Westcountry Home Care Limited

Westcountry Home Care Liskeard

Inspection report

Unit A1 South West Water Business Park
St Cleer
Liskeard
Cornwall
PL14 6EQ

Tel: 01579342256

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Westcountry Home Care Liskeard in a domiciliary care service that provides support to 31 predominantly older people living in their own homes in the South East of Cornwall including the towns of Liskeard, Callington and Looe. The service is part of the Westcountry Home Care Limited group which operates six domiciliary care agencies throughout Cornwall.

The inspection took place between the 25 and 30 May 2016 and was announced. This was because we needed to ensure staff would be available in the service office during the inspection visit. Not everyone using Westcountry Home Care receives 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.

The service does have a registered manager in post who was on authorised absence at the time of our inspection. 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 was being led by an acting manager with support from the provider's nominated individual and registered managers from other Westcountry Home Care Limited services who visited each week. The acting manager told us they felt well supported and commented, "The other managers have been great."

Staff told us they had been well supported during the registered managers absence and commented, "It's been fine while the registered manager has been away. I don't want to give the deputy manager a big head but she is doing well." While relatives said, "The manager is very open and gives you straight answers." There were appropriate on call arrangements in place that enabled people and staff to access management support outside of office hours.

People felt safe and got on well with their support staff. Their comments included, "I feel safe and I am very happy the individual carers", "No complaints in the girls work at all, whatever I ask they do" and "I get on very well with [the staff]. We have a laugh and a joke." Staff said, "I love the job" and told us they enjoyed spending time with the people they supported. Staff understood their role in protecting people from all forms of abuse and had a good understanding of local safeguarding procedures.

The service recruitments practices were safe and there were enough staff available to provide all planned care visits. Our analysis of visit schedules and daily care records found no evidence of care visits having been missed. People told us, "They've never missed a visit" while staff commented, "I am not aware of any missed visits. It is not something that happens on a regular basis." Visits schedules were developed a week in advance and only changed in response to staff sickness. Each week people were provided with

individualised booking schedules so they knew the planned timing of each care visit and which staff were due to support them.

Care visits were normally provided for the full duration. However, we received mixed feedback from people and staff in relation to their arrival times. People's comments included, "The staff are normally on time, I don't feel rushed", "Generally the staff come within a reasonable time frame. Things have improved slightly as the administrator now rings if staff are running late" and "They were half an hour late today so had to ring the office. It does not happen a lot, maybe once per week".

Most staff told us they received adequate amounts of travel time between consecutive care visits but concerns were raised in relation to the travel time allotted on one particular visit schedule including, "lf the travel time was honest on the rota then everything would be fine, sometimes you are driving for 30 minutes but only have 10 minutes travel time." Our analysis of the travel time allocated on this route found that staff had been allocated on average less than half of the time necessary to travel between visits. We have made a recommendation in relation to this issue.

This issue was raised with the acting manager who was aware of the situation and working to resolve it. Following the inspection the acting manager confirmed the issue had been resolved.

Records showed that staff team were sufficiently skilled to meet people's need and that training had been regularly updated. There were appropriate induction procedure in place for new staff and all staff had received regular supervision. People told us, "I think they have the skills they need" and "They know exactly what they are doing."

Staff had a good understanding of the Mental Capacity Act. People were able to choose how their support was provided and their decisions were respected by staff. People felt able to request additional unplanned support during care visits and staff ensured people's needs were met. Care plans were sufficiently detailed and informative. They provided staff with the appropriate and specific guidance necessary to help ensure people needs could be met.

The service's records were well organised and there were effective quality assurance systems in place. Performance audits had been completed and, where any issues were identified, action plans had been developed to make sure these issues were addressed and resolved. People's feedback was valued and when complaints were received these had been investigated 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 remains Good.

Is the service effective?

Requires Improvement

The service was not entirely effective. Recent changes to the service's visits schedules did not accurately reflect the time needed to travel between care visits.

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

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remains good.

Westcountry Home Care Liskeard

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 25 and 30 May 2018 and was announced in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one Adult Social Care inspector.

The service had not been inspected at its most recent address but was found to be good in all areas when inspected at a different address in July 2016. Prior to the inspection we reviewed the information we held about the service, previous inspection reports 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 visited one person at home and observed the support provided during a lunchtime visit. We also spoke with five people who used the service, two relatives, seven members of care staff, the acting manager and the providers nominated individual. We inspected a range of records. These included four care plans, three staff files, training records, staff visit schedules, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe, one person commented, "I feel safe and I am very happy with the individual carers." A member of staff said, "The clients are safe, of course." People were protected from the risks of abuse and discrimination because staff had received training to help them identify possible signs of abuse and understand what action to take to ensure people's safety. Information about local safeguarding procedures was available in the service office and staff told us, "I would tell the manager [about any safeguarding concerns] and I know she would deal with it." Staff were able to demonstrate a good understanding of the local authorities role in safeguarding vulnerable adults and records showed safety concerns had been appropriately reported.

Risks in relation to people's care and support needs had been identified and assessed. People's care plans provided staff with guidance on the action they must take to protect people from identified areas of risk. For example, one person had been identified as being at increased risk of falls. Staff were provided with guidance on both how to support the person when mobilising and where to position items to minimise the need for the person to mobilise independently between care visits. At the end of each care visit staff ensured telephones and life line alarm systems were within the person's reach to enable them to call for help if necessary.

Where accidents or incident had occurred these had been fully documented and investigated by managers. Any learning identified as a result of these investigations had been shared with the staff team to further improve safety. In addition, there were systems in place to ensure all equipment was checked before use and records were maintained of when specific items of equipment were due to be serviced. The service used this information to support people to arrange for any equipment to be appropriately serviced.

The service had emergency procedures in place and people's care plans included details of the support they would require in the event of an emergency. These systems had worked appropriately to ensure people's needs were met during periods of adverse weather and one person told us, "In the snow one of the girls lives locally and she walked down."

People told us, "They always turn up" and "They've never missed a visit" while staff commented, "I am not aware of any missed visits. It is not something that happens on a regular basis." During our analysis of care records, we found no evidence to suggest any planned care visits had not been provided. However, there had been two recent incidents where staff had been unable to gain access to a person's property to provide a planned care visit. On both occasions the staff involved had been delayed as a result of unexpected needs during previous care visits. This had meant the staff involved were running later than planned and had not been able to gain entry as the person's relative had secured the property for the night. On both occasions the acting manager had contacted the person the next morning to check on their welfare and apologise. Following these incidents changes had been made to evening visit schedules to minimise the likelihood of similar incidents reoccurring. Staff told us where people were regularly needing additional assistance they reported this to the acting manager who made adjustments to their visit schedule to ensure this did not impact on others. Staff comments included, "If I speak to the office they will sort things out" and "I can talk

with managers where they are taking longer and they will change the visit length."

The service's visit schedules were well organised and our analysis found there were sufficient staff available to provide all planned care visits. Staff collected copies of their individual visit schedules form the service office each Friday. Personalised booking schedules with details of the timing of each visit and the staff who would provide the visit was delivered to each person on Saturday mornings. People told us, "I do get a list of who is coming. It does not change much" while staff commented, "I take people their booking list sheets on Saturday so people known exactly who to expect." Staff told us their planned visit schedules were accurate and only altered in response to staff sickness.

Where any changes to visit schedules were made these were discussed with staff to ensure the changes were understood and to minimise the risk of planned visits being missed. Staff told us, "The rota only changes if staff call in sick" and "If they change your rota you get a phone call and a text."

The service had suitable and robust recruitment procedures in place. All necessary pre- employment checks had been completed to demonstrate staff were suitable for employment in the care sector. These included references from previous employers and Disclosure and Barring Service (DBS) checks. At the time of our inspection the service was actively recruiting. The acting manager told us, "Two staff are due to start in the next couple of weeks, We have enough staff for the rota, we are recruiting to enable steady growth".

Where people required assistance to manage their medicines this was provided by staff who were sufficiently trained and competent. Staff generally supported people by checking and, when necessary, reminding people to take their medicines. Staff recorded the level of support they had provided with medicines in people's care records. One person's care plan showed staff were partially managing the person's medicines but it was not entirely clear from their daily records exactly how support had been provided with medicines each day. We discussed these issues with the acting manager who took immediate action to address this issue and ensure the quality of these medicines records improved.

Staff had a good understanding of infection control procedures and Personal Protective Equipment including disposable gloves and aprons were available from the service's offices.

Requires Improvement

Is the service effective?

Our findings

We received mixed feedback from people and their relatives in relation to the timing of staff arrival for planned care visits. Most people were satisfied that care visits were normally provided on time and for the planned duration. Their comments included, "The staff are normally on time, I don't feel rushed", "Visits are long enough" and "Generally the staff come within a reasonable time frame. Things have improved slightly as the administrator now rings if staff are running late." However, other people reported that their staff regularly arrived late. Their comments included, "They were half an hour late today so had to ring the office. It does not happen a lot, maybe once per week" and "At the morning visit too often they are turning up late. They are due at 08:30 and have been arriving at 08:50 so visits are shorter than planned."

Staff also had mixed views in relation to the travel time they had been allocated between care visits. Positive staff comments included, "Looking at my visit schedule there is enough time for travel", "I get travel time between visits" and "Most of the time we have enough travel time." However, some staff raised concerns that the travel times associated with one of the geographical areas covered by the service were not appropriate. Staff comments in relation to this issue included, "If the travel time was honest on the rota then everything would be fine, sometimes you are driving for 30 minutes but only have 10 minutes travel time", "We only have five minutes to do half an hours drive" and "It is causing stress as staff are rushing to the next job."

We reviewed the travel time between care visits in this area and compared it with an estimate of the time required to travel between addresses using online mapping software. This showed that staff had been allocated less than half the time necessary to travel between care visits.

We discussed this issue with the acting manager. They explained that two previously separate rural visit schedules had been combined. This change had been introduced as a temporary measure until additional clients could be found to enable the visit schedules to be separated again. At the time of the inspection the acting manager was working to identify and take on additional care packages to enable these merged rural routes to be separated. Following the inspection, the acting manager told us they now had enough clients to run the schedules separately.

We recommend that the service regularly reviews visit schedules to ensure the travel time allocated between consecutive care visits is reasonable.

The acting manager met with people at home as part of the service's assessment process. People were encouraged to provide details of their preferences in relation to how their support should be provided. This information was combined with details provided by the commissioner of the care package to form the basis from which the person care plan was subsequently developed.

Staff records showed training in topics the service considered mandatory including; moving and handling, first aid, medicines and safeguarding had been regularly updated and refreshed. Staff told us, "The training is good", "They are pretty hot on training and I know all my training is up to date" and "The training is Ok and

they remind you to do the training."

People and their relatives told us staff had the knowledge and skills to meet their needs. Comments received included, "I think they have the skills they need" and "They know exactly what they are doing." The service had recently been commissioned to support an individual with specific and complex care needs. Prior to commencing this care package staff had been given relevant specific training on both the person's specific medical condition and how to meet their individual needs. They told us, "We did a lot of training before the new person started."

When new staff were appointed they completed induction training before shadowing more experienced staff to observe how care was provided. Staff told us, "I did two and a half days training before I started shadowing" and "You do the training before they put you out there." In addition, staff new to the care sector were supported and encouraged to complete the care certificate. This nationally recognised training package is designed to provide staff with an understanding of current good practice.

Staff told us they initially observed and shadowed experienced care staff until they felt sufficiently confident. Staff were then allocated to provide support to people who needed assistance from two members of staff for a further period of two to three weeks before new staff were permitted to provide support independently. Records showed experienced staff were regularly asked for feedback on the performance of new staff members to ensure they were sufficiently skilled and competent to meet people needs.

Staff received regular support and supervision from managers. Staff told us, "I had supervision recently, they came and watched me dealing with the clients." Records showed supervision was a combination of office based, face to face meetings and unannounced spot checks of the quality of care provided during care visits. In addition, team meetings were held each quarter. Records showed they had been well attended by staff and had recently been attended by both the provider and the nominated individual. During these meetings staff had been encouraged to share information about changes to people's needs and encouraged to discuss any issues or concerns they had. Where significant changes occurred, or were planned team meetings were used as an opportunity to update the staff team.

Care records showed people were supported to manage their food and fluid intake. Care plans included information about people's dietary preferences and, where relevant, specific guidance on how individuals liked their meals to be prepared. During our observation staff ensured people had access to drinks and snacks between visits and the importance of supporting people to remain hydrated was highlighted with care plans. For example, one person's care plans stated, "[Person's name] will make her own drinks although carers are to ask if she would like a drink before leaving."

People were supported to access external healthcare services and, were necessary, the service had made appropriate referrals for additional support. Where professionals had provided advice or guidance to staff this was incorporated in the person's care plan.

Staff sought people's consent before providing support and respected decisions where support was declined. During the visit we observed it was clear people were comfortable providing instructions to staff and consent was sought before support provided.

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. The acting manager had a good understanding of this legislation. Where concerns had been identified in relation to people's capacity to make specific decisions appropriate capacity assessments had been completed.

Good

Is the service caring?

Our findings

People consistently told us they got on well with staff. Their comments included, "I am very happy", "No complaints in the girls work at all, whatever I ask they do", "I like them very much and they are very helpful" and "I get on very well with [the staff]. We have a laugh and a joke." One member of staff said, "I love the job" and told us they enjoyed spending time with the people they supported.

Staff had a good understanding of equality and diversity issues and additional formal training in this area was planned for all staff. Where people had expressed preferences in relation the gender of their carer these preferences were recorded and respected. Numerous posters were displayed throughout the service's office to remind staff of the importance of respecting and valuing diversity.

Staff rotas showed people were normally supported by carers who visited them regularly. People told us, "I get on with the staff", "I look forward to seeing them" and "I know all the carers who come, I am introduced to new carers when they are doing their shadowing." Each person was provided with a booking schedule each week with details of their planned visit times and the names of staff who would be providing each visit. Staff generally had regular work patterns and this meant they were able to get to know people well as they visited regularly.

People's care plans included details of the support they needed with communication and to access information. Where people used hearing aids or glasses this was recorded and staff were provided with guidance on how people preferred to be supported with these aids. Where people used technology to support their communication needs staff were provided with guidance on its operation.

During our observation of a lunch time visit we saw that staff were friendly, polite and kind. Staff acted to ensure the person's privacy was respected and it was clear that the person was in charge of how support was provided. Staff offered the person choices throughout the visit and the person's decisions were respected and acted upon. Care records showed people were able to decline planned care and staff told us, "We document it if people decline care, it is entirely up to them." Where care was repeatedly declined this was reported to the service's manager and gentle encouragement provided to ensure the person's needs were met.

Daily care records showed people could request additional, unplanned support and this was provided. For example, one person's care plan specified that they were to be supported to shower during specific extended care visits each week. However, the person daily care records showed staff had regularly supported the person with additional showers when requested.

Good

Is the service responsive?

Our findings

People's needs were assessed by the acting manager prior to their initial care visit. The manager visited people at home to help ensure the service could meet the person's individual needs and preferences. People care plans were developed from the information gathered during the assessments process, staff experiences during initial visits and information supplied by commissioners. Where people's needs were more complex the acting manager had met with the person, their relative and involved health professionals to ensure all parties understood the level of support the service was able to provide. Where additional staff training needs were identified as part of the assessments process the service acted promptly to ensure this training was completed before the initial care visits.

During the initial period of care provision daily records were regularly reviewed and care plans updated to ensure they accurately reflected the person's specific needs. One person's relative told us they were due to meet with the acting manager in the week following our inspection to review and update the care plan in light of learning identified during the first month of support.

Each person's care plan included background information about their history including details of their life history, family, interest and hobbies. This information was provided to help staff understand how the person's background could impact on their current needs while providing useful prompts to help new staff identify topics of conversation the person might enjoy.

Care plans provided staff with sufficient detailed guidance and information to help ensure they understood and could meet people's needs. For each planned visit staff were give specific instructions on tasks to be completed including details of the level of support the person normally required. For example, one person's care plan stated, "[Person's name] will wash her upper body independently but will need support for her back and lower body." Staff told us, "The care plans are good there is enough information in them" and "There is a care plan in each person's house, they do have enough information in them."

Care plans had been reviewed regularly and updated where any significant changes in needs were identified. Staff told us, "There is a care plan in every house" and we found care plans in people homes accurately reflected the information available in the service's office. The acting manager met with people as part of the review process and records showed people had signed their care records to formally record their consent to the planned care. Comments from people and relatives in relation to care plans included, "I've seen it, signed it and read it", "[The care plan] is very detailed there is lots of information in it and you would not fault it for detail", "They do what I need them to do" and "They have enough information in them."

All staff were provided with a newsletter each week with details of any changes within the organisation and highlighting any significant updates that had been made to people's care plans. Staff told us, "We get a newsletter every week which is ideal if you have been on holiday." This meant staff were able to keep up to date with any change in people's needs.

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure

times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. People told us, "Everything they do goes down in the book" and we found these records gave and accurate account of the support each person had received.

The service had appropriate complaints procedures in place and people told us they knew how to raise any issue both with the acting manager and the provider's nominated individual. Most people told us they had not needed to complain and reported that when they raised issues these had been addressed. Records showed that where complaints had been made they had been investigated and staff provided with additional guidance to prevent similar events reoccurring. In addition, we saw the service had received thankyou cards and letters from people and their relatives recognising the quality of support the service provided. One recently received card had thanked staff for using a tractor as transport to attend their visit during a recent period of snow.

The service recognised importance of supporting people to remain at home at the end of their lives. There were systems in place to support people to achieve this aim. Relatives told us they felt confident the service would be able to meet people's needs at the end of their lives.

Good

Is the service well-led?

Our findings

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 service has a registered manager in post who was on authorised absence at the time of our inspection.

In order to provide the service with leadership during this period an acting manager had been appointed. The acting manager had previous leadership experience and had been the deputy manager at another Westcountry Homecare Limited registered service.

Staff told us the acting manager was doing well and that they felt supported. Their comments included, "It's been fine while the registered manager has been away. I don't want to give the deputy manager a big head but she is doing well", "The managers are ok, any problems get sorted" and "The managers are absolutely fine, If I have any queries they have been there." Relatives told us, "The manager is very open and gives you straight answers."

Staff were encouraged to visit the service's offices on Friday each week to collect their rotas and to provide an additional opportunity for details of any observed changes in people's needs to be shared. It was clear during our inspection that staff and the acting manager worked well together and staff told us, "I must admit we have good clients and we have a good team" and "In general the company is pretty good."

Staff team meetings were held regularly at the service's offices. The minutes of these meetings showed they had been used to update staff on proposed changes within the service and gather feedback from staff. In addition, details of any significant incidents that had occurred at the provider's other services had been discussed and reviewed. The meant the service was able to learn from these incidents and areas of good practice were identified and highlighted.

During the registered manager's absence, the acting manager had been well supported. Registered managers from the provider's other services had been based in the office one day per week and the acting manager told us, "The other managers have been great." The nominated individual had also visited the service regularly to provide additional support during the registered manager's absence and staff told us, "We do see [the nominated individual] quite regularly." The acting manager did not normally provide care visits and was supported by an office based administrator. In addition, the service was in the process of appointing a team leader to provide additional leadership capacity.

There was an on-call system in place to ensure staff and people who used the service could access management support when the office was closed. People told us they were able to contact the service when they needed to while staff who completed on call shifts commented, "On call is not too bad, staff contact us if they are late, then we call the client to let them know. Most of the time it is not a problem."

There were effective quality assurance systems in place at the service. Annual postal surveys had been completed to gather people's feedback on the service's performance and the 2018 survey was underway at the time of our inspection. Records showed people's feedback was sought and recorded during visits by manager and people told us, "Occasionally managers do visit."

The nominated individual and registered managers from other Westcountry Home Care Limited services regularly completed quality assurance checks and audits at the service. A mock inspection had recently been completed which had identified some minor compliance issues. These issues had been raised with the acting manager who had developed an action plan detailing how each issue would be resolved. The nominated individual had reviewed the action plan and completed a targeted visit to the service to ensure each issue had been addressed. In addition, office staff completed audits of daily care records when they were returned each month. This ensured any changes in people care needs were identified and enabled any issue with staff recording practices to be quickly identified and addressed.

Information and records were well organised. When asked staff were quickly able to locate all information required during the inspection process. The services policies and procedures were regularly updated.