

Home TLC Limited

# Walfinch West Suffolk

## Inspection report

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19 April 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Walfinch West Suffolk is a domiciliary care service providing personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection there was 21 people using the service, 13 of these were receiving support with personal care.

### People's experience of using this service and what we found

Risk management plans required more information to ensure care staff were provided with the guidance they needed as to how risks to people's health, welfare and safety were to be monitored and reduced.

Recruitment processes were not robust. Recruitment checks had not been completed on all new staff to check their suitability or competence to work with vulnerable people prior to commencing employment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, care and risk management planning did not include an assessment of people's mental capacity. Staff were not provided with training in understanding their roles and responsibilities in relation to the Mental Capacity Act (2005) MCA.

People told us staff wore personal protective equipment. There were systems in place for regular testing of staff for COVID-19. The provider's oversight and quality monitoring systems needed improvement.

Staff demonstrated they knew people well and this was confirmed by people who used the service and relatives. However, we have recommended that communication plans are developed to support people to express their views and provide more detailed information as to their health care needs.

People told us they received their medicines as prescribed.

People told us staff were kind, caring and treated them with dignity. They told us they had not experienced any missed calls and if staff were running late, they were kept informed. People told us they received care and support from a consistent team of staff.

People knew how to contact the office and raise any concerns if needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

### Why we inspected

This was a planned inspection as the service had not been inspected since registering.

We have found evidence that the provider needs to make improvements as we have identified breaches of Regulations in relation to provision of safe care and treatment, good governance and oversight of the service.

### Follow up

We will request an action plan from the provider and meet with them to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Walfinch West Suffolk

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one Inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post who was also the managing director.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be staff available to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During our on-site visit on the 14 April 2022 we reviewed a range of records. This included four people's care records including medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with the provider and care coordinator.

On the 19 April 2022 we spoke with four people who used the service and two relatives by telephone about their experience of the care provided. We also spoke with four members of care staff.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Improvements were needed in the quality of risk management plans to ensure clear guidance was provided for staff in how to meet people's needs and reduce risks to people's safety.
- Care plans contained a lack of information to guide staff in managing the risks in relation to people's catheter care, falls and prevention of pressure wounds.
- Where people had a diagnosis of dementia and Parkinson's this was not always evident in their care and risk management plans. This meant care staff did not have access to guidance specific to the individuals they were caring for. This put people at risk of receiving unsafe care.
- Moving and handling care plans were not always sufficiently detailed to guide care staff in the equipment needed and the specific support people needed with their mobility needs. This was especially important where people are supported by staff with complex moving and handling manoeuvres.
- Where people told us two staff were required to support people to mobilise safely, this information was not always recorded in care plans.
- Accidents and incidents were recorded. However, there was no system in place which would ensure oversight with management analysis to identify patterns and trends with actions to reduce the likelihood of a reoccurrence.

We found no evidence that people had been harmed however, the provider's systems were either not in place or robust enough to demonstrate risks to people's safety including the review of care and risk management planning was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment checks had not been completed on all new staff to check their suitability or competence to work with vulnerable people prior to commencing employment.
- Two of the three staff recruitment records we reviewed showed references and Disclosure and Barring Service checks (DBS) had not been carried out prior to their being employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We requested assurances from the registered manager staff identified would not work directly with people until all required safety checks had been completed and staff confirmed as safe to do so.

The provider demonstrated a lack of understanding and familiarisation with Schedule 3 and Regulation 19

resulting in a breach of regulation 19 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 [Fit and proper persons employed].

- Relatives told us that their loved ones received care and support from a consistent team of staff. One relative told us, "They [management] do their best to make sure we receive consistent carers, but there just isn't enough staff. The staff don't stay long working for the agency before they leave. Staff complain the reason for leaving is the travel distance between calls."
- The provider described the difficulties experienced nationally in recruiting staff to the social care profession. They told us management staff worked hands on to ensure care calls were covered.
- Staff confirmed there was an on call system which worked outside of office hours and this provided them with the support and back up when needed.

#### Using medicines safely

- People told us they received their medicines as prescribed.
- Staff received on-line training in medicines management and were competency assessed.

#### Preventing and controlling infection

- Care staff had received training in infection control and staff confirmed access to adequate supplies of Personal Protective Equipment (PPE).
- People confirmed that staff always wore PPE.
- There was a system in place to ensure staff received regular COVID-19 swab testing.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was mandatory for care staff and we saw records to show that this had been completed.
- People told us they felt safe with all the staff who supported them.
- The registered manager was aware of their responsibilities for reporting safeguarding concerns to the Local Authority and to the Care Quality Commission.



# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff described how they offered people choice and enabled them to make decisions about their care. However, staff were not provided with training in understanding their roles and responsibilities in relation to the Mental Capacity Act (2005) MCA.
- Care and risk management planning did not include an assessment of people's mental capacity. There was a lack of understanding of how MCA should be implemented in practice.
- People told us they had not been provided with a copy of their plan of care with opportunities to review and sign their consent and agreement with its contents.

This demonstrated a breach of Regulation 11 [Need for consent] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

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

- Care plans reviewed had not been updated since the service was registered with CQC and still referred to the previous owner of the service. The reregistered manager told us they would rectify this immediately.
- The management team assessed people's needs before they started receiving care. This was done in consultation with people and their family members.

Staff support: induction, training, skills and experience

- Staff received a range of mandatory training. However, there was a lack of training for staff in meeting the needs of people with catheter care, dementia care and meeting the needs of people with complex health conditions such as Parkinson's Disease despite staff being designated to support people with these needs. In response to our findings the registered manager told us they had accessed training for staff where we identified shortfalls.
- One newly employed member of staff supporting people with their mobility transfers, using equipment such as a hoist told us they had not been provided with practical moving and handling training and not yet signed off as competent. We noted the provider's training matrix recorded this member of staff as having attended this training when this was not the case. This contradicted the provider's policy and had the potential to put people at risk.
- Management staff regularly assessed staff competency to ensure people were receiving safe care.
- Staff told us they felt supported and had daily communication with the management team to discuss any issues.

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

- Care plans did not always contain the information needed where staff provided support to people with food preparation, eating and drinking. For example, a description of people's choices of food and drink, texture of food needed where people were at risk of choking. One record stated; '[Person's] appetite is reduced due to anxiety, if [person] wants food, they will decline, but if put in front of them will eat it', but did not describe what food or drink was to be provided to guide staff in meeting the person's needs.
- In response to our feedback the registered manager told us action had been taken to review care plans and include more comprehensive information.
- Staff received training in food hygiene and nutrition and hydration.

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

- From the care plans we reviewed people's GP was referred to only.
- Staff told us they would report any concerns in relation to the person's health to the management team and gave examples of how they had sought emergency services.
- Relatives told us the carers communicated with them and raised issues appropriately.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's feedback was positive about staff. Everyone we spoke with said staff supported them with kindness, had respect for their privacy, disability and involved them in decisions about their care.
- Comments included, "They [staff] are all very good, every one of them. They ask me what I want and how I want and how I want it done." And, "They [staff] are all kind and treat me well." A relative said, "They [staff] are all lovely girls. I have no concerns about their work, they are all kind and respectful."
- Staff maintained daily records which summarised the care they had provided on each visit and any changes to the person's wellbeing. People's daily records showed that consideration had been given to people's needs, interests and preferences.
- Although some of the systems in place required improvement to embed dignified care and ensure feedback from people evidences this, we did have consistently good reports about the care received from staff.

Respecting and promoting people's privacy, dignity and independence

- Care staff promoted peoples independence as much as they were able. Staff described how they engaged with the people they supported when assisting them with personal care.
- People's privacy and dignity was respected. Everyone we spoke with told us they were treated with dignity and their privacy respected when accessing their homes and when staff supported them with personal care.
- Records were documented in a respectful way.
- Staff told us how they would let people know if they were delayed and how they respected people's views and preferences in managing the timing of calls.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There was no evidence to demonstrate information by the domiciliary care agency was provided in line with the Accessible Information Standard (AIS), because of a disability, impairment or sensory loss.
- Care plans lacked detail about people's communication needs and how best to communicate with them. We recommend communication plans are developed to support people to express their views and their health care needs.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Although care plans provided brief information, staff demonstrated they knew people well and this was confirmed by people who used the service and relatives.
- Staff maintained daily records which summarised the care they had provided on each visit and any changes to the person's wellbeing. People's daily records showed that consideration had been given to people's needs, interests and preferences.
- The provider had an end of life policy but was not currently supporting any care packages which required this level of care.

### Improving care quality in response to complaints or concerns

- Arrangements were in place to respond to complaints and concerns made about the quality of the service provided. However, the registered manager told us they had not received any complaints since registration of the service.
- People told us they had not needed to raise a complaint but felt assured if they did, they would be listened to and their concerns taken seriously. Comments included, "I would have no hesitation in complaining if I needed to. And, "I have no complaints so far. If I did have, I would go to the manager."

# Is the service well-led?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We identified shortfalls to areas such as the management of risks, analysis of accidents, oversight of recruitment and training of staff, and quality and content of care planning, which the provider had not identified prior to our inspection. The documentation which staff completed in people's homes was not reviewed on a regular basis to identify risks and incidents.
  - Further work was needed to ensure effective systems and processes in the oversight and governance of the service. Current arrangements had not identified and addressed the issues we found during this inspection as referred to in the previous domains of this report. The lack of effective governance systems placed people at potential risk of harm.
- Systems were either not in place or robust enough to demonstrate effective oversight and governance of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Staff told us they felt valued by the management team who they described as approachable and supportive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider told us surveys to gain the views of people who used the service were carried out. We noted survey examples provided referred to care provided under the previous registered provider and not Walfinch West Suffolk. There was no system to evidence any comments received prompted actions taken in response to people's views.
- The majority of people we spoke with were positive about the quality of the care they received. One person said, "I have nothing to grumble about, the staff are all lovely. If something is not right, they listen and respond with what's needed." Another said, "I tell them what I want and they do it. They are all professional."

Working in partnership with others

- Staff told us they would work in partnership with other agencies, such as health professionals and local authorities. People told us staff supported them to access health care services when needed such as their GP and community nursing staff.

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 11 HSCA RA Regulations 2014 Need for consent  Care and risk management planning did not include an assessment of people's mental capacity. There was a lack of understanding of how MCA should be implemented in practice.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  the provider's systems were either not in place or robust enough to demonstrate risks to people's safety including the review of care and risk management planning was effectively managed. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks had not been completed on all new staff to check their suitability or competence to work with vulnerable people prior to commencing employment.

