Westwood Care and Support Limited

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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

This was an announced inspection, carried out on 19 & 25 February 2016. We gave 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Westwood Care and Support Limited is a domiciliary care agency, providing personal care and support to people living in their own homes. The service operates from an office based in the Halewood area of Knowsely, Liverpool.

The service has a manager who was registered with CQC in May 2011. 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 last inspection of Westwood Care and Support was carried out in November 2013 and we found that the service was meeting all the regulations that were assessed.

People felt safe when they used the service and they had no concerns about the way staff treated them. There were systems in place to protect people from abuse including training for staff and policies and procedures for staff to follow. Staff recognised the different types and indicators of abuse and were confident about reporting any concerns they had.

Staff knew how to deal with an emergency situation and they were confident about what to do should one arise. People who used the service and staff had information about who they could contact for advice, guidance or support at any time of the day or night.

Staff received the training and support they needed. New staff completed an induction programme and all staff received ongoing training relevant to their role, responsibilities and the needs of the people they supported.

The registered provider had a policy and procedure relating to medicine management. Staff responsible for administering medication completed the relevant training and had their competency checked regularly to ensure they were managing people's medicines safely.

An assessment of people's needs was carried out and appropriate care plans were developed. Care plans were person centred and detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person and other significant people such as family members and relevant health and social care professionals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests. Staff were aware of the need to obtain people's consent prior to them providing any care and support.

People who used the service felt they were treated with kindness and they said their privacy and dignity was respected. People's independence was promoted, they were supported to do as much as they could for themselves so that they did not lose their independence.

People's wishes and preferences were accurately reflected in the care plans. Contact records were maintained detailing the support people received and they were an effective way for staff to communicate important information about people.

The culture of the service was positive and open. People who used the service and staff described the registered manager as being approachable and supportive. Systems were in place to monitor the safety and quality of the service and to gather the views and experiences of people and their family members. The service was flexible and responded to any issues or concerns raised. People told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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.

Recruitment procedures were thorough and safe.

People felt safe using the service. Staff were confident about dealing with any concerns they had about people's safety.

Risks people faced were identified and managed. Medicines were appropriately administered to people.

Is the service effective?

Good

The service was effective.

People made choices and decisions about their care and support.

The registered manager and staff understood the legal process which they were required to follow to ensure decisions were made in people's best interest.

People needs were assessed identified and planned for. People were involved in planning and reviewing their care and support.

Is the service caring?

Good

The service was caring.

People were treated with kindness and their privacy and independence was promoted and respected.

People trusted staff and felt relaxed around them.

Staff knew people well, including their likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and responded to their needs.

People had information about how to complain and they were confident about complaining.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture at the service.

People were complimentary about the way the service was managed.

There were systems in place to assess and monitor the quality of the service and make improvements.

Westwood Care and Support 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 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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

During our inspection we visited the office and met with the registered manager who is also the registered provider. We checked a selection of records held at the office, including care records for three people who used the service, recruitment and training records for three staff, policies and procedures and other records relating to the management of the service. On the first day of our inspection we met with two people who used the service in their home. With their prior consent we held telephone discussions with two people who used the service and three staff.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe and had no concerns about their safety. One person said, "I feel very safe. The staff help me carry out checks to make sure I am safe. The staff treat me well" and another person said, "I have no worries at all. I am safe and secure".

The process for recruiting new staff was safe and thorough. The registered provider had a recruitment policy and procedure which clearly set out the process for recruiting new staff. Records which were maintained for each member of staff showed the process was followed before staff started work at the service and staff confirmed this. New staff completed an application form which provided details of their previous employment history, qualifications and experience. A record of interview was taken and in addition a minimum of two references were obtained, including one from the applicant's most recent employer. A check was also carried out by the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed safely. Staff had access to up to date information and guidance about how to manage people's medicines, including a copy of the registered provider's management of medication policy and procedure. Staff had undertaken training and completed an assessment to show they were competent to administer medicines. People who required support with taking medicines had a medication administration record (MAR) in their home which listed the items of medication and the times they were to be administered. Staff completed people's MARs as required. Medicines people required and the support they needed from staff to take them were detailed in their care plans.

People were protected against the risk of abuse and harm. Staff had access to a range of information and guidance about safeguarding people from abuse. This included a copy of the registered provider's, and the local authority safeguarding policy and procedure. As part of their induction staff were introduced to safeguarding procedures and they completed training in the subject. The registered manager and staff knew the different types of abuse and recognised potential signs of abuse. One member of staff said, "A sudden change in a person's mood or behaviour or marks on their body could indicate abuse". The registered manager had good knowledge of the procedure for notifying the local authority safeguarding team about any allegations of abuse.

People were supported by the right amount of staff to keep them safe. The level of support people needed was based on an assessment of their need. Staffing levels were determined by people's needs, and those who required it received support from two members of staff.

Risks people faced were identified through assessments and they were planned for to ensure people's safety. Risk assessments were carried out regularly and risk management plans were updated as required. The plans provided staff with instructions on how to minimise risks to people's health and safety in relation to things such as the environment, the use of equipment, moving and handling and people's involvement in tasks around their home.

Staff had completed training in topics of health and safety including first aid, fire awareness and they had a good understanding about their responsibilities for ensuring the safety of people who used the service and their own safety. Plans were in place for dealing with emergencies for example if a fire or flood occurred at people's homes. Staff knew about the plans and they were confident about dealing with an emergency situation should one arise.

Good

Is the service effective?

Our findings

People told us that the staff provided them with all the right care and support. They said they thought the staff were well trained and good at their job. People's comments included; "They [staff] know me really well. They are so good at what they do" and "Couldn't be any better for me. I'm here in my own place because of them".

The registered manager worked closely with staff sharing knowledge and skills of working with the people they supported so that people received a consistent service. People told us how important the service was to them as it enabled them to live independently in the community.

Staff received appropriate training and support for their job. When staff first started work at the service they went through a period of induction. During their induction new staff were made familiar with the registered provider's policies and procedures, introduced to the people they would support and read their histories and care plans. They also completed key training, including first aid, fire awareness, safeguarding and equality and diversity and shadowed existing staff before they worked alone. The registered manager carried out checks to assess new worker's understanding of their role and responsibilities through direct questioning and observation of their practice.

There was an ongoing programme of training for staff which enabled them to keep their knowledge and skills up to date, and so they could meet the specific needs of the people they supported. Staff said they received a lot of training which was relevant to the work they carried out. In addition to mandatory training staff had also been supported to complete nationally recognised qualifications. This included a national vocational qualification (NVQ) in care, at various levels including level 2, 3 and 4. The registered manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, "We get loads of training and it is really good" and another said "I went on a course recently and it was brilliant I learnt so much from it".

Staff attended team meetings several times a year and had regular one to one supervisions and an annual appraisal with the registered manager. These sessions provided staff with an opportunity to discuss their work, the people they supported and any training and development needs. During their annual appraisal staff were given the opportunity to complete a self-review which enabled them to reflect on their work over the previous year and highlight any key achievements and areas for learning. The registered manager carried out observational checks on staff attitude and practice during visits which they carried out at people's homes. Staff told us they found these useful and valued the feedback they received. This included feedback from the people they supported where possible.

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 people lack mental capacity to make particular decisions, any decisions 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 received care and treatment when this

is in their best interests and legally authorised under the MCA 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were.

The registered manager and staff had received training in the Mental Capacity Act, 2005 (MCA) and they understood the principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. People told us that staff asked them for consent or agreement before making decisions about their care and support and they felt able to say no to suggestions from staff. One person told us, "Staff always ask me if I want their help, they never do anything without asking me". One staff member explained how they would act in someone's best interests and they said if they had concerns about a person's ability to consent they would document it and tell the registered manager.

No person who used the service had a (DoLS) in place at the time of our inspection. However the registered manager understood their responsibilities to ensure that people were not unlawfully deprived of their liberties, and was aware of the process of applying to the local authority to assess whether people were eligible for a DoLS.

Some people who used the service required support from staff to attend regular health checks at the GP, dentist, optician and chiropodist. Care plans detailed the support people needed to access health service as well as any support they needed to keep healthy and well.

Good

Is the service caring?

Our findings

People told us they felt happy and relaxed around staff and that staff respected their homes. They also told us that staff were polite, caring and respectful. Their comments included, "They [staff] are always happy and very kind" and "They're like my family. Very caring".

People's independence, privacy and dignity was respected and promoted. Staff told us that where people were able, they encouraged and prompted them to things for themselves rather than doing it for them. Staff said, "If someone is able to do something then I would never do it for them, unless they asked for my help" and "Having your independence is important". Staff explained how they ensured people's privacy and dignity. Examples they gave included; making sure people were involved in conversations about their care and support, and asking their permission before doing something. Staff told us that they always considered people's feelings when assisting them with personal care, and that they always knocked on people's doors before entering their homes and before entering their bedrooms and bathrooms.

People told us that staff had taken time to get to know them well. One person said, "They know what makes me happy and what makes me sad". Essential information about people was detailed in their care plan, including their wishes, preferences, likes and dislikes and things which were important to them. Staff had a good understanding of these needs and preferences, and they spoke about people with respect.

People told us that they had a say in which staff visited their home to provide support, and they said visits from staff were flexible. For example, one person said the times were often altered to fit in with their busy routine. People also told us that staff were punctual and always remained at their home for the allocated call time. People said staff spent time chatting with them about things of interest and that staff never rushed to get things done. One person said, "They [staff] are all very patient. They take their time".

Were possible people received support from the same staff. People told us that the consistency of staff was very important to them as it helped them get to know each other and build positive and trusting relationships.

People were given a booklet about the service which they kept at their home. The booklet included such things as how to complain and who to contact, both during and outside of office hours.
Information was made available to people in an easy read format so that those who had difficulties reading could easily access important information about the service and their rights. Documents made available to people in an easy read format included; care plans, the complaints procedure and the service user guide.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

Good

Is the service responsive?

Our findings

People who used the service told us they helped with their care plan and that staff provided them with the right care and support. People's comments included, "They [staff] know everything they need to know about me" and "They [staff] do everything they are supposed to do to help me".

People's needs had been assessed, identified and planned for prior to them using the service. Assessments carried out by the registered provider and other relevant health and social care professionals, were used as part of the overall assessment and planning of people's needs. People who used the service or where appropriate those acting on their behalf were involved in the assessment and care planning process. This ensured that people's needs were accurately reflected in their care plans.

Care plans were kept in people's homes and with the person's consent a copy was held at the office. The plans provided staff with information about people's needs and how people wished them to be met. For example, people's preferred routines, how they liked to spend their time and food likes and dislikes. Care plans were reviewed each month or sooner if there had been a change in a person's needs. People confirmed that their care plans were kept at their home and made available to staff.

Staff completed a contact sheet prior to leaving people's homes which recorded a summary of any tasks and activities which they carried out during the visit. The records also included any significant observations which needed to be communicated on to other staff or relevant others. Details of any contact staff had with the person's GP or other health and social care professionals involved in their care were also entered onto the contact sheet. Any changes noted in a person's needs were reflected in their care plan and recorded in the contact sheet so that important information about people's changing needs were shared amongst staff.

The registered manager provided us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside relevant others, such as family members and health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

People were involved in the running of the service and their views and opinions were regularly obtained and listened to. People and where appropriate, their family members were provided with the opportunity to complete a questionnaire each year. The questionnaires invited people to rate and comment on aspects of the service including; the support from management and staff, effectiveness of the service and the standard of care provided. The results from the latest questionnaire which were completed in 2015 were all positive. A comment made in one survey included; "I am very happy with everything X is very happy and that's what matters". People told us that the registered manager had visited their home regularly and asked them if they were happy with the support they received.

People who used the service were provided with information about how to make a complaint. The information which was available to people in an easy read format clearly described the steps people needed to take if they were unhappy with any aspect of the service they received. People confirmed that they had

this information at their home and they said they were confident about complaining if they needed to. One person said, "I would tell them [manager] if I was unhappy about something, I wouldn't keep it in" and "I would complain if I needed to. I'm happy though and have no complaints". Staff were familiar with the registered provider's complaints procedure and they told us that they were confident about how to assist a person to make a complaint should they ask for help. One member of staff said they would listen to the complaint first to see if they could help the person before directing it to the registered manager.

People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours.

Good

Is the service well-led?

Our findings

People knew who the registered manager of the service was and they described her as very kind, caring and approachable. People's comments included, "I like her [registered manager] a lot. She has improved my life" and "I don't know where I would be if it wasn't for her".

The service had a manager registered with CQC. The registered manager demonstrated high standards of care and support for people who used the service which they promoted amongst the staff team. Staff demonstrated that they had adopted the same ethos as the registered manager. For example, they talked about how they provided people with personalised care and support, how they promoted people's independence and how they strived to improve the quality of people's lives. Staff received regular support and advice from the registered manager who regularly worked alongside them as well as facilitating one to one supervisions and group meetings.

There were systems in place for assessing and monitoring the quality of service provision, which aimed to protect people who used the service against the risks of inappropriate or unsafe care and support. This included regular reviews of care plans and spot checks at people's homes to check on staff performance and the maintenance and accuracy of records, including care plans, contact records and medication administration records (MARS).

People were asked for their views about the service and the quality of the care and support they received and their comments were listened to and acted upon. Staff said meetings which they attended and informal discussions they had with the registered manager gave them the opportunity to openly express their views and opinions and put forward ideas for improving the service. Staff told us they had a lot of confidence in the registered manager and the way she managed the service. They said she was very supportive, always listened to their point of view and acknowledged their achievements and success. Staff comments included; "She [registered manager] is the best. I really love my job because of her" "She is a fantastic manager. Cares so much for everyone" and "Nothing but good to say about her".

An audit was completed of any complaints and compliments made about the service and feedback from this information was analysed and used to further improve the quality of the service provided. Although staff supported people in their own homes they carried out regular checks of the environment and supported people when necessary to address any risks or concerns.

There were processes in place for monitoring and learning from incidents and accidents. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to staff, resulting in improvements to people's safety.

We had received no statutory notifications from the registered provider about the service. However the registered manager had a good understanding of incidents and events which they were required by law to notify CQC about and they knew the process for sending notifications to us.

Policies and procedures were held at the office and were easily accessible to staff. These were also contained within the staff handbook, which was issued to staff. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations without the fear of reprisals. Staff knew about the whistle blowing procedure and they said they would have no concerns about using it if they needed to. They said they had every confidence that the registered manager would deal with any concerns in a discreet and professional way.