

The Papworth Trust

The Papworth Trust Centre Waveney

Inspection report

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Date of inspection visit: 6 November 2015
Date of publication: 15/01/2016

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 

Overall summary

This inspection took place on 6 November 2015 and was unannounced.

The Papworth Trust Centre Waveney provides personal care support to approximately 25 people living in their own homes.

There was a registered manager in place. 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.

People told us they felt safe and secure when care staff visited them. There were systems in place to reduce the risks to people and protect them from avoidable harm.

Summary of findings

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were enough suitably trained and supported staff available to meet the needs of the people using the service.

Staff told us they felt supported by the management of the service and that the training they received provided them with a good understanding of topics such as the Mental Capacity Act 2005 (MCA). People spoke highly of the staff team and felt able to raise concerns or issues.

The service was complying with the requirements of the Mental Capacity Act (2005) and appropriate assessments of people's capacity had been undertaken where required. Staff understood consent and people told us that staff did not infringe upon their rights and enabled them to make their own choices.

People spoke positively about the care and support they received from the service. People and their relatives had input into the planning of their care and support. Care staff demonstrated that they knew the people they were caring for well, and people benefitted from having the same care staff support them.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People using the service, their relatives and care staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and people told us they knew how to make a complaint if they weren't happy.

Summary of findings

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.

There were enough care staff to meet people's needs. Recruitment procedures were robust.

Risks to people's safety were planned for, monitored and well managed by the service.

Good



Is the service effective?

The service was effective.

Care staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People who required support with meals were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Care staff and the registered manager complied with the requirements of the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People told us that care staff treated them in a kind, caring and respectful manner.

People formed close bonds with the care staff and spoke positively of them.

Good



Is the service responsive?

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan. People and other professionals had input in the planning of their care where appropriate.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the service, with care staff, people, relatives and other external professionals encouraged to help improve the service provided to people.

Good



The Papworth Trust Centre Waveney

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 November 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the registered manager, two care coordinators and four care staff. We looked at records in relation to nine people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

The week after our inspection we spoke with 10 people who used the service or their relatives on the telephone.

Is the service safe?

Our findings

All the people we spoke with were positive about the care they received and told us they felt safe when care staff visited them. One said, “I feel safer knowing they are coming round. It’s always someone I know, so I don’t have to worry about letting a stranger in.” Another person told us, “I feel very safe.” A relative of one person commented, “I worry less knowing someone will come in and check on [relative].”

Care staff demonstrated they had a good knowledge of safeguarding and understood how to recognise and report potential abuse. They told us they had regular training in safeguarding and training records confirmed this.

There was a comprehensive risk assessment in place for each person using the service. This assessed all the risks to the person whilst receiving care in their home. There was detailed information available for care staff as to how to manage and minimise these risks. These assessments had been reviewed regularly with people to ensure they remained accurate. Staff understood the risks to people they cared for and what role they played in minimising these risks. For example, care staff understood the protocols in place in the event that someone became seriously unwell and needed to go to hospital whilst care staff were visiting their home.

There were sufficient care staff available to meet people’s needs. One person told us, “Never had a missed visit. They always turn up, might be a few minutes late but they will be there.” Another person commented, “[Care staff] are reliable, I know I can rely upon them to arrive when I need

them to.” One other person said, “Most of the time I have the same ones come and see me which is nice. They don’t make me feel rushed.” A relative told us, “The agency is very reliable, I can’t fault their reliability as the care staff have always turned up as agreed.” The care coordinators told us it was part of their role to ensure that people’s visits were covered by the appropriate care staff, and during our visit to the office we overheard the coordinators organising and deploying care staff for the following few days. The manager and care coordinators told us that they had enough care staff to cover people’s calls and had access to agency staff if needed. A member of care staff said, “The coordinators organise everything well, I’m not rushing around like a headless chicken and I have enough time to get to all my calls.” Another member of care staff told us, “As far as I know all the calls get covered. Sometimes they’re phoning around trying to find someone if a [staff member] has gone off sick but we always try and help out when we can.”

Appropriate recruitment systems were in place to ensure that care staff had the appropriate skills, background and qualifications for the role. Checks undertaken on prospective care staff included checking to ensure they did not have any relevant criminal convictions which would make them unsuitable for the role. During our visit, recruitment files for care staff were not available at the office, and these were provided to us after the inspection. The provider needs to ensure that recruitment files for care staff are available at the registered office in future.

At the time of inspection the service was not administering medicines to people it provided care to.

Is the service effective?

Our findings

People told us that care staff had the skills and knowledge to support them effectively. One person said, “They’re all really good and seem well informed. I can’t really find fault them.” Another person told us, “Certainly skilled enough.” A relative commented, “They are trained well.”

New care staff undertook an induction as well as shadowing other experienced care staff providing support to people. The induction was comprehensive and included practical training in subjects such as moving and handling. One member of care staff confirmed what training and support they had been given during their induction and told us, “The induction here was great. I felt like I knew what I was going into.”

Care staff told us they had access to regular updates to their mandatory training in subjects such as moving and handling and safeguarding. They told us they could request extra training as they felt necessary, including training in new subjects they felt they could benefit from. One member of care staff said, “There’s lots of training you can do and if there’s something else then you can just ask. I’m doing the next level of my NVQ (National Vocational Qualification) at the moment.” Another told us, “All the training is face to face which is helpful as I don’t get on with the online learning.” Care staff told us they had access to regular supervision and appraisal with their manager, where they could discuss development within their role. One member of care staff said, “Every five to six weeks we get supervision. Every one we talk about training, any problems at work and clients we work with.” Another told us, “We meet with [manager] or coordinator every month. It is good to talk through things.” Records confirmed that supervision was conducted with care staff regularly, and that these sessions were used as a means of communicating changes in the service, discussing training and development and the needs of people using the service. This told us that care staff were appropriately trained and supported to meet people’s needs effectively.

People told us that care staff were mindful of their right to consent. One said, “They’re all polite, ask if it’s OK if they come in and see me. Ask if they can make me a drink or make me something to eat.” Another person told us, “[They are] very mindful of my decisions.” Care staff demonstrated a good knowledge of the principles of the Mental Capacity Act 2005 (MCA) and how this applied to the people they provided support to. Records of supervision confirmed that MCA was discussed at every session as part of a standard format for each supervision. This told us that staff understood how to obtain consent and act on people’s wishes.

People told us that care staff helped them prepare drinks and meals if they required it. One person told us, “I make my own meals and drinks but they still always offer to make me something before I go. [Care staff member] always checks with me that someone’s got me my shopping in too or if I need anything.” Another person said, “They do my lunch for me. They just make whatever I want. Before they leave they make sure I’ve got a drink and a biscuit for later.” The levels of support people required to eat and drink was documented in their care records. This told us that people were supported to maintain healthy nutrition and hydration.

Where people required it, the service sought healthcare advice and support for them from external professionals such as GP’s or dieticians. Care staff understood when it would be appropriate to report concerns about someone’s health and what action they should take if they were concerned someone was becoming unwell. Records confirmed that the service kept up to date with people’s health. The service kept informed of any changes in people’s medical needs through regular reviews and discussions with people. Records confirmed that where care staff had raised concerns about people’s health, contact with other health professionals had been made with the agreement of the person and their family.

Is the service caring?

Our findings

People told us that the care staff were kind, caring and compassionate towards them and that they formed positive relationships with care staff visiting them. One person said, “So caring. So bright, cheerful and kind.” Another person told us, “I really consider [member of care staff] a friend. They don’t act like it’s their job, I know they really care about me.” A relative commented, “From the moment they walk through the door they brighten up [relatives] day and make them feel special.”

People told us that care staff upheld their dignity and respect, and encouraged them to be as independent as possible. One said, “Very respectful. They don’t take over, give me my privacy. The agency respects my preference for female care staff.” Another person told us, “They understand it’s my home and they only give me what I need. They don’t impose on my life.” Care

told us the ways in which they upheld people’s privacy and dignity. One said, “Keeping them chatting during personal care and giving them space to do what they can so they don’t feel embarrassed.”

People were involved in the assessment and planning of their care and support. One person told us, “We have sit downs with the coordinators and talk about what help I am getting and whether it’s working or not. They ask me how everything is going, if I’ve had any problems with the care staff and the like. If ever I do make any comments I know they take it in and don’t just ignore it.” Another person commented, “I have a copy of my records and [office] have a copy. It’s all based on what I said I wanted and [office staff] visit me regularly to make sure I am still happy with it.” This told us that people felt their views were important to the service and that they were listened to.

Is the service responsive?

Our findings

Care and support was planned and reviewed in conjunction with the people receiving the service and their relatives where appropriate. Records confirmed that detailed assessments of people's needs were undertaken before the service started providing care to them. One person we spoke with confirmed the process and told us, "At first they came round and we went through everything that I need some help with and then we went from there." Records confirmed that this assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care or preparing meals.

There were comprehensive care records in place for people using the service which provided care staff with the information they needed to meet people's needs. People told us they had a copy of the care records in their home, and that the coordinators regularly updated these as and when things changed. People told us that care staff did refer to their records when they visited. One said, "They pick up my plan and check it over first. Even though most of them know me anyway." Another person told us, "Got my plans in my living room for the care staff to look at when they come in."

People's care records were personalised to include information about how they wanted their care delivered and by whom. Information was also available for care staff to inform them of the person's likes, dislikes, hobbies and interests. The manager showed us a new care planning format which they planned to put into use in the near future, which offered a broader range of personalised information for care staff on how to meet people's needs.

People told us that they knew how to make a complaint. One person said, "I have a copy of the complaints procedure here and they ask me at every review if I have any complaints." Another person told us, "I got given a form telling me how to complain but I've never had to use it yet." At the time of visit the service had not received any complaints.

People and their relatives were given the opportunity to feedback on the quality of the service through a survey of their views, and through care reviews. Responses from people were collated and analysed to look for trends in negative feedback. However, the responses received in previous surveys had so far been positive. Another survey of people's views was due to commence shortly after our inspection.

Is the service well-led?

Our findings

There was an open, honest and inclusive culture within the service, where care staff and people using the service were encouraged to participate in developing the quality of the care provided to people. The senior staff in the wider organisation had identified that there were improvements to be made in the care provided to people across the four services operated by the organisation. Following this, an improvement programme had been formulated in conjunction with staff and people using the service. This was confirmed by one person who told us, “They went on an improvement drive this year and I have to say I didn’t think it could get better but it has.” The manager told us about the ‘make care good programme’ which had been implemented to boost the quality of care provided, and showed us a comprehensive action plan which had been drawn up as part of this improvement drive. We saw that there were clear plans in place on how the improvements should be achieved, within what timescale and by whom. Different staff members had been allocated tasks to support the programme, which meant the improvements were collectively owned by all staff. Care staff confirmed this. One said, “This year a lot has changed for the better. Lots of new staff coming in, new management, better communication. Lots more meetings and we have been involved in things more.” Much of the improvement plan had already been completed, but the manager told us about the plans in place to complete the remainder.

There were regular care staff meetings where discussions about the service provided took place. We looked at the minutes of previous meetings and saw these were used as an opportunity to keep care staff informed of changes in the service, ongoing improvements and to discuss any issues care staff had. Care staff were encouraged and felt able to raise concerns or make suggestions during these

meetings, and these were recorded in the minutes. One staff member said, “I feel very free to say what I think and I know I don’t have to be scared of [manager] telling me off.” Another told us, “What you say is taken on board even if they don’t always like it.” Care staff additionally had the opportunity to give feedback through an annual survey of their views. The most recent survey had just been completed and the results were being analysed for trends by the head office during our visit.

Meetings also took place between the manager of the service and the managers of the three other services owned by the wider organisation. We reviewed the minutes of these meetings and saw they were used as a way to share best practice, identify areas for improvement in each other’s services and to discuss organisational changes. The manager told us they regularly visited each other’s services to assess the quality of the care provided to people.

The organisation had a dedicated ‘internal assurance’ department whose responsibility it was to carry out unannounced audits and checks on the performance of the four services owned by the organisation. We looked at the results of the most recent checks and found that where issues were identified, action was taken to resolve these issues. For example, it had been identified that the service was due to send out the next round of surveys to people using the service. We saw that action had been taken by the manager to ensure this was done.

People make positive comments about the senior staff working at the service. One said, “The coordinators are great. Every now and then it’ll be them that come and help me and they’ll ask me about the other staff while they’re there. Check everything’s OK.” Another person told us, “[Manager and coordinators] are always on the end of the phone 24/7.”