

Welcombe Care Limited

# Welcombe Care Limited

## Inspection report

Arden Medical Centre  
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Tel: 07542515806

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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

### About the service

Welcombe Care is registered to provide personal care to people living in their own homes, including older people who have a physical disability or people living with dementia.

At the time of our visit the agency supported 59 people who received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do provider personal care, staff also consider any wider social care provided. Care calls were a minimum 30 minutes.

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

People and relatives were very complimentary about the support they received. A typical comment was, "Welcombe Care are first class."

People felt safe in their own homes receiving support from care staff. Relatives said staff were respectful, caring and understood how people wanted to receive their care. Staff knew how to protect people's safety and welfare. Care staff were trained in safeguarding adults and staff understood how to protect people from abuse and poor practice.

People received their care calls at the right time, for the right duration and from a consistent staff team. People told us staff knew their routines and preferences really well.

Safe procedures to manage people's medicines and to prevent the risk of infection were understood and followed by staff. Regular checks by the registered manager ensured potential risks or errors were kept to a minimum.

People and their relatives made decisions about their care and were supported by staff who understood and followed the principles of the Mental Capacity Act 2005. 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.

People felt comfortable when they received support because staff respected their individual rights to privacy, dignity as well as promoting their independence. People's preference for gender of staff, was respected which people said, made them feel more comfortable and trusting.

Care plans were personalised to support the person centred care the registered manager described was fundamental to their service. Some care plans we reviewed needed updating which had been recognised by the registered manager to ensure staff continued to provide the personalised care people needed.

People were in control of how their care was delivered. Ongoing reviews ensured it remained what people

needed and where changes were needed, there was flexibility in call schedules to achieve this.

The provider's governance systems were operated and managed effectively to ensure good care outcomes for people that continued to meet their needs. Daily records and medicines records completed in people's homes were regularly checked so any issues could be addressed without delay.

There was an experienced registered manager. The registered manager and office staff team provided strong support to people they cared for and to their staff team. The provider had plans to increase the strength of the management team. The registered manager said this would help them have a better oversight, plus they could drive the quality of service forward. The provider was committed to providing a good quality service to people. It was evident they followed their own philosophy which was to 'stay small and provide local care to a high standard'. People, relatives and staff found the management team open, approachable and responsive and they trusted the provider.

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

Rating at last inspection and update

The last rating for this service was Good (published 28 March 2017).

Why we inspected

This was a planned and announced inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well led.

Details are in our well led findings below.

**Good** ●

# Welcombe Care Limited

## 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 Care Act 2014.

#### Inspection team

On 30 September 2019, one inspector carried out this inspection.

#### Service and service type

Welcombe Care provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This first day of our inspection was announced.

#### What we did before the inspection

The provider was given 48 hours' notice because they provide care and support to people in their own homes. We needed to be sure that someone would be available at the office to speak with us.

We reviewed information we had received about the service since the last inspection. The provider had not been sent a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager opportunity to show and tell us what they did well and what they were proud of, which we matched against evidence seen. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

Inspection site visit activity started on 30 September 2019 and was concluded on 10 October 2019.

On 30 September 2019 we visited the office location to speak with the registered manager, a care coordinator, a team leader and three care staff (all these staff and the registered manager provided care to people). We reviewed a range of records. This included examples of care records, daily records and medicines records. We reviewed a variety of records relating to the management of the service such as audits, complaints, compliments and people's overall feedback about the service.

Following the inspection

We spoke on the telephone with three people and three relatives to ask them to tell us about their experiences of using this service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed prior to care being provided. These assessments were included into care plans that described the actions staff should take to minimise identified risks. Specific risks around people's mobility, continence and known health conditions were recorded, updated and followed by staff.
- Staff teams remained consistent so they felt comfortable knowing people's identified risks and the actions to take, to mitigate those risks safely.
- The registered manager improved staff's knowledge around fire risks and fire prevention. They arranged for the fire service to give people free fire safety checks and fire smoke detectors to people they supported. The registered manager said they and staff had become more knowledgeable in fire risk safety, such as the use of emollient creams and how to reduce the risk of fire.

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse. One staff member said, "We note any bruises and tell the office staff." Another staff member would report concerns to the local authority or to the police. Staff were confident any concerns raised with senior staff or the provider, would be taken seriously.
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

### Staffing and recruitment

- There were enough staff to meet people's planned care calls.
- Staff's call rotas were planned one week in advance. A new care call monitoring system was in its infancy. The care co-ordinator felt this would make call allocations much better. Staff rotas showed care calls were scheduled routinely to the same staff, at the same time and to the same people. Where two staff were needed, the same staff were usually paired together to ensure consistent care. People confirmed staff teams usually consisted of the same few staff.
- People said staff arrived at the times expected and on occasions, stayed longer than was planned. Late calls rarely happened.
- During our planning we did not identify any concerns with staff recruitment. We did not review staff files. However, the provider's recruitment processes continued to include checks to ensure staff who worked for the service were of a suitable character. Checks included references and criminal record checks. The registered manager completed observational staff practice checks to ensure staff continued to be safe to provide care, to the safe standards they expected.

### Using medicines safely

- Where people were supported to take their medicines, this was recorded on medicines administration records which were regularly checked. This helped reduce the risk of errors or missed medicines.
- People told us staff made sure they took their medicines as prescribed.
- Staff received medicines training and observational checks on their competency and practice to ensure they were safe to administer medicines.

### Preventing and controlling infection

- Staff told us they wore personal protective equipment (PPE) such as gloves and aprons when providing personal care or preparing and serving food.

### Learning lessons when things go wrong

- The provider analysed incidents for any emerging trends or patterns so actions could be taken to prevent reoccurrence.
- Following the last inspection, the registered manager said they used learning from our feedback to make improvements, such as including important information about people to improve people's care plans.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLs cannot be used. Instead, an application can be made to the Court of Protection show can authorise deprivations of liberty.

- The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- No one using the service at the time of our inspection lacked capacity to make every day decisions or had restrictions on their liberty.
- Staff completed MCA training and staff told us they always sought the persons' consent before they provided them with assistance. Staff made decisions with the person's best interests in mind. Staff said they would always give people choices and options. People and relatives confirmed this.

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

- People's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

### Staff skills, knowledge and experience

- Without exception, people and relatives said staff were knowledgeable.
- Staff told us their training was very good and they felt this helped them to do their job effectively.
- Refresher training courses were planned to ensure staff practice remained in line with latest guidance and practices.
- Additional to planned training, the registered manager arranged workshops to upskill staff knowledge in certain health conditions, such as Alzheimer's through a workshop. Other planned sessions included speech and language therapy as the service supported two people who had thickened fluids. The registered manager told us, "It's so everyone understands and knows how to use thickeners and to know what a soft diet is."
- One staff member said the registered manager asked them to talk to other care staff about epilepsy and

seizures to share their knowledge they had gained in their previous employment. This staff member said the provider was always willing to support new learning opportunities.

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

- Some people were independent so could choose and prepare their own meals and drinks, or, family members helped support them.
- Where people had specific needs related to how they received their food and fluids, this was followed.

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

- Some people made their own health care appointments or had family who supported them to arrange these.
- Staff monitored people's general health and knew to report any concerns to people's family and to office staff. One person told us staff recognised they did not look well and they felt the actions staff took (calling an ambulance), saved their life because a serious health condition had been found.
- The registered manager and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, GPs and district nurses. One staff member said having a GP as a provider was very helpful. They explained how certain health topics were discussed at meetings, for example, hot weather and the importance of promoting hydration.

Adapting service, design, decoration to meet people's needs

- People were supported in their own homes so they and their families had the choice to live their lives as they wanted within their own environment. People told us staff respected that.

Environmental assessments were completed in the person's own home, so staff knew how to minimise risks to people and themselves.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Everyone spoke positively about the care they received and how the support they received, benefitted them. Comments included, "First class service" and "They were recommended to me, they are excellent."
- The provider respected people's choices to receive care from the gender of staff they preferred. This helped to reduce people's anxieties, specifically around personal care. Some people told us this helped them to build a trusting and professional relationship.
- One relative told us how staff worked with their family member and through staff's approach and attitudes, had increased the person's confidence and trust in them. This relative told us, "They (staff) don't push (person) into anything. Sometimes they leave it for another day." They also told us the right staff were caring for their relative. They explained that confidence and trust had built up and as such, their relative was able to allow staff to support them more and provide better care outcomes.
- Another relative told us staff were understanding and patient. They said, "If we are having a rough day, they try and help us." All relatives said staff were understanding and empathetic.

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

- People's views were sought from the beginning of their care, especially with call times. The registered manager said, "Sometimes they think they want this time so we can be more flexible. We will work with what works for them. Some realise they don't want a call so earlier so we reschedule. We are lucky we can do this." People said flexibility in changing times was accepted without any problems.
- People and relatives were involved in care decisions. This included requesting more care or less calls or re-arranging care calls to alternative times to enable the person to have flexibility in how they lived their life.
- The registered manager knew people's needs. This helped them to provide a bespoke service. The registered manager told us of one person who had limited funds. Working with this person, they shortened their night time call and used that time for their morning call which worked much better for that person. The registered manager said, "We are sensitive to that. ...we don't rush and we don't shave time."
- Staff continued to promote people to be as independent as possible, by supporting them to make their own decisions and encouraging them to do as much for themselves as possible. This included getting dressed, choices with how they spent their day and being involved in what they wanted to do or talk about.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. All staff explained to us how they protected people's privacy,

such as asking family members to leave the room if personal care was required and closing all doors and curtains.

- Staff were consistent in describing the qualities for good care staff. A typical comment to describe those skills were, "Listening, engage your full attention and not going in thinking one rule fits everybody."
- People and relatives told us staff were caring and gave them the time they needed. In one example, a relative said staff just sat, chatted and listened. They said this was a lovely thing, especially as they did not have many visitors. Staff recognised and understood this.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 confirmed they received calls from a consistent group of staff. Relatives said the care was individualised and focussed on their family member's needs which helped increase people's trust, confidence and independence.
- People's care and support needs were planned and reviewed with their involvement. People's wishes and preferences helped form an individualised plan of care which staff followed. Where changes were needed, these were accommodated.
- Care plans provided staff with information about how to support people in a way that met their needs and choices. Staff's knowledge of people they provided care to, was consistent with the person's care plans.
- The registered manager told us they visited people to provide and discuss their care to ensure it remained what people wanted. Where changes had occurred, information had been shared with staff to reflect the changes. Care plans we sampled were detailed but needed some minor updates to reflect people's current care needs. The registered manager had identified this and plans were in place to review all care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative told us they and their family member looked forward to seeing staff. They said they had limited visitors so visits from staff were important and a highlight of the day.
- Staff told us they had time to sit and talk with people. In some cases, they supported people to take part in their interests and hobbies, as well as helping people with their shopping and daily activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager supported people in line with the AIS. They were aware of what this meant for people. At this inspection, the registered manager said everyone received information in a format they understood.
- Relatives said information was given to them in a way that they needed.

Improving care quality in response to complaints or concerns

- People told us they would share any concerns they had with staff or management, but everyone we spoke with was happy with the service. People knew how to raise a complaint.
- The provider had received complaints. We found those complaints had been responded to and actions taken that had satisfied the person making the complaint.

#### End of life care and support

- At the time of our visit, no one received end of life care. The registered manager said they had and would provide end of life care if it was the person's wish to remain in their own home. The registered manager had good links with the GP and other health professionals and agencies, to help support people and families when needed. There was a planned session with a local hospice to see how they could support people with end of life care.
- Compliments from relatives expressed how pleased they were with the service from staff and the agency.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Effective audits and regular checks ensured good care outcomes for people. People, staff and other health professional's positive survey results showed the service met or exceeded expectations. Written compliments and top survey scores showed people's appreciation of the quality of care provided. For example, 100% of people said they would recommend Welcombe Care.
- The registered manager told us they employed the right staff, for the right reasons and kept the service relatively small and local. They said this helped them to provide people with high standards of care.
- The registered manager understood their responsibilities. They had sent us statutory notifications for notifiable incidents and had displayed their ratings in their office.

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

- The provider offered opportunities to people, their relatives and staff to give feedback. This was gained through yearly surveys, ongoing care reviews and through regular staff supervision meetings. All results showed staff were pleased and satisfied.

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

- The provider was nominated by a service user's relative because of the high standards of care provided. The provider attended a ceremony and won the 'Pride of Stratford District Awards 2018' for customer care. The registered manager was proud of the staff's achievements.
- The registered manager was proud of their staff team and the quality of care people received. They said they had the right staff to care for people who used their services. The registered manager said they had a good reputation in the local area. The provider was increasing the office team so the registered manager could focus on driving improvements within the service.
- The registered manager told us they wanted to work towards an outstanding rating so planned to improve parts of the service that would give people better care outcomes. For example, making care plans more person centred and to review all of their systems, processes and policies. The provider had introduced a new care monitoring system so the registered manager wanted to better understand how this system could

improve the management of the service.

Working in partnership with others; Continuous learning and improving care

- The registered manager was registered with Skills for Care so they were kept informed about changes within the care industry and associated regulations. They were signed up with CQC alerts which helped them keep up to date with any changes.
- The registered manager was seeking support and a closer working relationship with local hospices, district nurses and hospital teams. Our discussions with people, staff and the registered manager showed Welcombe Care was respected within the health community. One person receiving support from Welcombe Care said when a district nurse asked who provider their care, the district nurse said, "They are the best."