Westcountry Home Care Limited

Alexandras Community Care Redruth

Inspection report

Unit 1 Dudnance Lane
Pool
Redruth
Cornwall
TR15 3QX

Tel: 01209610878

Date of inspection visit:
13 July 2016
14 July 2016

Date of publication:
31 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Alexandra's Community Care Redruth provides personal care to approximately 80 people who live in their own homes in and around Redruth and Camborne. On the day of our inspection the service employed 12 part time and 28 full time care staff.

This comprehensive inspection took place on 26 July 2016 and was announced in accordance with our current methodology for domiciliary care inspections. The service was last inspected on 12 February 2014 when it was fully complaint with the regulations.

The service had a registered manager in post. 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 time of our inspection the service's registered manager had been absent from the service for an extended period. The provider had informed the Care Quality Commission (CQC) of this period of absence and taken steps to ensure the staff team were appropriately led during this period. The service's deputy manager had taken on responsibility for the day to day operation of the service with additional regular support from the provider's operation manager and nominated individual. Staff were highly complementary of the deputy manager and told us, "[The deputy manager] is lovely, very fair and kind," "[the deputy manager] is good as gold" and "I can't praise [the deputy manager] enough she is absolutely amazing."

People and their relatives told us they were happy with the care and support provided by the service. Comments we received included, "Oh yes, I am safe I look forward to them coming," "The care is quite marvellous," "I think all the girls do a brilliant job they are really good with [Person's name]" and "It is extremely good as far as I am concerned."

Staff visit schedules included appropriate amounts of travel time and call monitoring data and daily care records showed that staff normally arrived on time and stayed for the full planned care visit. People told us, "Yes, normally they are on time", "most often they are on time, sometimes 15 minutes late but never more than that" and "They do stay for the full time." During the inspection we saw no evidence that indicated any planned care visits had been missed and people told us they had not experienced missed care visits.

Records showed staff received regular training in a variety of topics to ensure they were sufficiently skilled to meet people's needs and staff told us, "The training is good they do keep on top of it" and "I've done loads of training." Staff told us they were well supported and records demonstrated they had received regular supervision, spot checks on their performance and annual appraisals. The service's induction procedures for new staff were under review at the time of our inspection to ensure the training provided was equivalent to

the requirements of the care certificate.

The service's recruitment processes were safe. Staff understood their role in protecting people from abuse and avoidable harm. Information about local safeguarding procedures was displayed throughout the service office and available within each person's care plan.

People's care plans were sufficiently detailed to enable staff to meet their specific needs. These documents were regularly updated and accurately reflected people current care needs. People told us, "[The care plan] is quite comprehensive and is up to date" while staff commented, "There is one in every house" and "They are up to date, they tell you what you need to know."
People's care plans included risk assessments that provided staff with guidance on the action they must take to protect, both people and themselves from each identified risk. When accidents or incidents had occurred these events were reported to office staff. Each incident was investigated by the deputy manager to identify any improvements that could be made to avoid similar incidents reoccurring.

The service valued and acted upon people's feedback and people understood how to raise complaints about the standards of care they received.

Quality assurance systems were appropriate and used effectively to continuously drive improvements to the service's performance. All daily records were reviewed by senior carers on their return to the office. Where issues were identified these were addressed with staff either individually or via the weekly staff newsletter. Records were well organised and where the nominated individuals routine checks identified any concerns the deputy manager had developed a detailed action plan to ensure each was addressed and resolved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff available to meet people assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and designed to protect people from harm.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

Care staff normally arrived on time and provided visit of the correct duration.

People's choices were respected by staff.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People's care plans were informative and detailed. They provided staff with sufficient detailed information to enable them to meet people's care needs.

People understood how to make complaints about the service's performance and there were appropriate systems in place to ensure any complaints received were investigated.

Is the service well-led?

Good

The service was well led. The provider had ensured that staff team were adequately supported during the registered

manager's absence. Staff were well motivated and complimentary of the service's deputy manager.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

The service's records were accurate and well organised.

Alexandras Community Care Redruth

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 on13 and 14 July 2016 and was announced in accordance with our current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with seven people who used the service, four relatives, nine members of care staff, the deputy manager, and the provider's nominated individual. We also inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, call monitoring data, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

Everyone told us they felt safe while receiving care and support from the service. People's comments included "Oh yes, I am safe I look forward to them coming," "I do feel very safe with them" and "Of course I do [feel safe]." Staff told us, "People are safe in my care that comes first with me."

All staff had received regular training in local procedures for the safeguarding of vulnerable adults. Staff told us, "Safeguarding, we do that yearly" and all staff were able to explain how they would act to protect people from abuse and avoidable harm. The deputy manager had also recently completed training with the local authority on managers safeguarding responsibilities. Posters about local safeguarding procedures were displayed throughout the office. When people joined the service they were provided with a copy of the services safeguarding policy which included the contact details of the local authority and the Care Quality Commission.

Care plans included assessments of risks completed as part of the care assessment process. These documents provided staff with guidance on the actions they must take during each care visit to protect both the person and themselves from each identified risk. Risk assessments were regularly reviewed and updated where any changes to risks levels were identified. For example, staff had recently identified that one person was using a particularly risky method to light cigarettes. A detailed risk assessment had been completed and the service's manager had visited the person at home to discuss the risk and agree with the person how this risk should be managed in future.

The service operated a number of company cars to avoid risks associated with vehicle unreliability. On the day of our inspection eight cars were available to staff. These vehicles were regularly maintained and available at short notice in the event of a vehicle breakdown during a care shift. The service also had appropriate procedures in place for prioritising care visits during periods of adverse weather to ensure people's safety.

Where accidents, incidents or near misses had occurred these had been reported to office staff and appropriately documented. Accidents had been recorded in the accident book and investigated by the deputy manager. This enabled them to identify if any improvements could be made to procedures in order to reduce the likelyhood of similar accidents re-occurring. Records showed that the investigation of incidents was similarly robust and that where appropriate staff disciplinary procedures had been used to ensure staff provided safe care and support.

We reviewed the service's visit schedules, call monitoring information and daily care records and found there were enough staff available at the time of our inspection to provide all planned care visits. The service had a system in place to identify where staff had gaps in their visit schedules. This information was used to identify if the service had sufficient capacity available to provide support for additional people.

People consistently told us they had not experienced missed care visits and during our inspection we did not identify any evidence that indicated a planned visit had been missed. The service had recognised that

there was an increased risk of visits being missed when a person joined the service after staff had received their rotas. In order to address this risk when a new person joined the service each staff member who was due to provide the person with care was contacted individually by office staff. They were given a briefing on the person's care and support needs and informed of the additional visits they were to make during the initial week of the person's support. One staff member told us, "We collect the care plan from the office and they explain the client's needs so we are prepared for the first visit." Each staff member was issued with a photographic identification badge to enable people, during their initial care visits, to confirm the identity of the care staff.

The service recruitment processes were sufficiently robust. All prospective staff members had been formally interviewed, people's references were reviewed and necessary Disclosure and Barring Service (DBS) checks completed before individuals were offered employment by the service. This meant the service had taken the necessary steps to ensure prospective staff were suitable for work in the care sector before they were permitted to visit people's homes.

The service generally supported people with medicines by prompting or reminding people to take their medicines and there were appropriate systems in place to record that staff had reminded people to take their medicines. A small number of people needed additional support with the medicines. Where staff administered medicines from blister packs prepared by a pharmacist the service records did not consistently record how many tablets staff had supported people to take. This issue was discussed with the deputy manager and nominated individual. As a result of this feedback the deputy manager developed a new system. This was designed to enable staff administering medicines to record the number of tablets they had provided the person with during each care visit. This meant that in future people would be better protected from the risks associated with not receiving their medicines as prescribed.

The service had appropriate infection control procedures in place. Supplies of personal protective equipment were available to staff from the service office.

Good

Is the service effective?

Our findings

The service had systems in place to ensure staff received regular training. Training records showed staff had completed training in topics including, safeguarding adults, moving and handling practices, first aid, dementia care and food hygiene. Where the service had identified training as mandatory this was refreshed annually to ensure staff skills reflected current best practice. Staff told us, "I have done all my training," "the training is good they do keep on top of it" and "I've done loads of training."

Staff were well supported by the deputy manager and senior carers who provided staff with regular supervision meetings. In addition spot checks of staff while providing care were completed to ensure staff met people's care needs in accordance with the provider's policies and procedures. Staff told us, "I have had supervision" and "I have had a spot check and supervisions. It is really good here, they are really interested and want to make sure we are doing a good job." Established care staff also received annual performance appraisals. These provided a formal opportunity for managers to provide feedback and encouraged staff to discuss their individual training needs and identify future development opportunities.

The provider operated a targeted overseas recruitment programme and had worked with a local college to develop a two week structured induction training programme. Overseas recruits completed an initial week of orientation training including English language classes and driver awareness training. During the second week staff completed a level one diploma in adult social care and received training in local safeguarding procedures and manual handling practices. Staff then completed one shadow shift where they observed the practice of an experienced carer before beginning to support people who required assistance from two carers. Once the new member of staff felt sufficiently confident they were permitted to provide care independently. Staff who had worked for the service for over three months told us they were still working alongside a more experienced colleague.

The induction process for locally recruited staff was less structured. New staff received formal training in moving and handling, medication and safeguarding and reviewed the service's policies and procedures during their first days of employment. Staff then shadowed an experienced carer for a number of shifts before progressing to work alongside an experienced carer. People told us, "New staff always come with someone who we know to show them what to do." The nominated individual told us the service's induction processes were currently being reviewed and updated to ensure the training staff received was equivalent to the requirements of the Care Certificate. This training is designed to provide staff new to the care sector with a wide theoretical knowledge of good working practices.

The service had supported people to access external healthcare professionals such as dentists, chiropodists, speech and language therapists and GP's when necessary. Where professionals provided guidance, this had been incorporated into the person's care plan and followed by staff.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Two of the four care plans we examined stated, "[Person name] is deemed not to have capacity." Within these care plans we found no evidence that demonstrated appropriate capacity assessments had been completed either by the service or the commissioners of care. We discussed the needs of these individuals with the deputy manager and the provider's nominated individual. It was clear that both individuals were able to make some decisions independently and that staff respected those choices.

Training records showed that the majority of staff had received training in the Mental Capacity Act. Staff told us they respected people's decisions and never forced anyone to do anything against their will. One person's relative told us, "They do not force her to do anything, they will encourage her to do things." This meant that, although information about people's capacity to make decisions recorded was not always accurate staff understood their role and respected people's choices.

Following our inspection we received an updated care needs assessments form that had been developed in response to feedback provided at the end of our inspection. This form had been re-designed to ensure that information about people's capacity to make decisions was assessed and accurately recorded.

Information within one person's care plan indicated that a decision had been taken in the person's best interest to ensure their safety. The decision making process had not been documented within the person's care records. The deputy manager was able to explain why this decision had been taken and told us that professionals and the person's family members had been involved. A follow up meeting was planned to review this persons care needs. The deputy manager told us that during this meeting the decision would be reviewed and decisions taken in future would be formally documented as best interest decisions.

Staff received their schedules of care visits on Friday of each week. People were given a booking list with details of which staff were due to provide each planned care visit for the week during their first visit on Saturday. People told us, "I do get a list of who is coming" while staff said, "I get a copy of the rota every Friday, it does not change much," and "everyone gets a booking list on Saturday morning during the first visit of the week."

We reviewed individual staff visit schedules and found they included sufficient travel time between consecutive care visits. Staff comments about travel time included, "We do have enough time for travel for the runs that I do. They ask us to tell them if we need more travel time and then they change the rotas," "I am not normally late" and "If we are running late you tell the office and they will contact the client or arrange for someone else to visit." People told us, "They do come on time," "Yes, normally they are on time" and "most often they are on time, sometimes 15 minutes late but never more than that."

The service operated a call monitoring system for most care visits which required staff to report their arrival and departure times for each care visit to the office in real time. We reviewed this data and information from people's daily care records. We found that staff normally arrived on time and that people received their care as planned. People told us, "They do stay for the full time", "They will do some house work and other things to help out" and "Usually they take their time and do a good job."

We identified a number of occasions where visits had not been provided at the planned time and one staff member told us, "I sometimes I swap them about to make it more sensible to avoid too much travel." We spoke with the people involved, most of whom had asked staff to alter their visits times and were happy with the current timing of their care visit. Staff had made the requested changes without informing office staff and this meant the office staff did not have accurate information as to where staff were at any given time if

they needed to contact them.

Good

Is the service caring?

Our findings

Everyone we spoke with praised staff for the kindness and compassion with which they provided support. People's comments included, "They are great company," "The care is quite marvellous," "They have been very good for me" and, "Very professional, very good to me. They get on well with me and I feel comfortable with them." People's relatives said, "I think all the girls do a brilliant job, they are really good with [Person's name]," "[My relative] is very happy with them, they definitely get on well together" and "[My relative] gets on well with them."

It was clear during our conversations with staff that they enjoyed caring for people. Staff comments included, "I love my job, I really enjoy it," "I like this job" and "the clients are amazing." Most people received support from familiar groups of carers who they knew well. However, two people reported that they had recently experienced increased levels of staff turnover which meant they had to get used to new members of staff. Our analysis of daily care records and call monitoring data showed that people were normally supported by small groups of staff who visited regularly.

Care plans clearly informed staff of people's preferences and instructed them to provided support in accordance with their wishes. For example, one person's care plan said, "[Person's name] does not like having tasks completed for him. He likes to do things for himself." Staff were provided with guidance on how to support the person with specific tasks. Staff told us, "I always ask, would you like… and offer people choice of what they want," "I ask people what they want me to do," "every time I ask people what they want me to do because I do not want to make mistakes" and "We can't force clients to do something they do not want to do. People can choose what they want."

People told us staff were helpful and always asked if any further assistance was required at the end of each visit. Peoples comments included, "They do what I ask them to do, if I ask for something they don't normally do they will do it for me," "If I need them to do something they will help" and "They ask me what I want them to do." One person said, "They do almost anything I ask within the time."

Staff respected people's privacy and ensured their dignity was protected while providing care and support. Where people had expressed preferences in relation to the gender of their carers or had asked that individual carers not be allocated to provide their support these preferences were respected. This information was recorded within the service's visit planning system which ensured these preferences were respected by staff responsible for the development of the service's visit schedules.

Good

Is the service responsive?

Our findings

The service's office staff completed detailed assessments of people's care needs, either prior to, or during the week following their first care visit. People's care needs were assessed and initial risk assessments completed during a visit to people's homes by the deputy manager or a senior carer. Draft care plans were then developed using information gathered during the assessments process in combination with details provided by the commissioner of the service and, where appropriate, information from people's relatives. Staff who were due to provide the initial care visits were given a detailed briefing on the person's specific needs before the first visit and were asked to deliver a copy of the draft care plan and providers policy documents to the person's home.

People's care plans were detailed and informative. These documents including information about how to access the person's home and provided staff with clear guidance on how to meet people's needs during each planned visit. Everyone said they had a care plan and people told us, "The care plan is up to date and is working" and "It is quite comprehensive and is up to date." Staff comments in relation to people's care plans included, "I think they are quite good," "They are up to date, they tell you what you need to know," "There is one in every house" and "The information all the time is correct and detailed."

Each person's care plan included information about their life history, preferences and hobbies. This type of information is useful as it can help staff, during initial care visits, to quickly identify topics of conversation the person is likely to enjoy and thus help staff to develop a rapport with people they were supporting.

Managers and senior carers regularly visited people at home to discuss the person's experience of care while reviewing and updating care plans and risk assessment documents. People told us, "They have been a couple of times this year to review it" and "The manager came a few weeks ago to review the care plan." Care plans were up to date and we saw that information people had supplied during care plan review meetings had been subsequently included within their updated care plans.

At the end of each care visit staff completed detailed daily care records. These included staff arrival and departure times along with details of the care provided and information about any observed changes to the person's needs or mood. The records had been signed by each staff member and people told us, "They write in it every day."

There were appropriate procedures in place at the service for the management and investigation of any complaint received. People told us that if they were unhappy with the service they received they would report this to the service's deputy manager and one person's relative told us, "There is a complaints sheet with who to call in the book, I would phone the manager." The service had not received any recent complaints and people told us, "I am quite happy, I have no complaints" and "It's very good, I can't grumble."

Good

Is the service well-led?

Our findings

People and their relatives were complimentary of the service provided by Alexandra's Community Care Redruth. Their comments included, "It is extremely good as far as I am concerned," "They have been very good for me" and "I wasn't much for it but now I would not be without them."

The service does have a registered manager who was normally based full time in the service's office. At the time of this inspection the registered manager had been away from the service for an extended period. The provider had informed CQC of the manager's absence and made suitable arrangements to ensure staff received ongoing leadership and support. The service's deputy manager who was also office based was currently overseeing the service with additional support from both the providers operations manager and nominated individual. The operations manager had worked from the service's office three days per week during the registered manager's absence and office staff told us "The operations manager is here regularly and is always available on the end of the phone." In addition the nominated individual visited the service regularly to monitor its performance and provide any additional support the deputy manager required. Records show the deputy manager had received regular formal supervision from the nominated individual during the registered manager's absence.

The deputy manager was also supported by the service's three senior carers whose time was shared between office based tasks and the provision of care visits. One senior carer was normally based in the office and focused on developing and managing the services visit schedules while the other two senior carers focused on providing staff supervision, completing spot checks and covering care visits when staff were unexpectedly unavailable.

People told us, "[The deputy manager] is a very nice lady" and staff were highly complementary of the deputy manager who they trusted and respected. Staff comments included, "[The deputy manager] is lovely, very fair and kind," "[the deputy manager] is good as gold," "[The deputy manager] is brilliant, all the staff in the office are great, really great" and "I can't praise [the deputy manager] enough she is absolutely amazing." The deputy manager told us she had been well supported by the staff team who she praised for their positive and caring approach.

The service operated an on-call duty system where each day the deputy manager or a senior carer was responsible for providing staff with support and guidance outside of office hours. People told us, "They always answer the phone they are pretty good" and staff said, "They do answer the phone, the on-call system does work," "It's nice as I know I can get hold of people if I need advice" and "They are all right, they do get things done. If you ring up with something they will get the district nurses or the doctor to visit." However, one staff member said, "Don't always write things down or pass things on." This issue had been previously identified by the service's quality assurance systems and addressed during an on-call staff team meeting. New systems had been introduced to ensure information given to on-call staff was shared effectively with office staff and acted upon.

Staff meetings were held regularly and staff told us "They listen to us, that is what I like about this agency."

The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any planned changes to the service. Office staff prepared a newsletter each week that was included with all staff rotas. The newsletter provided staff with information about any significant changes to people needs, information about recently identified areas of risk, information about planned team building activities and details of any feedback received by office staff. Staff told us, "We get a newsletter every week with information on what has changed with the clients."

Staff told us, "They always take care of us and try to help with any problems we have" and "I like [the deputy manager] if I find a problem I speak with her and she will help." The service offered a confidential Employee Assistance Programme to staff. This scheme was able to provide staff support and guidance in relation to a wide variety of personal and work related issues with the aim of improving staff wellbeing and morale.

In order to encourage team spirit and facilitate the development of positive relationships within the staff team various team building events were held regularly. Each Easter the service played rugby against a local male team. Numerous training and practice events were held in the run up to this match. In the summer the service participated in rounders competitions with other services and other less physically challenging events including BBQ's, group away trips and beach days. The deputy manager said, "Our team events are very good" while staff told us," "I like the job and the staff, everything is fine" and "It is a good place to work."

The service actively sought feedback on its performance from the people it supported and the staff team. Annual surveys were underway at the time of our inspection and we received the preliminary results of the staff survey shortly after the inspection. The results were largely positive. We saw the service had acted to address feedback provided during previous annual surveys. For example, booking lists had been introduced in response to people's feedback. These documents now ensured that people knew which staff were due to provide their care visits. In addition, during care plan review meetings people were encouraged to give feedback on the service's performance. Records of these meetings showed people's feedback was complimentary and where concerns had been raised these had been investigated. Relative told us, "I always feel we have a voice and they will listen to us."

The service had robust quality assurance processes in place. We found the service's records were well organised and daily care records were returned to the office each month. These records were reviewed by senior carers. If issue with the quality of records were identified these were addressed with individual members of staff or via the weekly staff newsletter as appropriate to encourage improvement with record keeping techniques. Each week the deputy manager sent a report on the service's performance to the nominated individual which included information on the number of visits made, staff availability and details of any compliments or complaints received. In addition the nominated individual regularly completed reviews of the service's records and care plans. The most recent of these visits had been completed in May 2016, where issues had been identified an action plan had developed to ensure each issue was addressed and resolved.