

Westcountry Home Care Limited

Alexandras Community

Care Penryn

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Alexandras Community Care is a domiciliary care service providing personal to people in their own homes. When we inspected the service was providing the regulated activity, personal care, to 51 people living around the Penryn area in Cornwall.

People's experience of using this service and what we found.

Since the last inspection improvements had been made to how safeguarding allegations were recorded, investigated and reported. Improvements had also been made in the way identified risks relating to people's behaviour were recorded, assessed and monitored. Staff knew how to keep people safe from harm.

Some people were supported, by staff, to take their prescribed medicines. Medicine Administration Records (MAR) were completed by staff when medicines had been taken. Improvements had been made to the information provided for staff when medicines were provided in blister packs by the pharmacy. Care plans now contained details of each medicine and what support the person may need from staff.

There were sufficient numbers of staff to cover scheduled visits. People told us staff mostly arrived at the expected time and stayed for the agreed period. Staff were recruited safely.

Staff told us they had time to meet people's needs and did not need to rush. They were given adequate travel time to get to each visit.

Staff felt well supported by the management team and were happy working for the service. Staff were provided with training to help ensure people's needs were met.

Care plans were individualised, and detailed people's needs and preferences.

Any changes in people's health were escalated to the relevant professional and relatives were kept informed.

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

The infection control policy and procedure had been updated in line with Covid-19 guidance to help staff to protect people they visited, from the risk of infection.

People, their relatives, staff and health and social care professionals were regularly asked for feedback on the service's performance. Feedback from surveys was positive. Comments included, "I'm as pleased as punch with them, I would recommend them to anyone. We are all very happy with them" and "If I need to

make any changes to my care, I ring the office, for example if I have a hospital appointment; they will change my visits around for me without any problem. They do what I ask them to do when they come. I'd like to thank them all for their care."

There was a stable staff team who knew people well and worked together to help ensure people received a good service.

People, their relatives and staff told us the management were approachable and listened when any concerns or ideas were raised.

The registered manager and the provider carried out regular audits to monitor the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement. (Report published 2 October 2019) There was a breach of the regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check on the improvements they had made and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandras Community Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe  
Details are in our safe findings below

**Good** ●

### **Is the service responsive?**

The service was responsive  
Details are in our responsive findings below

**Good** ●

### **Is the service well-led?**

The service was well led.  
Details are in our well led findings below

**Good** ●

# Alexandras Community Care Penryn

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a period of one weeks notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider sent us information regarding staff support, survey feedback, rotas, audits, and compliments and complaints received. We spoke with 24 people who used the service, six family members and six staff who worked for the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found that the provider had failed to effectively investigate and report allegations of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13

- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were recorded and investigated appropriately.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew how to recognise abuse. Staff knew how to report and escalate any safeguarding concerns.
- People told us they felt safe when their carers visited and supported them. Comments included, "Yes, I am safe as houses," "I do feel safe when they are helping me. They (Staff) are my safety net" and "I feel safe because they help me to have a shower, they hold my arm."

Using medicines safely

At the last inspection we made a recommendation that the service follow national guidelines in respect of the management of medicines in people's homes.

Enough improvement had been made at this inspection and the service was now following appropriate guidelines.

- People's medicines were managed safely.
- Medicines administration records (MARs) and medicine care plans were completed in people's homes and directed staff on which medicines people had been prescribed and when they were to be taken. When people were prescribed 'as required' medicines there was information in place for staff informing them when these medicines should be used.
- People told us they received their medicines safely and at the time they expected.
- Comments included, "I get my tablets on time and they put cream on when I need it," "Yes, they get them (medicines) ready for me" and "It's quite a responsibility for them as they have to put tablets in my mouth for me as I can't do this myself."

Assessing risk, safety monitoring and management

At the last inspection we made a recommendation that the provider seek advice and guidance on the development or first assessments for people whose behaviour might put themselves or others at risk of harm.

Enough improvement had been made at this inspection and the service had suitable risk assessments in place when necessary.

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained improved detail and guidance for staff on how to protect people from known risks and reduce the risk of avoidable harm. For example, how people need to be moved safely.
- Specific Covid-19 risk assessments had been completed for all people who used the service.
- Risk assessments had been completed covering any environmental risks in people's homes.
- Staff were trained to use equipment to support people when mobilising. They carried out regular checks to help ensure it was safe to use.

#### Staffing and recruitment

- Staff were recruited safely using a robust process that included interviews, Disclosure and Barring (DBS) checks, employment history and references to check whether potential staff were safe to work with vulnerable people. Some interviews had taken place via electronic video systems during the Covid-19 pandemic to limit transmission risks.
- There were enough staff on duty to meet people's needs. Conversations with relatives and staff confirmed there were always enough staff available. No one reported any missed visits. No agency staff had been used.
- People told us, "Staff are generally on time. They text me if they're running late" and "Occasionally they run a bit late, but they stay for the full hour and I have never had a missed visit."

#### Preventing and controlling infection

- Infection prevention and control processes were effective.
- Staff had received training in infection control and additional Covid-19 risks. Personal Protective Equipment (PPE) was available for staff to use. Staff were following current Public Health England guidance.
- People confirmed staff were wearing PPE appropriately, they told us, "They look like spacemen with the masks and gloves!" and "I have put a small bin outside the front door so they can dispose of their masks."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Lessons had been learnt following the last inspection. The registered manager had put in place new processes and procedures, to help ensure any concerns regarding safeguarding or risk would be reported and investigated appropriately.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. Care plans contained individualised information about people's preferred routines, interests, likes and dislikes. Staff completed daily records detailing the care and support provided and any changes in the person's needs.
- People told us, "I am in a wheelchair so it is hard to move around, they help me a lot to do what I want to do" and "If I need to make any changes to my care, I ring the office, for example if I have a hospital appointment; they will change my visits around for me without any problem. They do what I ask them to do when they come. I'd like to thank them all for their care."
- People confirmed they had received a survey to ask for their views. Responses from people demonstrated they were involved in the creation of their own care plans.
- Care plans were kept under monthly review as well as monthly audits, by the manager, to check the quality and accuracy of people's care plans. During the pandemic some reviews took place over the telephone with the person, or if appropriate with their representative.
- Staff and people confirmed care plans were present in people's home. Staff were provided with information and guidance necessary to care for people according to their wishes.
- Staff had a good understanding of people's individual needs and provided personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in a communication card which helped ensure staff were aware of their needs. For example, if the person had any visual problems or hearing loss and included instructions for staff about how to help people communicate effectively.
- Key information was provided to people in their preferred form, such as how to raise a concern or obtain advocacy services.
- An electronic tablet had been provided by the provider, for staff to use with people in their homes to support them to keep in touch with loved ones throughout the pandemic. However, this opportunity had not been taken up by service users.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Any concerns raised were recorded and clearly responded to.

- People and relatives told us they would be confident to speak to the registered manager or a member of staff if they were unhappy.
- The service received compliments on the service provided. One person told us, "I'm as pleased as punch with them, I would recommend them to anyone. We are all very happy with them."
- People confirmed they were asked for their views, they told us, "They (management) always ask me, sometimes on phone and when the team leader visits" and "They (management) come out from the office and do checks."

#### End of life care and support

- The service provided good end of life care to people. Staff supported people while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs and district nurses.
- People's views on the support they wanted at the end of their lives was discussed with them. For example, where people expressed a wish not to go into hospital and be cared for at the end of their life in the home. This was recorded and respected.
- Since the last inspection the service had been involved in a pilot around staff receiving specific training on end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked alongside staff to help develop a positive culture.
- People told us, "They're a good team of girls and the manager is good. They are always respectful and do what is needed," "Very well run" and "Very good service 10/10!"
- Staff told us, "I am happy, I get all the support I need" and "The manager is very good and approachable. We can get hold of someone if ever we need help."
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people. People told us, "The carers are lovely, and we value them" and "They have a great caring attitude."
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered provider understood their responsibilities under the duty of candour. People and their families had been informed of the changes to visiting put in place to manage infection control in relation to Covid-19.
- The provider had notified CQC of any incidents in line with the regulations.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service is required to have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the service had a registered manager.
- Monitoring and auditing systems were in place and supported the management to make further improvements to the service as appropriate.
- Roles and responsibilities were defined and understood. The manager was supported by a senior carer who shared the out of hours on call system with them.
- Staff told us, "I have no complaints" and "We get good support the manager is always available. We get

together in small groups to have meetings now, its good."

- Important information about changes in people's care needs and matters regarding the running of the service, was communicated via regular communications held between the manager and the staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires were regularly given to people's families. The responses to questions from the most recent survey were positive.
- Staff had regular one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care

- Robust auditing systems were in place. The effectiveness of these systems were being continuously evaluated.
- The service was planning to introduce a new electronic call monitoring system in the new year. This would provide additional oversight for the provider regarding visit times.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.