

Warwickshire Living Ltd

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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 ●

Summary of findings

Overall summary

About the service

Warwickshire Living Ltd (also known as Dignity Carers) is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 18 people at the time of the inspection.

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.

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

Since the services registration with CQC in February 2019, the registered manager had concentrated on building up the service and developing a stable staff team.

People's safety was promoted. People told us they felt safe with the staff who supported them. Potential risks to people's safety had been assessed, managed and was regularly reviewed. Safe systems were in place to support people with their medicines and infection prevention and control.

Extra measures had been put into place to keep people safe during the COVID-19 pandemic such as regular COVID 19 testing for staff and the use of personal protection equipment (PPE).

People were supported by a regular staff team who were reliable, kind and caring. Staff had been suitably recruited and trained to carry out their role.

People were happy with the care and support provided to them. Their well-being was monitored by staff and they were supported to access health care services as needed and in a timely manner. Staff worked in partnership with community professionals to achieve positive outcomes for people.

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; the policies and systems in the service supported this practice. People were consulted about their choices and individual decisions about their care.

Staff promoted people's independence, rights, privacy and dignity. Staff knew people well and respected their lifestyle, decisions and diverse needs. People and their relatives complimented the caring nature and approach of all staff who supported them.

People received person centred care which was based on their initial assessment, care needs and personal wishes. Care plans provided staff with information about people's support requirements, levels of independence and the management of people's risks.

The registered manager has a good understanding of the management of people's needs and development of staff and was open to making improvements to the service. They were making progress in developing their auditing and governance systems to help monitor the service and drive improvements. Staff used feedback from people, relatives and other stakeholders as an opportunity to act on concerns and address any areas that require further improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us in February 2019 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in February 2019, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Warwickshire Living Ltd

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 Care Act 2014.

Inspection team

The 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 houses and flats.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 9 March 2021 and ended on 15 March 2021. We visited the office location on 9 March 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. During and after the inspection we spoke with the registered manager and four staff members.

We reviewed a range of records including four people's care records and medication records and a selection of staff files in relation to recruitment and staff development. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe being supported by staff from Warwickshire Living Ltd. One person said, "They [staff] are all wonderful. I can't grumble about them at all."
- There were policies and systems in place to protect people from abuse. The registered manager understood their responsibility to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission (CQC).
- Staff had been trained in safeguarding and whistleblowing and knew how and when to report any suspicions of abuse. They confirmed that they would contact external agencies if the registered manager did not act on any of their concerns.
- The provider had issued staff with laminated flash cards which reminded them of the key principles of supporting people's human rights and where to raise any concerns.

Assessing risk, safety monitoring and management

- People's personal risks had been identified and recorded as part of their initial assessment. Risk assessments and management plans provided staff with the guidance they needed on how to support people safely and the use of equipment such as hoists to be used to reduce the risks to people and staff.
- Staff were aware of their responsibilities to keep important security information safe such as key codes and report any concerns.
- Environmental and lone working risk assessments highlighted any concerns which may compromise the safety of staff while supporting people in their own homes.
- We found that staff knew people well and they were knowledgeable about people's known or potential risks such as the risk of falls or pressure sores. Staff had been trained and had access to comprehensive guidance to assist them in managing and monitoring people's clinical risks or risks associated with invasive devices such as feeding tubes and catheters. This was confirmed by staff.

Staffing and recruitment

- There were sufficient staff to meet the needs of people using the service. People told us they were supported by dedicated staff members who were punctual and stayed for their allocated amount of time.
- Other staff and the registered manager picked up additional care shifts in emergencies or to cover staff absences.
- Recruitment policies and processes were in place to guide the registered manager in the safe recruitment of staff. Employment and criminal checks were carried out for all new staff.
- The registered manager stated that any discrepancies and gaps in staff's employment were investigated and discussed as part of the recruitment process but not always recorded. They assured us that they would

review how they would record these discussions as well as their checks on staff's legal right to work in the UK with any new applicants.

Using medicines safely

- Where required, people were supported safely to manage their medicines and applications of medicinal creams.
- Care plans provided clear guidance for staff to follow as to the level of support needed.
- Medicines related administration records were checked and audited regularly by the registered manager to ensure people had received their medicines and creams as prescribed.
- Staff had been trained in the safe management of people's medicines and people's personalised administration requirements. Staff confirmed that their skills and competencies in safe medicines management were regularly checked. People and their relatives raised no concerns about the management of people's prescribed medicines by staff.

Preventing and controlling infection

- People were protected from the risk of infections. The provider's infection prevention and control practices, policies and COVID-19 contingency plan had been updated as a result of the pandemic. COVID-19 risk assessments were in place and were being reviewed.
- Staff told us they had received additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection such as wearing Personal protection equipment (PPE) and hand washing. This was confirmed by people and their relatives.
- The provider had ensured staff had an adequate supply of PPE and were supporting staff to be regularly tested for COVID-19 and access the vaccination programme.

Learning lessons when things go wrong

- Staff knew the importance of reporting any changes in people's well-being, accidents, incidents or missing people to the registered manager and families in a timely manner so immediate action could be taken.
- The registered manager reviewed all accident and incident forms and investigated into any incidents to identify any shortfalls in the provider's systems
- Any recommendations from their investigation would be shared with staff and people's care plans were reviewed to reduce the risk of repeat incidents.

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 for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out an initial assessment of new people who had been referred to the service to ensure the service could meet the person's needs safely.
- People confirmed they had been directly involved in their care planning and had the opportunity to express their views and wishes. Other available information from relatives and health care professionals was also used to inform the care plans.
- The registered manager confirmed they subscribed to various health and social care organisations and newsletters to keep themselves up to date and to ensure the service delivered care in line with current legislation and guidance.
- The provider's service user guide and a copy of people's care plans were available in the persons own home.

Staff support: induction, training, skills and experience

- Staff had been supported to develop their skills to deliver effective care. People and their relatives confirmed that they felt confident in the skills and knowledge of staff who supported them.
- Records showed staff were provided with a comprehensive induction programme and additional training related to people's specific needs such as catheter care.
- The registered manager had reviewed how staff were trained during the pandemic and shared with us their training plans to ensure staff could safely support people.
- Records showed, and staff confirmed that they felt supported by the registered manager and received regular supervision to review their work practices and personal development objectives. Staff were positive about the training they had received. One staff member said, "Training has been excellent especially during the pandemic when it has been difficult, but [name] is always on hand to provide extra support."

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

- If required as part of their care package, staff helped to prepare people's meals and encouraged people to make decisions made about what they wanted to eat and drink.
- Information about people's food and drink preferences, any dietary requirements and level of support was described in their care plans. However, further clarity and consistency in food texture descriptors was needed to ensure staff had clear guidance if they supported people who experienced swallowing difficulties.
- Staff told us, and records showed they were trained in food hygiene and had a good insight about people's food preferences and personal dietary requirements.

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

- People were supported to maintain good health. Staff monitored people's well-being and escalated any changes in people's health to their relatives and the registered manager.
- Relatives were confident that staff were vigilant and would act quickly if they had any concerns about any changes people's well-being.
- Staff understood people's health conditions and how it impacted on their physical and emotional well-being and their ability to communicate their needs and wishes.
- Staff worked collaboratively with community health care professionals and followed their recommendations to support people to achieve better outcomes. For example, staff were following professional's guidance in supporting people to improve their skin integrity and mobility.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- People's consent to care was routinely requested by staff.
- Staff had been trained in MCA and were able to provide examples of how they encouraged people to be fully involved in day to day decisions made about all aspects of their care such as what people would like to wear or eat.
- Staff explained how they supported people who may lack mental capacity within the principles of the MCA. Staff members said comments such as, "We should always support people to have an opinion"; "never assume anything" and "we don't want to limit their freedom."
- The consent from people with mental capacity or from a legal representative was obtained as part of the initial assessment. The registered manager was aware of their responsibility to obtain lawful consent using the principles of the MCA when people did not have the mental capacity to make significant decisions about their care. They explained that the outcome of their MCA assessments would be documented which would help to direct staff in delivering care in people's best interest.

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

- People and their relatives were very positive about the care they received from Warwickshire Living Ltd. They told us all staff were kind and caring. Their comments included, "They [staff] are so kind" and "Always so polite and friendly."
- We heard how staff had developed a caring relationship with people they supported and their relatives. Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted people's well-being.
- People and relatives confirmed that they were treated equally and that their needs and wishes in relation to their preferences, values and culture were respected. Care plans provided staff with information about people's backgrounds and things that were important to them to help staff deliver care which was person centred.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by a small team of staff who visited them regularly. This helped staff to know what was important to people to ensure their dignity, choice and rights were upheld. People told us they were informed and introduced to any new staff members.
- People confirmed they were involved in the planning of their care and any day to day choices and were happy with the care they received.
- The registered manager acted on people's feedback and views about their personal care package when they delivered care to people or carried out reviews of their care needs.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke told us staff treated them with respect and maintained their privacy and dignity at all times. One relative said, "The carers are very respectful and always check that I am OK as well."
- People's independence was promoted, and their care plans reflected what they were able to do for themselves and the level of support they required.
- A service user guide was given to each person which described the expected standards of care and how to raise concerns.

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs. People confirmed they were able to express their choice and control as to how they wished to be cared for. Information about people's likes, dislikes, interests, backgrounds and preferences such as their preferred gender of the staff who deliver personal care was recorded to guide staff.
- The registered manager told us they had an expected standard of care which focused on delivering high quality of care and meeting people's care requirements. Staff told us the registered manager led by example when providing care and promoted a culture of person-centred care.
- Relatives told us staff had been responsive to their changing needs or individual requests. They told us staff delivered personalised care to their family member but also ensure and monitored their wellbeing which helped them to continue to support their relatives.
- Good communication between staff, relatives and health care professionals was maintained using communication books kept in people's homes. Care plans were regularly reviewed and changes to people's needs was communicated to staff as needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed as part of their initial assessment. Information about people's vision, hearing and any communication devices to enable them better to communicate and understand was documented in people's care plan.
- Relatives told us staff adapted their approach and communicated well and effectively with their family member.

Improving care quality in response to complaints or concerns

- People were given information about Warwickshire Living Ltd (also known as Dignity Carers) and how to make a complaint when they first started to receive support from the service.
- People and their relatives who we spoke with told us they had not had to make a complaint but were confident that the registered manager would respond and address their concerns if needed.
- We reviewed the compliments and complaints file and found numerous records of compliments from people and their relatives and found that only one complaint had been made which was managed in line with the providers complaints policy.

End of life care and support

- At the time of our inspection, no one was receiving end of life support and care.
- The registered manager explained that they would need to review the providers systems, care records and staff training if they were required to deliver end of life care in the future.

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 for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Since registration with CQC, the registered manager had developed a service which currently provided personal care to people living in Worcestershire. The service was also known locally as 'Dignity Carers'.
- The registered manager led by example. They worked jointly with staff, people who used the service and their relatives and health care professionals to deliver good quality care which was person centred and focused on people's individual needs. Staff were motivated and compassionate about providing person-centred care and support for people.
- We confirmed with the registered manager their understanding of their responsibilities to raise any concerns with the local authority and their legal obligation to notify CQC about significant incidents and events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good oversight of the care being provided to people and the staff who supported them.
- The provider had engaged with an external consultant to support the registered manager and help them to evaluate the service and make recommendations to help drive improvement across the service.
- The provider had employed a senior staff member to assist the registered manager in monitoring the service and managing any day to day concerns. Together they had identified areas of improvement and were making progress in developing effective systems to further monitor the service to ensure consistency in the quality of care being provided.
- The registered manager had identified that the frequency of the systems used to monitor people's medicines and daily records needed to increase. This would assist them in monitoring that people were receiving safe care and treatment in line with their care plans. They planned to review and further enhance the systems used to check and observe staff care practices, competencies and their conduct.
- Progress was being made to transfer information about people's care requirements and staff development on to an electronic care management system. Once completed, the system will enable the registered manager to effectively monitor the service in real time and extract quality monitoring reports.
- A system to manage and monitor the regular COVID-19 tests of staff and the vaccination programme was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us communication from the management team was good especially during the COVID-19 restrictions. A senior staff member had been employed to help with the engagement and development of staff.
- The opinions and views of staff during the peak of the COVID-19 pandemic was collected to ensure staff felt supported and safe during the uncertainties of the pandemic.
- The views of people the service supported were sought during care, review meetings and through surveys. The latest survey results from people showed high rates of satisfaction. Plans were in place to increase the regularity of surveys and extend them to staff and other stakeholders.

Continuous learning and improving care

- The registered manager told us they wanted to continually develop the service and welcomed feedback from people, their relatives, staff and other stakeholders. They had acted on feedback from the local authority and the external consultant and took immediate actions to address areas that required further development.
- A system to review all complaints, safeguarding, accidents and other incidents monthly was being implemented to assist the registered manager in monitoring and improving the service and take learning from any incidents.

- Staff told us the management team were approachable and responsive to their concerns and had access to an on-call system if they required out of hours support. One staff member said, "They [managers] are very nice people to work for." Staff were aware of the services procedures and the actions they should take if they were concerned about people's well-being or people were missing from their home.

Working in partnership with others

- The registered manager and staff provided examples of how they had engaged and worked closely with health and social care professionals to ensure people's well-being and health was being maintained in their own home and help prevent hospital admissions.