

Welcombe Care Limited

Welcombe Care Limited

Inspection report

Arden Medical Centre
Albany Road
Stratford Upon Avon
Warwickshire
CV37 6PG

Tel: 07542515806

Date of inspection visit:
01 March 2017

Date of publication:
27 March 2017

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 on 1 March 2017. Welcombe Care provides domiciliary care to people living in their own homes, mostly within the Stratford upon Avon area. At the time of our inspection, the agency supported 40 people, of which, 32 were supported with personal care by 17 care staff.

This service registered with us in July 2015 and had not been previously inspected. This was the first rating inspection.

The service had a registered manager. 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 felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the registered manager, who ensured staff followed safeguarding protocols and procedures. Staff understood which actions to take in order to protect people from abuse. Risks to people's safety were identified however, some risk assessments required more detail, especially those people identified at medium risk or higher. However, staff knew people's current risks and how they should be managed. The registered manager agreed to improve people's risk assessments so staff continued to provide consistent and safe care.

Some people were given their medicines by staff who were trained and assessed as competent to give medicines safely. Records showed people's medicines were given in a timely way and as prescribed. Checks ensured medicines were managed safely and staff were observed by the registered manager and senior staff to ensure they were competent to do so.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider had a thorough recruitment process which included pre-employment checks prior to staff starting work. This helped ensure their suitability to support people who lived in their own homes.

People told us staff sought their consent before undertaking any personal care tasks. Where people were able to make their own decisions, staff respected their right to do so. One person's ability to make some of their decisions had been assessed by other health care professionals, but limited records confirmed the outcome of any mental capacity assessments. The staff team and the registered manager worked within the principles of the Mental Capacity Act.

People and relatives told us staff treated them with dignity, kindness and respect. People's privacy was maintained and people felt comfortable when staff supported them with personal care.

The registered manager and provider sought regular feedback from people and made improvements to ensure they were proactive in improving the service people received.

People saw health professionals when needed and the care and support provided was in line with what was recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, mobility and preferences. Some care plan records required some improvements, such as more information about the person, and actions to take where risks were identified. People were involved in how their care and support was delivered.

People and relatives felt able to raise concerns with the registered manager and were confident they would be listened to and responded to in a timely way. Staff told us the provider, registered manager and office staff had an 'open door' and were approachable and responsive to ideas, suggestions and sharing concerns. There were systems to monitor the quality of the support provided.

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's needs were assessed and risks to their safety were identified and managed effectively by staff. Risk assessments required more detailed information, however staff knew how to manage risks to people they supported. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team who completed care calls within agreed times.

Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected their wishes. Where people's ability to make their own decisions fluctuated, staff knew how to manage this and supported people with decision-making appropriate to each person. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals to assist them in maintaining their overall health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who treated them with kindness, compassion and respect. Staff were patient and attentive to people's individual needs and staff had good knowledge about people's likes, dislikes and personal preferences. People were supported to remain as independent as possible, yet staff supported people when needed. People told us staff who visited them in their homes, were respectful of them and their environment.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was focussed on their individual needs and was planned, with their involvement. People's care and support plans were reviewed to ensure they continued to meet people's needs. Staff knew people well and how to support them. People knew how to raise complaints although people and relatives were pleased with the quality of care they received.

Is the service well-led?

The service was well led.

People felt able to approach the provider and registered manager and were listened to when they did. Staff felt supported in their roles and there was a culture of openness within the service. There were quality monitoring systems in place to identify any areas needing improvement.

Good ●

Welcombe Care Limited

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.

The inspection took place on 1 March 2017 and was announced. We told the provider 48 hours in advance so we could be sure, the registered manager was available to see us. The office inspection visit was completed by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the office visit, one expert by experience contacted people by telephone to ask them what they thought about the service they received. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. We spoke with 12 people and three relatives of people who used the service. In addition, we sent out 25 survey questionnaires to people asking them to tell us about their experiences of using the service. We received 17 responses. Speaking with and hearing from people who received the service gave us the opportunity to see the overall quality of service people received from Welcombe Care, based on their personal experience.

Prior to our office visit we also contacted 14 care staff by email who worked for the agency and provided care to people living in their home. We received 12 responses from those staff. Following the office visit, we

spoke with an additional two care staff who supported people to ask them for their views on the quality of the care they provided and the support they received from the registered manager and provider.

During our office visit we spoke with the registered manager, a field care manager, a care co-coordinator and an administration and finance assistant.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and risk assessments. This was to assess whether the care people needed was being provided. We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for two members of staff to check that safe recruitment procedures were in operation, and that staff received appropriate support to continue their development.

Is the service safe?

Our findings

Everyone we spoke with, and 100% of people who responded to our survey questionnaire, told us they felt safe when they received care and support from staff. People told us they felt relaxed when staff visited them in their homes. People said staff were friendly and because they received support from a consistent staff team, they felt safe in their company. One person said, "Of course I feel safe with the carers (staff) I wouldn't let them in to my house if I didn't." People told us staff engagement and familiarity with them helped them get to know each other well. Staff said they let themselves in using key safe codes, but always announced their arrival before they entered the premises, and always left premises secured.

The provider protected people from the risk of harm and abuse by making sure staff understood their responsibility to keep people safe. Care staff completed training in safeguarding adults and knew how to recognise different signs of abuse and how to report it. One staff member said, "I have not seen anything, if I did I would report it to the manager." Staff told us of the different kinds of abuse and had no hesitation in reporting poor practice. The registered manager understood their responsibilities when dealing with safeguarding concerns. There had been two safeguarding referrals which we had been notified of. In both cases, action had been taken to keep people protected.

The registered manager knew their responsibilities for staff welfare. They told us the last care call was around 9:45pm which was a double up call (two care staff), so working in pairs minimised potential risks to those staff members. The care coordinator said at the end of each call, staff sent a text to say calls were completed and this was monitored by them, and the on call staff member during out of hours.

The provider had safe recruitment processes. We checked staff recruitment files. The provider's recruitment process ensured risks to people's safety were minimised. Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. These checks ensured the provider could be confident staff were of suitable character to support people. Regular monitoring such as unannounced 'spot checks' and regular feedback from people who used the service, helped ensure people received safe care.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. The registered manager told us if the new care package could not be supported, they were, "Not afraid to say no." Staff knew about risks associated with the people they visited and how to minimise risks. For example, where people needed assistance of two care staff, there was information for staff about how to support people safely. Staff told us they had completed moving and handling training so they were confident they could move people safely. People we spoke with didn't have any special equipment other than a walking frame or a walking stick to help with their mobility. They told us care staff made sure they were safe when they helped them move around their home.

There were individual risk assessments for each person that described any specific risks to their health or wellbeing. However, we found the detail in some risk assessments was not consistently detailed. People's risks were assessed as low, medium and high, but there was no information that told staff how to support people with increased risks. For example, one person's care record said they could become distressed and agitated and identified them as a medium risk. There was limited information that told staff what could make the person become agitated or distressed, what signs or triggers to look out for and what actions helped reduce their anxieties. From speaking with staff, it was clear they knew how to support this person and said over time, this person rarely became distressed. Staff recognised unfamiliar faces could cause this person to become anxious and took action to minimise this from happening. We told the registered manager about this. They understood what was required and saw this as a positive step to improve all of their records to make sure people continued to receive consistently good support.

People said there were enough staff to look after them and staff arrived when needed and stayed for the allocated time. One person told us, "I do think there are enough staff to do the jobs. I am never rushed by any of them." The care coordinator was responsible for allocating care calls. They said there was sufficient available staff to cover the care calls people required, at the times they preferred. They told us the system they used was flexible enough to allow for people to increase or decrease their care calls without it impacting on other people's calls.

Staff told us they were not usually asked to cover additional calls unless there was an unplanned absence, for example if a staff member was unwell or on annual leave. In these cases, the care co-ordinator or the registered manager covered the calls if no other care staff were available. We checked examples of call schedules which allocated staff at regular times and showed people received support from regular staff at times they preferred.

Most people administered their own medicines while some received support from staff. Where support was received, people said they received their medicines when required. Staff told us they had received training to administer medicines and had their competency checked during an observed practice, to ensure they did this safely. Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned to the office regularly for auditing. These were checked by the owner, who was a general practitioner and on the recent audits we sampled, no issues had been found. If concerns were found, the registered manager said the staff member would receive support and additional training.

Is the service effective?

Our findings

People told us staff who supported them knew how to support them to meet their needs. People said the care they received was, "first class" and said staff were effective when supporting them with their care and support. One person said, "The staff who look after me are really well trained to do the job, they are first class girls."

The registered manager told us the pre-assessments they completed before people received care, enabled them to be confident from the outset that they could meet people's needs. When people's needs could not be met, the registered manager told us they declined the care package but provided details for other agency services that may be able to help.

New staff received an induction over a three week period. This included training in areas the provider considered essential such as safeguarding, infection control, dementia, manual handling, medication and infection control. Staff told us part of their induction included shadowing more experienced care or senior staff. They said this helped them to understand their role and how to support people. One staff member explained, "I shadowed various carers (staff) and they wouldn't allow me to support people until I had moving and handling training." They said, "I really enjoyed the training, our trainer is good." Staff told us following their induction, their training equipped them with the knowledge they needed to provide effective care. Staff were complimentary of the providers' induction and we were told the training formed part of the Care Certificate which sets a recognised industry standard.

Staff and records confirmed they had regular one to one meetings with senior staff where they discussed personal development and training needs. The registered manager and staff told us unannounced 'observation checks' on their practice took place to check if they put their training into practice. The registered manager told us this was important because it gave them confidence people received care from trained and effective staff. They said if concerns in staff practice were found, they would provide additional support to encourage improvement although they had not been required to do this so far.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff told us they received training in the MCA and knew they could only provide care and support to people who had given their consent. We asked staff if they knew what the MCA meant for their practice. A typical comment was, "It's to deem they have capacity to make decisions. We should assume they can, unless proven otherwise." Staff we spoke with said everyone they visited had capacity to consent to their care and could make every day decisions in regard to how they wanted their care provided. One staff member said, "Always ask. ...respect privacy and dignity, that's most important. They are people, it's their human rights."

The registered manager understood their responsibilities and said where people required support to make decisions, relatives were available to inform any decisions that were needed. They told us about one person who they had referred to mental health teams and other healthcare professionals regarding their health, as well as their mental health. We were told this person had capacity, however from speaking with the registered manager and staff, there was some uncertainty, given their particular behaviours. There were no records to support or notes from other healthcare professionals that confirmed the findings from completed mental health assessments. The registered manager agreed to follow this up to ensure the person's records confirmed what healthcare professionals had said about the person's capacity. No one at the service had a DoLS in place.

Some people required staff to prepare their meals and drinks, whilst others did this for themselves. Staff understood how people required their food to be prepared and told us they had time to assist people to eat and drink at each meal time without having to rush. People said they were involved in their meal choices. One person said, "I have carers (staff) three times a day so they always do my lunch. I have frozen meals so after breakfast we have a chat and decide what I am going to have for lunch, then whoever comes in at lunch time cooks it for me." At the time of our inspection visit, no one required special diets.

Staff supported people to make healthcare appointments or attend healthcare appointments if required. The registered manager said they or staff made healthcare appointments for people when needed, with people's consent. They gave us examples of referrals they had made to the GP, occupational therapists and mental health teams. Staff followed advice provided to ensure people continued to receive effective care and support.

A community healthcare professional responded positively to our survey regarding the services provided by Welcombe Care. They said, "I have been very impressed by the services provided by Welcombe Care and I know this is echoed by my colleagues. Staff work in a compassionate manner, enthusiastically and creatively to meet the needs of [people], all of who have a variety of severe and complex needs. Staff are always happy to meet with me and my clients should we have any areas we wish to review. I would thoroughly recommend this agency."

Is the service caring?

Our findings

Everyone we spoke with were very complimentary about the level of support and standard of service they received. Comments included, "I couldn't ask for better care off any one, they are all top class girls." Another person said they were really pleased with the service and summed it up by saying, "Brilliant, brilliant, brilliant." People's responses from our surveys also confirmed they were very satisfied with the support they received, from staff who were kind, caring and compassionate. One person commented, "The regular visits by my care workers lift me up each time they visit, they cheer me up which helps me no end to face the day ahead. Without them caring and being so caring and friendly I would struggle to cope."

Staff told us they worked for Welcombe Care because they wanted to support people and 'make a difference'. We asked staff what made a caring service and how their values improved people's wellbeing. They told us continuity of care and listening and supporting people were important to building a trusting relationship. They said they always involved people in decision making so they understood what was important to them. One person supported this by saying, "My family live away from me and the carers (staff) show real interest in them and we chat all the time about them, great girls (staff)."

Speaking with staff showed they had the qualities, skills and desire to want to provide people with the best care they could. One staff member said caring was, "A vocation, being compassionate, kind." They said they were, "Very practical and tried to keep people independent and safe, living in their homes for as long as possible." Another staff member told us their caring qualities were, "Being very friendly and I am told I am a good listener." They said they were, "Patient...I like helping people, some people need positivity - I am not a dictator, I like to chat, I encourage."

People enjoyed receiving their support and saw staff as friends rather than people coming to assist them with tasks. People and relatives said staff were never rushed and often stayed longer than their allocated time to make sure they were settled. The registered manager told us they were confident that staff worked in a way that promoted people's privacy and dignity because they did not have to rush people. They also said they were confident they had the right staff team. They said, "It starts with recruitment, you can tell." Regular observed practice gave them confidence and people's feedback, assured them people received care they were pleased with. The registered manager said making themselves available for staff helped ease any worries or concerns. They said, "You have to be brave, if they (staff) are not right you have to say and monitor." The registered manager said they covered some calls so had opportunity to speak with people and staff. They understood what the role was, which staff we spoke with respected. People said they enjoyed seeing 'management' and had no concerns about how they were cared for.

People told us staff supported them to live independent lives and to do as much for themselves as possible, to maintain their independence. One person said, "My carers (staff) from Welcombe Care are very kind and do more than what they should do - making me able to live in my own home. I enjoy seeing all my carers and management is brilliant, always there to help." Staff understood the importance of promoting people's independence and the impact this could have on their well-being. Care staff told us they encouraged people to do things for themselves. For example, washing themselves, prompting them to take medicines or

preparing and making their drinks and meals.

Staff recognised the importance of being respectful and maintaining people's privacy and dignity. Staff explained how they upheld people's privacy and treated people with respect, and treated them as individuals. Staff gave us examples of how they continued to support one person who was anxious and nervous of change. They told us perseverance and supporting this person had meant they were now able to provide personal care without them becoming anxious. Staff said this had improved their overall health and wellbeing.

Discussions with the registered manager and staff demonstrated that caring values were part of the provider's philosophy of care. The registered manager said they were a small agency with a small team of care staff. Because of this, it enabled them to support people in a caring way, be on time and have enough time to provide the support people needed. They told us they rarely advertised for staff and people to use their services, because they received positive recommendations throughout the Stratford upon Avon and wider area. 100% of people who completed our surveys said they would recommend Welcome Care to family and friends.

Is the service responsive?

Our findings

People said the service they received was responsive and flexible enough to suit their individual needs. One person said of staff, "My carers (staff) always know before I even do if I am having a bad day and they cheer me up so much just by being around me." People and relatives told us if they wanted to increase, amend or stop a care call, this was not a problem. The care co-ordinator said there were enough available staff to be reactive to meet people's changing needs. People told us they received their care calls when needed.

The care co-ordinator said people who requested a copy of the call rota, were given a copy so they knew who was providing their care calls at a specific date and time. We looked at the call schedules for people whose care plans we looked at and the call schedules for staff who visited them. The records showed people were allocated regular staff where possible. Staff said they supported the same people regularly, knew people's likes and preferences and were allocated sufficient time to carry out their calls without having to rush. Call schedules were grouped into geographical areas to limit mileage between calls. Staff said they had enough time to travel between calls so calls usually commenced at people's preferred times.

People had an initial assessment completed by the registered manager before they received care. The information gathered from the assessment was transferred into their care plan which staff followed to ensure the person's needs were followed. People told us they were involved in their care decisions, so did 100% of people who responded to our survey. People also said if they needed any changes, these were made, such as cancelling or rearranging care calls or adding extra tasks.

We looked three care plan records. Records were individualised and contained information and clear guidance about all aspects of a person's health and personal care needs, which helped staff to meet those needs. Records were clear about what people could do for themselves and where they needed support. However, one care plan required further information. For example, in one care plan it recorded that the person 'has pain and anxiety'. There was no information that described the type and reason for the pain or anxieties. However, speaking with staff, they had a good understanding of this person's needs, as well as the other people they supported. Staff knew what caused the pains and anxieties and told us this person's overall wellbeing had improved. The registered manager agreed to update the care plan to ensure consistent care was maintained.

Staff said there was information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the registered manager and field co-ordinator so plans could be updated. Care staff told us communicating changes was very effective and they felt they had up to date information about people's needs.

Some care records did not record important information such as people's background, important relationships and history. The registered manager agreed to put in place, a "This is me" style document in people's care plans which they said would help support the provider's person centred values, and provide staff with valuable information.

The provider had recently computerised some care records and staff rotas but was running both systems alongside each other, to minimise disruption to people and staff. The registered manager said this was to reduce potential errors and improve confidence in their systems. Once the trial was completed, staff could access important information about people and their rotas electronically from their smart phones, via a secure password protected application. This would continue to ensure staff had up to date information to maintain a responsive and effective service.

The registered manager told us they and the field care co-ordinator usually completed the first few care calls to make sure assessments and care plans were accurate. When they were satisfied, staff were introduced to the person and shadowed to make sure they supported people in the ways they preferred.

The registered manager told us about one staff member who had spent considerable time with one person and their family, putting together a 'memory box' as the person was living with dementia. The registered manager said the staff member had done an excellent job and the person's family were very pleased. When they provided care to other people living with dementia, this was something they would ask families if they wanted.

There had been no complaints. People and relatives we spoke with were pleased with the service and had not raised complaints with the provider. 94% of people surveyed, knew how to make a complaint and those people we spoke with, were clear that if they had concerns, they would contact the office staff or registered manager. One person told us, "I have never needed to make a complaint and I can't imagine having to but I know it would be sorted straight away if ever there was a problem. " Staff said they would refer any concerns people raised to the registered manager or senior staff.

Is the service well-led?

Our findings

Speaking with people and relatives, and those people who completed our surveys, it was evident they were pleased with the quality of care received, and the staff team who provided it. Comments made were, "The carers (staff) are very friendly, helpful and are always there for me. I'm so pleased I moved from [previous agency name]", "I greatly appreciate all the care and support I receive, thank you" and, "The office staff are really friendly, they ring me on a regular basis to make sure that I am ok and I don't need anything. They don't have to do that, I think they are brilliant."

The registered manager had developed systems and procedures designed to encourage people who used the service, relatives and staff team to share their care experiences and views. The registered manager said they welcomed and valued other's views and feedback on the service, and where possible, made improvements. People who used the service told us they felt involved in any decisions taken by the registered manager which directly affected them. We consistently heard from people how they appreciated the regular team of staff who they had contact with. People who used the service had regular opportunities to provide feedback about the staff who supported them. The provider kept a compliments folder that recorded people's comments on the service they received. We read some of these comments which included, "All of them promote person centred values" and, "You're special, thank you." One compliment we saw was a letter from a person who was so pleased with the level of service provided, they wrote to our Chief Executive. The registered manager said that was a lovely gesture and was proud that someone they supported recognised staff's commitment to quality.

The registered manager told us the provider was extremely supportive and valued everyone's commitment. They said the provider took staff out for a Christmas meal and provided people with an advent calendar. Where people did not attend, the provider gave them a cash equivalent of shopping vouchers so they were not left out.

Staff talked positively and enthusiastically about the registered manager and the provider. Staff felt well supported, and had a sense of working towards the shared values of the organisation which was to provide the best care possible. The registered manager told us about the provider's initiative which celebrated staff member's achievements. They held an 'Employee of the Quarter' award which recognised staff members' positive contributions. Successful staff were rewarded with a cash value voucher. Staff knew what was expected of them and others, and we heard positive comments from staff about how they felt valued. Each staff member we spoke with enjoyed their work and some staff said this was one of the best agencies they had worked for.

Staff felt they could approach the registered manager and office staff with any difficulties in their work or personal lives, and had confidence these would be addressed or solutions found. One staff member said the registered manager had been understanding when they needed personal time away from work and their shifts were rostered around their availability. Staff said they worked well as a team which centred on good, open and honest communication.

The registered manager held regular staff meetings. Staff told us they found these meetings useful because it provided an opportunity to discuss any concerns or suggestions, and to be updated on any planned developments within the service, for example the rollout of the new computer system.

The registered manager had effective systems and procedures to assess, monitor and address the quality of the service provided. These included regular telephone calls and face to face meetings with people who used the service and their relatives. People's voice was sought by requesting feedback by survey and results we saw were positive. The registered manager completed regular audits on medication, daily logs, and incidents and accidents involving people to identify other potential areas for improvement. Some of these checks were not always documented, but the registered manager assured us this would happen.

The registered manager understood their responsibility to submit to us a statutory notification for important events. There had not been any occasions when we had not been sent a statutory notification when required.