

West Heanton Ltd

West Heanton - Supported Living & Domiciliary Agency

Inspection report

Buckland Filleigh
Beaworthy
Devon
EX21 5PJ

Tel: 01409281754
Website: www.westheanton.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

West Heanton supported living and domiciliary agency provides care and support to people in their own homes. It also provides care and support to people living in flats on the site of West Heanton Residential Care Home. These people have their own tenancy agreements as part of a supported living package. We only inspected the care and support and not the accommodation.

Rating at last inspection

At our last inspection completed in October 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. This inspection was completed on 7 February 2018 and 23 March 2018.

Why the service is rated as Good.

There was registered manager in post who was also the registered manager of West Heanton Residential Home. A registered manager is a person who has registered with the CQC 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.

Care and support was well planned, with risks clearly identified. People were supported in the least restrictive way; the policies and systems in the service supported this practice. Staff had received training on the Mental Capacity Act 2005 (MCA). They ensured people were asked for their consent before they carried out any care or support.

The registered manager promoted strong values and a person centred culture. The staff and people said the management team had an open and inclusive approach. Good systems had been used to review the quality of care and gain people's views to improve things. People said their views and concerns were listened to. One person said "I would have no hesitation to call them, if I needed to, but the service is second to none. Everything is sorted. The girls will always help with anything."

People were protected from harm because there was a robust recruitment processes. Staff knew who to report concerns regarding abuse.

Care workers had been trained to give people their medicines safely and ensured medicine administration records were kept up to date. Care workers supported people to eat a nutritious diet with food and drinks of their choice.

People were treated with kindness, respect and compassion. Staff had developed strong bonds and good relationships with people and understood what was important to them. One person said "Our girl who visits is like a family friend to us. It's important to have that trust and I do trust her 100 percent."

Further information is in the detailed findings below

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?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good.

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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 checked 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 site visit took place on 7 February 2018 and was announced. We gave the agency 48 hours 'notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure they would be in. We visited the office to see the manager and office staff; and to review care records and policies and procedures. Inspection site visit activity started on 7 February 2018 and ended on 23 March 2018, following calls to people who used the service.

This was a routine comprehensive inspection carried out by one adult social care inspector. We visited two people in their own homes and spoke with them about their experience of receiving care and support. We met and spoke with the registered manager and five care workers. Following the inspection site visit, a second inspector rang and spoke with five people receiving a service on 23 March 2018. We also contacted two health and social care professionals and received a response from one of them.

We used information the provider sent us in the 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 also reviewed other information we held about the service. This included previous inspection reports, safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We reviewed information about people's care and how the service was managed. These included: two

people's care files and medicine records; two staff files which included recruitment records of the last two staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.



Our findings

People said they felt safe being cared for by staff working for the agency. One said "They are very reliable, turn up on time. I don't know where I would be without them." Another person said "The staff are all very good, very professional, they know what to do."

People were protected by safe recruitment practices. Before new staff were employed to work at the agency, checks were made to ensure staff were of good character and suitable for their role. Staff understood different types of abuse and how to report concerns. Staff training data showed staff had training in safeguarding and policies and procedures prompted them to follow correct processes.

People's medicines were managed and administered safely. Care workers were trained to manage medicines and undertook training, competency and spot checks. Medication Administration Charts (MAR) were completed appropriately. The Provider Information Return (PIR) stated three medicine errors had been made in the last 12 months. The provider was looking at making some improvements to recording of medicines. The PIR stated they were looking at "different types of medication signing sheets to allow for more variation to represent how clients want to receive their medication as some need carers to watch them take it and others want carers to leave it in a pot for them to have later. We believe this will make prompting of medication safer and clearer and allow for space to record individual choices."

People's needs were met by sufficient staff who had the right skills and knowledge. The PIR showed there were 32 staff. The agency had applied and been successful in becoming a provider of domiciliary care for the Northern Devon Healthcare NHS Trust under the brand name 'Devon Cares' who were the prime contractor of domiciliary care in northern and mid Devon. This meant staff would benefit from being able to access additional training from the North Devon NHS care homes team.

Risks to people's personal safety were assessed and plans were in place in care records to minimise those risks. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst allowing the person to remain independent.

People were protected by staff who had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks.

There were arrangements in place to keep people safe in an emergency and staff understood these. In the case of an emergency, such as poor weather like heavy snow, the registered manager and care workers

knew which people required a priority visit. One person said "They still got staff over to visit me, even in the worst of the recent snow." The registered manager confirmed they had the use of a four wheel drive car and was able to get staff to remote places, which a two wheel drive would not have been able to safely do.



Our findings

People said the service they received was effective and met their needs. One person said "They arrive on time, do everything we ask and more. They certainly know what they are doing."

People benefitted from staff who had training and support to do their job effectively. Staff confirmed the right training was available to enable them to do their job and develop skills in key areas of health and safety. Training also included more specialised areas such as end of life care and mental health training. One staff said "The training has been the best here. I feel 100% supported."

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. We checked whether the service was working within the principles of the MCA and found they were.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order.

Care workers supported and encouraged people to have a meal of their choice and type. They prepared and served meals dependent upon individual people's likes and dislikes. Some people preferred to have a ready meal whilst others preferred the care worker to prepare and cook a meal from scratch and include fresh vegetables.

People were supported to have access to healthcare services, such as GP's and community nurses. The agency worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one organisation was involved in a person's care package. They recognised changes in people's health and liaised with other agencies to review the support provided. For example, the PIR stated that staff noticed a person with severe dementia who lived with their spouse seemed thirsty on several occasions. So after consultation with the family and social worker the care plan was quickly changed from just personal care to include care workers providing drinks. Later this led to meals being delivered daily as the agency identified that the person's spouse was being overwhelmed by being the main carer.



Our findings

People were treated with kindness and respect at all times when receiving care and support. One person said "Our girl who visits is like a family friend to us. It's important to have that trust and I do trust her 100 percent." Another told us "They are very kind always willing to do anything we ask them." The service sent out annual surveys to people. The most recent survey was sent out to 26 people and the response rate was 81%. Questions were asked whether people felt they were treated with kindness and respect. 100% replied "always" to this question. The same number also said they were very satisfied with the service provided to them.

Examples of care given by the agency showed a strong person centred culture. The management team and care workers were compassionate and kind. Staff said they were proud of the work they did and believed people supported by the service received personalised care and support. One staff member said "We are given time to read the care plans, which means we can provide personalised care to each person." Another said "This is the best care agency I have worked for. The training and induction was the best and they really care about the people getting the best care."

Care and support was extended to staff to ensure they were safe. For example, the agency paid for the removal of a wasps nest near the entrance of one person's home, to ensure staff did not get stung when they visited. There were eight company cars staff could use to ensure they had reliable transport to get to their visits. Staff were paid per shift rather than per visit. This enabled them to have additional time when needed to make sure the care and support delivered was compassionate and person centred. There were examples of the agency going the extra mile for people. For one person they ensured they organised the right continence underwear as their family were unable to do this.

The provider had organised a 25 year anniversary fete and garden party which all the people using the domiciliary agency were invited to. This enabled them to meet up with friends old and new. This type of social event proved very popular and enhanced people's well-being. The PIR shows the agency was looking to extend this. It stated "The success of recent social events means we can clearly see the positive benefits of organising more so we will be forming a small team of staff and clients to consult widely and develop exciting plans for the future. We are in a very rural area and farming has been the background of many families so that other local events such as the annual scarecrow competition or tractor runs can be incorporated too and made accessible to as many clients as possible."

People and relatives were involved in making decisions about their care and support. The service involved

people's relatives in their care and decision making where appropriate. They kept them up to date with any changes. People had a regular team of care workers who they had built meaningful relationships with. One person said, "We have the same girl unless she is on holiday. She is brilliant. We have come to know her as a friend and look forward to her visits."

One healthcare professional said in written feedback to the service "It has been amazing to see the kindness and compassion you continually give to each and every patient."



Our findings

The service was responsive to people's needs and wishes. This was achieved by ensuring where possible people were involved with the development and review of their care plan. The registered manager said "We pride ourselves in being very responsive to any changing needs that our clients have whether temporary such as amending visit times due to hospital appointments or more permanent, for example, in the recent case of a client who needed an increase in care following a fall."

The provider information return (PIR) gave an example of where this had worked in practice. It stated "One client fell ill over the Christmas period whilst family were visiting and as we knew they did not want to be admitted to hospital or a residential home we immediately put in place extra visits, worked with the GP and District Nurses to care for our client during this difficult period ... The extra visits including night sits and practical assistance with continence products enabled the client to remain at home and she personally made an emotional thank you to the homecare manager and staff for abiding by their wishes when they eventually recovered."

One healthcare professional said the service was flexible and responsive to people's needs. They gave an example of where the service had worked with them to ensure a person could die peacefully in their own home. They said in written feedback to the service that "The care worker was incredibly professional, competent and confident, in providing support to relatives."

Care plans were regularly reviewed to ensure people received the most appropriate care. Staff were given the time to read and understand people's care plans so personalised care and support could be achieved.

Clear assessments were completed to ensure the agency knew people's assessed needs and wishes before they commenced providing a service. This meant they could plan for each area of need and allocate time appropriately to ensure people's needs were fully met. Their own survey showed people using the service were "very satisfied" with the service they were provided by West Heanton. One person said "They always check if there is anything extra I need. They are very reliable and very good."

People said they had been given a copy of the complaints policy. People said they would feel able to raise any concerns to the agency if needed. One person said "If I have any little grumbles I would call the office. They would sort it out." The PIR showed there had been five complaints in the last 12 months. They had been responded to within a 28 day period. The complaints log showed what actions were taken to resolve issues. One example was where a neighbour had noted a person had not received their visit. The agency

checked and found the staff member had forgotten to add the person to their list of visits. Extra support and supervision was provided to the staff member. This ensured they double checked their rota and the person was allocated additional time to make up for the missed visit.



Our findings

There was a registered manager in post who was also the registered manager of West Heanton Residential Care Home. 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 registered manager was experienced, organised and knowledgeable about the people who received support. They worked alongside side staff to provide hands-on care and ensured care workers had the resources to do their jobs properly. The service had a positive and inclusive culture. The registered manager welcomed feedback, led by example and was accessible to both people using the service and staff. There was an open culture and care workers' opinions mattered. They had introduced monthly huddle meetings which staff were paid to attend. This was an opportunity to share information and ideas. Staff confirmed they believed their views and opinions were valued. One said "It's very organised. They help you with everything." Another said "They are very very approachable. I feel comfortable talking to them. I think it is managed very well."

The registered manager was continually looking for ways to improve the service, including how to effectively communicate. The PIR stated "I have introduced a private Facebook group for staff to join as a way of instant communication for non-confidential topics about shift availability, road closures, plus sharing ideas such as training and it has proved very popular as another way for people to bond as a team. In the last year, I have created a monthly newsletter for both staff and clients in whatever format they require which invites them to events held at the residential home, the activities available and other news". This included a public 'thank you' from a client to a carer who gave immediate and very effective first aid.

The registered manager had become a 'Dementia Champion' and recently gave a presentation to a community group to help inform them about the needs of people living with dementia and their families. They also held a fete and garden party in the theme of the 1940's which was a huge success. The service received an award from the local NHS care homes team for being forward thinking and innovative in their approach.

There were good auditing and quality monitoring processes in place which ensured people's records and care plans were kept up to date. The registered manager had worked with the local authority quality improvement team. They had adopted one of their quality monitoring documents which helped to look at

trends of falls, accident and incident reports and any complaint issues.

The registered manager was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration. Their rating was clearly displayed in the registered office and on their website.