Westwood Homecare (North West) Limited

Sedgeborough House

Inspection report

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20 June 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place over three days on 13, 19 and 20 June 2018. The first day was unannounced which meant the service did not know we were coming. The second day was by mutual arrangement.

Sedgeborough House 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 people, people living with dementia and people with physical disabilities. Not everyone using Sedgeborough House receives a regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing personal care to eight people.

At the last inspection we found continued serious systemic failures in the overall management of the service. This meant the service continued to be in breach of multiple regulations. In response to this, we took urgent enforcement action to prevent the service from accepting any new packages of care. Since our last inspection, the directors of Westwood Homecare (North West) Limited, set about to recruit a new management team. At the time of this inspection, the newly recruited management team was fully operational and now included a new operations director, service manager and compliance manager.

The purpose of this inspection was to ascertain the effectiveness of the new management team introduced to the service in April 2018 and to determine if all the regulatory breaches identified at previous inspections had been met. We found there had been improvements which were sufficient for the service to be rated as 'requires improvement' overall and good in caring and responsive, with no inadequate domains. This means the service can come out of special measures.

The service manager was in the process of applying to become registered manager. A registered manager is a person who has registered with the CQC 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.

We reviewed how the service sought to ensure people's medicines were managed safely. At the last inspection this had been an area of concern. During this inspection we found improvements had been made and medicines were safely managed.

We found improvements had been made by the provider to ensure newly recruited staff were suitable to work with vulnerable people. We looked at a sample of recruitment records and found the appropriate checks had been undertaken to ensure staff were suitable for the role.

The provider had ensured that all staff completed the required training to effectively fulfil their role. We found safety critical training such as moving and handling and first aid was now delivered by an external professional training provider. Newly recruited staff now received a five-day induction programme that was

aligned to the Care Certificate.

People were protected from abuse and avoidable harm. People and relatives we spoke with told us they were happy with the support received from the service and they felt safe with staff. Staff knew how to identify abuse, the different types of abuse and how to report abuse.

Since the last inspection the new management team introduced a new electronic care planning system. Care plans were now personalised and reviewed to ensure people received the right care and support. People were assessed prior to receiving personal care to determine if the service could provide care and support to people.

Although the provider was aware of the Accessible Information Standard (AIS) they had not yet taken action to implement this further into people's care plans. The operations director confirmed they would ensure the agency introduced a policy for AIS and review elements of their care plans to ensure people's communication needs were accurately recorded in a format that was accessible to the person.

Complaints had been investigated and appropriate action taken. People were aware of how to make complaints and staff knew how to respond to complaints.

At the last inspection we found the service was not operating in line with the principles of the Mental Capacity Act 2005 (MCA). At this inspection, we found documentation relating to the MCA had been reviewed and updated. This included documentation that detailed who was legally authorised to act on a person's behalf who lacks capacity.

Quality monitoring systems were introduced since our last inspection and the recent results were positive. We found newly introduced management tools had been established for audit and quality assurance covering areas such supervision and appraisal; medication audits; recruitment and selection; accidents and incidents; compliance with the working time directive; and audits of statutory notification submitted to CQC.

The new operations director and service manager could describe a clear vision for the development of the service and were realistic about targets. They confirmed that any growth would be managed in a manner that did not compromise the improvements that they had made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were safeguarded from abuse and the risk of abuse as staff and the management followed the local safeguarding procedures if they suspected potential abuse.

Incidents and accidents were recorded in appropriate detail and subject to analysis to reduce risk.

Records relating to medicine's administration were completed correctly.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were adequately trained for their roles and supported through regular supervision.

Consent to the provision of care was sought and recorded in accordance with the principles of the Mental Capacity Act 2005.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff members were trained on equality and diversity. Cultural

and religious beliefs were discussed with people.

People spoke positively about their relationship with staff

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and reflected their individual preferences.

People were now given the opportunity to discuss their care needs.

The provider had a complaints procedure and relatives knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had adhered to their action plan and improvements had been made to the management of the service following the last inspection.

There were systems in place to monitor and improve the quality of the service.

Staff understood what was expected of them and were motivated to provide good quality care.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Well-led' at the next comprehensive inspection.

Sedgeborough House

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 team consisted of two inspectors from the Care Quality Commission and site visit activity started on 13 June 2018 and ended on 20 June 2018. The first day was unannounced. This meant the provider did not know we were coming

Before the inspection we reviewed information we held about the service. This included any notifications that the provider was required to send us in relation to safeguarding, serious injuries, deaths and other significant events. We checked whether any feedback had been shared with us about the service by people using the service, relatives or others with experience of it. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

On the second day of inspection we visited two people in their own homes and spoke with them and/or their family member, to gather their views on the service. We obtained people's consent to look at paperwork in their homes relating to their care. On 20 June 2018 we also attempted to contact five people or their family members by telephone, we were successful in speaking with one person and three people's family members.

During and after the inspection we spoke with seven staff, including two directors, nominated individual, the manager, care manager, the supervisor and one care worker. We attempted to speak to seven other care works over the telephone but we received no answer from our calls. At the registered office we spent time looking at three care records, medication administration records (MAR), complaints, accidents and incidents records and other records relating to the management of the service. We reviewed the employment of eight staff and training records for the staff team.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving this service. Comments received from people included, "I feel safe, the staff work well with me." One person's relative commented, "My [person's name] is well cared for. The staff understand the importance of ensuring the doors are locked before they leave, this keeps [person's name] safe."

At our last inspection in March 2018 we found the provider had failed to ensure that the care staff providing care had the qualifications, competence, skills and experience to do so safely. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in this area and the provider was no longer in breach of this regulation.

At the last inspection we found the moving and handling training was not fit for purpose and we found this was delivered solely via a one-hour, unsupported online e-learning and did not involve of any practical sessions. At this inspection we found the learning and development of staff had been fully reviewed by the new management team, to ensure key training such as moving and handling was now service specific with practical training in the use of hoists being provided to guide the staff.

At our previous last two inspections in July 2017 and March 2018 we found the provider had continuously failed to ensure that staff employed were of a good character and suitable to work with vulnerable people. At this inspection we found improvements in this area and the provider was no longer in breach of this regulation.

At this inspection we found the new management team implemented a re-design of its recruitment and induction processes. Although this recruitment process had only recently been introduced, we found the system was safe and ensured the staff recruited were suitable to work in the care industry. We found that the application form asked prospective staff for ten years employment history and not a full employment history as is now required. However, interview records provided for discussion and checking about employment histories and exploration of any gaps in their record. The operations director immediately updated their application form and recruitment checklist, to ensure applicants full employment history will always be sought. We saw that staff responsible for recruiting, ensured they requested references and completed background checks. This included completing enhanced checks with the vetting and barring service (DBS), to ensure staff did not have criminal records or conduct that made them unsuitable or unsafe to employ.

At our last inspection in March 2018 we found the provider failed to have safe and effective systems in place for the management of people's medicines. We found this to be a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in this area and the provider was no longer in breach of this regulation.

The provider had introduced a new electronic Medication Administration Records (MAR) system since our last inspection. MAR's were completed electronically by the staff and a backup paper copy was also stored in each person's care file in their home. With this electronic MAR system only being in place since the

beginning of May 2018, we were not in the position to fully analyse the effectiveness of this system at managing people's medicines. We will therefore continue to monitor the effectiveness of this electronic system at our next inspection.

During the inspection we reviewed one person's electronic MAR records that we were able to view, we found this was accurate and clear. People did not express concerns over how staff supported them with their medicines. Staff received medicines training and were able to describe how they safely supported people with their medicines. Training records confirmed that all staff received medication training. Medicine assessments considered the arrangements for the supply and collection of medicines. They included whether the person was able to access their medicine in their own home and any risks associated with this. Staff were aware of the provider's policies on the management of medicines and followed these. MAR charts contained clear guidance about the use of medicines prescribed for occasional use, such as for pain relief or anxiety.

There was a new electronic call monitoring system implemented by the service, which required staff to check in and out of people's homes using their work mobile phone. This system produced alerts to the service manager and other users if the start or end times were outside of agreed parameters. This meant that the service was able to effectively monitor the length of calls and improve performance where required. The electronic records that we saw indicated that support had been delivered as commissioned. We also saw evidence that people had been contacted to inform them if staff had been delayed.

People told us that they felt their care was delivered safely. Comments included; "The staff are very reliable, the changes in management have been smooth" and "I am happy, the staff always turn up."

The new management team had spent time since our last inspection creating a risk assessment template that they felt was appropriate. Each person had an environmental risk assessment in place and hazards had been well documented. The risk assessments were comprehensive with detailed information on access arrangements in relation to all areas of the people's property.

Individual risks to people were identified and risk assessments were in place to minimise the risk. We reviewed one person's new risk assessment which listed the risks including risks of falling in the shower, falling when walking, falling when transferring from their bed to chair and falling when out and about in the local community.

Staff and the service manager were aware of their responsibilities in relation to safeguarding people. Staff had completed training in safeguarding and were able to tell us the types of abuse and who to report concerns to.

Records were also maintained of accidents and incidents and these were used to learn lessons to try to ensure similar incidents did not occur. Where things went wrong the service took action to help ensure the same mistakes were not repeated.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Safe' at the next comprehensive inspection.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, we found serious failures around staff induction, training, supervision, and the application of the Mental Capacity Act (2005). This meant the service was in breach of regulations and this key question of 'effective' was rated inadequate.

At this inspection we found improvements had been made and the service was no longer in breach of the relevant regulations. However, going forward, the service must be able to demonstrate that improvements are sustained.

Newly recruited staff now received a five-day induction programme that was aligned to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Induction of newly recruited staff also included a period of job shadowing.

Staff training had previously been delivered by unsupported online e-learning, including for moving and handling. At this inspection we found safety critical training such as moving and handling and first aid was now delivered by an external professional training provider. We also found that following redesign of the office accommodation, a new training room had been set up and included a hospital type bed, a wheelchair, a hoist and associated slings. This meant staff were now able to gain real 'hands on' practical experience in moving and handling. Online e-learning was still utilised by the service, but this was now delivered via an alternative provider and competency checks to ensure staff demonstrated underpinning knowledge where completed.

Systems and processes to ensure staff received supervision and one to one support in a timely and meaningful way had also been newly introduced. Supervision was a combination of one to one meetings with staff and direct observations of practice out in the homes of people who used the service. We viewed a sample of completed supervision documents and found these to be effective in capturing the views of staff, questioning of practice and identifying areas for development.

Management tools had also been established by the newly recruited compliance manager to assist them in maintaining oversight of training and supervision of staff. These were checked and verified during the inspection to ensure data was accurately recorded and that records were up to date.

We found the service ensured people received an initial assessment of their care needs before the person's care package commenced, which had been completed by the previous management team. The new management team confirmed they were looking to change the initial assessment process of care, with the interdiction of the newly developed care planning system. We will review the quality of these assessments at our next inspection.

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. Sedgeborough House provides a service to people in their own home, therefore any decision to deprive a person of their liberty within a community setting must be legally authorised by the Court of Protection. At the time of our inspection, eight people used the service and none were subject to a court order.

At the last inspection we found the service was not operating in line with the principles of the MCA. A blanket approach had been taken in assessing whether or not a person who used the service lacked capacity and we found 'consent' to care was frequently being sought on the behalf of a person who used the service from people who were not legally authorised to provide such consent

At this inspection, we found documentation relating to the MCA had been reviewed and updated. This included documentation that detailed who was legally authorised to act on a person's behalf who lacks capacity. For example, a lasting power of attorney for health and welfare and/or for financial matters.

During this inspection we also spoke at length with the newly recruited service manager to ensure they understood their legal obligations with regards to the MCA.

Where support with eating and drinking was part of a person's assessed care needs, we found care planning documentation was sufficiently detailed to ensure staff where able an appropriate level of support.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. Comments from people included, "The staff are very good, since the changes in the service I have found a much better service" and "I am very happy, the carers are nice." Comments received from people's relatives included, "[Person's name] is treated with the utmost respect and as a family we are delighted with the care" and "The care staff are great, I have built trust with them and find the service very reliable."

At the last inspection in March 2018 we found people's privacy and confidentiality was not always protected through the safe management and storage of records. This was a breach of Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in this area and the provider was no longer in breach of this regulation.

At this inspection we found the registered office address had undergone a number of positive improvements to ensure the office space could be used to assist staff with training and team meetings. We found when rooms were not used, the were locked to ensure people's confidential information was appropriately stored.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Within people's care plans it detailed what the person could manage and what they may require additional support with, while understanding the person's abilities. We were provided with one example of a person now managing aspects of their own personal care, due to the encouragement this person received from the staff team. We spoke to this person during the inspection, who told us, "The changes in the service have been great. I have new care staff and they are much better than the old ones."

Staff told us that they respected people's privacy and dignity. They told us that they would always knock on people's door and wait for an answer before entering to ensure people's privacy was respected. People and relatives confirmed this. A relative told us when asked if people's privacy and dignity was respected, "Absolutely, the care staff treat [person's name] with dignity." Another relative told us, "We trust the staff coming in to our home, they always ensure the curtains are closed when delivering care."

Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against on the basis of their race, gender, age and sexual status and all people were treated equally. People we spoke with did not have any concerns about staff approach towards them.

The service had an equality and diversity policy and staff members were trained on equality and diversity. Cultural and religious beliefs were discussed with people. Their preferences were recorded in care plans.

Good

Is the service responsive?

Our findings

At the last inspection in March 2018 we found the registered provider had failed to ensure care plans reflected people's needs, personal preferences and current support needs so that people received person centred care. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in this area and the provider was no longer in breach of this regulation.

Since the last inspection the new management team introduced a new electronic care planning system. This care planning format covered details of people's support needs, domestic tasks required, meal preparation, accessing the community, manual handling assessments, communication and people's health diagnoses. There was a timetable, which consisted of daily activities and support needs for each person during visits. All care plans we looked at had been reviewed recently and completed in full. Care plans were person centred, easy to follow with a range of directives for staff to cover different aspects of care. They indicated people's strengths and abilities with regard to their level of dependency, along with the actions and support required by the care worker.

Although the provider was aware of the Accessible Information Standard (AIS) they had not yet taken action to implement this further into people's care plans. AIS was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. We spoke to the operations director and service manager who both confirmed this was an area the service was looking to develop further, and commented that AIS would soon be incorporated in their pre-admission assessments and existing care packages would be reviewed to determine if AIS was required. We will monitor the progress of this at our next inspection.

At the last inspection we looked at how people were supported to express their views and participate in decisions relating to their care and support. We found the involvement of people was sporadic with no systematic approach. At this inspection we found the new management team had formulated a plan to meet with all of the people receiving a service, and to provide people with an opportunity to discuss and review their care package.

At the last inspection in March 2018 we saw the service had an equality and diversity policy, however considering the service served a diverse and multi-cultural community and the client base was reflective of this, we saw no tangible examples of how this was applied in practice. Furthermore, it was not clear to us how the ethos and culture of the service sought to ensure people received care and support that was non-discriminatory. At this inspection we noted the new care plans contained a section which recorded people's preferences, routines, social activity and any cultural or religious needs. The service manager commented that the introduction of the electronic care planning system was in its early stages and the care team were all getting accustomed to this new system. The provider confirmed it was imperative for the service to ensure people's care plans fully captured people's diverse needs. We will continue to monitor the progress of this at our next inspection.

Records showed complaints were investigated and appropriate action had been taken. People and relatives told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. Staff were able to tell us how they would manage complaints.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found continued serious systemic failures in the overall management of the service; this was despite the registered provider employing the services of an external social care consultant. A service development plan had been produced but this was not fit for purpose and was not reflective of a service that sought to deliver care and support in a person's own home. This meant the service continued to be in breach of multiple regulations. In response to this, we took urgent enforcement action to prevent the service from accepting any new packages of care.

Since our last inspection, the directors of Westwood Homecare (North West) Limited, set about to recruit a new management team. At the time of this inspection, the newly recruited management team was fully operational and now included a new operations director, service manager and compliance manager. The service manager was in the process of applying to become 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.

At the last inspection, we were critical of one of the company directors who had assumed day to day operational management of the service. This criticism was based on the fact that previous serious concerns had been raised by CQC in respect of their professional competency to fulfil such a role. However, now that the new management team were in place, the director had stood aside. Furthermore, we acknowledge that since our last inspection, the director concerned had now enrolled on a further education course and was working towards a formal qualification in health and social care.

We looked again at what systems and processes had been established by means of formal audit and quality monitoring to ensure the safety and quality of services being provided and to demonstrate good governance. We found newly introduced management tools had been established for audit and quality assurance covering areas such supervision and appraisal; medication audits; recruitment and selection; accidents and incidents; compliance with the working time directive; and audits of statutory notification submitted to CQC. The compliance manager maintained oversight and had worked to develop integrated systems that flagged areas of non-compliance. Systems had also been developed to analyse trends and themes to ensure action was taken to prevent a recurrence. Additionally, in order to further strengthen aspects of governance, the service had started to work with a reputable professional provider of services for health and safety, policies and procedures and employment practice.

Having previously received a rating of 'inadequate' in this key question of well-led, we were satisfied at this inspection that the newly recruited management team have the right skills, qualifications and experience to take the service forward and that the foundations are now in place to enable the service to operate safely and effectively.

The management team should continue to ensure that all aspects of the service are tried and tested and

meet, or exceed, regulatory requirements. Furthermore, the service must seek to ensure evidence based practice for maintaining quality, continuous improvement, and that openness and transparency remains at the heart of everything the service strives to achieve. We will continue to monitor the service and return again at a later date.

Improvements had been made and we have revised the rating for this key question from 'Inadequate' to 'Requires Improvement'. To improve the rating to 'Good' would require a longer-term track record of consistent good practice. We will review our rating for 'Effective' at the next comprehensive inspection.