Wight Home Care Limited

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Inspection report

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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

Overall summary

The inspection was carried out on the 16, 30 September and 1 October 2015. Forty eight hours' notice of the inspection was given to Wight Home Care as we needed to be sure that the staff and managers we needed to speak to would be available. Wight home Care provides a personal care service to people in their own homes. At the time of our inspection approximately 200 people were receiving the service.

The service had a registered manager. 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.

People said they felt safe with care staff and that their care and support needs were met by kind and compassionate staff. Care staff were trained to recognise

Summary of findings

abuse and report it promptly. There were enough staff employed to ensure people's care needs were met and an emergency response team enabled the service to cover staff absence without disruption to the service.

Staff worked in local teams which meant they got to know people well and people received their care from a consistent group of care staff. Staff supported people to eat and drink and access healthcare when this was required.

People's right to choose was respected and staff obtained people's consent before providing care. They felt respected and involved in their care and that their opinion was important.

People were treated as individuals and felt involved in their care planning. Their preferences were respected and staff enabled them to remain as independent as they could be. If people had concerns or complaints these were addressed quickly and effectively by the registered manager.

Staff and people using the service felt it was well-led. The registered manager and provider were available to provide support to staff. Staff were able to contribute to the development and improvement of the service people received. People's feedback was sought and acted on.

Management staff carried out quality assurance visits to people receiving care and audits were carried out on records of care delivery. The provider was actively involved in several local initiatives to improve the lives of older people.

Summary of findings

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 safe.

Staff were knowledgeable about abuse and how to report it. Risks to people's health and wellbeing were assessed and staff knew what action to take to keep people safe.

There were sufficient staff to meet people's needs, including an emergency response team to cover staff absence. Staff were subject to checks on their suitability to work in the care sector before they commenced employment.

Staff managed people's medicines safely, and were assessed for competency after receiving their medicine's administration training.

Good

Is the service effective?
The service was effective.

Staff were trained for their role, and new staff completed a comprehensive induction and training programme. Staff were supported with supervision and were able to access guidance and support at all times.

People were asked for their consent before care was delivered and staff respected their right to choose and refuse care.

People were supported to eat and drink sufficiently. Staff supported people to access healthcare when this was required.

Good

Is the service caring?
The service was caring.

People said staff were kind, caring and compassionate. They said they felt they were listened to and their opinion was respected.

People's privacy and dignity was respected. Staff had built positive friendships with people they supported.

Good

Is the service responsive?
The service was responsive.

People felt involved in their care planning, and that they were treated as individuals. Care staff knew people's preferences and respected these.

People were regularly asked for their feedback and this was acted on to improve the service they received. People knew how to complain and said their concerns were responded to in a positive manner.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager and provider promoted an open and accessible culture, where support was available to care staff at all times.

Staff contributed to the development of the service and the provider was actively involved in initiatives to improve the quality of life for older people locally.

Checks on the quality of the service provided were carried out and records were reviewed for accuracy and completeness.

Wight Home Care Limited

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 16 and 30 September and 1 October 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff and managers we needed to speak to would be available.

The inspection was carried out by an inspector. We were supported by expert-by-experience who made telephone calls to people who use the service and their relatives. 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 we asked the provider to complete 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. The form was completed and returned to us within the requested timescale. We sent questionnaires to 50 people using the service, 15 health professionals and 60 staff at Wight Home Care. We received responses from 25 people using the service, 11 staff and one health professional. We looked at the results of the questionnaires and information included in the PIR along with other information we hold about the service. This included the previous inspection report, and notifications of deaths, incidents and accidents that the provider is required to send us by law.

We spoke with six people who used the service and visited two people in their homes. We also spoke with four relatives. We interviewed five care staff and spoke with the training manager, the assessment manager, the registered manager and the provider. We spoke with a social care professional in relation to the care provided by Wight Home Care. We looked at care plans and associated records of care for five people and six staff recruitment files.

Good

Is the service safe?

Our findings

People told us they felt safe with care staff. They commented, "I do feel safe; they are all lovely", "I definitely feel safe; they do as I like them to do", "I feel very safe. The office would be my first port of call if I wasn't", "Of course I feel safe; I tell you what, the six girls that come in are absolutely brilliant" and, "They are all pleasant and polite at all times. You'd hear about it if they weren't".

Two staff were designated as Safeguarding Managers, handling all concerns relating to people who used the service. All the staff working for the agency had been trained in the safeguarding of adults. Staff knew how to report abuse or suspected abuse and the processes to follow if they suspected something was wrong. One staff member said, "You listen; [people] trust you; we don't make judgements; we phone the office". They added, "If I am asked to not say anything I explain that I have a duty of care, I must report it". The registered manager ensured investigations into any safeguarding concerns were carried out promptly and action taken where necessary.

Risks to people's health and wellbeing had been assessed and mitigating action recorded. People who were at risk of falls or required support to move around had been assessed and recorded and included a pictorial guide, which was created for staff. This enabled them to see, at a glance, the support the person required to move safely. Staff said this was really helpful, especially if they were visiting a person they had not provided care to previously. Where people had health conditions such as diabetes, Parkinson's disease or mental health concerns, these were all assessed and action recorded to enable staff to reduce the risk or react appropriately to it. Staff were familiar with people's individual risks, how to protect people, and how to respond if an incident should occur. They told us, "I always read the risk assessment, and I sign to say I have understood it", and, "if they are having a slower day, I don't rush them. I say, "take your time, we'll go at your pace" and I am prepared to stay longer if necessary". If staff noticed that a person was in need of a different piece of equipment to help them remain safe, they reported this to the office and action was taken to reassess their needs. Staff said, "I'm not going to hurt [the person] or myself; that's really important".

Incidents and accidents were recorded and lessons were learnt from them. For example, an incident occurred which highlighted that the agency was not fully aware of a person's complex needs before accepting their care package. This led to a review of how people's needs were assessed and changes were made to ensure a more detailed process was completed before accepting the care package.

An emergency plan was in place for when severe weather disrupted the service. Each staff member had a 'walking route' plotted for them to visit people who lived in their home area when it was not possible to use a vehicle. The plan ensured people who were most at risk were prioritised over those who had family members to support them, or whose needs were not as complex. The plan was produced and refined following two severe winters and was described by the provider as, "a planned service, rather than a crisis reaction". The service was part of a 4x4 club which meant they had access to vehicles that could be used to get to areas that were inaccessible in severe weather.

There were sufficient staff to meet people's needs. Staff were assigned to work in local teams and an emergency response team provided back-up where there was a shortfall due to staff absence. Recruitment processes were safe and checks on staff suitability were carried out before they started work at the agency. References from previous employers were sought and a criminal record check with the Disclosure and Barring Service (DBS) was completed for all new staff. The DBS helps employers make safer decisions when recruiting staff to work in the care industry.

People were supported to take their medicines safely. Most people had their medicines stored in 'blister packs' and staff only prompted them to take their medicines, or assisted them to remove the medicines from the pack. Staff knew how to support people to take their medicines and the level of support they needed was recorded in people's care plans. Staff recognised people's right to refuse their medicines; they recorded refusals and made office staff aware of their concerns. Medicines administration training was completed by all staff and their competency to do this safely was assessed. People said they had no concerns about the way staff supported them with their medicines.

Good

Is the service effective?

Our findings

People were confident that care staff supporting them were effective, having the skills and knowledge to provide their care. They commented, "they all have a bit of training before hand and the new ones come round with the older ones so they are all right like that". A relative said, "a lot of them have NVQ (National Vocational Qualification) two and three; they are qualified, and very good with [my relative]." People said they received care from familiar and consistent care and support workers. They said care staff stayed the right length of time and completed all the tasks they needed to do at each visit. They commented, "they do everything I ask them to do" and, "they help me in every way; they're brilliant". A social care professional agreed saying, "They are absolutely brilliant; they really are on the ball".

Staff completed a comprehensive induction programme which included the completion of the new Care Certificate. Following essential training in subject such as safeguarding, moving and handling and first aid, new staff accompanied more experienced staff to 'shadow' them. These colleagues provided written feedback about the new staff and identified whether they required further training or 'shadowing' before supporting people alone. The training manager contacted the new staff daily to check they were getting on well and if they required further support. Once the new staff had completed their three month induction, they were interviewed again to check their progress.

Training was thorough and staff completed a questionnaire following training. This covered scenario based questions to check that staff had understood the learning and how to apply it in practice. Staff said they received a lot of training, and that this equipped them to be effective in their delivery of care. They commented, "it's good to get a refresher; it's very beneficial; if you're using equipment sometimes things change and you need the reminder" and, "I enjoy it; there is always something to learn". One staff member said of their training in dementia awareness, "it gives you an awareness of how the disease progresses; you can want to take over, but you have to encourage independence, prompting more and more to help them". Staff were encouraged to gain a vocational qualification in social care.

Staff said they were supported through regular supervision meetings which enhanced their skills and learning. They said, "it's helpful; you can say how you feel, any training you'd like; any problems, although you can talk to [the management team] any time if you want to".

Staff understood the need to gain consent from people before providing care or support, and care records showed people's decisions to refuse care was respected. Staff commented, "Consent is important; you are in their home and if they don't want [the care] that's their choice. I try something else, like offering a wash instead of a shower; you can't force anybody. I record it and I let the office know", and "the person can agree or disagree. I just make sure I have done everything they will accept". If a person was unable to verbally consent staff used other methods, such as showing the person choices to choose from. A relative said their family member had, "a strong opinion on things". They added that their relative made decisions daily, adding, "if [their relative] doesn't want her feet creamed, then they aren't; she has what she wants done."

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff said they would report to the office if they were concerned that a person was making unsafe decisions. The assessment manager said if a person lacked capacity they would talk to their family members if this was appropriate, their GP or an advocate to establish the best way to support the person.

People said staff assisted them in the preparation of meals in a supportive manner. One person said staff were, "absolutely lovely and caring". Others comments were, "[Care staff] help me get my breakfast", and, "I always have a good breakfast; that's the same at lunchtime". A relative said their family member was given the choice of food they wanted. Care staff said sometimes people didn't want to eat. If this happened they would prepare something they knew the person would like and leave it for them in the fridge for later. Often staff would leave the person a note to remind them to look in the fridge for a sandwich.

People had access to healthcare when they needed it and often staff supported people to attend hospital

Good

Is the service effective?

appointments. One person had a hearing problem and staff worked with other agencies to help them get the most suitable hearing aid for their use. Another person was supported by staff to attend an operation. Staff recorded when people did not feel well and offered to call a GP on their behalf.

Good

Is the service caring?

Our findings

People said care staff were caring and kind to them. They commented, “they are really brilliant; they’re kind to both me and [my relative]”, “I love them; they are all wonderful; I can’t fault them”, and, “they are polite and friendly; I’m so grateful for them; they keep me at home”.

Some people felt care staff went beyond what was expected, saying, “they have a lovely attitude; they go the extra mile”, and, “some care staff are outstandingly thoughtful, but all are efficient and kind”. Care staff demonstrated that they really cared for people. They related how they had sought extra help for a person they supported, improving their quality of life and standard of living. This has only been possible because care staff had built up trust with the person. Another care staff said, “I love my job; it’s in my nature to care. No matter how I am feeling, [the person’s] smiling face is very important to me”. If care staff visited a person they had not provided care to for a while, they took time to find out what there circumstances were. They said, “I always phone the office to check; they may have been ill, or had a bereavement. I want to know how they are, their feelings, so I can offer the best possible service and be professional”.

People said they received care from regular care staff and this helped them to build good relationships with them. The vast majority of people said they were introduced to new care staff before they visited to provide care. A health professional said, “[care staff] have really ‘clicked’ with my client, and [the client] really appreciates that”. A relative said their family member’s needs fluctuated and that sometimes they did not recognise care staff. When this happened, they said, “[care staff] are great with her”. Care staff knew how to comfort people if they were distressed. One care staff said, “I try to help them understand that I understand how they feel; I try to find out why they are upset, calm them down and let them know that I am here for them”.

People said they received care that focussed on them as an individual. They said, “[care staff] listen and they always look to me for an opinion”. Others commented that they were supported to bath or shower on the particular day they wanted. A relative said, “[care staff] always ask what [their relative] wants done and everything.”

Care staff said they endeavoured to provide, “tailor-made care according to people’s needs”. They said, “I ask them how they want things done; I want to keep their routine for them,” and, “I accept people for who they are”. They knew people’s individual abilities, needs and worries and took these into account when providing care. They were conscious of encouraging people to do as much as they could for themselves, providing assistance only where this was needed. They commented, “The care is about them, not us”, “I am not here to take over; independence keeps [people] in good spirits”, and, “it is better to let people do things for themselves, when it is safe, than us taking over”.

People had no concerns about their privacy and dignity being respected. Care staff knew how to ensure people’s dignity was respected, saying, “I always say why I’m here, make them feel comfortable”, “I keep them warm; I tell them the towel is there to cover them; I close the shower curtain, and if they want it, I wait outside until they are finished,” and, “I treat people how I would like to be treated”. Other care staff commented, “We don’t want to embarrass anyone, just make them comfortable”.

Good

Is the service responsive?

Our findings

People said their care needs were met and they were involved in decision-making about their care and support needs. They commented, "My usual [care staff] know what they are going to be doing" and "they do as I like them to". When requested, the agency involved people close to the person using the service in making important decisions about their care.

People's care records were clear and specific about the support they required. Their particular communication methods were detailed and clear instructions were provided about the extent of the support they required. People's particular preferences were recorded as well as their background, where this was known, and information on their social history. Staff appreciated this as on occasion, they were not always able to meet the person in advance of them visiting to provide support. One care staff said, "If I am going somewhere new I always read the care plan, and then I say to them, "this is what the care plan says; is that what you want"". Other care staff said, "people have a particular way of living; we have to go along with that; the way [they] want it to be", and, "I try to provide whatever they want, safely".

People said care staff responded to their changing needs. For example, one person said they were no longer able to walk or stand; care staff had adapted to their increased needs and supported them appropriately. A social care professional said, "they are very good at responding to people's individual needs". Care staff said they never took for granted people's abilities. They said, "they can be fine one day, and the next day they can't get up", and, "if there is something different they need we get the office to reassess their needs". Care staff said that instant support was available, for example, if a second care staff was needed to provide a person's support at short notice.

People's care needs were re-assessed annually or sooner if this was required. This included a re-assessment of risks associated with their care, and how to mitigate these. In one example, the registered manager visited a person using the service before their discharge from the hospital to establish what their needs were and if they needed increased support. If a person was in hospital, or respite care, for four weeks or more, this automatically triggered a reassessment of their needs. People were involved in the way their care was delivered. Care records instructed staff, "[the person] will let you know what [they] like". If a person had developed a particular need the training manager arranged for training in the hospital and then rolled this out to all the staff supporting the person.

People said they were contacted about their views on the service, and that the information they were provided was clear and easy to understand. An annual survey was carried out to gain people's feedback. The most recent survey was carried out in February 2015 which showed that 80 out 83 responses rated the service as "excellent" or "good", and almost all people said they would recommend the service to others. Action was taken where people had raised issues about their care. For example, where people had requested care staff that were non-smokers, this was noted on the staff roster system.

People said they knew how to make a complaint if they needed to and that this was responded to well by care staff and office staff. People received an apology when the service made a mistake. On one occasion a person's needs had not been met because the care staff had misread their rota and failed to attend the call. An apology was made and staff were reminded to ensure they read their rota correctly. Most people said they had no complaints about the service. They said, "you'd soon hear about it if I had", and, "I've no complaints; if I did I would call the office". Care staff knew what to do if a person made a complaint, and what response could be expected. They said their managers were accessible, approachable and responded effectively when they raised concerns on behalf of people. One care staff said that if a person complained they gave them a choice, "Do you want me to take that to the office, or do you want to do it?" A health professional said, "When I have concerns about a client I find when I approach the management they are good listeners and act as soon as possible to resolve the issues".

If a person requested that a particular care staff did not provide support to them, this was noted on the staff roster system which then prevented the staff being allocated that person on their rota. Care co-ordinators endeavoured to find out what the reason was, but they said this was sometimes not possible. If multiple people rejected the same member of staff this was investigated by means of staff spot-checks on their care practice, staff supervision

Good

Is the service responsive?

and talking with people receiving care from that staff member. The provider said, “we try to keep our clients and the care staff happy and comfortable, otherwise the care package doesn’t work”.

The service had received positive feedback and thanks from people using the service and their relatives. These were posted on an office wall and included expressions of appreciation for, “excellent care”, “kindness, dignity and comfort”, and, “invaluable help”. People using the service were invited to attend the Care Provider’s Forum which they did and were able to express their opinions at the event.

Good

Is the service well-led?

Our findings

People felt that the agency was well-led. They commented that, "there is always someone to talk to", when they call, and, "even at night there is someone there". People said they would recommend the service to others and that they were given enough information about their care. A social care professional said they were, "very happy", with the way the service was led, adding, "I've not got a bad word to say about them".

The provider said their vision was to, "be the best", and to be, "innovative" in the way care was delivered. This vision was cascaded to staff, and monitored, through training, staff supervision meetings and the company newsletter. The newsletter was sent to all staff every couple of months and covered issues related to the delivery of care to people using the service. This included feedback from people using the service, remaining professional and updates about how the provider was developing the service. The provider was a member of the Ageing Better Management Group which was a joint initiative with a charity working to improve the lives of older people and the local NHS Trust. The company had also been part of a consortium which had been awarded a lottery grant to tackle social isolation amongst older people. The provider and manager led the initiative to set up the Island Homecare Association which brought together local home care providers to discuss changes in the sector, such as the introduction of the Care Certificate, and the Care Act. In addition the service had signed up to the Social Care Commitment; the adult social care sector's promise to provide people who need care and support with high quality services.

Care staff were encouraged to come into the office at any time and talk, without any negativity. They said they felt confident to express concerns about poor practice to the management team. The provider said this encouraged staff to be open about their work and any problems they may be experiencing, including any mistakes they had made. Staff said they were supported when they made a mistake, and this encouraged them always to, "own up" when things went wrong. They said, "if you are honest with them they are honest with you". Other staff said, "this is very much an 'open book' service. This has been drilled into us. If we tell [the manager] about a mistake it can be rectified". The management team said, "staff are not backward in coming forwards" about issues they needed help with, and this was encouraged by the motto, "if in doubt, shout", which care staff were familiar with.

Staff said they felt supported by the management team. They said they had full access to the registered manager and the provider for support. One said the management team had been, "very accommodating", when they had some problems with workload, and, "put faith" in the staff team. Others commented that the management team, "worked brilliantly" for them, and had, "given them a new lease of life". Staff said they felt, "wanted" by the registered manager, and they had been, "personally supportive" and, "very approachable" to them.

The registered manager said that, as a team, they were always looking at staff workload and stress levels, and trying to improve these. They were "always open to trialling suggestions" from staff on how to achieve this. They had recently implemented a new way of working, suggested by staff, and this had, according to staff, "vastly reduced stress" and was working successfully. More than half of staff expressed that managers took their viewpoint in to account when decisions were made.

The provider had made other services available to people, including a maintenance service for small repairs, and a 'Daisy Chain' minibus service which took people on outings to local places of interest. Care and office staff volunteered their time on their days off to accompany people who required support to access the service.

Quality monitoring visits were arranged and the assessment manager said these should, "ideally be every three months; one phone call and the others we go and visit the client". Records showed these were carried out regularly and that comments from people that required action were addressed. This was also an opportunity to review and check the quality of records care staff completed in the person's home. We accompanied staff on two quality monitoring visits where the person's care was discussed and any changes that were required were recorded to updating their care plan. The person said the visits gave them the opportunity to, "iron out any problems". The assessment manager reviewed care records brought into the office and followed up any gaps or discrepancies with care staff.

Good

Is the service well-led?

Staff supervision meetings were arranged regularly and staff said these were, “helpful”, adding, “you can bring up any problems, talk about training, and give feedback”. Spot checks were carried out on staff care practice. Staff said these were unannounced and checked on their appearance, time-keeping and their interaction with people using the service. Feedback was given to care staff and areas for improvement were identified. The care practice of new staff was monitored closely within the first three months with one supervision meeting and two spot-checks to ensure they were carrying out care to the required standard and could be supported as required.