

Flourish Enterprises Community Interest Company

Woodfield 24 Care 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 ●

Summary of findings

Overall summary

Woodfield 24 is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older and younger adults as they approach the end of their life. Care and support is co-ordinated from the services office, which is based at St Catherine's House in Balby. At the time of our inspection there were 20 people receiving care and support from the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Woodfield 24 Care Services' on our website at www.cqc.org.uk

Since the last inspection a registered manager had been appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

All the people we spoke with were extremely happy with the quality of the care the service provided. Staff spoke with passion and commitment about how they cared for people and supported their family members. People's privacy was respected and they were treated with dignity, kindness and compassion. People were supported to maintain relationships with people who were important to them.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Incidents and accidents were monitored and action was taken to reduce risks to people.

People were encouraged to manage their own medication if they were able to, while other people were supported by their close family. When assistance was required appropriate support was provided by staff who had been trained to carry out this role.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff. Staff had undertaken a range of training and support that aimed to meet people's needs while developing staffs' knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs had been assessed before their care package started and where possible they or their relatives had been involved in formulating their care plans. Staff worked closely with other healthcare professionals to ensure people received a seamless service that met all their needs.

The people we spoke with told us they knew how to raise any concerns and said they felt comfortable doing so. When concerns had been raised we saw the correct procedure had been used to record, investigate and resolve them.

People were consulted about their satisfaction in the service received and systems were in place to make sure company policies were followed. All the people we spoke with, including staff, told us they were very happy with the way the service was run. People spoke positively about the registered manager and how staff delivered care.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Woodfield 24 Care 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 was planned to check whether the registered provider was 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.

The inspection was carried out by an adult social care inspector and included a visit to the agency's office on 26 March 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the registered provider had also completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals, social workers and Healthwatch Doncaster, by email or using questionnaires. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Due to the nature of the service provided we were unable to consult directly with people who used the service due to their poor health. However, we spoke with eight relatives whose family members were using the agency at the time of our inspection, or had used it recently. We also sampled feedback forms and telephone consultations received by the registered provider.

We spoke with the registered manager and 10 staff; this included the deputy manager, a care coordinator, the administrator, senior care workers and care workers. This was done either face to face or on the telephone. We also considered the outcome of 20 questionnaires returned to us by staff.

We looked at documentation relating to people who used the service, staff and the management of the service. This included four people's care records, four staff recruitment files, training and support

documentation. We also looked at how the agency gained people's views on the service provided, as well as checks made to ensure company policies were being followed.

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people's safety and welfare. The relatives we spoke with told us they felt staff delivered care safely.

Staff had been issued with identity badges which they were expected to carry with them while on duty, so people could verify who they were. People told us if required key safes were effectively used to enable staff to enter people's homes safely. We also saw people's personal information, including key codes, were well protected.

Risk assessments were carried out to assess if there were any potential risks involving the person using the service, staff or the environment. We saw risk assessment and management plans were in place to minimise those risks, where needed, while allowing people as much freedom and independence as possible.

The registered provider continued to effectively protect people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. Staff had completed training in this topic and demonstrated a good awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

The company's recruitment and selection process continued to be robustly followed, which helped ensure new staff were appropriate to work with vulnerable people and had the right skills and knowledge to carry out their job.

Sufficient staffs were employed to meet people's individual needs. This included two staff attending each call and people being able to increase their visits to up to four calls a day, along with a sitting service that was used to give relatives a break from caring for their family member.

Medication was managed safely. Most of the people we spoke with said they retained responsibility for any medication people took. If this was not possible staff had been trained to assist or prompt people to take their medication from a monitored dose system [NOMAD] in a timely manner.

Reported incidents and accidents had been monitored to help minimise risks to people by looking for trends and patterns. The registered manager told us this information was then shared with the management team and external professionals to learn lessons and make changes to protect people.

The service helped to protect people from the risk and spread of infection. Staff told us they had completed infection control and prevention training, and confirmed they were supplied with the personal protective equipment (PPE) they required. We saw staff collecting their PPE supplies from the office, these included disposable gloves and aprons. People we spoke with confirmed staff wore PPE while providing personal care.

Is the service effective?

Our findings

People's care was delivered in a way that achieved effective outcomes for them. All the relatives and healthcare professionals we spoke with made very positive comments about the staff who supported people and the way care was delivered. A relative commented, "Staff seem to know what they are doing. They stick to the rules [follow company policies]." Another relative told us the care workers were "Absolutely fabulous." A third person said, "They [staff] are wonderful, I really can't fault them. They are polite, friendly and highly professional."

Before people began using the service they and their relatives, if applicable, had been involved in an assessment of their needs. Information collated from healthcare professionals such as doctors, occupational therapists, social workers and nurses had also been used to assess and plan the level of support each person required to ensure they received effective care.

A social worker told us, "My experience with Woodfield 24 is a very positive one. I have regular contact with administrative staff and always find that they are polite, professional and proactive in their approach. Managers look at fast track referrals in a timely way and arrange their assessment visit promptly in order to facilitate a safe discharge from DRI [Doncaster Royal Infirmary hospital] so that client and family can be cared for in their preferred place of care. Staff always work cooperatively with MDT [multidisciplinary team] and share our frustrations when at times they are unable to accept a client because they are up to 'capacity'. Each person that I speak to who has had support from Woodfield is extremely grateful and families have stated that without this support they would not have managed to care for their loved ones at home."

People received care and support from staff who had the training, skills and knowledge to meet their needs. This included a structured, comprehensive induction to the service. Following induction staff had access to a varied and on-going training programme to update and enhance their skills and knowledge. They were also encouraged to undertake nationally recognised awards in caring for people. All the staff we spoke with, and those who had completed our questionnaires, felt they had received all the training they required.

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but also said they could approach the management team for guidance and support at any time. Periodic observational sessions had also taken place to check how staff were working.

Care workers were involved with food preparation for some people, while other people did not require any assistance. Staff were knowledgeable about monitoring people's food and fluid intake and reporting any changes quickly, so further action could be taken as necessary. Staff had completed training about food hygiene as part of their induction and demonstrated a good understanding of their role in supporting people to remain as well-nourished and hydrated as possible.

The service continued to meet the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Staff had

attended training in this subject to help them to develop their skills and knowledge to promote people's rights.

Staff offered support to people and involved them and their relatives [where appropriate] when decisions were made. The registered manager and the care staff we spoke with demonstrated a good understanding of the process and their role in ensuring people's rights and wishes were respected. One relative told us, "He [person using the service] makes all the decisions. They [staff] will ask him a couple of times what he wants [in different ways to help him understand] and when he says no they respect that."

Is the service caring?

Our findings

When we asked if staff respected people's privacy and dignity everyone we spoke with answered positively. One relative said, "Definitely, without a shadow of a doubt." Another relative commented, "The staff are very caring. I am a 'hoverer' when they [staff] are there, well it's my mum. I see they are very caring and respect her dignity. For example they cover her knees to give her privacy and always ask 'what do you want [name of family member]' and 'how do you want it doing'." A third relative told us staff were, "Fantastic. Could not have wished for better people. They treated my husband like their own father until he died."

A social worker told us, "I have met carers on several occasions when I have carried out home visits/reviews and have always been impressed by the way that they engage with clients and their families and the empathy and compassion that is evidenced."

Staff spoke with passion and commitment about how they cared for people and supported their family members. They demonstrated a genuine understanding of supporting people at the end of their life, as well as their relatives and friends. One member of staff told us, "It's all about the patients [people using the service], everything revolves around them."

Choice was the centre of care provision, with people's preferences, likes and dislikes being prioritised. People's independence was encouraged and supported. Care workers and managers spoke about the importance of encouraging and supporting people's independence. The people we spoke with described to us how family and friends were encouraged to be as involved in people's care as they, and their family member wanted them to be. For instance, one relative told us about how staff always offered their family member the flannel when washing them, in case they wanted to wash their own face as this was something they could manage some days.

The culture of the service was based on providing support that was tailored to meet each person's unique needs. Care records highlighted any cultural and spiritual preferences.

The service supported people to express their views and be involved in making decisions about their or their family members care and support. Staff we spoke with were keen to make sure people made their own choices and respected the decisions they made. People were supported to be involved in planning and reviewing the care provided as things changed. People felt their views and choices were respected.

To help people communicate the service had given each care worker a set of pictorial flash cards following a suggestion from a member of staff. These were used to help people who could not verbally express their wishes. For instance, they allowed people to indicate yes or no to questions asked and enabled them to point to what they wanted, like to use the toilet or have a meal. They also helped people to say if they were sad, angry, worried or happy. This meant staff could understand the person's mood and act accordingly.

Is the service responsive?

Our findings

Everyone we spoke with told us Woodfield 24 continued to provide very good care and support. They said staff supported people as they wished and responded to their preferences and changing needs in a timely manner.

The service was flexible to meet peoples' needs. For example, one relative told us how Woodfield 24 staff had worked with the palliative care team to keep their family members care package in place when the 12 week usual contract ran out. They said, "The manager intervened [on their behalf] and this meant that they [Woodfield 24] were there until mum's death. They are a very professional outfit, the crème de la crème."

People had been referred for care through a fast track system which enabled services to be put in place in their home in a timely manner to support them in the last 12 weeks of their lives. We saw copies of assessments completed by the senior staff, as well as information collated from other healthcare professionals, which had been used to develop people's care plans. The service had liaised with people such as the discharge team at the hospital, relatives and doctors to make sure the right package was in place to support people.

Staff told us each person had a file in their home which contained their care plan, risk assessments, and information about them and their care provision. Although assessments and other information about each person was available on the services computer system copies of care plans were not available in the office. We discussed the benefit of having this information to back up the information kept on the computer system with the registered manager. During the inspection the registered manager arranged for carbon paper to be ordered to make sure copies of care plans were available to inform the office staff of people's current needs.

We looked at care records recently returned to the office. We also checked the care plan and records a care worker brought into the office from the person's home. Most of the plans we checked contained good information about people's needs and clear guidance to staff on how to meet these needs. However, one person's plan only provided basic information such as 'give full assistance' [with washing and dressing]. It was clear from the detailed visit notes that comprehensive care had been delivered and the person's assessed needs had been met. We discussed the lack of person centred detail with the management team who agreed further detail would be beneficial. The registered manager said she would address this as soon as possible.

Managers showed us how information was shared with staff using their mobile phones, which were linked to the computer system in the office and securely maintained. This allowed staff in the office and care workers to keep up to date with any changes in each person's condition and needs.

Relatives we spoke with confirmed they, and their family member, had been involved in planning and reviewing care plans and told us staff meet their family member's needs to a high standard.

A continuing care nurse told us, "The staff are very professional and the patients that I have seen had

nothing but praise for the staff and care they received. The care notes were up to date and completed correctly." They also said it was also apparent that the care staff stayed with the patients until all care was given, even when it took longer than the time allocated for each visit.

As people's needs changed the service was flexible in adding extra visits and arranging for additional equipment or support to be provided. Care plans were reviewed as people's needs changed and a continuing health review took place eight to twelve weeks into the package to determine if it should continue. If people were transferred to another service Woodfield 24 worked with them to make sure there was a smooth transition. For instance one care provider described to us how managers arranged for staff to meet at the person's home to go through the care provided and the person's preferences.

We also saw arrangements had been made for people to have access to aids such as pendant alarms and sensor mats, these helped to keep people independent, but safe.

All the staff we spoke with demonstrated a good knowledge of each person they supported. They spoke about valuing people and respecting their rights and their diverse needs.

As the service specialised in supporting people in their last 12 weeks of life the focus was clearly on end of life care. The registered manager told us to enhance the training already undertaken by staff in this topic a further distance learning course was being arranged. She said staff also worked closely with the district nurses and palliative care team to ensure each person received the level of care and support they required.

A palliative care nurse told us, "Part of our role is co-ordinating enhanced support for fast track patients that are on our caseload and how we can best support families and dying patients who are deteriorating, to facilitate the preferred place of death and who maybe entering a crisis. This is often due to patients wanting to remain in their own home and families struggling to facilitate this, we do a lot of joint working to provide wrap around care for these families until the crisis subsides or the patient dies. I find them [managers and staff] very professional and more importantly caring, they understand that care is not rigid and I believe the patients in their care have a holistic assessment and their individual needs met. I feel very fortunate that we are able to work in this way, I have daily contact with Woodfield 24, we are constantly updating each other and they advise when patients are deteriorating."

The service had a 'complaints, suggestions and compliments' policy, and we saw any complaints or concerns received had been managed appropriately. Four complaints had been recorded in 2017 and records showed these had been investigated and the outcome shared with the person raising the issue. Relatives told us they were confident any concerns or complaints would be taken seriously and addressed.

The compliments file contained verbal and written compliments received at the office. We also saw many thank you cards displayed at the office. Comments included, "Thank you to the carers for the care and help during [family members] illness, couldn't have done it without the help of Woodfield 24", "All the staff are kind and attentive" and "All carers are marvellous, flexible to her needs."

Is the service well-led?

Our findings

Since the last inspection the registered provider had appointed a registered manager who was responsible for the day to day running of the service. 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 Registered manager was supported by senior managers, a deputy and office based staff.

All the people we spoke with unanimously praised the registered manager and the way the service was run. They told us that when they spoke with her she always sorted out any queries in a professional manner, making changes as and when needed. One relative said, "I would recommend them [Woodfield 24] to anyone, in fact I already have done."

The registered manager demonstrated a good oversight of the service and a clear vision for how it could be developed to provide people with an even better service. She spoke passionately about providing the best service possible for people. She added, "We aim to give people the support and care I would want for myself and my family."

Staff spoke positively about how the service operated and the management teams skills. One staff member told us, "The dedication of all of the staff very often overwhelms me. I have come to realise that all of the staff go that extra mile to support both the patient and family members without question. I have had great support from both of the managers and have been actively encouraged to utilise my skills to support on-going improvements to the service. [Managers] make a really strong team and have the experience and knowledge to be able to ensure that the patients who use our service get the best from the onset. [The registered manager] has a very calming influence on both the staff and the patients and this is a really strong quality that not many people have."

Staff we spoke with demonstrated a commitment to providing high quality care and support. They told us they felt the service was well led and they were listened to by the management team.

Guidance provided to staff, meetings and one to one support sessions continued to ensure they knew what their responsibilities were and they were carried out correctly. Questionnaires had also been used in May 2017 to gain staffs opinions. The summary showed the vast majority of staff were very happy working for the service and comments made were positive.

A positive, person-centred culture was promoted. For instance, people's views were sought through phone calls, feedback forms and care reviews. This information had then been used to evaluate how the service was meeting people's needs.

Regular checks had continued to be carried out to make sure the correct procedures were being followed. Areas covered included care records, medication, timings of calls, complaints and staff training. These

enabled the registered provider to monitor how the service was operating and staffs' performance. Where shortfalls had been found action had been taken to address them.

We also saw the management team monitored topics such as meeting expected timescales for accepting new care packages and the review process. The registered manager told us where these had not been met they looked at the reasons why and the outcomes were shared and discussed at the quarterly governance meetings so lessons could be learned. A report was also submitted to the board bi-monthly to provide them with an update on how the service was operating.

We found the service worked in partnership with other agencies very well, such as the Clinical Commissioning Group [CCG], the palliative care team and other healthcare professions to ensure people needs were met. Weekly service lead meetings had taken place to discuss issues, get advice and escalate any concerns.

A social worker told us, "I find the management team to be extremely flexible and they always try to support if they possibly can. We communicate regularly once someone is at home and work collaboratively to solve any issues that may arise. The service that Woodfield24 provides is a specialist one and care is carried out to a very high standard, in a professional manner."

A manager at the NHS commissioning group told us, "In short the CCG are extremely happy with the service being provided by Woodfield 24, its approach and attitude to the difficult service they provide is second to none, and staff retention is excellent which I think speaks volumes in the current market. We have not received any negative feedback or complaints about this provider in the two plus years they have been providing this service."