

Mrs Lynne Weatherly

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place at the providers registered office on 7 November 2016 and was announced.

Mrs Lynne Weatherly provides care services from an office in Tunbridge Wells to people in their own homes mainly in the Tunbridge Wells area. The care provided was tailored to people's needs to ensure people were able to maintain or develop their independence or to support family carers. Care and support was delivered to adults with learning disabilities and autism. Some people required support with day-to-day tasks such as cooking, shopping, social activities, washing and dressing and help to maintain their health and wellbeing. There were three people using the service at the time of our inspection. The care and support people needed ranged from 20 hours a week to more intensive 24-hour care.

Mrs Lynne Weatherly (The provider) was registered with the Care Quality Commission to manage the service as the provider. 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 provider worked as part of the team delivering care to people. People and their relatives spoke about the staff in a positive light regarding their feelings of being safe and well cared for. Staff were trusted and well thought of by people. They thought that staff were caring and compassionate.

The provider assessed people's needs and planned people's care to maintain their safety, health and wellbeing. The provider had a clear understanding of people's needs and how they could enable staff to deliver a high quality of care. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from potential abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns the staff had were in place. The provider knew how and when they should escalate concerns following the local authorities safeguarding protocols.

Staff training covered both core training like first aid and more specialised training in learning disabilities and autism. We could see that the management and staff culture was based on recognised person centred good practice in learning disability care.

The provider and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings, staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service was able to continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the

registered office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed care and support. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

The provider ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care, they were provided.

People and their relatives said that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

The provider gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place that ensured people would be listened to and treated fairly if they complained. The provider ensured that people's care was individualised to them and in some cases, people had written their own care plans.

The management team and staff were committed to the values of the organisation and ensured they took these into account when delivering care and support.

The quality and effectiveness of the service delivery was based on a range of current policies that the provider kept up to date and that staff followed. People were happy with the leadership and approachability of the service's provider and the management team. Staff felt well supported by provider. Audits were effective and risks were monitored by the provider to keep people safe.

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.

People told us they experienced safe care. There were systems in place to manage risk.

The provider and staff were committed to preventing abuse.

Staff were trained to administer medicines safely. Background checks ensure the right staff were recruited.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance.

Training for all staff was kept up to date. Staff had attained the skills they required to carry out their role. The provider and staff completed training in respect of the Mental Capacity Act 2005.

Staff understood their responsibility to help people maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated.

People had been involved in planning their care and their views were taken into account.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan.

The provider worked closely with people so that they were consistently asked what they thought of the care provided.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on the quality of service delivery.

The provider was keen to hear people's views about the quality of all aspects of the service.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Mrs Lynne Weatherly

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 took place on 7 November 2016 and was announced. Notice of the inspection was given because the service was small and the provider was often out of the office delivering support. We needed them to be available during the inspection. The inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We visited one person at home and spoke with them about their experience of the service. We contacted the main carer for another person who uses the service to gain their views about the care the staff provided. We spoke to the provider Mrs Lynne Weatherly and two staff. We asked a social worker involved in people's care for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 30 July 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe when staff were in their homes delivering care and support. We observed that staff followed people's care plans in relation to safety and use of handling belts and head protection. (Handling belts enabled staff to support people safely when they are walking and head protection was used to protect people when they are at risk when suffering from epilepsy.)

A relative who was a person's main carer at home said, "I believe my daughter is safe, the provider and her staff are very supportive and knowledgeable."

People were protected from the risk of receiving care and support from unsuitable staff. Staff had been through an interview and selection process. The provider followed a robust recruitment policy and procedure to ensure that staff were suitable to work with people who needed care and support. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references from previous employers, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

People had consistent care from regular staff so they were protected from risk. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their home visits would be made by staff who they knew. The provider told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know. The provider did not use external agency staff and all staffing cover was provided by the existing staff or the provider. A relative we spoke with confirmed that the provider ensured the calls were covered.

The provider assessed people's needs to work out the number of staff and the hours people needed. The hours included time for personal care and support for people to attend social events of their choice. If people's needs changed the provider had a system in place to review and change the support hours people needed appropriately.

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. There were out of hours on call staff available to answer and respond to people if needed. The provider used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. This meant that the service could focus its resources into getting staff to the people most in need and protected people's continuity of care.

Staff followed the provider's medicines policies and the provider checked that this happened by spot-checking staff and auditing medicines records. (Spot checks are supervisions of staff who are working in the community.) People who received support from staff with their medicines were given their medicines as prescribed by their GP. The service had procedures in place and provided training for staff so that if they

were asked to take on the administration of medicine's for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicines had been signed for by as administered correctly. Staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care and support to people were assessed and recoded to keep people safe. The provider took a balanced approach to risk and developing people's independence. One person told us about how mindful staff were about their condition and the related risk. For example, there were certain activities they could not get involved in when cooking, due to their epilepsy. However, staff still involved the person in the kitchen. Environmental risks were assessed for example, lighting and working space availability and equipment was checked by staff before they used it.

People were kept safe by staff who understood and received training about the risks relating to their work. The provider had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk whilst they were out in the community or not eating and drinking enough. If people were at risk, the steps staff needed to follow to keep people safe were documented in people's care plan files. People told us that staff supported them to understand the risk they may face, and, what steps to take to stay safe. Records showed that as soon as people started to receive the service, risks assessment were completed by staff as a priority.

Incidents and accidents were fully investigated by the provider to ensure that action was taken to prevent the risk of them happening again. The provider audited incidents monthly to check for patterns of risk. Records showed that incidents that had occurred in 2016 had all been fully recorded and investigated with actions taken to reduce the risk recorded. They had also been shared with people's care managers where appropriate. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the provider would monitor incidents and accidents.

The provider understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, such as social services.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People told us that staff were good at meeting their needs. One person said, "The staff are good cooks, I choose what I want and they help me prepare the food." A relative said, "The staff are very organised, Lynne and her staff are very knowledgeable about my daughter's needs".

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left in people's homes for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the provider through spot checks and audits.

People's experiences of the service indicated that staff were competent and well trained. Staff spoke about the training they had received and how it equipped them with the skills they required to fulfil their role. Staff said, "People are quite able around food choices, we assist them to plan menus in line with their health needs, for example if they have diabetes, and we promote healthy eating". Another said, "The training is planned and booked in advance and we can access additional training at any time if needed." The training areas covered by staff matched the assessed needs of people who used the service. For example, dementia awareness training, nutrition and diet and how to care for people safely who may be at risk of choking. This showed that staff were getting the right training based on people's needs so that their care was effective.

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

People's health and welfare was protected by staff. At the time of the inspection this service was not providing food and drink to all of the people receiving care and support. This was because there were others at home with people. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. Food hygiene training was provided to staff. People told us that when staff helped them with their meals, staff did this with them rather than for them. This encouraged people to remain independent.

The provider wanted staff to have the skills and support they needed to fulfil their role in meeting people's needs. Staff received a comprehensive induction when they started working for the service. Records showed that when new staff started they would begin training using the Care Certificate Standards. These are nationally recognised training and competency standards for adult social care services. Staff told us they had worked alongside more experienced staff and completed an induction before they started working with people. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. Staff needed to demonstrate their competence to the provider at the end of their

induction to ensure they had reached an appropriate standard.

The provider used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Staff confirmed their competency was checked by the provider. Training was provided to staff in subjects such as safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. Records showed that staff had attended training in autism and learning disabilities awareness and caring for people with epilepsy. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by the provider or other senior staff whilst at work and were provided with guidance about their practice if needed. The provider met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the provider met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and the provider offered support and gave guidance to improve staff knowledge.

The provider had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had any areas for development in their skills and enabled them to plan their training and development for the coming year.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The provider had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to encourage people to seek help or ensure they passed the information onto relatives or care managers so that this was organised to protect people's health and wellbeing. In an emergency, staff were directly responsible for calling medical or other health professionals.

Is the service caring?

Our findings

People described the care that they received very positively. People or their relatives told us that they experienced care from staff with the right attitude and a caring nature. People told us that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery. The provider also delivered care to people as part of the care team. This gave the provider regular opportunities to ask people about their experiences of the care. A relative said, "The staff are open to having a chat with me about my daughters care". And, "The staff are definitely good at respecting privacy and dignity. My daughter really likes Lynne."

People and their relatives told us they had been asked about their views and experiences of using the service. Records showed that the provider used a range of methods to collect feedback from people. These included asking people at face-to-face meetings, during staff spot checks and sending people questionnaires.

What people thought about their care was incorporated into their care plans which were individualised and clearly set out. They set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

Where appropriate, staff encouraged people to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff offered people choices about how they wanted their care delivered.

Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

Information about people was kept securely in the office and the access was restricted to senior staff. The provider ensured that confidential paperwork was regularly collected from people at home and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date. The provider and staff were always available to listen to people's views.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care and support people required. For example, there was evidence that when people started using the service their risk assessments were completed as a priority. There was good use of pictures and signage in care plans to assist people's involvement and understanding of their care. Staff we spoke with clearly understood the need to regularly check with people that they agreed with their care plans. One member of staff talked us through how they consistently review a person's food choices as they are on a specialised diet agreed with their GP. Introducing or discussing different food options assist the person to stay healthy and encourages them to eat enough to maintain their wellbeing.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Records showed that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and managers reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. Other information showed that an occupational therapist had been involved in developing people's care. Records confirmed that people's health was protected when required through regular blood glucose monitoring. Care plans clearly directed staff on the actions they should take if people's health monitoring showed readings outside the norm. For example, staff needed to call the person's GP or community nurse. This meant that people benefited from care that always followed best practice principals.

There was a policy about dealing with complaints that the staff and provider followed. This ensured that complaints were responded to. There were no recent complaints. Systems were in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The provider always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The provider was experienced in providing services to people, which included those with learning disabilities and autism. They were supported to develop and manage the service by experienced staff. There was very low staff turnover at this service. The team at the service provided a good balance of skills experience and knowledge. They were passionate about the people they delivered care for and about the quality of what they did.

People told us that the service was well run. They had no complaints about the way the service was managed. One person told us they met the provider often as they worked alongside other staff on shift. A relative said, "Lynne and her staff go the extra mile to help out." And, "I am really happy with this service having had poor experiences of other services in the past. Communication is good, the provider and staff are really easy to get in touch with."

The provider had carried out quality audits every month. These audits assisted the provider to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the provider responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risks were minimised by assessment.

The provider had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the provider, who wanted to ensure they maintained the quality of the service for people.

The provider ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff believed they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff. Staff said, "I cannot fault anything Lynne or the other staff do, they all put their heart and soul into things." And, "The service is so enabling for people, I am proud to work for the company."

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The provider was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The provider understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.