropriate safeguarding referrals had been made to the Local Authority and notifications made to the Care Quality Commission when needed.

As at the previous inspection appropriate procedures were in place, and followed, with regard to the recruitment of staff. We reviewed four staff files and found the necessary background checks had been carried out and that the service's recruitment policy and process had been followed.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who received a service. Staff had relevant training and competency testing to assist them in the safe administration of medicines. Not all staff had responsibility for administering medicines and this was reflected within training records.

We looked at how accidents and incidents were being managed and saw that records were kept within the registered office. There had been no accidents and incidents within the previous 12 months prior to our inspection.

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. Examples included moving and handling, medication, physical and psychological hazards and safe systems of work.

Staffing levels were seen to be sufficient to meet the assessed needs of the people receiving care and support. We looked at staff rotas for the previous four week period which complemented the commissioned hours. People, relatives and staff we spoke with raised no concerns about staffing levels. People told us they saw a consistent staff team and staff told us they had time to carry out their duties and to travel between visits.

People told us that staff were well presented, wore a uniform and as far as they were aware followed good practice in terms of infection control procedures. Staff were trained in this area and had access to enough personal protective equipment.

## Is the service effective?

### Our findings

People receiving care and support made positive comments about the staff who visited them. Relatives told us that the current staff team were knowledgeable about their loved one's care needs and they were satisfied they were being met. We were also told that consistency levels, in terms of staffing was good, staff were punctual and that if they were running late people would be informed. We were told by one person, "It's not so bad. It can be affected by the people before being unwell. They ring from the Watch Homecare base to let you know." Another person said, "Sometimes it gets a little bit late, so if the phone rings I know it's the office telling me 'She's coming, don't worry.'" Another person said, "They're always on time, you could set your watch by them."

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. We checked whether the service was working within the principles of the MCA. Staff we spoke with were knowledgeable about how the legislation could affect the people in their care and had received recent training in this area.

We did find some inconsistencies in how consent was gained from people. For example some consent forms were blank and others were signed by family members when the person themselves had the capacity to sign the form. We discussed this with the registered manager and it was apparent that the people we discussed were either unable to or did not want to sign documentation. We reminded the registered manager that if this was the case then this needed to be recorded formally. We were assured this would be addressed.

As at the previous inspection staff were supported well, this included regular supervisions, annual appraisals and training to deliver their roles effectively. Staff we spoke with told us they felt supported both formally and informally.

Some people were supported to have their nutritional and hydration needs met. Care plans reflected people's needs in this area and we saw that referrals had been made to appropriate professionals such as dieticians and the speech and language therapy team as required.

The service had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence people or a family member had been involved with, and were at the centre of developing their care plans and that they were reviewed at regular intervals.

When we spoke with people, relatives and staff we were told that communication within the service was good and there were a variety of mechanisms in place to evidence this including meetings, newsletters and

reviews.

## Is the service caring?

### Our findings

When asked people and relatives about the approach of staff we received very positive responses such as; "I cannot fault any of them. The main carer has been like an extended family member and does extra without being asked, above and beyond. The majority of carers also seem to enjoy their role which is important", "They're friendly but professional. They're personable with [person] and tell them about their families and talk about everyday things, keep them in touch with what's going on" and "They're absolutely friendly; everyone is friendly to me, really friendly."

Staff we spoke with had no concerns about the people they cared for and told us that if they did the registered manager was proactive in seeking the requisite advice and support. We saw evidence of this within people's care plans where extra hours or services were put in place at the request of the service with people's permission.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. All these areas were covered within both the employee handbook given to all staff and a client's welcome pack to all people who received a service.

We saw people and their relatives had an input into how their care and support was designed if they wanted to be involved. This included being part of the care plan review process. People and relatives we spoke with confirmed this to be the case. People told us they felt they had an input into their care and support and some people told us they were happy for relatives or the service to take care of arrangements but confirmed this was their own choice.

If people did not have support from family then the service could assist people to access formal advocacy support. The service had information and details for people and their families if this was needed with regards to the different types of formal support they could be entitled to if needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if required.

## Is the service responsive?

### Our findings

The service had a complaints procedure which was made available to people via the service users guide and people we spoke with told us they knew how to raise issues. Contact details for external organisations including social services and the Local Government Ombudsman had been provided should people wish to refer their concerns to those organisations. When asked if they knew how to raise issues or make a complaint one person said, "I would raise it with them directly but I guess there are guidelines in the folder, aren't there?" All the people we spoke with knew how to contact the office, and whilst they were not always aware of a specific complaints process they felt confident raising issues and told us they were confident any issues would be resolved professionally and quickly. Staff were briefed if complaints were received so lessons could be learnt and practice changes as necessary.

People and relatives spoken with were aware of their or their loved ones care plan. Not everyone wished to be involved in this aspect of their care and support but people told us they were given the opportunity to contribute to it. Care planning information had been raised as an issue at our last inspection and we had made a recommendation that care plans needed to be written in a more person centred manner and reflect people's individual needs as opposed to be a task based list. We saw that, for people with care needs, care plans were now personalised and gave good guidance for staff to follow. For example care plans contained a section entitled 'We will know if my care plan is working if...'. This laid out a number of outcomes to be able to measure the success of people's care and support. People's histories were also explored and documented.

People without assessed care needs still had care plans that were lists of tasks however this did not form part of the regulated activity for personal care. Staff we spoke with found care plans useful in carrying out their duties.

Although Watch Homecare is not a specialised end of life care provider the service is able to help people stay at home at the end of life if this is their wish. The service does work with the local hospice and palliative care nurses to enable people to remain at home for as long as possible or through to end of life. No-one at the service was receiving end of life care at the time of our inspection.

We did see evidence that people were supported to access their local community if this formed part of their assessed care needs. As care plans now reflected people's histories and preferences better this gave staff information to talk about hobbies and interests and form a better bond with people.

Given that Watch Homecare is a small domiciliary care agency the use of technology was limited. However staff had the use of mobile phones to enable them to be contactable as lone workers and for them to be able to contact the office for advice. People also had the option to have personal safety alarms in the event of a fall or accident and the agency was named as some people's next of kin. This meant that people were able to summon assistance quickly in the event of an accident.

## Is the service well-led?

### Our findings

A registered manager was in place at the service. People and relatives knew who the registered manager was, spoke well of her, office staff and how the service was run. We asked people what the best thing about their service was and what could be improved. One relative told us, "If all care companies could be as good as this one, the world would be a better place. I think it's the carers, because the company stands or falls by the quality of the carers, each and every one of them. These people make a difference to people's lives. I can't think of anything to improve. The Manager runs a tight ship and does the best for their carers and their people (who use the service)." One person who used the service said, "To me, it's that you can always speak to them about anything and they'll do their best to work with you. I have recommended them to other people" and another person said, "They're very, very caring; the whole company seem to be always wanting to do things better." Nobody we spoke with told us they could think of anything to improve the service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed, and their findings actioned and communicated to staff. These included reviewing the services medication procedures and care plans. Spot checks were also carried out to ensure that staff were turning up on time and following correct processes.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals including General Practitioners.

Watch Homecare Limited had a full range of appropriate and up to date policies and procedures. Staff knew how to access them and were aware of the basic principles of the key policies which affected their work.

We saw a range of different mechanisms that the service used to pass on key messages and updates such as newsletters, meetings, spot check, reviews and visits. People, relatives and staff told us that they could contact the agency at any time.

The service had on display in the registered office their last CQC rating, where people who visited the service could see it. This has been a legal requirement since 01 April 2015. The service's website was under development at the time of our inspection as the previous provider of this service had gone out of business; therefore Watch Homecare did not have a functioning website to display their latest rating via this platform. Notifications were sent into the CQC as required and all other registration requirements were evidenced to be met.