

Winspear Garth Senior Care Limited

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Inspection report

Suite 1, Fifth Floor, Century House
Hardshaw Street
St. Helens
WA10 1QU

Tel: 01744778978
Website: www.homeinstead.co.uk/sthelens

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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: Winspear Garth (trading as Home Instead St Helens) is a domiciliary care service that was providing personal care to people living in the St Helens area. CQC only inspects the service being received by people provided with personal care. This includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At this inspection there were 28 people using the service.

People's experience of using this service:

People were protected from the risk of abuse and harm. All staff had completed training in topics of safeguarding and they understood their responsibilities for keeping people safe and reporting any concerns about people's safety. The risks people faced in their lives were fully assessed in order to keep them safe. Robust recruitment and matching procedures were followed for staff. The risk of staff not visiting people in a timely manner was eliminated because of a computerised system that ensured people received support to meet their needs. Medicines were safely managed, and people were supported to be as independent as possible with managing their own medicines. Accidents and incidents were reported in an open and transparent way and action was taken to reduce further occurrences and learn from them.

An holistic approach had been followed in the assessment, planning and delivery of people's care and support. Care plans were detailed and person-centred and reflected people's personal preferences. They identified a progression to assisting people to become more independent in their daily lives. Staff provided care and support that was provided in a way people preferred and provided consistent and positive outcomes that met their expectations. Staff worked hard to provide a consistently better quality of life for people by supporting them to develop in areas such as communication, social interaction and independence. People consistently spoke highly of the support provided and we heard many examples where people had become more independent following the input of the service.

People and family members were, without exception very positive about how kind and caring staff, and the management team were. They considered the staff team to be completely trustworthy and had developed strong working relationships as a result of the staff approach. Staff and management were highly motivated in providing consistent person-centred care. People told us they felt listened to, valued, respected and included in every aspect of their care and support. Staff and managers had the skills available to support people and their relatives if they were reaching the end of their lives.

The management of the service demonstrated a high level of experience and capability to deliver support. Managers and leaders had knowledge and a person-centred vision which inspired staff to provide outstanding care and inspired confidence and passion in the staff team. The management team placed a strong emphasis on supporting people to become more independent in their lives. Managers sought to gain the views of people in a meaningful way which informed the future development of the service and to act upon suggestions made. The management team were commended by people for operating a well led service. They were praised by people who used the service and their families. This was reflected in

testimonies recommending anyone looking for support in their own homes. The management team worked closely in partnership with other agencies who were involved in people's lives.

Rating at last inspection: The service was rated as good at our last inspection in June 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

For more details, please see the full report which is on the CQC 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?

The service remains Good.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains Good..
Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains Good.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains Good.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains Good.
Details are in our Well-led findings below.

Good ●

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Detailed findings

Background to this inspection

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. The registered manager was not present during our visit.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be available to assist us.

Inspection site visit activity started and ended on 25 March 2019. We visited the office location on this date to see the manager and office staff; to review care records as well as policies and procedures.

What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection.

We spoke with six people using the service and two relatives to ask about their experience of care. We also spoke with the nominated individual, operations director and four members of staff.

We looked at six people's care records and a selection of medication and medication administration (MARs).

We looked at other records including quality monitoring records, recruitment and a training matrix for all staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the principles of safeguarding. Safeguarding processes formed part of staff meetings.
- Clear systems were in place to recognise and record any incidents of abuse.
- Staff received the training they needed to recognise types of abuse and which other agencies they could raise concerns about care practice to.
- People felt safe with the staff team. They told us, "[Staff] are very trustworthy" and "[Staff] make me feel safe in my home". This view was echoed by relatives who told us "I feel reassured that [Name] is being looked after so well and is in safe hands". Staff did not routinely wear uniforms. This was designed to ensure that people are not identified as vulnerable people in the community and to keep them safe.
- Staff routinely assessed the capacity of people to ensure that they remained safe in their own homes.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place reflecting the needs of people who used the service. These assessments gave a thorough and clear indication of what risks were present and how they could be mitigated.
- Risk assessments were devised with the significant involvement of people who used the service and their families. They told us "They always involve me" and "Reviews are regularly held to make sure I am safe".
- All assessments were up to date and included reference to specific hazards present in people's own homes.
- Systems were in place to ensure that staff were kept safe as lone workers.

Staffing and recruitment

- People told us that calls were never missed. They told us, "Carers are punctual and reliable".
- The registered provider had systems in place which ensured that the same members of staff supported people at all times. People told us "I always get the same staff" and "They go the extra mile to send familiar faces to me".
- A computerised system for allocating staff to calls was in place. This was monitored in real-time and provided alerts if calls were not in a timely manner. Evidence from this inspection indicated that this never happened due to the effective measures in place.
- The system significantly reduced the risk of people not receiving the support they needed and ensured that staff were safe while travelling.
- Recruitment processes were robust.

Using medicines safely

- Medicines were managed safely by suitably trained and competent staff.

- Medication administration records (MARS) were appropriately detailed and accurate.
- MARS were recorded and monitored in real-time via a computerised system. This alerted the registered provided immediately if medicines had not been given and significantly reduced the risk of people not receiving their medicines when they needed them.
- Body maps were completed when people required the administration of creams
- Where specialist administration is needed; staff received training and supervision to ensure that it was administered safely and effectively.

Preventing and controlling infection

- People told us that staff always wore disposable gloves and aprons when assisting with personal care and that staff kept their homes clean and hygienic. Personal protective equipment (PPE) such as disposable and gloves and aprons were available to the staff team.
- Staff had received infection control training so that the risk of spreading infection was minimal.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The real-time monitoring system enabled any events to be identified in real time and acted upon promptly.
- Where incidents involved the need for further training for staff; this was responded to immediately.

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

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

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

- The level of support that people required in respect of nutrition was included within care plans.
- People were protected from risks associated with poor nutrition, hydration and swallowing difficulties.
- Staff received training in food hygiene to ensure that meals were prepared hygienically.
- The preferences of people in respect of food were recorded in detail within care plans.
- Meals provided were always recorded within daily records. In some cases where people did not want the meal available; staff ensured that significant alternatives were offered in line with their preferences.
- Staff supported people to receive adequate nutrition and hydration through alternative means such as Percutaneous Endoscopic Gastrostomy (PEG). Training had been undertaken by staff in this specialist area. They followed best practice guidelines and ensured complex feed regimes were maintained.
- Close monitoring of fluid intake and co-operation with dieticians had taken place enabling a positive outcome for one person with the PEG device being removed. This demonstrated the registered provider had sought to increase people's independence in nutrition through the support they provided.

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

- The service adopted a holistic approach to assessing, planning and delivering support to people. Prior to people receiving support, the service worked with other health and social care professionals to complete a thorough assessments of people's needs to ensure they were able to receive the right support.
- People were significantly involved in the contribution to, and agreement with the assessment information gained. Assessments included the signatures of people to confirm that they agreed with their contents.
- Assessments in place were very detailed and covered all areas of a person's life.
- The service worked hard to provide people with effective support to achieve the best outcomes possible and enhance people's quality of life whilst ensuring their individual needs were met.
- Through the positive actions of staff people had more enriched lives; some had developed in independence, communication and social interaction.
- Other agencies had significant involvement in the assessment process so that all the needs of people could be recognised.

Staff support: induction, training, skills and experience

- People told us that staff were very professional and were knowledgeable about their needs.
- Staff knew people well and fully understood how to best provide an effective service.
- Staff told us they received the training they required to support people effectively.
- Where people had specific needs or medical aids, staff received specific training to meet those needs and had their competency assessed.

- Staff had regular supervision, appraisal and spot checks were undertaken to monitor their ongoing performance and to support them in their role.
- New staff received a structured induction to prepare them for their job role. The induction process included new staff shadowing existing staff until their competency was confirmed.
- When new staff had shadowed existing members of staff; people who used the service were asked for their feedback about the new person's approach. Instances did arise where people who used the service had expressed that the new shadowing members of staff did not visit them. These wishes were respected.
- The registered provider ensured that people were supported by the same, well-trained group of staff. This ensured a consistent staff team supported people so that all their daily needs could be known in detail.

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

- The staff team worked well with other agencies to alert them to crisis situations.
- Ongoing commentaries were in place outlining where staff had been proactive in assisting people with their health and in emergencies within their own properties.
- The suitability of equipment used by people was assessed by the registered provider. An example of this related to equipment deemed unsuitable for a person. Steps were taken by the registered provider to ensure that the person received the right equipment to meet their needs effectively.

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

- Details of health professionals involved with people were recorded in care plans.
- Where applicable, the staff team had referred people to other professionals in order to respond to their health proactively. Staff responded to risks and events within people's own homes and responded accordingly.
- Daily records indicated that the wellbeing of people was determined during every visit. Staff routinely asked people about their wellbeing.

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

- Technology and equipment was used effectively to meet people's care and support needs. The registered provider had embraced technology to ensure that calls to people's homes took place in a timely manner and that all areas of support had been undertaken by the staff team.
- This enabled people to receive safe care but also ensured that staff were safe when travelling between addresses.
- Technology was further used to provide information on people's needs and their support. This could be accessed by people at any time of the day or night to inform them of the support they received.
- The registered provider was aware of the equipment in place in people's homes and had an overview of those responsible for its maintenance. Staff were trained to use equipment in order to provide effective care.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection records indicated no-one was receiving support subject to any restrictions under

Court of Protection.

- The management and staff had completed training in the MCA and had a good understanding of the principles of the legislation.
- People had their capacity to make decisions assessed. Where applicable, best interest's meetings had been held.

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

Good: 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

- Staff throughout all areas of the service were highly motivated to provide people with kind and compassionate care. The registered provider and staff were very committed to ensure that people received a person-centred and dignified service.
- People told us without exception that they were very satisfied with the support they received. They told us "I would recommend them to anyone else looking for good support in their home" and "they are excellent".
- People told us that the staff team had helped them to "Get back on my feet" and had greatly assisted in enabling them to become independent in their daily lives.
- People had an active choice in the staff they wished to support them. Care was taken to match staff's personal qualities with the personalities and preferences of individuals.
- People were encouraged to share information about their life history, relationships important to them, likes, dislikes and personal preferences. This information was then used to get to know people and engage with them in a meaningful way. People told us that staff knew them "very well".
- The service constantly strived to look at how people could be more independent in their lives and worked closely with individuals and other agencies to see how increased independence in their daily lives could be achieved.
- We saw evidence which outlined the extra steps that staff had taken over and above their duties to recognise key events for people, for example, when it was their birthday.

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

- The service used innovative technology to ensure people were provided with reassurance and information to them that their needs would consistently be met.
- People significantly influenced the support they were given through regular reviews. Where support needed to be adjusted to meet people's preferences; this was always done in a timely manner.
- The communication needs of people were outlined in care plans in detail and these indicated any considerations that staff needed to take in effectively communicating with people in order to gain their views.
- People told us that they were able to make decisions about their support and that their wishes were always listened to. One person, for example, told us how the service had responded to their request to match staff personal qualities with their personality and this had been actioned
- The registered provider routinely recorded examples of where people had expressed views about their support and how the service had respected these and had taken significant steps to ensure that people were listened to at all times.

Respecting and promoting people's privacy, dignity and independence

- People told us without exception that support was provided in a caring and unhurried manner. They told us that the care staff were patient and kind and always respected their homes.
- People told us that they viewed the staff team as "Trusted friends" and that significantly positive relationships had been developed between them.
- People had access to advocacy services if they wished. The registered provider understood the importance of people receiving genuine and independent advice when they were faced with making important decisions in their lives.
- Records relating to people's care and support were stored securely at the office location. Staff understood their responsibilities in relation to keeping people's personal information confidential.
- Personal information stored on computers and mobile phone apps could only be accessed by authorised people. All systems were password protected and data stored in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoke extremely highly of the service they received and felt that it met their needs in every aspect of their lives. Comments included "It is extremely likely that I would recommend them", "It is such a relief that our relation is being looked after so well" and "The provider is absolutely fantastic"
- The management team had a good understanding of person-centred care and support. They were very responsive to the changing needs of people. For example, the management team had recognised that equipment provided to people had not met their needs. The management team were instrumental in facilitating reviews of equipment. This had resulted in positive outcomes for people as a result of the attention to details from the management team. For example, people could specify staff of which gender they wanted to support them.
- We saw examples of how the service had responded to crises within people's own homes which were not support-related. We also saw examples of how changes in needs had been anticipated and relevant health professionals contacted. Such changes included frailty and changes in skin integrity
- Care plans were very person-centred and had been devised with the full involvement of each individual. These reflected the significant influence people had had on determining their support. The service had consulted with other stakeholders to ensure a holistic approach to meeting need.
- Care plans included a comprehensive and personalised account of all aspects of a person's life including their social history, cultural, spiritual and preferred interests. Detailed daily records included any activities that people had pursued that day so that a broad picture of their lives could be recognised over and above the regular support they received.
- Care plans and other information were agreed by the person involved and could be made available in alternative formats as required under accessible information standards.
- Care plans could be accessed through a mobile phone app. This enabled people to view the contents of their care plans and daily support given which provided them with transparent information. This access was also available to relatives with people's permission in order to reassure them of the support their relation was receiving on a daily basis. One relative told us "I am so relieved that we have found a service that looks after [Name] so well".
- Care plans were accompanied by daily records written for each time people had been supported. They were well-detailed giving accounts of the interactions staff had with people, an account of their general wellbeing and details on how they had been supported. These were available for people to view at any time via a mobile phone application.
- The service was responsive to people's changing needs. They operated an effective out-of-hours call service. An on-call supervisor was able to respond immediately ensuring any concerns were addressed immediately or referred to the relevant professionals where required. People told us "they are always on call when I need them" and "the support I get is exceptional".

- People were supported to attend and participate in activities in the local community. People had supported people to attend local social groups and luncheon clubs to prevent social isolation.
- The assistance provided to people in supporting them with activities was person-centred. Examples included people being accompanied by staff on their daily walk. This was an activity they pursued to improve their mobility. Staff accompanied them on this to encourage them and to ensure that they were safe. Other people were supported by staff to maintain regular contact with family members or engage in activities within the local community.
- Other examples of person-centred support by staff in activities included assisting people to use communication aids with a view to ensure that they could express choice and be at less risk of social isolation.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure in place. This included the timescales for investigating concerns and how the process would operate.
- A record of complaints was available. No complaints had been received. People consistently expressed great satisfaction with the support they received.
- People told us that they knew how to raise concerns but were confident that their views would be listened to and acted upon confidentially.
- The registered provider used a proactive approach in responding to the views of people. Regular contact with people who used the service enabled people's views and wishes to be responded to. This meant that concerns did not result in a more formal complaint.

End of life care and support

- No one was in receipt of end of life support during our visit. Staff at the service had past experience of providing this support.
- The registered provider had a programme of training available to assist staff in providing appropriate end-of-life support to people and their families.
- The registered provider had established links with other professionals to ensure staff received relevant advice in order to support people and their families effectively.
- The registered provider offered a confidential counselling service to support staff who had been involved in supporting people at the end of their lives.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a manager who had been registered since 2013. During a period of absence of the registered manager, the nominated individual, operations director and a manager were overseeing the running of the service. This ensured continuity of support.
- All members of the management team had a very detailed knowledge of the needs of people who used the service.
- There was a strong emphasis on providing good quality, consistent care that put the needs wishes and preferences of the person first.
- The management team had a clear ethos and commitment to delivering a person-centred service. An approach was adopted which listened to people and their families and ensured that they received a service driven by their preferences and wishes.
- Managers and staff had strong values which they put into practice. People consistently gave feedback that they felt involved, valued, respected and listened to.
- People told us without exception that the service was well run, reliable and "They [Staff] never let me down" and in all cases "I would strongly recommend them to others".
- The registered provider demonstrated that people's needs had been responded to and met in line with good and responsive practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the service.
- The management team had a shared vision to motivate staff in promoting a good level of person-centred support. All staff indicated that said they were proud to work for the service and spoke very highly of the aims they achieved. Staff felt valued and respected by the management team.
- Further arrangements were in place to offer support to staff through a confidential counselling service in order to maintain their wellbeing,
- Staff told us that the management team was approachable and supportive. One member of staff told us that they had received qualifications and knowledge that they had "never thought I would achieve, and I have gained". Another said, "I have gained a lot of confidence thanks to the management". They also told us that working for the service was like "being part of a family".
- The registered provider always notified us, as required, of significant events that affected the wellbeing of people who used the service.

- The registered provider displayed the ratings from our last visit in line with our requirements. This demonstrated that the registered provider was transparent in informing people of the ongoing quality of the service.
- The registered provider sought to continually improve the support provided to people and maintained ongoing commentaries about how they considered to have achieved good outcomes for individuals.

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

- Thorough quality assurance systems were in place and were used effectively to monitor all key aspects of the service. Audits and checks were completed regularly and consistently by the management team. Regular spot checks of staff and reviews with people were in place to ensure high standards of care were met and maintained.
- The introduction and use of real-time monitoring of support packages meant that an audit of staff calls, care needs, daily records and medication records, for instance, could be done instantly and at any time. This ensured the management team was quick to adjust any support packages and sustain a level of service in line with people's needs very promptly.
- Care records were reviewed internally and regularly by the registered provider to ensure the service was providing good quality needs-led support.
- People and families were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their experiences about the service they received.
- The service hosted many events throughout the year to which users of the service, members of the public and other organisations could attend such as charity events. A newsletter kept people up to date with things that had been going on within the organisation.

Continuous learning and improving care

- Feedback from people, relatives and professionals involved with the service said it provided a consistently good quality of support. People told us they had no concerns about the support they received and that it had always consistently met their needs.
- People experienced a service which met their expectations, was consistently dependable and ensured people were supported by familiar staff at all times.
- The registered provider continually assessed the quality of care provided. This was achieved through daily feedback from people who used the service and their families while people were being supported.
- The service ensured skilled staff received bespoke training in order to manage complex health needs. The input of care staff had enabled people to move on and become more independent in the areas of nutrition and mobility, for example.
- There was a strong emphasis on continuous improvement for staff and the service. The management team outlined to us how the service had moved forward since the last inspection and what innovative changes they had made.
- The registered provider used spot checks to assess the care practice of staff. People who used the service were also able to comment on these occasions. Staff valued feedback on their own performance and were provided with the opportunity to comment on the service, including in team meetings.
- Regular reviews of people's care records and incidents and events meant the service was continuously adapting the support provided and acting to reduce further incidents from occurring.

Working in partnership with others

- The staff team worked closely with other health professionals to ensure that the health needs of people were met. There were instances where changes in health needs had been anticipated and referral made to

other agencies in a proactive manner.

- This co-operation extended to the local authority to ensure people's needs were identified and responded to.
- This co-operation had been effective in enabling a team approach to ensuring people became more independent in their lives, for example, with their nutritional and mobility needs.
- The registered provider maintained a significant presence within the local community in conjunction with other charitable, religious and community agencies. This extended to providing key information to interested parties on keeping people safe in their own homes, minimising risk of social isolation and other key information, for instance.
- The registered provider was involved in community resources serving people who were living with dementia and being involved in charitable projects.