Wessex Regional Care Limited

Wessex Regional Care Domiciliary Service

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

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced and was undertaken on the 12 and 15 June 2014. We gave the provider three days' notice prior to the inspection. The service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure they were in. On our last inspection on 25 July 2013 no concerns were noted.

Wessex Regional Care Domiciliary Service is a provider of domiciliary and supported living services. They support people to live independently in their own home or with their families. Their supported living services are provided

Summary of findings

in five houses where people share tenancy with other people who live there. They provide personal care and help to develop independence for 36 people who have a range of learning disabilities.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People told us they felt safe with the staff supporting them and they had no concerns about their safety. The provider's safeguarding policies and procedures were known to staff and they told us what they would do if they suspected abuse was occurring. There were robust recruitment processes in place which made sure staff were suitable to work with people who could be at risk. People and staff told us there were enough staff available to deliver care.

Each person had an individual care plan which was based on need areas identified by an assessment. This guided staff on how people wished to be supported and the tasks that were required to be done to support the person. These were reviewed and updated regularly and included people's views where possible. Mental capacity assessments were carried out where people may not have the capacity to make certain decisions. In some cases meetings were held to agree what decisions should be made to reflect the person's best interest.

People's privacy and dignity were respected by staff who showed a caring attitude towards people. Each person had an allocated key worker. (A key worker is a member of staff who is responsible for working with certain people and building a working relationship with them). We saw people enjoying good rapport with the staff in their homes.

Staff received training to help them meet people's needs. When staff began working for the service they completed an induction course. They then worked alongside experienced members of staff before they could work on their own with people. Staff received regular supervisions which included monitoring of their performance. Staff were supported to develop their skills by attending additional training events. People told us staff knew how to support them and they understood what needed to be done.

People told us they received enough staff support to do what they wanted to do. Within the supported living services staff were available at times when people wished to have support for activities and carrying out care when required. Staff rotas showed consistent staffing with people receiving care form a core group of carers who were familiar to them.

People told us staff responded to their needs and helped them to make changes to their care plans where required. They also told us they were able to change activities when they wished to. Staff confirmed they always asked people what they wanted to do when supporting them with activities. The provider responded to people's changing needs when required.

The manager and provider carried out a number of audits and checks to monitor the quality of the service they delivered. This included a range of checks on people's records, care plans and reviews of comments and complaints. People were encouraged to give feedback to the provider through questionnaires, comments and conversations. People told us they had been listened to and had noticed changes following them raising concerns.

A commissioner told us they had found staff to be consistently helpful, friendly and professional. They felt staff had the best interests at heart of people and made sure they were at the centre of the care they 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?

Good

The service was safe. People told us they were supported by staff who made them feel safe. Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm. Staff demonstrated they could apply the training they received in how to recognise and report abuse.

Risk assessments were in place to help keep people safe. Where risks had been identified there was information for staff on the type of risk and how they could reduce that risk.

Is the service effective?

Good

The service was effective. People told us they got on well with staff and they knew how to support them. Care plans reflected the assessed needs of people who had contributed to writing them.

Staff received appropriate training to know and understand the care needs of people they supported. Supervisions were held regularly between staff and their line manager.

People received appropriate support to meet their healthcare needs. They were able to access local GPs.

Is the service caring?

Good

The service was caring. People told us they were well cared for and the staff were very helpful and understanding. Staff were respectful towards people and were aware of the need to maintain people's dignity and privacy.

People felt they had been listened to when making comments to staff and managers. They told us they were involved in decisions about their care.

People made choices about their day to day activities and planned these with staff. Some people told us they were able to go out independently and staff helped them to develop these skills.

Is the service responsive?

Good

The service was responsive. People's needs were assessed when they first received support. The assessments were regularly reviewed and changes were made when people's needs changed.

People received care and support that was personalised and responsive to their individual needs. Care plans were reviewed regularly and changes made in agreement with the person.

People felt their comments and complaints were listened to and they received feedback from the provider on what had been done. The provider used a number of processes to gather information on how to improve the quality of the service.

Is the service well-led?

Good

The service was well led. People and staff told us about the person-centred culture in the service. Staff understood the service philosophy and how to involve people in decisions about their care.

Summary of findings

Senior staff within the provider organisation supported individuals on a regular basis. They were aware of the needs of people and had a personal knowledge of the preference of individuals. People and staff told us they enjoyed seeing this approach to care.

The provider and manager carried out regular quality checks of the service. Audits were undertaken to make sure the service was meeting regulations and standards.

Wessex Regional Care Domiciliary Service

Detailed findings

Background to this inspection

We undertook this inspection on the 12 and 15 August 2014. The inspection team consisted of an inspector and an expert by experience who carried out telephone calls to ask people and staff what they thought of the service provided by Wessex Regional Care Domiciliary Service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had worked in learning disability services and adult social care.

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 looked at safeguarding and other significant event notifications the provider had sent to us since our last inspection.

We spoke with five people who used the service and looked at seven people's care records. We visited people in their own homes. A number of people were unable to speak with us as they communicated non-verbally. We were able to observe some people receiving support when we visited their home to speak with other people.

We spoke with eight members of staff, the registered manager, the service manager and the managing director of the provider company. We looked at 12 staff member's records including staff recruitment, training and supervision records. Records of complaints, staff rotas and satisfaction surveys were seen, as well as policies and procedures. We spoke with a commissioner who purchased services on behalf of people. We also spoke with a healthcare professional who visited people in their homes.

Good

Is the service safe?

Our findings

People told us they felt safe with staff when they supported them. One person said, "I've had problems in places before. I had a bit of trouble with someone from a previous place since I've been here. I spoke to the staff about it and they told the police and helped me deal with it. I know I am safe here now and staff will protect me." Another person told us, "I trust the staff here to look out for me." One person said. "I know if I don't get on with staff I can go to the main people and tell them. In fact the top boss (the managing director) often supports me." One person, who used a limited vocabulary, told us they would tell staff if they did not feel safe.

We looked at the recruitment records for three new members of staff. There were suitable checks carried out prior to staff commencing to work with people. References were available from two previous employers for each member of staff. The provider told us they made application to the Disclosure and Barring Services (DBS). This check made sure staff were suitable to work with adults at risk. We saw this was evident in the staff records we looked at.

New staff completed an induction where they received safeguarding training. Staff told us this was essential as they needed to know what to look out for and who to report concerns to. All staff told us about the different types of abuse they were aware of. They knew who to report concerns to in the organisation and who they could go to outside of the organisation. This was in line with the guidelines contained within the provider's safeguarding policy. The manager was aware of local authority safeguarding policies and procedures. They told us about their last referral to the Southampton safeguarding team and spoke about the investigation. The outcomes for the person ensured the person felt safer in their home. There were appropriate procedures in place to ensure the staff were aware of their responsibilities regarding keeping people safe.

Risks to people and staff were assessed and were recorded in people's care records. One person told us they wanted to work voluntarily in a hospital delivering boxes to the 'Friends' cafes and restaurants. They said, "staff did a risk assessment and I had to do some training in how to lift things." The records included care plans for activities which had a risk assessment attached to them. This meant risks were clearly identified and steps had been outlined to minimise the risk to the individual so that they could engage in the activity safely. For example one person used a bus independently to get their weekly shopping. The care plan showed the steps the person had achieved with staff support reducing at each stage. The person told us, "It's great that I can now use the bus on my own. I now don't need a member of staff to go out with me."

The service provided an out of hours contact phone number for staff and some people to use for advice or emergency situations. Staff said this was extremely important to them as they may often be working on their own with a person. A member of staff told us of a situation where one person's home was flooded and they called the out of hours support. The manager responded quickly to move the person to a safe place and arranged for a plumber to repair the problem. The person was able to move back into their home within 24 hours.

There were sufficient numbers of staff on duty to meet people's needs. Staff were organised to work with the same people as much as was possible. Where permanent staff were unavailable the manager had a list of staff they knew had worked with people before and the person had liked them. This made sure people were supported consistently by staff familiar to them. One member of staff told us the service had used a number of bank (relief) staff due to staff shortages. They said. "A year ago they were recruiting a lot of bank staff but the company is much better now and have a more settled staff team." One person told us, "I have the same staff supporting me now and it has made me so much happier as I feel safer knowing each week the staff who will be coming to support me."

Staff were aware of the Mental Capacity Act (MCA) and the impact this had on supporting people. One member of staff said, "I am aware of MCA and ensure the person I support can make his own decisions. I have no doubts about his ability as he can make all decisions around his money. He is always making his own decisions." Another staff member told us, "Most have full capacity but might need help, like with money and they know what they can't do. We still give them choices to encourage them to make decisions. Staff told us they had all received training in MCA and were aware of which people needed support around making decisions as this was written in people's care records.

Good

Is the service effective?

Our findings

People told us they got on well with staff and they were happy with the care they received. One person said, "I can choose who I want to work with me and I have now got four staff I really like. They all know me well now." Another person said I like the staff they really understand me and help me." Staff told us they felt they knew what was expected of them and received proper support and training to do their job and meet people's needs.

People told us staff knew what they were doing. Staff were asked to describe their knowledge and experiences within the provider's recruitment practices. Following successful interviews and appropriate checks, new staff attended an Induction course. This was based on the common induction standards as identified by Skills for Care, an organisation that works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. The induction lasted a week and was classroom based covering essential topics. Once they completed this staff worked alongside experienced staff to observe them working with people. This also gave people the chance to get to know new staff visiting them before they worked on their own. One member of staff said, "I shadowed some other staff and really learnt a lot."

There was a comprehensive training programme available for staff. One member of staff said, "I've done so much training that I think I've covered all the programme. I have just done medication and moving and handling and now there will be more refreshers." Another told us, "The training is second to none, and that's what attracted me to the job." The manager monitored training staff had attended and the training they were booked on to attend. This made sure staff received the necessary knowledge and skills to support people.

Staff received regular supervisions, which gave them the opportunity to talk about people they supported and receive feedback from their line manager on their performance. These were used as an opportunity to review people's care plans as well. (Supervision and appraisal are processes which offer support, assurances and learning to help staff development). Staff told us they found they were essential as they sometimes worked on their own and it was invaluable to catch up with the manager to ask questions and check up on people's progress. Staff were able to identify new learning they required to support people effectively. Managers were able to monitor how staff were working and it was an opportunity to receive feedback from people about the staff that supported them.

People were supported to be independent with their cooking and meal selection. Staff monitored, where necessary, the type and quantity of foods people were eating. Staff and GPs had made referrals to appropriate specialists where a person's diet was causing health concerns for the person. One person told us their choice would be to eat curry every day. Their menu contained other spicy foods as well as one meal of curry for the week. This was a well-balanced menu with a range of healthy options as well.

People's care records included a section specifically about the person's physical and health needs. Each person had a health action plan which detailed what the person required to maintain their best health. There was a hospital passport, which contained necessary information hospital staff would need to know to support people appropriately. People were able to visit their local GP either on their own or with support from staff. Most people chose to be supported by staff. One person had requested support around alcohol and coffee consumption. Clear guidelines were written for staff to follow. The person had been assessed as not having the capacity to make decisions about their health. A best interest meeting had been held involving staff and healthcare professionals to determine how to keep the person safe and healthy and to manage their dependence on alcohol and coffee. The person was using decaffeinated coffee and could drink low alcohol beers in their home.

As well as providing personal care, people were supported with their appointments with doctors, nurses and dentists. One person told us. "I wasn't well and had to go to hospital. I asked the managing director if he would go with me. It was good he supported me and he has continued to go to follow up checks at the hospital with me." The managing director told us they had supported the person with some social activities and was glad to be able to support the person to attend the hospital visits as it helped the person with their anxieties about the appointments.

One person told us, "The staff follow my care plan and involve me in all the decisions about my care. It's just me that doesn't follow my care plan." A member of staff told us, "We check this person's care plan before carrying out an

Good

Is the service effective?

activity and they will say they don't want to do it that way or would like to try something new. For example the care plan tells us about the person's diet as they have a heart condition. The person wanted to eat something they knew would not be good for them. So we had to look at a healthy option similar to the person's choice."

People's privacy and dignity were respected by staff who showed a caring attitude towards people. Each person had an allocated key worker who knew the person well and supported them to make changes to their care plans. Staff in people's homes were seen to be engaging people in conversations and enjoyed a good rapport with them. One person told us, "I am lucky to have staff I get on so well with."

Good

Is the service caring?

Our findings

People described the staff as being very caring, kind and understanding. One person said, “The staff are so caring that they go way beyond the level of care that I expect. They do so much to help me to learn to do things for myself that I have learnt so much since moving here.” Another person said, “I’m just me and staff respect that. They have got to know me and accept me for who I am.” People told us they had told staff what they liked and had been involved in writing their personalised care plan. One person said, “My care plan is all about me and what I like to do and what makes my day go well.” Staff told us they were committed to involving people in all aspects of their care where they could be involved. A commissioner told us. “The staff are very caring and understand the needs of the people well. I have no doubts the care plans reflect the person’s wishes.”

People’s views were acted on and listened to. Staff told us they spent several hours with people and spoke about people’s interests and choices. They used this time to update people’s care plans and discuss with them any changes they may wish to make. Staff were able to pass on changes and concerns to the manager when required and amendments were made to people’s care plans.

One person told us they had made particular requests about the type of staff they wished to support them. In some cases they were able to meet care staff prior to appointment and could talk to them to find if they like them. Another person said, “I saw four members of staff and chose the one I got on with best when I spoke to them.”

The member of staff told us, “I remember meeting them on my interview day and we just hit it off, we had a lot in common. We’ve become like good friends since I’ve been working here but we have a good working relationship.

All people told us they were aware of the care plans that staff used to deliver their care. One person told us, “I have care plans and my staff are always checking if I am happy with them. As long as things are going well I am happy.” The person’s care plan contained detailed guidelines on managing their behaviour. This gave staff signs to look out for should the person become upset and identified reasons for this that had been identified. The person had contributed to this plan and was proud of how they were managing to control their behaviour with support from staff. They said, “I know I lose it sometimes and I really don’t like it when I do. The staff help me now to calm down as they now know when I am struggling and know what help I need.”

People told us staff were like guests in their homes. One person said, “staff ask me before they use anything or do anything for me.” One member of staff told us, “This is the person’s home and although we are working here we do so at their request and invite.” Staff treated people with respect and called them by their preferred name. They knocked on the door or rang the bell to gain entry to the person’s home. The manager told us this was standard practice and was highlighted to staff during their induction.

People’s care records and information were secure in their home. These were kept in a locked cabinet which staff had access to by key. The provider had suitable policies and procedures in place regarding privacy and keeping confidential information. Staff told us they were aware of these policies and we saw these had been signed by staff as read by them.

Good

Is the service responsive?

Our findings

People's care needs were assessed, reviewed and changes were made to care arrangements when needed. People and staff told us the manager and provider responded to people's needs when requested. One person said, "If I have a problem I try to get hold of the manager and if they are not around I'll call the top man (the managing director). The managing director said they had a good rapport with this person and had supported them on a number of occasions. Another person told us, "I am really involved with my care plans and staff listen to me and help me make changes to them." A member of staff said, "We review people's care plans regularly and include them when they wish to be involved."

When people were referred to the service an assessment of the person's needs was carried out by the manager or a senior manager in the organisation. This assessment included details on how the person communicated with people, their physical and mental health condition and their likes, dislikes and preferences. The assessments were reviewed and updated when required and these reviews were dated and signed by the manager, staff and people where capable. The care plans were personalised and gave staff specific guidance on how to support people. For example one person's care plan said, "I need support around my personal care." This then stated how staff should remind the person to have a bath or shower and guidance on ways to support them should they refuse. The person told us, "I forget to wash sometimes, but the staff don't nag me they just make sure that I have a shower."

People's preferences were recorded in their care documents as well as the tasks they could do for themselves. People's care plans were held in their homes and staff told us how they referred to the care plans when delivering care. Staff said they always checked with people what they wanted to do before engaging in activities with them. One person said, "Staff always ask me what I want for dinner and accept it if I change my mind." Daily records of care were maintained. These were detailed and showed staff had provided care in line with the person's care plan. Staff confirmed they used these records to record any changes in the person's condition or needs. One member of staff said, "The daily records are invaluable as it shows what support has been given and provides areas that need to be covered when you are supporting the person."

People received support from staff with activities of daily living, such as shopping, cooking, cleaning and doing their laundry. People were assessed as to the support they required for these activities and the kind of help they required. Staff told us they supported people to manage their own finances. The provider had clear financial guidelines in place and there were mental capacity assessments in people's care records showing if people had the capacity to make decisions around their finances. One person told us, "The staff have really helped me with my money. I understand why I need to save as I won't be able to go to football matches if I spend all my money on food and takeaways."

People told us they knew how to raise any concerns they had. One person said, "I would talk to my support worker if I wasn't happy. I would then go to the manager if I felt the support worker did not do anything with what I told them." The provider maintained a record of any complaints they received. This included information on how the complaint was dealt with and the outcome of their investigation of the complaint. The provider's complaints procedure was included in a document people received when they began to receive a service. There was a user friendly copy of this procedure with symbols and pictures enabling people to understand and use the form if they were unable to read. Staff said they were able to make complaints and raise concerns on behalf of people if necessary.

Good

Is the service well-led?

Our findings

One person told us, “staff always know what they are doing and they are organised as well.” The person said, “The manager always lets me know which staff are on every day for at least a month in advance. It helps me knowing which staff are coming to support me.” A healthcare professional told us the service was well run and staff knew what they were doing. They felt all staff from the manager to support workers were helpful and had the best interests of the person at their heart. Another person said, “We always see the manager checking things are happening for us.”

People and staff told us about an open culture existing around information within the organisation. People told us they could talk to all staff in the organisation, including the managers. Staff told us they could talk to their manager or directors if necessary. The provider had a whistle blowing policy which one member of staff told us had worked effectively for them when they reported something to a manager. They told us they had received excellent support from their line manager.

The manager told us they received feedback from people, their relatives and staff on a regular basis through a variety of ways, such as phone calls, comments, complaints, service user, staff and relatives meetings. They would listen to suggestions and would implement changes if this would benefit people. The manager said they had a good staff team and felt confident they would approach then with any concerns or new ideas. Staff confirmed this and one said, “I’ve got a new line manager who is really helpful. They are always available at the end of the phone if I need them.” Staff told us communication was good and the organisation was well structured and provided feedback on comments they received.

One member of staff told us about the provider’s newsletter which they said was, “a great tool for sharing what was happening in the organisation and for people to talk about what they were doing. It also showed managers and directors were human too and how involved in people’s lives they were as well as staff.” Members of the provider’s management team worked a shift with people on a regular basis. The provider told us, “It really helps that we know the people who use the service not just as names but as real people. This gives us full insight into people’s needs and how they wish to be supported.”

There was a personalised culture evident through the care plans and in people’s homes. People told us about their choices and how staff were aware of what they liked or disliked. The care plans were personalised and were written as if the person had written them, stating how they wished to be supported. People told us the service philosophy was about supporting them with their independence and helping them to do more for themselves.

The provider had a policy and procedures in place for quality monitoring and assurance. The manager carried out weekly and monthly checks to monitor the quality of the service provided. These included checks of medication, health and safety, fire systems and evacuation procedures, care plan reviews, daily record reviews, health monitoring and food and nutrition checks. These had all been completed regularly and were signed by the staff member or manager responsible. The provider undertook a monthly audit of the service which checked on people’s care assessments and plans, staff records and environmental checks of the homes people lived in. A report was published of this audit with actions for the manager or staff to carry out to improve the service if necessary.

Staff told us they attended monthly staff meetings. These were important for staff working in the same areas, or with the same people, so they could discuss issues or concerns. One staff member said, “The staff meeting really makes sure we are all working consistently with people. I wasn’t too sure how to support a person with an activity. By talking about it at the staff meeting we found out how everybody else was supporting the person and how they wanted to be supported.”

The manager had systems in place to monitor when staff had supervisions and when they were planned to have their next ones. They also maintained records of staff supervisions and appraisals in staff files. These had been held regularly and matched the frequency staff told us they had received supervisions. Staff told us they benefitted from these supervisions as the manager used these to inform and update staff about the people they supported. Staff training needs were discussed within supervisions and the manager showed us their tracking document of all staff training. This showed when staff had attended training and

Good

Is the service well-led?

when they were booked to attend further training events. This also highlighted when staff needed to attend essential up date training such as protection of vulnerable adults, first aid, food hygiene and health and safety.