Saren Limited

North West Wiltshire - Kennet and Mendip

Inspection report

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Date of inspection visit:
15 September 2016
16 September 2016

Date of publication:
08 December 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 15 and 16 September and the provider was given short notice of the inspection. We gave notice to make sure the staff and or registered manager was at the office. The previous inspection took place in March 2014 where all standards inspected were met.

North West Wiltshire - Kennet and Mendip provides personal care and support to people in their own home.

A registered manager was 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.

Risk management systems were not always effective. Members of staff we spoke with described the measures in place to minimise risk. However, not all risks were assessed. Risks were not assessed for people with medical conditions which require well balanced meals and for people with poor appetite. Along with the risk assessments the person's capacity to make decisions about their eating and drinking were not undertaken. Risk management systems were to be improved for people with high dependency needs.

Quality assurance systems were to be developed to incorporate better monitoring of people at higher risk. Systems were audited to ensure the standards of care were met and to identity patterns and trends. The views of people and their relatives about the agency were gathered and acted upon.

People with capacity to make decisions gave their consent for staff to deliver care and treatment. Where there were lasting power of attorney's appointed they also signed consent forms for care and treatment.

People told us they felt safe when staff were present. The staff we spoke with were able to describe the procedures for safeguarding vulnerable people from abuse. They knew the types of abuse and the expectations placed on them to report abuse.

Recruitment procedures ensured the staff employed were suitable to work with vulnerable adults. New staff received an induction to prepare them for the role they were employed to perform. Training courses were available monthly for staff to attend. Staff told us the agency training programme was good and they were able to meet people's specific needs. Training records evidenced the staff attended mandatory training set by the provider and other specific training such as dementia awareness and vocational qualifications.

The agency was fully staffed and offered continuity of care to people. People had their personal care delivered from the same regular staff which meant people received care that was consistent. People told us staff mostly arrived on time and stayed the allocated visit times.

People were supported with their ongoing health. Where appropriate healthcare visits were arranged while

staff were present to ensure correct guidance was delivered to the staff.

Care plans had some person centred elements but action plans lacked detail on how staff were to meet the desired outcomes detailed. Care plan templates that assisted staff with developing plans which included the person's preferences were to be introduced.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not fully safe.

Risks were not always assessed or action plans devised to minimise risks. However, staff showed a good understanding of the actions needed to
minimise the risk to people.

Sufficient levels of staff were deployed to meet people's needs. People received personal care from consistent staff.

Safe systems of medicine management were in place. Staff signed medication administration charts to show they had administered the medicines.

People said they felt safe with the staff. Staff knew the procedures for the safeguarding of vulnerable adults from abuse.

Is the service effective?

Good

The service was effective.

Where people had capacity to make decisions they gave their consent for staff to deliver personal care. Where lasting power of attorney's were appointed they also gave consent for personal care to be delivered by the staff.

Staff had access to a range of training to ensure they had the correct knowledge and skills to provide people with the appropriate care and support to meet their needs.

Is the service caring?

Good

The service was caring

People told us the staff were kind and caring. They told us the staff respected their rights.

Members of staff were knowledgeable about people's needs and how to meet these needs in their preferred manner

Is the service responsive?

Good

The service was mostly responsive

Care plans were not fully person centred as they did not give staff direction on how people liked their care needs to be met. People were aware they had care plans in place and told us they were present during review meetings.

People told us they knew the complaints procedure and who to approach with their concerns. The registered manager investigated complaints and resolved them to a satisfactory level.

Is the service well-led?

Good

The service was mostly well led

The quality assurance systems in place were not fully effective as the analysis of risk did not include people with high dependency needs.

Systems were in place to gather the views of people and their relative's.

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Members of staff worked well together to provide a person centred approach to meeting people's needs

North West Wiltshire - Kennet and Mendip

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 15 and 16 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff were available at the agency office.

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

We contacted people and relatives by phone and used questionnaires to gain their feedback from about their experiences of the agency. We gained feedback from staff who had completed questionnaires and we also spoke to two members of staff, the registered manager, deputy and the provider. We looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

Risk assessments and associated care plans were not developed for all areas of need identified during assessments. We saw in the initial assessment one person who was prescribed insulin and other medicines to help control their diabetes. We saw from this person's daily reports staff were serving meals and snacks that contained sugar. The person's understanding and the consequences of not eating a well balanced diet was not assessed. For another person the expected outcome of the care plan from relatives was "do not ask XX if she wants breakfast just make it and serve it." The person's desired outcome was "I have poor appetite and need to be encouraged." However, the risks were not assessed and action plan developed on how to minimise the risk. This meant this person may be at greater risk of poor nutrition. .

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Copies of risk assessments were in place for people with a history of falls and for mobility needs. The moving and handling risk assessment for one person listed the number of staff and equipment needed for safe moving and handling. The risk assessment for a person at risk of choking described the preventative measures which included good positioning, the consistency of the food to be served and the assistance needed from the staff.

A member of staff told us that during the admission process risk assessments were completed for the environment. For example, looking at potential trip hazards in the premises. They said the agency staff worked closely with healthcare professionals. For example district nurses. They said for people with mobility and specific nutritional needs had care files called "skin bundles" which were based on prevention of complications related to risks. The "skin bundle" for one person included the required checks of equipment and monitoring checks of the person's skin integrity in relation to their risk of pressure ulcers and dietary requirements.

Environmental risk assessments were used to assess potential risk to people and the staff. The potential hazards were assessed for example; potential trip hazards, equipment and aids used and fire safety systems such as smoke detector. Within the environment risk assessment the personal care to be delivered and the number of staff needed was assessed.

A member of staff said incidents and accidents were reported. They said usually staff contacted emergency services or the agency depending on the nature of the situation.

People who responded to questionnaires said they received care and support from familiar, consistent care workers. Mostly the carers arrived on time. Comments from people we spoke with included "they've never missed an appointment" and "very seldom late and always stay for their time". The registered manager said the agency was fully staffed. They said missed visits were recorded and investigated and were usually due to miscommunication. There was an apology given to the person and another member of staff asked to visit as soon as possible.

The agency staff followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. Professional written references on the staff's conduct was request and copies of their references were kept on file.

Where appropriate the staff assisted people to take medicines safely. The people we spoke with told us they always received their medicines at the appropriate time and that these were stored safely.

Staff were competent to administer medicines. A member of staff said medicine competency training was provided by the agency. They said if unsure, they would contact 111 or the office staff were contacted for advice. Where medicine errors were made these were investigated by the registered manager. The registered manager said medicine errors may lead to disciplinary action.

Copies of the staff sample signatures and medication administration records (MAR) charts were kept at the agency office. We found staff had signed the MAR charts when medicines were administered and used codes where medicines were not administered. For example, "R" for refused.

The people that we spoke with and that responded to questionnaires said they felt safe from abuse. Members of staff we spoke with were able to describe the procedure for safeguarding adults from abuse. They were able to list the types of abuse and the actions they must take for alleged abuse.

Good

Is the service effective?

Our findings

The comments made by the relatives we spoke with included "They're well-trained in what they need to help Mum with, "They seem to give staff rigorous training and grounding, they know what to expect and how to deal with things" and "I marvel at what they can do and what they know". People responding to questionnaires told us their carers had the skills and knowledge to give them the care and support they needed.

New staff had an induction to prepare them for their role. A member of staff told us there was a five day induction. They said there was a carer's pack which they "worked through" and included the mandatory training set by the provider. For example, moving and handling, first aid, lone working and safeguarding of vulnerable adults. New staff shadowed more experienced staff to ensure they understood people's routines.

Training was provided to ensure staff had the skills needed to meet people's needs. Staff attended mandatory training set by the provider and included safeguarding of vulnerable adults from abuse, first aid, food safety and Mental Capacity Act (MCA). Vocational qualifications and other specific training was also provided to support staff with their personal development. Staff said there were monthly training courses available and included class based moving and handling training.

Appraisals were annual with the registered manager but one to one meetings were not regular or planned. A member of staff said there were opportunities to discuss issues at the Friday's meetings for senior staff or when visits to the agency office took place. Another member of staff said during observation visits where they were observed by senior carers there were opportunities for staff to discuss performance.

"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.

A member of staff said people had regular carers and staff knew how to approach people to gain consent for them to undertake tasks. For example, staff asked people during the morning routine "are you happy to have your wash?" Another member of staff said the agency office was contacted where people refused for staff to deliver personal care.

Where people had capacity to make decision they gave written consent for staff to deliver personal care. People also consented for staff to have access to their records. Where people lacked capacity signed consent was given by their Lasting Power of Attorney representative. One person told us "They always ask what I would like to eat". The comments from the relatives we spoke with included "I have Power of Attorney and I'm involved in all the decision-making," "I have Power of Attorney and they make sure I'm involved in everything".

A member of staff said that part of their visit for some people was to help them with menu planning and preparing meals. They said people were offered refreshments on every visit. Where people were at risk of malnutrition staff said fortified drinks and snacks were also provided for people to have after their visit. One person we spoke with said "We all sit down and discuss meals beforehand and then I make sure that the food is in".

The eating and drinking care plan for one person gave staff guidance on the meals to be prepared each day and the snacks to be prepared in advance. Copies of daily reports indicated that for some people the staff ordered and prepared meals.

An overview of people's medical history was included in their care records. A member of staff said the agency office organised GP appointments for some people. They said joint visits were organised to ensure staff had the guidance needed for people's ongoing healthcare needs. For example, physiotherapist provided the staff with hand drawn diagrams and detailed instruction for safe moving and handling.

Good

Is the service caring?

Our findings

People that responded to questionnaires told us they were always introduced to their carers before care or support was provided. The people and relatives we spoke with said the staff were caring. Their comments included "I matter to them very much," "They asked about background and lifestyle right at the beginning," "She's [staff] lovely and very reliable," "They're [staff] full of life, really good and very friendly," "Very flexible, they adapt to the needs of my Mum" and "Always ask if they can do anything else or do we need anything else. They can't do enough for you".

A member of staff said people received personal care from regular staff and the staff listened to what people had to say which reduced anxiety particularly to people new to receiving care. They said staff took time and approached tasks slowly which helped people develop trust in the staff.

People's life story was gathered. People's background history which included their education, employment and family dynamics was documented. Also included was how staff were to gain access into the property. The member of staff we spoke with said they asked people about their life story during the admission process. They said it was usual for staff to gather essential information about people initially then as more information was gathered records were updated.

People responding to questionnaires said their carers respected them. A member of staff gave us examples on how people's rights were respected. They said staff always gained people's consent before they delivered personal care. Staff ensured people were not exposed when they delivered personal care and they ensured confidential conversations were not overhead.

Good

Is the service responsive?

Our findings

People responding to questionnaires said they were involved in the planning of their care. Comments from people and relatives we spoke with included "my care plan is in the folder and they [staff] always write in it," "the care plan is in the folder and X makes entries. She's very accurate and always informs us directly if there's a concern," "care plans are very quickly updated if there's a change," "they fill in sheets in the folder and I regularly check them, they're very accurate and detailed," "mum has a six-monthly assessment and we both attend" and "they always take on board our suggestions".

Care plans listed the desired outcomes and the tasks staff were to achieve on every visit. We found signed person centred desired outcomes statements in people's care records. For example, "I would like carers to support me to maintain my current health. Carers need to remind me to use my trolley to walk. I need assistance to wash or shower and to change my clothes." For another person the desired outcome included the tasks needed to be completed by the staff. For example, the staff were to check the skin integrity of pressure points and ensure the person was having an adequate supply of fluids. Where relatives were involved in the care of their family member their desired outcomes were also included. Action plans lacked detail on how staff were to deliver the desired outcome. The provider told us updated care plan formats were to be introduced which will help develop person centred plans.

On each visit members of staff recorded the tasks undertaken and their observations of the person. Daily reports for some people included the meals prepared, the tasks completed, the allocated time spent and discussions between people and staff.

People responding to questionnaires said they were involved in decision-making about their care and support needs. They said where requested they were able to invite relatives to review meetings. A member of staff we spoke with said care plans were updated as people's needs changed and staff read care plans on each visit. They said care plans were reviewed by "field supervisors" and the frequency of the reviews were based on the person's dependency needs. The registered manager told us following reviews care plans were to be updated using a more person centred approach and with more detail on meeting the identified need.

People responding to questionnaires said they knew how to make a complaint about the care agency. They said agency staff responded well to their complaints. While the people we spoke with were not fully aware of the complaints procedure, they felt confident to bring any issues, complaints or concerns to the attention of the registered manager. They all stated that they had the relevant contact numbers for the agency office. A member of staff said they apologised when complaints were received and passed to the registered manager for action. Three complaints were made to the registered manager in 2016. The records showed the complaints received were investigated and resolved to a satisfactory standard

Good

Is the service well-led?

Our findings

A registered manager was in post. The member of staff we spoke with said the registered manager was approachable. They said the registered manager was supportive, patient and it was easy to contact the office staff for advice.

The provider developed monthly risk analysis reports. The report for August 2016 was based on telephone monitoring of the service, checks of records, performance observation checks, and reports of accidents and incidents. We saw issues identified for action were resolved. However, all areas of risk were not assessed. For example, people with high dependency needs such as people at risk of fall and for people at risk of choking. The registered manager told us consideration was to be given to adding people's dependency needs onto the analysis of risk.

The registered manager told us people's views were gathered through annual surveys, telephone monitoring on specific topics and during spot checks of staff by senior carers. The agency survey responses from people were analysed and compared to previous year's results. For example, 67 percent of people in 2014 would recommend the agency and in 2015 there was a 3 percent increase to 70 percent. The registered manager explained the reasons for decreases in the survey. Where there was a decrease in the results the registered manager explained the reasons for the downturn. For example, visits from regular staff were not taking place when these staff were on annual leave or sickness.

People that responded to questionnaires told us their views about the agency was sought. They said the information they received from the service was clear and easy to understand. The comments from people we spoke with included "I regularly see the management". "The Manager makes house calls and rings to check how things are going". "I've spoken to Carewatch [the franchise] management on the telephone". "They always ask for feedback if they ring us". "We meet the Team Worker face-to-face for feedback meetings and they always ask for suggestions". "I'm a firm believer in communication and they're excellent at it"

The staff received compliments about the personal care they delivered to people. The registered manager told us the feedback received was captured and passed to the staff during group support sessions. They said compliments helped to increase staff morale about their good work.

The comments from people we spoke with about the organisations included "Carewatch [the franchise] are a massive relief, they've taken off some of the pressure. They've been very good". "Can't praise them enough". "I would give them a Gold Star". The registered manager said "if we can't provide a good service we don't accept the referral for personal care."

The registered manager told us about the challenges with managing an agency. They said the recently introduced medicine systems was a challenge as staff were to sign medication administration records (MAR) where before they were documenting the medicines administered in the daily reports.

A deputy was recently appointed and were going to assist with Mental Capacity Act (MCA) assessments and one to one meetings with the staff. Members of staff said they worked well together. A member of staff we spoke with said "wonderful, we work together. We are kept informed of changes".

The staff valued the people they cared for. A member of staff said the values of the organisation was based on supporting people to be independent. They said "we remove the stress which means they [people] can concentrate on becoming independent". The registered manager confirmed the values of the organisation. They said the vision was to support people to be independent by helping people to maintain their skills to remain in their own homes.

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 were not assessed for all identified risks. People's understanding and consequences were not assessed along with the risk assessment. Action plans were not developed on how risks were to be minimised.