

Wessex Care Limited

Wessex Care Community Services

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 

Overall summary

Wessex Care Community Service provides a care at home service for adults in Salisbury and the surrounding villages. At the time of our inspection 16 people were receiving personal care from Wessex Care Community Service. The service was last inspected in May 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 16 November 2015. We returned on 26 November 2015 to complete the

inspection. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

There was a registered manager in post at the service. A registered manager is a person who has registered with

Summary of findings

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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "They're a marvellous lot the carers, they work well". One person said if they were distressed, the care worker would stay longer to reassure them. A relative also expressed satisfaction with the caring way staff supported their family member, commenting, "I'm very happy with the care my (relative) receives. It works out well and he is very happy".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. One person said they looked forward to the care worker coming and another said they were confident staff knew what they were doing. People said the care workers generally arrived on time, and they would receive a call to inform

them if there were any problems. A relative told us they were very happy with the service provided and didn't have any concerns about the safety of their family member.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who use the service said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and let them know if they were going to be delayed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Good



Is the service caring?

The service was caring. People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and maximised their independence.

Staff maintained people's dignity and upheld their rights. People were treated with respect and their privacy was protected.

Good



Is the service responsive?

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident they would be taken seriously.

Good



Is the service well-led?

The service was well led. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Action was taken when reviews identified the need for improvements.

Quality assurance systems involved people who used the service, their representatives and staff and were used to improve the quality of the service.

Good



Wessex Care Community Services

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2015 and was announced. We returned on 26 November 2015 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection, we reviewed all of the information we hold

about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

As part of the inspection we spoke with four people who use the service, four relatives, the registered manager, service manager, deputy manager, and four members of care staff. We visited three people who receive care and looked at the records relating to their care and decision making. We looked at records about the management of the service. We received feedback from three social care professionals who have contact with the service.

Is the service safe?

Our findings

People told us they felt safe when care staff visited them. One person said they looked forward to the care worker coming and another said they were confident staff knew what they were doing. People said the care workers generally arrived on time, and they would receive a call to inform them if there were any problems. A relative told us they were very happy with the service provided and didn't have any concerns about the safety of their family member.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse and were confident senior staff in Wessex Care would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. The service had reported issues appropriately and worked openly with the safeguarding team where any concerns had been raised.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from senior managers in the organisation if required. The service had an emergency plan to deal with situations that could prevent them providing care to people, for example due to adverse weather or significant staff absence due to sickness.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. Assessments

included details of how to manage medicines safely, access to the person's home and action to minimise the risk of falls. People and their representatives had been involved in the process to assess and plan management of risks. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary. This learning from incidents was followed through in staff meetings and individual meetings to ensure the changes to practice were understood and implemented.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records for two staff employed in the last year. These showed that Wessex Care's recruitment procedures had been followed and staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff arrived on time and they knew who the staff were. Staff told us there were sufficient staff to make the calls necessary and provide the care people needed. The service manager told us they would not take on work unless they were confident they had sufficient staff to make the calls.

People who were assisted with medicines felt confident in the support they received from staff. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training, underwent refresher training and received competency assessments. Training records viewed confirmed this.

Is the service effective?

Our findings

People told us staff understood their needs and provided the care they needed. People felt the care was excellent and they had regular staff who they knew well and who knew them. New staff were introduced to people and would 'double-up' with experienced staff for the first four weeks to ensure they were confident in providing the care people needed. People appreciated meeting staff before they arrived to provide care to them. A relative told us staff had the knowledge and skills to meet their family member's needs.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and there were scheduled regular one to one meetings for staff throughout the year. Staff said they received good support and were able to raise concerns outside of the formal supervision process.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed a thorough induction and there was an on-going training programme for all staff on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an

assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role. The service manager had a system to monitor the training staff had completed and ensure refresher courses for staff were completed regularly.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The service manager confirmed this didn't apply to anyone using the service at the time of this inspection. We found that staff had a good understanding of how to support people. People who use the service were confident staff would seek their consent before providing care, with one person commenting, "They work well and don't do anything without asking first".

Where people were assisted with meal preparation, they were given a choice. People felt they were never rushed and said staff were able to identify a change in their condition and would contact the relevant professional, such as the district nursing service or GP as required.

People's care plans described the support they needed to manage their health needs.

Is the service caring?

Our findings

People told us they were treated well and staff were kind and caring. Comments included, “They’re a marvellous lot the carers, they work well”. One person said if they were distressed, the care worker would stay longer to reassure them. A relative also expressed satisfaction with the caring way staff supported their family member, commenting, “I’m very happy with the care my (relative) receives. It works out well and he is very happy”.

A social care professional told us the person they supported was listened to at an initial assessment and a service made to fit their needs and wants. They said all staff visiting the person had been extremely professional, providing a good quality service which the person was happy with.

Staff had recorded important information about people, for example, personal history and important relationships. People’s preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

Care plans demonstrated that people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People and their relatives explained they felt involved in planning the care received.

Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way their personal care was provided. People explained how they were involved in regular review meetings with staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans.

At times, when staff finished providing care earlier than the allocated time, they would ask if there was anything else needed. People said staff showed an interest in their lives and would talk to them about things that interested them.

Staff received training to ensure they understood the values of Wessex Care and how to respect people’s privacy, dignity and rights. This formed part of the skills expected from staff and people told us staff put this training into practice, treating them with respect.

Is the service responsive?

Our findings

People said the staff had enough time to meet their needs in the way they wanted them met. Comments from people included; “They come on time, or call to let us know if there’s a problem”. A relative described how the service responds to changes in their family member’s needs, which had helped to improve the quality of their life.

One social care professional said Wessex Care Community Service had been extremely flexible and able to adapt to any additional requests very quickly and any changes in support. People knew who to contact if they were concerned about their call time, or if any changes were needed. One member of staff told us the management team had always instructed them to report any issues where people’s needs were changing and said the service responded promptly to ensure people were receiving sufficient care.

Each person had a care folder in their home, which contained a care plan and records of the care staff had provided. People were aware of the care plan and said they

were involved in the development of it. People felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed monthly and changes were recorded and updated.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact numbers out of office hours, in case of an emergency. One person said they informed the service manager of a concern regarding invoicing, which was rectified straight away.

Is the service well-led?

Our findings

The service had a registered manager, who was one of the directors of Wessex Care. A service manager was also in post, who managed the service on a day to day basis, with oversight from the registered manager who was based in the same office. The registered manager and service manager had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Staff valued the people they supported and were motivated to provide people with a high quality service. One member of staff told us, "It gives me pride to work for them because they really do care".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. Comments from staff included, "I could phone in the middle of the night and (the service manager) would still answer", "The service is well managed, they do things well" and "They (the management team) will always support you".

There was a quality assurance process which focused the way care was being provided. This included an assessment of the service by a consultant employed to act as a 'critical friend' and provide a view of the service external to the management structure. The provider also participated in an external accreditation scheme to ensure they had suitable management systems and processes in place to operate effectively and in line with their legal obligations. Information from the audits and reviews was used to develop an action plan to address any shortfalls and to

promote best practice through the service. The development plan was reviewed and updated as part of the regular management meetings. This ensured actions were being implemented where necessary.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. Following a review of an incident in which staff could not gain access to a person's home, new systems were introduced to automatically alert management staff that a call had not been made. In addition the service manager reported they had changed their assessment criteria to ensure additional measures were in place where there were identified risks in relation to access to a person's home.

There were systems in place to review incidents in the service and submit notifications to CQC of some notifiable events. Whilst most notifiable events had been reported to CQC, we saw that one incident in which an allegation was made about the conduct of a staff member had not been reported to us. We discussed this with the provider, who told us this was due to an oversight. We saw that the incident had been fully investigated and appropriate action taken. The provider said they would take action to ensure all notifiable events were reported in future.

Satisfaction questionnaires were sent out every six months asking people their views of the service. The results of the surveys were collated and actions taken in response to individual issues people had raised.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff reported they were encouraged to raise any difficulties and the service manager worked with them to find solutions.