

Woburn Care Company Ltd

Woburn Care

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out this announced inspection by visiting the office on 4 and 7 August 2015. Following this, we spoke with people who used the service and members of staff by telephone. At the time of the inspection, the service provided care and support for 25 older people in their own homes.

The service did not have 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.

There were systems in place to safeguard people from the possible risk of harm. There were risk assessments in place to provide guidance to staff on how risks to people could be managed and minimised.

Summary of findings

The provider had effective recruitment processes in place to ensure that staff employed to work for the service were suitable for their roles. There were sufficient numbers of staff to support people safely.

Staff were skilled and knowledgeable in how to support people in accordance with their agreed care plans. Staff received regular supervision and support, and had been trained to meet people's individual needs.

Staff were aware of their responsibilities and understood their roles to seek people's consent prior to care being provided. People received care and support from a team of caring and respectful staff.

People's needs had been assessed, and care plans included their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns.

There were effective quality monitoring processes in place. Regular checks and audits had been carried out and people's views had been sought regarding the quality of the service.

Summary of findings

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.

There were systems in place to safeguard people from the possible risk of harm.

There were sufficient numbers of staff to meet the needs of people safely.

There were robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People received care and support from staff who had been trained, were skilled and knowledgeable in meeting their individual needs.

People's consent was sought prior to care or support being provided.

The provider worked closely with other healthcare professionals to ensure that people's needs were met.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff promoted people's dignity and treated them with respect. They understood people's individual needs and they respected their choices.

People were provided with information about the service.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were supported in accordance with their agreed care plans.

There was a complaints procedure in place.

Good



Is the service well-led?

The service was not always well-led.

The service did not have a registered manager.

There was an open culture at the service. Quality monitoring audits and checks had been routinely carried out in order to continuously improve the service.

The views of people had been sought and their comments were acted on.

Requires improvement



Woburn Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 7 August 2015 and it was conducted by one inspector. Forty eight hours' notice of the inspection was given because we needed to be sure that there would be someone in the office.

Before the inspection, we reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the directors, the manager and three care staff. We spoke with 10 people who used the service by telephone.

We looked at the care records for seven people who used the service, the recruitment records for six staff and supervision records. We also looked at the training records for all the staff employed by the service and information on how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

People we spoke with told us that they felt safe and were happy with the staff who visited them. They also told us that if they had any concerns, they would inform the office staff and if necessary they would contact social services. One person told us, “I feel safe with my carers.” Another person said, “I feel very safe and the carers are excellent.” A relative told us that they did not have any concerns about the safety of their relative and that the staff were helpful and supportive.

The provider had up to date safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. We saw evidence that staff had received training in safeguarding procedures and they told us that they had completed this via e-learning. They were also able to explain what they would do, as well as describe the various types of harm that people might be at risk of. One member of staff told us, “If I have any concerns about an allegation of abuse, I would report it to my manager or social services.” They also said that they had received information about safeguarding during their induction and were confident in their roles to report any allegation of harm to the manager or appropriate authorities. The manager told us that they were aware of reporting any safeguarding concerns to the local authority or the Care Quality Commission (CQC).

We noted from the care records that personalised risk assessments had been carried out for environmental risks and for individuals when supporting them in meeting their needs. For example, the risk assessment for one person stated that they should be supported by two members of staff when using equipment for supporting them to transfer from bed to the wheelchair. The identified risk assessments included an action plan that provided guidance for staff on how to mitigate the risks. We also noted that safety checks for the use of equipment, such as hoists had been carried out prior to support being provided. Staff confirmed that they were aware of each person’s risk assessment and that they ensured the environment was safe and free from hazards during each visit. One member of staff said, “At

each visit I check that everything is fine.” Another member of staff said, “The supervisor had explained to me about each person’s risk assessment.” They also said that they referred to people’s care plans and the daily logs to obtain further information relating to safe practices when supporting people.

People told us that they were happy with the number of different staff who supported them. One person said, “I do not have many carers who visit me and I feel safe with them. The girls are brilliant.” Another person said, “Regular carers visit me in the mornings and evenings. Sometimes I have other carers when my carers are on holidays. They are just as good as them.” The manager told us that they had sufficient numbers of staff to support the number of people using the service. We noted that each member of staff had a copy of their duty rotas to ensure that people were visited as agreed with them.

The provider had a recruitment policy and procedures. The staff records we looked at showed that all the required checks had been carried out before an offer of employment was made. We noted in each staff record that an application form had been completed, interview notes had been kept, written references from an appropriate source, such as a current or previous employer had been obtained, and Disclosure and Barring Service (DBS) checks had been carried out to ensure that suitable staff were employed to work for the service. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The service had a medicines policy and staff confirmed that only trained members of staff administered medicines. They also said that they received regular updates and training on the management of medicines and they completed a competency test before they were able to give medicines to people. One person said, “Carers give my medicines.” Another person said, “Carers remind me to take my medicines.” We noted from the medicine administration records (MAR) that people had received their medicines and the audits carried out showed that there were no issues relating to the administration and management of medicines.

Is the service effective?

Our findings

One person said, “The carers provide an excellent service and they know what to do. They are very good.” Another person told us, “Carers are always on time, understanding and helpful.” The staff we spoke with said that they worked well as a team to support people and maintained continuity of care. One member of staff said, “We provide good care. We make sure people are given the right support they need to keep their independence as much as possible.”

Staff told us that they had received the mandatory training and other relevant training they required for their roles. One member of staff said, “I had my induction when I first joined in. I have done training online and my National Vocational Qualification (NVQ) level 3.” Another member of staff said, “Recently, I did my training in first aid and percutaneous endoscopic gastrostomy (PEG). This enables people who cannot swallow to receive nutrition and fluid directly into their stomach using a tube. Staff confirmed that new members of staff shadowed more experienced staff before being required to care for people alone. This enabled them to develop an understanding of people’s needs and the skills needed to provide support and care for them. Staff also told us that they received supervision and felt supported in their roles. They said that these sessions were useful where they discussed their work and identify any training needs. We noted from the staff training records that they had attended the mandatory training and other relevant courses so that they knowledgeable and had the necessary skilled for their roles.

People told us that staff always sought their consent before carrying out any task. One person said, “The carers talk to

me. We have a chat and then they ask me whether I am ready for them to have my wash.” Another person said, “They would not do anything without asking me first.” Staff understood their roles and responsibilities in ensuring that people consented to their care and support. One member of staff said, “We always ask people how they would like us to help them with their personal care. Most of the time, it is their usual routine. Help them to have a wash, shower or bath depending how they feel on the day.” Another member of staff said, “We make sure that people are happy with the care and support we provide and they tell us how they would like to be supported.” The care records we looked at showed that written consent and agreement to the care and support people required had been obtained.

People said that staff were very helpful and made sure that they ate and drank enough. One person said, “The carers always ask me if I want a drink.” Another person said, “The carers do my breakfast, and sandwiches for tea.” Staff told us that they also supported some people with their meals and they made sure that people had enough to eat and drink. One member of staff said, “We always make sure that people have drinks left next to them when we leave.”

People told us that they and their relatives made arrangements to seek the help and support of other health professional as and when required. One person said, “My family members make all the appointments for me and I do have my eyes and hearing tests done. I wear my hearing aid and carers make sure I have them on.” Staff said that if someone was not feeling well, they would contact their GP and also informed the manager. The care records we looked showed that people had access to other health and social care services, such as GPs, community nurses and social workers.

Is the service caring?

Our findings

People told us that the staff were caring, kind and considerate. One person said, “Carers are very good and I receive an excellent service.” Another person said, “I have had many carers before with another service but this one is very good because you get to know them well.” They check my skin for rash or sores. If I would give them a star rating, they would have five stars.” Another person said, “They are all lovely people, very friendly and never in a rush.” A relative said, “Excellent carers. First class service. I can’t fault them at all.”

People were involved in making decisions about their care and support. They told us that they and their relatives had been involved in planning their care and support in accordance with their individual choices and preferences. One person said, “I am wheelchair bound. The carers give me my wash, support me to use the toilet and get me to bed. They explain to me beforehand, talk through everything they do.” Staff told us that the support they provided varied from people to people, but they ensured that each person was not rushed and their care needs were met before they left. One member of staff said, “People tell us how they would like to receive their care and be supported.” The care records we looked at contained information about people’s needs and preferences, so that the staff had clear guidance about what was important to

people and how to support them appropriately. As part of the care planning process, people also chose whether they would prefer to be supported by a male or female care staff.

People told us that staff respected their privacy and dignity. One person said, “Carers respect my privacy and dignity.” Another person said, “The carers are respectful and professional in what they do.” A third person said, “When they help me with a wash, they shut the door and cover me well.” The staff told us that they were aware of the importance of respecting people’s dignity, privacy and independence. One member of staff said, “When providing personal care, we ensure that people are covered up and the curtains drawn.” Another member of staff said, “We knock on the door and call out their names before we enter. It is their home and we treat them with respect.”

The staff we spoke with told us that they were aware of their responsibility to maintain confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the person’s care. They also told us that confidentiality was discussed in their induction and further reinforced in staff meetings. We noted that the copies of people’s care records were held securely within the provider’s office.

People told us that they were happy with the care and support they received from a consistent group of staff. One person said, “The staff are brilliant and I would recommend them to others.” A relative said, “My mother is well looked after.”

Is the service responsive?

Our findings

People told us that their needs had been assessed before they received care and support from the service. They said that following the initial visit, they discussed and agreed the care and support they needed. We noted that appropriate care plans were in place to ensure that people's needs were met. People's choices, preferences and wishes had been taken into account in the planning of their care and had been reflected in their care plans. One person said, "Carers know how to care for me. It's all in the folder." A relative said, "When my mother had a fall a couple of weeks ago, I called the manager and they came and called the ambulance. They were very reassuring and helpful." Staff confirmed that they referred to each person's care plan and their daily logs before providing personal care to ensure that continuity of care was maintained. They also said that they asked people at each visit about their general wellbeing and whether they needed help or support from other health care services.

We noted from the care plans that there was clear guidance for staff on how people should be supported in meeting their needs. For example, for one person, the care plan gave information on how to assist the person with their personal care and mobility. For another person, the care plan provided detailed information on how staff should prepare and administer medicines by use of PEG and pump and the care of the equipment, with regular flushing and changing of the feed tube. We also noted that the care plans had been reviewed regularly or when people's needs changed. Staff told us that they found the care plans informative and easy to follow. One person told us that the manager and the senior staff came to do spot checks and

talked to them about the care and support they received. One member of staff said, "We discuss when there are changes in people's needs and we read the daily care notes at each visit."

People had varied service agreements. The majority of people required support with personal care and some people were also supported to access the local community facilities. People also required support at various times of the day. One relative said, "My mother has dementia and the carers are brilliant with her." Staff told us that most people wanted help to get them ready for the day and they planned their activities themselves with the support of their relatives.

The service has a complaints procedure. People told us that they had received a copy of the complaints procedure which was included in the information pack given to them at the start of their care package. Staff told us that a copy of the complaints procedure was also available in each person's care folders. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service, but would not hesitate to do so in the future. One person said, "If I have any concerns, I would call the manager." Another person said, "I have a copy of the complaints procedure but we do not have any concerns. We are full of praise for the carers." People told us that they would speak with the staff in the first instance, and then the manager or the office staff if necessary. One relative said, "We were not happy with the previous company. That's why we changed it to this one. I would recommend this service." We noted that there had been no complaints received. The manager said that if there were any concerns, they would visit people to discuss their concerns and try to deal with it as soon as possible.

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager was also one of the directors and had recently resigned from their manager's post. However, a new manager had been appointed, but had not yet submitted their application for registration. During our visit, the directors told us that they were seeking legal advice to de-register the current service and re-register as two separate entities. This had meant that the new manager was unable to progress with their application for registration until this had been resolved. No timeframe for this process was given. Services without a registered manager or any prospect of an application being progressed are limited to a rating of requires improvement in well-led.

People told us that they knew who the manager was and that they found them to be approachable and helpful. One person said, "The manager is great. They come and check with us about our care. We also complete a questionnaire. Everything is good." A member of staff told us that the manager was supportive and competent in their roles. They put people's needs first so that they received good care and support to ensure that they maintained their general wellbeing and independence.

The manager told us that they discussed issues relating to incidents and accidents so that they could learn from them to prevent further occurrences. Staff told us that they were encouraged by the management team to make suggestions to continuously improve the quality of care. They also said that they discussed changes in people's needs so that these were met safely and appropriately.

Staff told us that the discussions during these meetings were useful to ensure that they had up to date information that enabled them to support people effectively. One member of staff said, "We work as a team. We communicate with each other and the care we provide is personalised."

The manager said that they carried out regular surveys to seek the views of people about the quality of service. People told us that their experience of using the service was positive. One person said, "My husband completes the questionnaire. I have no concerns. I am so happy with them. They are always on time." The manager said that they worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the necessary information to enable them to provide the care that people required. They also encouraged them to provide feedback about the service by sending annual surveys. We saw that the comments received from people and their relatives had been positive.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included regular audits of people's care records including the risk assessments, medication audits, infection control and health and safety audits. Where issues had been identified from these audits, the manager had taken appropriate action. Records were kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored. Regular spot checks had been carried out by senior members of staff to ensure that safe practices had been maintained when delivering care and providing support to people who used the service.