

Wealden Community Care Limited

Wealden community Care Limited

Inspection report

Cartlodge Office, Horam Manor Farm
Horam
Heathfield
East Sussex
TN21 0JB

Tel: 01435812003

Website: www.wealdencare.co.uk

Date of inspection visit:
04 July 2019

Date of publication:
06 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Wealden Community Care provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia. Not everyone using Wealden Community Care receives a regulated activity; 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 take into account any wider social care provided. At the time of the inspection there were approximately 110 people using this service.

People's experience of using this service:

People didn't always receive their calls on time and staff didn't always stay for the full duration of their visit. Some people were happy with this flexibility but the majority of people did not like it. There was no audit or quality assurance check in place to monitor times and durations although the service did have a call monitoring system in place. There was a mixture of feedback from people receiving care from this service. Some people described staff as caring and kind but other people did not. When some people had complained to the office there had been no written response or record of an outcome. People told us office staff had sometimes been uncaring in their response.

Although some audits and checks were being completed, they had failed to adequately address the re-occurring medicine errors. Some care plans did not contain much person-centred information. Risk assessments were not always detailed or fully completed in relation to known risks. Recruitment processes were not always followed correctly to ensure staff were safe and competent.

The management team did not always actively engage staff in staff meetings. People were engaged via questionnaires and phone surveys.

People were involved in decisions around their care and encouraged to be independent where possible. People's rights were protected in line with the principles of the Mental Capacity Act 2005. Staff were up to date with mandatory training and received regular supervision. There was an effective communication system in place and referrals to healthcare professionals were made where required. The service completed pre-assessments to ensure they could meet people's needs and followed national guidance and best practice. The registered manager had links to local organisations where best practice, knowledge and training resources were available.

Rating at last inspection:

Good (25 June 2018)

Why we inspected:

The inspection was prompted in part due to concerns received about unsafe medicines management, staff turning up late at visits, staff being uncaring, unsafe care and treatment. A decision was made for us to

inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring, Responsive and Well Led sections of this full report.

Enforcement:

You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will continue to monitor the service closely and will return to inspect the service again in line with our policies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

Wealden community Care Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and three assistant inspectors.

Service and service type:

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

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We reviewed information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection:

We reviewed ten people's care records, eight staff files including staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed. We also interviewed six staff members.

After the inspection:

We conducted telephone interviews with 16 people and two relatives. We also received emailed evidence from the provider.

Is the service safe?

Our findings

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

At our last inspection in March 2018, we rated this Key Question as 'Good'. At this inspection we found that this key question has now deteriorated to requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us that staff were regularly late or completed visits at different times to the times agreed. Staff did not always call people to warn them they were going to be coming at a different time and could be hours late or early. One person said, "They don't always turn up on time. They don't tell me when they are going to be late. They are sometimes an hour or hour and a half late."
- Some people told us that staff missed visits. One person said, "Sometimes they don't turn up. This has happened twice in the last year." Another person told us, "Sometimes they are a day late."
- The service had a call monitoring system in place but it was not robustly audited or checked to ensure staff were punctual or stayed for the duration of visits. In the records for three peoples' visits in one week in May 2019 staff had stayed for approximately half the time on seven occasions. The office manager stated that there was no audit or process in place to check the call monitoring times or duration.
- The call monitoring system also showed that out of three people's visit records, an average of 8 out of 18 visits were between 20 minutes and 1 ½ hour late. This is just under 50%.
- Staff and people told us that there were plenty of staff to complete visits. Managers and office staff were also included on the rota to carry out visits. Some people consistently had the same staff while others told us they had lots of different staff to support them.
- Recruitment checks were not always completed to ensure staff were suitable. Two out of the four staff files we reviewed did not include two references. Therefore, these two files did not comply with the recruitment policy set out by the service. Following the inspection the registered manager obtained verbal references, although it was not clear whether all of these references were from previous employers.

The failure to ensure recruitment checks were completed and staff attended visits on time and stayed for the duration was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Using medicines safely

- Some people told us that staff were not always ensuring their safety during visits. One person said, "I cant see the point in having them (Staff) come round anymore, they aren't there to make sure I am safe in the shower." This person explained that staff sometimes write their notes and records whilst he was in the shower which left him at risk of falling.
- People's risks were not always managed comprehensively. Some care plans did not have specific guidance as to how staff should keep people safe. For example, one person was described as being at risk of pressure sores yet there was no guidance for staff as to how this should be managed. A second person had a

mental health issue and their care plan lacked guidance for staff as to how or what they should be monitoring or managing.

- The registered manager explained that staff were well trained in pressure sores and mental health care. However, records should reflect agreed care arrangements and processes to ensure consistency and safety.
- There were useful and detailed risk assessments in other care plans we checked. One person had a detailed risk assessment about their medical treatment which gave staff detailed guidance to follow.
- Medicines were not always managed safely. People told us they were happy with how staff assisted and supported them to take their medicines. However, there had been a consistently high number of medicine records errors over the last six months. In May there had been 42 errors and in April there had been 70. We were not assured that people were being assisted to take their medicines safely or as prescribed.
- The errors ranged from medicines not being signed for, the wrong dates being recorded and the wrong sheets being used. We also found that hand written medicine administration records (MARs) did not have double signatures to show that staff had checked the medicine list, dosage or frequency. It is best practice to have a second staff member check and sign hand written MARs.

The failure to manage risks and medicines safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were learned when things went wrong but not always had their outcomes recorded. There had been eight accidents or incidents since January 2019 and, although they had all been recorded, none of them had outcomes of lessons learned. Following the inspection the registered manager recorded the actions taken and lessons learned.
- The impact of this was minimal as there was evidence that the registered manager had reacted and responded to incidents and accidents in care plans. Where one person had suffered potential neglect from either this service or social services, the registered manager had implemented processes as a result to prevent re-occurrence. The new process was recorded in detail with guidance on how staff should monitor the person's health.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "The carers do make me feel safe."
- People were protected from the risk of abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I was aware of abuse happening then I would contact CQC or social care."
- Systems were in place to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. Following a safeguarding incident involving one person's medical treatment and potential neglect, the registered manager referred the matter to safeguarding and attended meetings to assist an investigation.

Preventing and controlling infection

- People were protected from the risk of infection because staff knew to wear gloves and aprons at visits. One member of staff told us, "I change my gloves and aprons at each visit."
- People we spoke with also confirmed that staff were generally good at keeping their houses clean and washing their hands. Staff had received infection control training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in March 2018, we rated this Key Question as 'Good'. At this inspection we found that this key question had remained the same. The effectiveness of people's care, treatment and support achieved good outcomes and was consistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and considered to ensure staff could meet their needs. For example, one person had specific needs around their digestion and bowel movements. There were clear guidelines and details set out for staff which explained how they could support this person and ensure their needs were met. This included diet control, monitoring on bowel movements and recording details such as weight, skin integrity and cleanliness.
- There were other positive examples where people's needs were clearly being met and considered in detail. The pre-admission assessments considered people's needs such as current health issues, mobility, daily routine, food preferences and social interests. One person had a specific health need which required staff to work alongside a district nurse. This health need was explained in detail in their needs assessment along with contact details for the district nurse.

Staff support: induction, training, skills and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal. One person told us, "The carers do their best and they are very good."
- Staff had received training in various areas such as moving and handling, nutrition, safeguarding, and first aid. This was via online and face to face training. One staff member said, "I remember the training we have had on catheters and diabetes."
- The registered manager completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed care plan guidance.
- Staff were supported by regular supervisions which looked at records, feedback, training and support.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet. Staff were able to describe peoples' preferences and favourite foods for different meals of the day.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "They ask me what I want to eat and they do it well." One staff member said, "I ask people what they want to eat."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and had access to external healthcare support as necessary. Records showed that staff worked alongside district nurses and GPs.

- People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Peoples rights were protected as staff complied with the MCA. There were signed consent forms in peoples' care plans. Where people lacked capacity, authorised relatives or other people had signed for them. There were copies of lasting power of attorney in place for people who required it.
- People told us that staff were good at asking them for consent before they did anything. One person said, "They ask me if I am ok for them to do things before they do them." Staff knew how to ensure that they were following the guidance of the MCA. One staff member said, "It's important to consider whether people have capacity to make decisions." Staff were aware of the processes of assessments and best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in March 2018, we rated this Key Question as 'Good'. At this inspection we found that this key question has now deteriorated to requires improvement. People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; equality and diversity

- People were not always treated with respect or kindness. One person said, "They rush me to have a shower, getting dressed, getting dry and getting dressed again. They are only here for a half hour and it's not long enough." A second person said, "They aren't caring people." A third person said, "They (The office staff) moan at me when I ring them up." The registered manager was shocked to receive this feedback. The registered manager was unable to account for or explain why people had given this negative feedback.
- Some responses to people who contacted the office were uncaring. When one person had contacted the office to ask where their carer was and why they were late. A staff member from the office apologised for the lateness but their recorded response also stated "I reminded (Person) that her call is only to give her a wash and get her dressed, that her husband gives medication and meals." This response suggests an attitude which is not caring or supportive.
- Aside from these examples, we also received feedback from people who found staff to be very caring and friendly. One person said, "The carers are very nice." A second person said, "The staff help me shower and she's very decent about it. She doesn't rush me." A third person said, "I feel safe with the staff. The staff are friendly and chatty."
- People with specific cultural, religious or sexual characteristics could be supported by staff where necessary. People would be asked about their preferences or characteristics during their pre-admission assessment.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in creating their care plans. People and relatives also described how staff reacted and adapted to their views in how they wanted their care, aside from visit times as reported in safe. One person said, "They carers are lovely. They listen to me and do anything I ask them."
- Where people wanted to change their call times or their routines, staff were described as accommodating. A second person said, "They are magnificent. They are very obliging. They always ask if there's anything else they can do." One staff member said, "I look for their (peoples) inclusion as much as possible. I always read the care plan first to get an idea as to how they want things to be done."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted by staff. People and relatives told us that staff would cover them up or close the curtains when doing personal care.
- Staff knew the importance of privacy, independence and dignity. One staff member said, "I close the curtains when I was people and I cover them with a towel when I am dressing them." A second staff member

said, "I try to get people to do as much as they can. Wash what they can reach. We have one person who has mental health needs and we leave them daily tasks to do things so that they are encouraged to do things."

Is the service responsive?

Our findings

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

At our last inspection in March 2018, we rated this Key Question as 'Good'. At this inspection we found that this key question has now deteriorated to requires improvement. People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- Peoples' complaints were not responded to and care was not improved as a result of them. People told us that their complaints were either ignored, forgotten or repeated. One person said, "They (Office Staff) told me they would look into my complaint. It goes ok for a while and then it happens again." A second person told us, "I complained to the agency when I called them up. They said nothing what-so-ever." A third person said, "They didn't apologise or offer to make up for the mistakes. I didn't get a response in writing either." A fourth person said, "I complained when they were a day late. They didn't respond to me in writing. They said they had another person they had to spend more time with."
- The complaints records showed that none of the complaints had been responded to in writing and no lessons had been learned or recorded. The complaints policy stated that all complaints should be responded to in writing.
- Following the inspection the registered manager reacted to our feedback by responding to all complaints and made a record of this. However, due to the failing we cannot be assured that there is a robust system in place to manage future complaints.

The failure to respond to complaints was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were not always person centred or sufficiently detailed. Care plans did not always include details such as how people liked their hot drinks or what they liked to talk about. Details like these can enable staff, especially new staff, to provide person centred care with rapport and ease. When we asked a staff member why the care plans didn't contain information like this, the staff member informed us that this wasn't the kind of information they put in care plans.
- Staff knew people well and could describe their personalities and preferences well. This was positive as it meant that staff could provide person centred care for the people they knew and visited frequently. However, staff stated that care plans were not sufficiently detailed. One staff member said, "There isn't any information to help us know (people) or really give (people) bespoke treatment. I ask (people). If you just read the care plan then you would struggle to have a detailed conversation with them."
- Care plans were task focussed and gave staff clear details of what tasks people wanted to be completed.

We recommend the provider ensures care is designed to meet people's personal preferences and wishes.

Meeting people's communication needs

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

- The complaints policy and general information had been written in a large text for people to be able to understand and read.

End of life care and support

- There wasn't a large amount of information available in care plans for staff around person centred end of life care. One care plan stated that the person wanted to pass away at their home and that they didn't want to speak any further about it.

- There was a reliance on individual staff knowledge to allow people to receive appropriate support at the end of their life. There was a risk that people would not receive appropriate support as it was not captured within the care plan. In response to our feedback the registered manager told us they would implement an additional end of life care plan. We will check on the impact of this at our next inspection.

- Staff were able to describe how they had provided end of life care in the past with people. One staff member described caring for one person towards the end of their life; "I went out of my way to get them some lolly sticks to help moisturise their mouth and ensure they were getting hydrated."

Is the service well-led?

Our findings

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

At our last inspection in March 2018, we rated this Key Question as 'Requires Improvement'. This was because the registered manager had failed to notify CQC of incidents as they are required. At this inspection we found the registered manager had correctly notified CQC but that this key question remained the same for other reasons. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

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

- Quality assurance was not robust or effective. The provider had failed to address the issues with call times and missed visits found during the inspection.
- Detailed medicine audits had found over 40 medicine or records errors in different months in 2019. Although the audits were being consistently completed and the errors were being recorded, there were no actions taken to prevent re-occurrence. The registered manager assessed staff to ensure they were competent to administer medicines regularly as a result of the errors found in the audits. Yet, one member of staff, who was assessed in March for medicines, proceeded to make four errors in May. Nothing had been done in response to these errors.
- There were audits completed of care plans to ensure support plans were in place. The registered manager had completed an audit throughout 2019. However, as discussed above, we found that care plans were not always person centred, people's needs were not always met and risk assessments did not always manage risks to people. Therefore, the care plan audit was not robust or effective in finding problems or improving them.

The failure to complete robust or effective quality assurance audits or promote person-centred care was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager arranged for immediate action to address the high number of medicine errors. This action included medication workbooks for staff, increased frequency of spot checks, regular refresher training and immediate conversations with staff who were making consistent errors.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Some people told us they thought the manager was visible, active and hard working. One person said, "The manager is very nice. I think the service is well managed." A second person said, "I have met the manager. She is very good."
- The registered manager was in the process of reviewing all care plans to personalise them and develop

person-centred care.

- One staff member told us, "I get on well with the managers. I get emails, texts and phone calls. They are good at staying in touch and letting me know about updates."
- The registered manager had correctly reported any notifiable incidents to CQC. This included safeguarding alerts and serious injuries or deaths. However, as discussed above in Responsive, the registered manager had failed to follow the complaints policy and had not handled complaints robustly.

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

- Although spot checks and surveys/questionnaires were frequently completed by the staff, some people told us they didn't really know the manager or they had not been engaged by her. One person said, "I haven't met the manager." A second person said, "I don't know the manager." A third person said, "The manager can be quite bossy when she comes out."
- Questionnaires had been completed three times since the last inspection. The results were mainly positive. The most recent results from the January 2019 survey had not been analysed at the time of this inspection.
- Staff were not always engaged or involved in the running of the service. Staff meetings were not always effective at getting staff input or feedback. At the last two staff meetings the agenda was the same and there were no notes or records of what any staff members had said. The registered manager could not recall any examples of staff involvement in the running of the service on the day of the inspection.
- Some staff told us that they felt supported by management who listen to them and took their concerns onboard. One staff member said, "Management take note of what we say." A second staff member said "I would feel comfortable raising concerns with management."

Continuous learning and improving care; Working in partnership with others

- The registered manager ensured that she was up to date with recent CQC reports and alerts. As a qualified nurse she also maintained her own continual practice development. The management team had attended a medicines conference in 2019 to help address the concerns with medicines at the agency.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses. In the past, when relevant, the service had worked alongside local hospices to ensure people received effective end of life care.
- The staff also worked with a local day centre where people could pay for activities and entertainment out of their house.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks and medicines were not safely managed
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints had not been responded to or acted upon.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance audits were not robust and the registered manager had failed to promote person-centred care.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Recruitment checks had not always been completed and there were not enough staff to ensure that staff were on time or stayed for the duration of visits.