WP Care Ltd

Blue Ribbon Community Care in South West London

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

This was an announced inspection that took place on 11 December 2015.

The agency provides domiciliary, live in, dementia and end of life care to people living in their own homes. It is located in the Hampton Wick area.

There was a registered manager 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 and associated Regulations about how the service is run.

This was the first inspection since the agency moved location. The agency met the regulations during the last inspection, at the previous location.

Summary of findings

People told us they were happy with the service provided, although there were areas that could be improved such as better matching of people to care workers, notifying of changes to carers and the timing of care provided. The designated tasks were mostly carried out to their satisfaction and the staff team really cared. They thought the service provided was safe, effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received, their choices and identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

The staff we spoke with where knowledgeable about the people they supported, the way they liked to be supported and worked well as a team. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. They were well trained, knowledgeable and accessible to people using the service and their relatives. Staff said the organisation was a good one to work for and they enjoyed their work. They had access to good training, support and there were opportunities for career advancement.

People and their relatives were encouraged to discuss health and other needs with staff and had agreed information passed on to GP's and other community based health professionals, as required. Staff endeavored to protect people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure their likes, dislikes and preferences were met.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

Most people said the management team and organisation were approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with an experienced team that had been disclosure and barring (DBS) checked. There were effective safeguarding procedures that staff understood, followed and there was no current safeguarding activity.

People were supported to take medicine safely, in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good

Is the service effective?
The service was effective.

People's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of well trained staff. They also had access to other community based health services that were regularly liaised with.

People's care plans monitored their food and fluid intake to make sure they were nourished, hydrated and balanced diets were encouraged.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Good

Is the service caring?
The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity were respected and promoted by staff.

Staff provided support in a friendly, kind, professional, caring and considerate manner. They were patient, attentive and gave encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

The agency re-acted appropriately to people's changing needs. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good

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

The agency had an enabling culture that was focussed on people as individuals.

Good

Summary of findings

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Blue Ribbon Community Care in South West London

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 was an announced inspection and took place on 11 December 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by an inspector and 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 service.

There were 38 people using the service and 15 staff. During the inspection, we spoke with 15 people using the service, six relatives', four staff and the registered manager.

During our visit to the office premises we looked at copies of four care plans for people who use the service. Copies of the care plans were kept in the office as well as in people's homes. Information recorded included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at four staff files.

Good

Is the service safe?

Our findings

People and their relatives thought that there was enough staff to meet their needs. They did not comment directly about the service being safe but there were a number of positive comments regarding the staff and the way they conducted themselves. One person told us, “My carers are very good and they give good support.”

Staff used the agency policies and procedures to protect people from abuse and harm, which included assessing any risks to people and themselves when a service was being delivered. They also received induction and refresher training in how to recognise abuse and possible harm to people using the service. They understood what abuse was, the action required if they should encounter it and their responses to questions followed the provider’s policies and procedures. Staff told us they would alert the office to raise a safeguarding alert if they had concerns. The organisation’s safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The staff recruitment procedure included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people’s skills and knowledge of the care field they were working in.

References were taken up, work history scrutinised and disclosure and barring (DBS) security checks carried before people were confirmed in post. There was a 12 week probationary period and enough staff were employed to meet peoples' needs. One relative said that “Carers are reasonably well trained.”

The agency carried out risk assessments that enabled people to take acceptable risks as safely as possible and also protect staff. The risks assessments were monitored, reviewed and adjusted as people’s needs changed and were contributed to by people using the service, relatives and staff. Staff encouraged input from people whenever possible and were trained to identify and assess risk to people. The staff said they shared information regarding risks to people with the office and other members of the team, particularly if they had shared calls. They told us they knew people who used the service well, were able to identify situations where people may be at risk or in discomfort and take action to minimise the risk and remove any discomfort. There were also accident and incident records kept.

Staff safely prompted people to take medicine or administered it as appropriate. The staff that prompted or administered medicine were trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the agency with copies of the medicine administration records kept on file in the office.

Good

Is the service effective?

Our findings

People said they were involved in making decisions about the care and support they received, when this would take place and who would provide it. Some people said new staff did not have a rota of tasks to be carried out and sometimes timing of calls could be an issue although people's needs were generally met. We were told that staff were aware of people's needs and met them in a way that people liked, although one person said, "Not happy with the cleaner - They send youngsters in to do cleaning and they (The agency) say they have a problem with getting staff but I am happier with someone more mature and experienced." People said the type of care and support provided by staff was what they needed. People and relatives said that they felt the staff were adequately trained in order to be able to complete the tasks that were required. One person told us, "Carers make a sandwich and a cup of tea for me." Another person said, "Carers are very helpful thank you." A relative told us, "Care is adequate with the carer coming for 2 months, for 30 mins each day for personal care, they seem reliable, timing appears to be a difficult thing for them to work to but unavoidable, most seem well trained. They do need to match carers and their experience to people as sometimes the younger ones are not great with personal care and this can be embarrassing for everyone." Other people thought more could be done in matching people and care workers. One person gave an example of a care worker calling with an allergy to cats when the person had a cat.

Staff received induction and on-going annual mandatory training. The induction was comprehensive, based on the 'Care Certificate' induction standards and took place in modules over a 12 week period. Each module was signed off when the new staff member was deemed competent and confident in their ability to fulfil their tasks and responsibilities. New staff shadowed more experienced ones before working alone and spot checks also took place to monitor progress. Shadowing also took place as part of the handover process. Training was a combination of face to face, e-learning and included areas such as moving and handling, safeguarding, infection control, duty of care, medicine, food hygiene and equality and diversity. More specialist training was also provided such as dementia awareness, palliative and end of life care. Staff meetings, supervision and appraisals provided an opportunity to identify group and individual training needs in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included sections for health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them. People were advised and supported by staff to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's relatives and GP as appropriate. The records demonstrated that referrals were made and the agency regularly liaised with relevant health services. The agency worked closely with the hospital discharge teams and other community based health services, such as district nurses.

People's consent to the service provided was recorded in the care plans and they had service contracts with the agency. Staff said they also regularly checked with people that the care and support provided was what they wanted and delivered in the way they wished. Staff had received training in people's behaviour that may put themselves and staff at risk and the procedure to follow if encountered. The agency had an equality and diversity policy that staff were aware of, understood and had received training in.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

The team leaders carried out spot checks in people's homes which included areas such as care staff conduct and presentation, courtesy and respect towards people, maintaining time schedules, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment.

Good

Is the service caring?

Our findings

People and their relatives told us that staff treated them with dignity and respect. People were listened to, their opinions valued and staff provided support in a friendly and helpful way. This was in keeping with the philosophy of the service that enabled people to make their own decisions in respect of the support they required and when it was needed. People also spoke positively about the way having consistent care staff meant that they better understood people's needs and preferences. This demonstrated a person-centred approach to the care provided. One person we spoke to told us, "I have had a live in carer for some 3 years and I am very satisfied." Another person said, "My carers are excellent they also help me when I have Hospital appointments by coming earlier." A relative told us, "We are really happy with the care, they are very supportive, the regular carers are excellent. Have had a few problems in the past and contacted the office, the manager was excellent and things got sorted very quickly." Another relative said, "D the regular is superb but occasionally some carers are not up to standard, some don't seem to understand dementia clients and building a relationship, but overall I suppose am satisfied with the care given 90% of time."

People and their relatives said they had received enough information about the agency and service provided to make an informed decision, if they wished to use it. The information was contained in information leaflets and a customer information pack that outlined what people could expect from the agency, way the support would be provided and the agency expectations of them. They confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to the best way care could be provided, including frequency of visits, tasks to be carried out and timings.

Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. They also said that training included respecting people's rights, dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views by the agency. They were consulted and involved in the decision-making process before the agency provided a service. One person said, “My carer knows I like to know who is coming as I don’t get a rota. If she knows who the relief cover is she will let me know.” A relative told us, “The carers are reliable up to a point; some will ring me if anything is wrong, and they are very pleasant and caring under the circumstances.” People said that they received personalised care that was responsive to their needs, although one person said, “I have cancelled some care completely as over an hour & a half late and sometimes no one has turned up. I need help with getting up, showering and breakfast but not able to stay in bed for too long and I also suffer fatigue.” Other people said staff enabled them to decide things for themselves, listened to them and if required action was taken. Staff told us how important it was to get the views of people using the service and their relatives so that the support could be focused on the individual’s needs.

Once the agency had received an enquiry, the manager and team leaders would carry out an assessment visit. During this visit they checked the tasks identified and required by people using the service and agreed them with them, to make sure they met the person’s needs. This would include risk assessments. This was to preclude any inconsistencies in the service to be provided.

We saw office copies of people’s care plans that were individualised, person focused and the manager said that people were encouraged to contribute to them and agreed tasks with the agency. Not all people we spoke with were clear what care plans were and one person said, “I have had carers coming for 3 years now, they are absolutely wonderful but I don’t have a care plan.” People’s needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The changes were recorded and updated in people's files, as needs changed. People’s personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people’s needs, their preferences, choices and respect them. The information gave staff the means to provide the care and support needed. Staff were matched to the people they supported according to their skills and the person’s needs.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training.

Good

Is the service well-led?

Our findings

People and their relatives said that they felt comfortable speaking with the manager, staff and were happy to discuss any concerns they may have. They told us that they had frequent telephone communication with the office and they liked the fact that it was a small organisation that made the service a more personal one. Some people commented that if there was a problem with staff or the timing of the support provided, that it was generally resolved. One person said, "The office have been helpful, week end cover can be up and down but asked for them to call at a reasonable time." One relative said, "I do ring the office with my concerns but feel they are keen to get me off the phone. When high needs are involved the office should as far as possible provide regular carers to build up trust and a good working relationship."

The manager displayed open, supportive and clear leadership with staff enabled to take responsibility for their designated tasks. They described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be suitable for them and their own relatives. The vision and values were clearly set out, staff understood them and said they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff told us the support they received from the manager was what they needed and that they felt valued. The manager was in frequent contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during quarterly minuted staff meetings that took place in satellite areas that were rotated. They felt suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure that staff felt confident in. They said they really enjoyed working for the agency. A staff member told us, "I do like working for Blue Ribbon have had an Induction period, my training will be ongoing I understand and feel I can ask the office for help when I need any. I was a hairdresser so the personal care is a bit different but I have had nice clients so far."

The records demonstrated that quarterly staff supervision and annual appraisals took place with input from people who use the service. This was to help identify if the staff member was person centred in their work. Records showed that spot checks took place.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts, accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with people regarding their care. They noted what worked for people, what did not and any compliments and comments to identify what people considered the most important aspects of the service for them. The current small number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. A relative told us "We receive visits from the agency to make sure everything is alright."

Quality checks took place that included spot check visits; phone contact with people who use the service and their relatives and audits of people's and staff files, care plans, risk assessments, infection control and medicine recording. The agency used this information to identify how it was performing, areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.