

Mrs Lynne Weatherly

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Inspection report

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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

Mrs Lynne Weatherly provides a domiciliary care service to people living in their own houses or flats. The service provides both regular daily visits to people in their homes and some staff members, provide 24-hour support to people. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection three people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

People were safe and protected from avoidable harm because staff knew how to identify and report any concerns relating to the risk of abuse. People told us that they felt safe with the staff.

Risks to people's health, safety and well-being were assessed, and action was taken to remove or reduce the risks. People were supported by enough staff who had been recruited safely. People's medicines were managed safely. Action was taken when medicine errors occurred. The provider was consulting with the pharmacist to make sure people received their medicines as safely as possible.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The provider took appropriate actions following any incidents and learning was shared with staff to prevent re-occurrence.

The provider undertook assessments prior to people joining the service to make sure staff could meet their needs. Care plans were developed from these assessments and staff had clear guidance on how to meet those needs. The provider was in the process of transferring the care plans onto an electronic system.

People said that staff always stayed with them for the allocated time. People knew which staff would be supporting them on a day to day basis. Staff received the training they needed to look after people in the way that suited them best. Staff received support, guidance and advice from the provider. Staff supported

people with their nutritional needs to help maintain their health and wellbeing.

Staff and the provider knew people well and quickly identified when people's needs changed. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. Staff communicated effectively with people and with each other to make sure people's needs were met in the way they had chosen.

People's relatives and other professionals praised the kind and caring nature of staff. People received consistent care from a small team of staff. People's care records were held securely at the providers office and in people's homes.

People received care and support they wanted and needed. People's relatives told us they would be confident to raise any concerns with the provider and felt confident that they would be listened to. People were satisfied and happy with the care and support they received.

The provide and staff team were committed to providing a high standard of care to the people they supported. They understood their responsibilities.

People, relatives and staff members spoke highly of the provider and told us that they were always available and supportive. People, their relatives and professionals gave positive feedback about the service they received. They said the provider was approachable and sorted out any issues they had. Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place.

Rating at last inspection:

The last rating for this service was Good – (published on 23 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained 'Good' overall.

Follow up:

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mrs Lynne Weatherly on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mrs Lynne Weatherly

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

This inspection was carried out by one inspector.

Service and service type

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

The service was registered to one person who is the provider and therefore the service does not require a registered manager. The provider was the registered person. 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 registered provider had overall responsibility for the service.

Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 17 June 2019 and ended on 27 June 2019. We visited the office location on 17 June 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service and events which the provider is required to tell us about by law. We this information to plan our inspection.

During the inspection

During the visit to the office we spoke with the provider, a person using the service and a member of the care staff team. We looked at one person's care records and looked at records in relation to the management of the service. These included two staff recruitment and training records, key policies and procedures and quality assurance systems.

After the inspection

On 27 June 2019 we spoke with a relative and a member of staff.

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.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who care and supported them. Relatives said they had confidence in the provider and staff who cared for their loved one. One relative said, "I totally trust the staff."
- The provider and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the provider would deal with any concerns they may have.
- The provider knew to report any concerns to the local safeguarding authority and take appropriate action to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being and any environmental risks were assessed, and measures put in place to remove or reduce the risks. Risk assessments were regularly reviewed to ensure they reflected people's changing needs.
- The provider had liaised with other agencies, such as health professionals, to ensure the risk assessments were comprehensive and were in line with best practice.
- Staff showed a good understanding of how to manage risks to people's safety. They were able to describe how they supported people with complex needs to prevent harm.
- When people were identified as being at risk of choking immediate action was taken to make sure they were safe when they were eating.
- There was clear guidance in place when people had seizures. Staff knew exactly what to do to make sure the risks were kept to a minimum.
- When people required special equipment to keep them safe, this was in place.
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed. One staff member said, "The provider or senior member of staff are available anytime day or night if we need them."

Staffing and recruitment

- There were enough staff to meet people's needs. Sickness and annual leave were covered by permanent staff or by the provider.
- Relatives and staff confirmed there were enough staff to support people safely and to ensure all people's needs were met.
- The service provided 24-hour staff support for some people. There was a consistent, dedicated and stable staff team that people knew well.
- Staff knew exactly where they had to be and at what time to make sure people received the care and support they needed when they needed it.

- Staff were recruited safely. Checks had been completed before staff started work at the service including references and a past employment history.

Using medicines safely

- People's care plans included details of their prescribed medicines, how these supported people to manage their health conditions and how people preferred to take their medicines.
- People were supported to be as independent as possible when taking their medicines.
- When people needed 'as and when' medicines for their specific health conditions there was clear guidance in place to make sure staff gave these consistently and safely.
- Medicines were stored safely, and records completed to confirm staff had administered medicines.
- Staff received training in the safe management of medicines and this was refreshed every 12 months.
- The provider undertook regular audits on medicines to make sure they had been given correctly. When errors were identified action was taken by the provider to prevent re-occurrence.

Preventing and controlling infection

- Staff had completed training in understanding their role in preventing and controlling the risk of infection for people. They supported people to keep their homes clean and tidy.
- The provider ensured personal protective equipment, such as gloves and aprons, were available for staff when supporting people with tasks.
- People's care plans detailed if they were at particular risk from infections and the actions staff needed to take to prevent the risk.
- It had been identified that a person had become highly susceptible to infections. The provider had implemented a more stringent cleaning regime. The amount of infections the person had developed had reduced.

Learning lessons when things go wrong

- Staff completed records detailing accidents and incidents that had occurred in the service.
- These were analysed and reviewed by the provider to identify measures that may be required to reduce the risk of further incidents.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe work practises.

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.

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

- People's needs were assessed before they began to use the service and expected outcomes identified to ensure people's needs and wishes were met.
- They included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives.
- Staff were introduced to the person and supported to deliver their care package by senior staff until they felt confident to do so themselves.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- When appropriate, relatives and advocates had been involved in the assessment process which helped to support a person-centred approach to care planning. One relative told us, "We had a lot of talks before the staff took over all (my relatives) care."

Staff support: induction, training, skills and experience

- Staff told us they felt confident they had the skills and knowledge needed to support people because they had completed the required training and knew the people they supported very well.
- The provider information return (PIR) stated, 'Staff receive 6 months training with one client prior to being left on their own with them during the day. Sleepover staff training is until I feel they are safe/feel confident to be left alone.'
- One staff member told us, "The training is really good. We had induction training and extra training to meet more complex needs, such as epilepsy, and when people were at risk of choking."
- Staff were supported to refresh their training regularly to keep them up to date.
- Another staff member told us they felt people were safe using the service because the staff were so well trained and knowledgeable.
- The provider maintained a central record of training staff had completed and made sure they were kept updated.
- Staff received regular formal and informal supervision where they discussed their work and development needs. One staff member told us, "I have supervisions with the provider and they also check our work to make sure we are doing things right."

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

- People's dietary needs and preferences were documented in their care plans.
- When people were at risk of poor nutrition and hydration, plans were in place to monitor their diet closely.

- Professionals, like dieticians and speech and language therapists (SALT) were involved when people needed specialist input with their diet.
- People were supported and encouraged to shop for food, plan their own menus and if they were able, supported to cook their own meals.

Staff working with other agencies to provide consistent, effective, timely care

- Various professionals were involved in assessing, planning and evaluating people's care and treatment.
- The people and staff worked alongside local community and medical services to support people and maintain their health.
- If any concerns were identified then the relevant agency was contacted so that advice and input could be sought as soon as possible.
- Records showed staff raised concerns about people's wellbeing to community services such as the person's GP or specialist nurses. One person said, "If I am unwell the staff take me to the doctor."

Supporting people to live healthier lives, access healthcare services and support

- Staff were vigilant about changes in people's health and wellbeing and ensured concerns were referred to health professionals in a timely manner. Staff followed guidance provided by professionals.
- People were supported to attend appointments with staff who knew them very well. Some people had to attend appointments at specialist hospitals, which were a long way. One member of staff told that they always made sure they were the one who went with the person to make sure all the information was clear and accurate.
- One health professional stated, "The care has been excellent at all levels. It is greatly appreciated and gives me confidence my patient is well looked after."
- People had regular access to routine appointments to maintain their health and wellbeing, such as dentists, GP's and other specialist services.
- Staff explained in depth about the importance of oral health for people. Each person had an oral routine that was personal to them. This was recorded in their care plans.

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 in order 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 who can authorise deprivations of liberty.

At the time of the inspection no applications had been made to the Court of Protection as people were able to make their own decisions about how they lived their lives and what they wanted to do.

- Staff were trained in the MCA and understood the principles and implications for their practice.
- Staff consistently sought consent before providing people with care and support and ensured people were happy with how they had been supported. Staff explained carefully and clearly to people about what they needed to do for them. They waited for people to respond and agree before taking any action.
- If for any reason a person did not have full capacity to agree consent to their care, then best interest meetings would be held with professionals, family members to make sure the care and support given to the person was right for them.

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

- People received kind and compassionate care. People and their relatives were all very positive about the care provided. One person said, "The staff help me. They are good. They know what I need. They listen to me."
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- The staff made every effort to support people with their interests and enhance people's well-being, through a strong and visible person-centred culture.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.
- People were comfortable with staff and had developed positive, trusting relationships. Staff communicated with people appropriately. When one person was unwell staff reassured them, stroking their hand. They spoke with them gently and calmly.
- Care plans included detailed information about people's life history, and information that was important to them, likes, dislikes and preferences.
- Staff used this information to provide care and support in the way people wanted and suited them, ensuring care was personalised.

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

- Staff showed us they supported people to make decisions about their care. They knew when people needed help and support from their relatives or representatives.
- Relatives and representatives had been involved in developing care plans which helped to ensure the person was at the centre of the care provided.
- Staff were able to describe the communication methods they used to support people to make decisions and choices when they were unable to fully verbalise. Relatives told us staff were skilled at communicating with their family members.
- The provider was able to put people in touch with advocacy services in the event they required support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence:

- Staff expressed and showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- People's right to confidentiality was respected. Care and support records were kept securely with access only authorised people.

- People were given choice and control in their day to day lives. Staff offered people opportunities to spend time as they chose and where they wanted.
- Staff demonstrated a good awareness of people's lifestyle choices and supported people to maintain relationships that were important to them.
- People were supported to spend time with their family and friends. If people stayed overnight with their family then staff went to the family home to provide personal care. A relative said, "The staff are really flexible, they come here when (my relative) stays with me."
- People's care plans detailed how staff should protect people's dignity whilst provided care and support. For example, promoting dignity during personal care, supporting them to maintain their appearance, and supporting them to socialise and be part of the local community.
- Staff provided care and support with the emphasis on promoting people's independence and daily living skills. This involved all aspects of daily living, such as personal hygiene, shopping and menu planning.
- People had become more independent as a result of staff mentoring and supporting them in different aspects of their lives. People were socialising more, they were helping to do their own laundry and showering and dressing themselves.

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's care and support was personalised and providing flexibility to enable them to gain the best outcomes possible.
- Staff did things 'with' people not 'for' people. People were supported to do little things, like answer their intercom and door to visitors, when the quicker and easier option would have been for staff to do this.
- When people were unwell and could not go shopping for groceries, they were supported to order their food on the internet which meant they had full control and choice about what they were buying.
- Care plans were personalised, providing detailed information about people's life histories, what was important to each person, and how they interacted with other people and environments.
- The provider had recently started to use an electronic system to improve and further develop the care planning system. Information was being transferred onto this system at the time of the inspection.
- This was proving to be a more reliable and effective system. It captured all information and guidance about people's needs to ensure they were cared for and supported in the way that they had chosen and suited them best.
- Care plans were regularly reviewed and involved people, their relatives and representatives.
- People were supported to pursue a wide range of hobbies and activities, in line with their interests.
- Activities were meaningful, ranging from visits to the theatre, colleges day centres and support to use the local community.
- When people wanted to they were supported to attend the religious services of their choosing.
- People were supported and encouraged to socialise with others. If people were able to the provider took them on holiday yearly.

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.

- People could communicate with staff and make their needs known. Staff knew people very well and were able to understand what they needed and wanted.
- When people had difficulty communicating, information was available in pictorial formats. People also used electronic systems to communicate with their family and friends.
- Staff described how they supported people who used non-verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.
- A relative told us that since their loved one started to use the service their communication had improved.

They were interested in what was going on around them and asking more questions.

- Relative's and staff told us there was on-going communication with all involved in people's care, which ensured people's needs continued to be met.

Improving care quality in response to complaints or concerns:

- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- The provider had not received any complaints.
- People told us they felt able to complain if they needed to. One person told us: "I have no complaints, but I would let (name) the provider know if I did."
- A relative said, "I have no concerns at all. I trust the staff. They know me, and I know them. They always listen to what I have to say."

End of life care and support

- At the time of the inspection nobody receiving end of live care. The service, at this time did not offer end of life care and support
- The provider had considered this time in people's lives and some people had made wills to ensure that their wishes would be acted on.
- Some people did not have relatives, who would be able to support them at this time. The provider was going to discuss with them what they wanted to happen at this time of their life.

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.

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

- The culture within the service promoted high-quality, person-centred care. The positive, open and transparent team culture was clearly embedded within the service.
- People's care was planned, monitored and reviewed regularly with them. What people wanted was the priority.
- People and their relatives commented very positively about the provider and their staff team.
- One relative had commented, "The provider and staff are always welcoming and friendly. They genuinely care for the person that is important to me. It brings me great comfort to know they are happy and being well looked after."
- The provider actively led by example by carrying out care calls, to meet with people and making sure everything was alright. This also enabled them to observe staff working practices and monitor and review all aspects of the care provided.
- There were open discussions with people, staff and their relatives to make sure people were receiving the care and support that they wanted.
- The aims and objectives of the organisation were discussed with staff when they were employed. Staff were highly motivated, and proud of working for the organisation. Staff member's comments included, "I love working for the service" and "We all work as part of a team to make sure people live a full life."
- Staff told us how supportive and encouraging the provider was. Staff gave us examples of this support and described the culture of the service by saying, "We can talk to provider anytime. They listen to what we have to say, and action is taken on suggestions we have made."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and was supported by senior care staff and an administrator. This management structure was clear to people, relatives and staff.
- Staff were clear in their roles and what was expected of them. People received care and support from a consistent small team of staff who knew them well.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- There had been no events that the provider needed to notify us about.

- Ratings from our last inspection were displayed in the office, in line with regulations. The provider did not have a web-site.

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

- People were engaged with the service and asked their opinions. The provider operated an open door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the provider when they had query.
- The provider met regularly with staff. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- People told us they knew the provider and had confidence in them and the staff. One relative said, "Not only do they support (my relative) but they really help me too. They have supported me, so I understand what I have to do to help (my relative). That is very important to me."
- Questionnaires were regularly sent to people, their family and friends, professionals and staff. The most recent questionnaires had been sent in April 2019. The feedback had been positive, and this information had been passed on to all people involved. One professional had commented, 'Excellent care and support for service users. Consistently a high standard.'

Continuous learning and improving care and working in partnership with others

- The provider completed a range of audits to evidence their on-going monitoring and auditing of the service. When issues were identified action was taken to prevent re-occurrence and improve the service .
- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. The provider was part of a variety of networks, to support learning and sharing of best practice.
- The provider had strong connections with the wider community and other local organisations.
- They were part of a local compliance committee which looked at all aspects of care. They were also involved in the development and changes in health and social care.
- The provider was also involved with a local residential service and kept up to date with changes in regulation and legislation.
- There was a programme of ongoing staff training to ensure staff were skilled and competent. When people were identified as having new issues with their health and well-being then training was provided in specific areas.
- Staff communicated with a range of health professionals and other community agencies to ensure that people's needs were considered and understood so that they could access the support they needed.