WarrenCare 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

WarrenCare is a large domiciliary care agency that provides support to children and adults with disabilities and complex needs in their own homes and communities. At the time of the inspection 580 people were receiving care and support. An additional ten people were provided with 24 hour support in five supported living services.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that the service was safe. The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The employment records for staff were maintained to a high level and showed clear evidence of employment histories, references and checks.

The majority of medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration. However, we did see examples where this was not the case. The registered manager had already identified a training need in relation to medicines' errors and had organised additional training. There was no evidence that any errors had been significant or had resulted in harm being caused.

Procedures in place reduced the risk of infection. Staff were clear about the need to use personal protective equipment when providing personal care.

People's needs were assessed in sufficient detail to inform the delivery of care. Care and support were delivered in line with current legislation and best-practice.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support.

People were supported to eat and drink in accordance with their needs. We saw evidence that staff worked with relatives to ensure that people had access to nutritious meals that met their preferences.

People told us that staff treated them with kindness and respect and we saw this when we visited people receiving care. It was clear that staff knew people, their needs and preferences well and provided care accordingly. We saw staff talking to people in a gentle, knowledgeable and supportive manner about their care needs, families and other things of interest.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face and making use of different forms of communication where required.

It was clear from care records and discussions with people that their care needs were met in a personalised way. Each person had different preferences and goals that were reflected in their care records.

The majority of people that used the service had specific needs in relation to equality and diversity. We saw that people's needs were considered as part of the planning process in relation to; disability, age and religion as well as other protected characteristics.

We checked the records in relation to concerns and complaints. There were 26 complaints recorded in 2017. Each had been addressed in accordance with the provider's policy and included a detailed, written response.

The majority of people spoke positively about the management of the service and the approachability of senior staff. However, there were a small number of concerns raised about the quality and timeliness of communication by some people using the service and staff. We raised this matter with the registered manager who had already recognised an issue and taken measures to improve practice.

WarrenCare had a robust performance framework which helped to clearly define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. We saw clear evidence that staff had been challenged when their performance did not meet the required standards.

The service had used safety and quality audits to identify and address issues relating to; staff conduct, medication errors and missed calls. Information had been used effectively to improve practice and to inform further development.

Further information is in the detailed findings below.

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.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 was a comprehensive inspection.

The inspection took place on 22 and 23 January 2018 and was unannounced.

The inspection was conducted by two adult social care inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

As part of our planning for this inspection we sent out questionnaires to people connected with WarrenCare. We received eight out of 50 questionnaires back from people using the service, 55 out of 250 from staff, zero out of 50 from relatives and zero out two from community professionals. We used all of the information available to us to plan how the inspection should be conducted.

During the inspection we spoke with six people using WarrenCare's services, four of their relatives, ten care staff, the registered manager and senior managers responsible for oversight of the service. We also spent time looking at records, including 15 people's care records, ten staff files, medication administration record (MAR) sheets, staff training plans, complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Prior to the inspection we received information of concern regarding late and missed calls. As part of the inspection process we spoke with people and checked records to see if the concerns represented a risk. We saw evidence that the number of late and missed calls was not significant for a service of this size. Less than 0.01% of calls were missed in 2017. Where calls had been late or missed they were used to challenge individual staff and improve practice.

People and their relatives told us that the service was safe. Comments included; "They always turn up and are on time unless there's a legitimate reason, and in that case, they let me know beforehand", "[Safe] Oh yes, no bother at all" and "They never let me down though snow or ice, whatever the weather."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available to staff and people using the service in different, accessible formats. Safeguarding referrals were low for a service of this size.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, in relation to activities and community access.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The employment records for staff were maintained to a high level and showed clear evidence of employment histories, references and checks.

The majority of medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration of medicines. However, we did see examples where this was not the case. In one example, a supported living service had an unnecessarily large stock of a person's medication due to a problem with the pharmacist. This meant that storage and stock control had become problematic. When we reported this to the provider immediate action was taken to resolve the matter. In another example, we saw that a medicines administration record (MAR) sheet had not been fully complete for a food supplement. The registered manager had already identified a training need in relation to medicines' errors and had organised additional training. There was no evidence that any errors had been significant or had resulted in harm being caused.

Procedures reduced the risk of infection. Staff were clear about the need to use personal protective equipment (PPE) when providing personal care. Each of the homes that we visited had a supply of suitable PPE for staff to use.

We saw evidence that the service learned from incidents and issues identified during audits. For example, a recent record of concerns concluded; 'Be more aware of travelling time between calls for walkers.'

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of the staff and staff were equally positive about the quality and availability of training and supervision. Comments included; "They understand how my stroke affects me, I think they deal with a lot of people who have had a stroke and understand it" and "They are skilled and they know what to do." Staff members told us; "You can ring them up if you need extra training", "I've done PEG (percutaneous endoscopic gastrostomy) feeding and buccal midazolam (epilepsy rescue medication) training."
The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support. Staff had been provided with additional, specialist training where necessary. New staff were required to complete the Care Certificate to ensure that they were competent to deliver care before they were offered a permanent contract .
People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Care and support were delivered in line with current legislation and best-practice. For example, the recently re-launched visions and values of WarrenCare were aligned to regulation and the Care Quality Commission's key lines of enquiry.

People were supported to eat and drink in accordance with their needs. We saw evidence that staff worked with relatives to ensure that people had access to nutritious meals that met their preferences.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. For example, staff were working with a district nurse team to ensure that a person's health was effectively monitored and consistent treatment was provided. People were also supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. The care records that we saw showed evidence of consultation and people or their relatives had signed to indicate their agreement and consent.

Good

Is the service caring?

Our findings

Prior to the inspection we received information of concern which alleged that staff were not allocated time to travel between care calls. This meant that they may not have had sufficient time to meet people's needs. We spoke with the registered manager about this and checked records. It was clear that travel time was allocated and paid for by the service. However, it was also clear that a small percentage of staff did not understand how the system worked. The registered manager agreed to issue guidance on the subject as a priority.

People told us that staff treated them with kindness and respect and we saw this when we visited people receiving care. Comments included; "All staff approach [relative] well, very caring", "One staff member in particular is ideal, they sit down with [relative] for five minutes and offer gentle persuasion to have [relative's] personal care needs met and [relative] often comes round to the idea. When this particular staff member helps [relative] comes down and looks gleaming", "The staff are all cheery, the whole service makes my life easier", "[Staff name] is excellent. I've no worries at all" and "[Staff name] looks after my dog. I don't ask him. He just does it."

It was clear that staff knew people, their needs and preferences well and provided care accordingly. We saw staff talking to people in a gentle, knowledgeable and supportive manner about their care needs, families and other things of interest. For example, one person had an extended conversation about what football matches were on television. The staff member wrote a note to remind the person which channel to watch and at what time. When we discussed this with the registered manager, they were already aware of the practice.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face and making use of easy read language and images as required. People's care records were extensive and personalised to meet their individual preferences and needs.

Each of the people using the service held their own tenancy or lived with relatives. Staff were aware of the need to maintain privacy and dignity when providing personal care or when people communicated using behaviours that might compromise their dignity. Staff told us that they recognised people's personal space and were respectful when engaging with them. This was clear from our observations and discussions with people.

We saw numerous examples in care records of staff actively promoting people's independence. For example, in the preparation of food and choice of activities.

Good

Is the service responsive?

Our findings

It was clear from care records and discussions with people that their care needs were met in a personalised way. Each person had different preferences and goals that were reflected in their care records. Records also contained important information about relationships and personal histories. We saw evidence that staff had been successful in supporting people to achieve their goals. For example, in relation to maintaining their independence and relationships.

We saw evidence that each person had an individual model of support which included activities that respected their preferences. For example, one record stated; 'My independence and staying in my own home is important to me.' A different record stated a need to 'Keep in touch with friends in the social club I attend.' While another included the person's preferences for food including their favourite brands. We saw evidence of planned activities where staff had fully considered individual needs. For example, in relation to travelling in a vehicle, the care record showed that a risk assessment had been completed to ensure that the person and staff could access the community safely.

The majority of people that used the service had specific needs in relation to equality and diversity. We saw that people's needs were considered as part of the planning process in relation to; disability, age and religion as well as other protected characteristics as defined in the Equality Act 2010.

People's needs in relation to communication were also considered. We saw evidence that important information was produced in easy to read, accessible formats which made use of images and photographs. We also saw that staff took time to share information and seek consent by adapting their verbal communication to suit the individual.

We checked the records in relation to concerns and complaints. There were 26 complaints recorded in 2017. Each had been addressed in accordance with the provider's policy and included a detailed, written response. The complaints' process was understood by the people that we spoke with and was available in the registered office and people's homes. We saw evidence that action had been taken in response to complaints. For example, staff had been moved and rotas reviewed.

None of the people using the service was receiving specific end of life care, but staff were aware of the need to plan in this area should the need arise.

Good

Is the service well-led?

Our findings

A registered manager was in post. 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 majority of people spoke positively about the management of the service and the approachability of senior staff. However, there were a small number of concerns raised about the quality and timeliness of communication by some people using the service and staff. We raised this matter with the registered manager who had already recognised an issue and taken measures to improve practice.

The service had a clear vision to provide high-quality, responsive, person-centred care. This was reflected in promotional materials and the recently developed PRIDE initiative. PRIDE is an acronym formed from the words; person-centred, responsive, innovative, delight and engagement. Staff and managers were able to articulate the values associated with the initiative. A senior member of staff commented, "The vision was developed with staff consultation at all levels."

WarrenCare had a robust performance framework which helped to clearly define roles and responsibilities. A substantial and regularly updated set of policies and procedures provided guidance to staff regarding expectations and performance. We saw clear evidence that staff had been challenged when their performance did not meet the required standards.

Staff and managers spoke with clarity and enthusiasm about their roles and demonstrated a mature and transparent approach when questions were raised during the inspection.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through meetings and regular surveys. The most recent survey had not been fully assessed. However, the previous survey demonstrated improvements in key areas such as customer satisfaction.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. WarrenCare was in regular contact with local authorities to ensure that it was positioned to meet demand. The social care agencies that we contacted did not express any concern regarding the service. We saw evidence that the service worked effectively to improve safety and quality in response to safeguarding concerns.

The service had used safety and quality audits to identify and address issues relating to; staff conduct, medication errors and missed calls. Information had been used effectively to improve practice and to inform further development. For example, in relation to improved I.T. systems to monitor staff attendance and other key performance indicators.

The ratings from the previous inspection were displayed as required.