

WarrenCare Limited

WarrenCare Wirral

Inspection report

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Date of inspection visit:
18 December 2015

Date of publication:
18 February 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an announced inspection of Warrencare Wirral on 18 December 2015.

The visit was announced. WarrenCare Wirral provides care and support to people living in their own homes on the Wirral. At the time of our visit, the service was providing support for 206 people. Not all of the people who used the service required help with personal care. Some people had support with household tasks which may be once or twice a week, while others had support when going out.

The service had a registered manager who is currently in the process of de-registering and a new manager is in post applying for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

The care records we looked at contained good information about the support people required and recognised people's needs. All records we saw were complete, up to date and regularly audited. We found that people were involved in decisions about their care and support.

People who spoke with the expert by experience said that the service was good but at times there had been missed calls or visits had not been at the appropriate times.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received a comprehensive induction programme and had regular training to enable them to work safely and effectively. Staff were able to tell us about abuse and how to prevent or report it.

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 not always getting visits on time.

Safeguarding policies and procedures were in place and staff had received training about safeguarding vulnerable people.

Recruitment processes were safe and thorough.

Staff managed people's medication safely when required.

Is the service effective?

Good 

The service was effective.

Staff had undertaken relevant and appropriate training.

Staff were provided with regular supervision and an annual appraisal of their work performance.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 and staff had received basic training.

Is the service caring?

Good 

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

Staff showed a regard for people's individuality, privacy and dignity.

Is the service responsive?

Good 

The service was responsive.

Suitable processes were in place to deal with complaints appropriately

People who used the service and where appropriate their relatives were involved in their plan of care

We saw evidence of person centred care which was reviewed regularly.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was in the process of registering with the Care Quality Commission.

There was a good standard of record keeping.

Staff felt supported in their role.

Care records were audited regularly

WarrenCare Wirral

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.

An Adult Social Care inspector visited the office on 18 December 2015 and looked at records, which included ten people's care records, ten staff files, and other records relating to the management of the service.

48 hours' notice was given because the service is a domiciliary service and we needed to be sure that someone would be in.

We spoke with the incoming manager, the Group Operations Director, training manager, the assessment and review officer and seven other members of staff. The visit was followed up with telephone calls to people who used the service carried out by an expert 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. The expert by experience spoke with nine people who used the service and seven relatives of a person who used the service.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We also checked with the local authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We asked everyone we spoke with if they felt safe with their carers, one person told us "They come once a day to check I'm ok, its nice knowing that they are coming I'm getting better now" and "They come on time I know to expect them". They all said that they stay for the allotted time and finish the support required. One person told us "They stay until they have finished and always check with me". A relative told us "I feel he is safe I have no anxieties about leaving him with his carer".

We received some reports of missed visits. Some of the people who use the service and relatives told the expert by experience that their carers do arrive reasonably on time but that they are not always contacted if they are late or if they do not arrive. The comments included "Timings can be changeable they do apologise sometimes they come too early or too close together" another said "Their timekeeping is good but I would like them to come at different times" the person could not remember what times had been set up initially. A relative told us "they should come at 8.30am but can be as late as 9.30am and mum tries to be independent and so will dress herself but it worries me" we were also told "often they are late at weekends and mum has to call them". Missed and late calls can lead to the person using the service going without essential care at appropriate times. We spoke to the Group Operations Director who was very transparent and open and who informed us of recent staffing problems that had contributed to the situation. She informed us that this was in the process of being resolved.

Records showed that all staff had completed training about safeguarding adults. We were also shown that the organisation had a policy on safeguarding. Following the inspection the manager told us about a referral that had been made with regard to a person who used the service who was particularly vulnerable. We also saw evidence that a very detailed investigation had been conducted in response to an allegation that had been made. There was a clear audit trail of actions that led to the outcome. This showed that the safeguarding policy was closely followed.

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to moving and handling, the environment, people's personal care and medication needs.

We looked at ten staff files and we saw records showing that full recruitment and checking processes had been carried out when these staff were recruited. This included a Criminal Records Bureau (now Disclosure and Barring Service) disclosure and two written references this helps to check staff are suitable to work with people who may be vulnerable and suitable for the role in which they are being employed.

We looked at how the service supported people with their medication. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. Medication Administration Record sheets (MARs) were available within the care files and we saw these had been completed appropriately.

One person who used the service told us "They wait whilst I take my medication". Four other people told us

that staff always ask if the medication had been taken, comments included, "They are here when I take my medicines but they will always check with me". Staff had received training in medication administration and the service had a medication policy and procedure available for staff to refer to.

The manger showed us actions they had taken following the identification of a medication error. This included additional training correspondence to staff and investigation into the occurrence. We also saw evidence that staff had undergone a regular medication competency assessment of skills and knowledge.

Is the service effective?

Our findings

Most of those that had a regular carer told us that they felt they were suitably trained to meet their needs, however we did receive comments that included "Sometimes the new ones are not so good", and "Because I get all different carers some just do not do the job in hand properly. People told us that the staff were suitably trained one person said "I have a regular carer she helps me to shower she is very good" another who had mostly the same carers told us "Brilliant they give me a wonderful wash she's a diamond"

The agency employed 87 support staff. Care staff had an individual supervision meeting, direct observation of practice and appraisal. We saw that the appraisals were up to date. These were used as an opportunity to inform staff of any changes or issues and it gave them an opportunity to discuss their work and any concerns they may have.

Records showed that a range of training was undertaken by the staff team and this was confirmed by the staff we spoke with. The training was provided by an internal training department. Subjects that had been covered during 2015 included Food Safety, Health and Safety, Infection Control, Emergency First Aid, Moving and Handling and Medication. We saw that 22 staff had achieved their Level 2 Diploma in Health and Social Care and two staff had their Level 3 Diploma in Health and Social Care. A training plan was in place for the current year and the training manager told us that she arranged specialist training that ran alongside the mandatory training, an example of this was shown to be Chronic Obstructive Pulmonary Disease (COPD) and Motor Neurone Disease.

Staff had completed training on understanding Dementia and Mental Capacity provided by WarrenCare Wirral which gave them a basic awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This gave staff guidance when providing care for people may not have capacity to make some of the decisions needed in relation to their support.

One person who spoke with the expert by experience had food prepared for them and their spouse by staff from the agency. They said they were fully satisfied with everything that was done for them the expert by experience was told "they will prepare a meal that we choose for both of us".

Care plans included examples of specialist advice that had been sought. For example, we saw evidence of instructions on use of stand aids for one person and very thorough information on the use of restraint protocols. We also saw that the files held documents signed by people who use the service giving consent to receiving care.

Is the service caring?

Our findings

Most people we spoke to said the staff were caring. One relative said that her family member can "be very difficult and needs a lot of persuasion to shower and does not always take it up but his carer knows him well and knows what he has to do and responds well to him". A person who uses the service said "They respect me especially when dressing me they make sure my dignity is honoured" and another relative told us "they will wash and dress mum and make sure she is comfortable in the chair with the pillows that she likes before they clear up".

We also received the following comments from people who use the service:

"They are fine they do exactly what they should do."

"The staff are "very very good, I am really glad to see them walk through the door."

"They listen to me if I have a question and they will give me an honest answer."

"They help me to shower and will do what I ask like take out the rubbish."

"They also let me choose what to wear for the day."

"I need help in the shower they are very gentle with me I am so thankful for that".

These comments demonstrated that staff were supportive and respectful to people who used the service. Staff were listening to how people said that they wished to be cared for and were providing care in accordance with people's wishes.

We observed that confidential information was kept secure whilst we were in attendance in the office because we saw that records were kept locked and only accessed by staff.

We saw Summer and Autumn newsletters for 2015 that was circulated to all people who use the service that gave information about the service. We saw that the service user guide gave people information on the organisation, the services provided, and available advocacy services.

We also spoke to staff and one person told us "I love meeting all the people and that at the end of the day knowing I've made a difference to someone's life." This demonstrated that the staff were committed to providing quality care.

Is the service responsive?

Our findings

All the people who spoke with us said that they had an assessment. One relative said "The initial set up in November was very good the girl that came from WarrenCare was lovely she picked up on what hadn't been put in place or provided for my brother and she made sure it was all there before the care started". Another relative said "Dad's had care for around six weeks now and the initial set up was good we had a meeting and the care plan was put in place."

We saw evidence that people who use the service had been asked to complete quality questionnaires. Some people told the expert by experience that they had questionnaires in the past, and of those that had reason to call the office said that they had been dealt with professionally, and had been listened to. One person said "They do listen and take notice of what I say" she also said "They are very good in the office". One relative said "We had a questionnaire and I did make a comment about the times which tend to vary but I have no real complaints".

We observed senior staff acting on information received about non entry to a person's home. We saw the senior staff member have a discussion with the family and make a referral to the appropriate health professionals.

We spoke with the assessment and review officer who told us the processes followed when a referral was received. This included making appointments with people and family for initial assessments, contacting social workers for additional information, developing care plans and risk assessments. We saw records of these assessments in people's care files. The assessment forms had been completed in detail and recorded agreement for the service to be provided. The forms were signed by the person requiring a service or a family member.

The care plans had an "All about Me" document, this included information about the individual, examples being communication preferences, smoking protocols, medical history, outcomes wanting to be achieved and "How to support" me documents. We also saw that the service had identified if there were any other services involved in care being delivered, examples of this being if the mental health team were involved or if the person attended day services.

Plans were in place for the care people required. The documentation was clear and had been completed in full. Care staff completed a visit log after each visit and we saw that entries were detailed and described the care that had been given and it matched what had been agreed in the care plan. One staff member told us that she had reported the deterioration of a person's mobility to the office and this was immediately acted on and two staff were allocated to the person. We also saw that the care plans had been reviewed with clear changes documented where needed.

The service had a clear written complaints policy and this was included in the information pack and service user guide given to people when they started using the service. The complaints procedure advised people what to do regarding concerns, complaints and what to do if they were not satisfied with any outcome. It

gave contact details for the local authority complaints service and for CQC. People who completed the agency's satisfaction survey confirmed that they knew how to make a complaint.

Is the service well-led?

Our findings

The service had a manager who was in the process of registering with Care Quality Commission, the previous manager had yet to de-register from the service. The new manager was being supported by the Group Operations Director and we were shown a comprehensive action plan and induction planned for the coming months.

Other office staff included senior staff that carried out staff supervisions, carried out spot checks as part of the quality assurance systems, and liaised with the local authority and other professionals such as occupational therapists, district nurses and mental health teams. We were told by one person who uses the service "They are very good in the office"

We spoke to staff and asked if they felt supported in their role. We were told by all that they were, one person said "I can always come in and ask," another staff member told us "I just love it, I couldn't imagine working anywhere else." We also asked if staff felt they could raise any concerns, we were told yes and one person told us "If I have a problem I come in and talk to the co-ordinators." Staff told us that there was good communication between care staff and office staff and those they felt they were well trained.

We saw evidence of regular fact sheets being sent to staff regarding additional learning or information about the service an example being communications following a medication error this was supported when we spoke to the staff. We also saw a quarterly newsletter that was sent out to the staff group.

We also saw evidence of staff meetings held in November 2015 as well as office staff meetings held in December 2015 where we saw that staff were comfortable speaking out and airing their views.

The provider and the manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information. There was evidence of transparency. We were shown evidence that care records and daily log sheets were regularly audited.

All of the documents we asked for were readily available in the office and had been written and maintained to a good standard and kept up to date