

Westcountry Home Care Limited

Alexandras Community Care Redruth

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Alexandras Community Care Redruth is a domiciliary care agency providing personal care to people in their own homes. The service provides support to predominantly older people who may be living with dementia and/or have a physical disability. At the time of our inspection the service was supporting over 50 people.

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

People told us they felt safe while receiving care and relatives were complimentary of the quality of support the service provided. People's comments included, "I would give them 10 out of 10 for the quality of care they give me. They are really caring to me", and "I feel safe with my carers. They know what they are doing, and they talk really nicely when they are caring for me".

Staff were recruited safely, and the service employed enough staff to meet people's need. Rotas were well organised and included enough time for staff to travel between consecutive care visits. No planned visits had been missed.

The digital care planning and call monitoring systems alerted office staff if visits were later than planned or if medications were missed. Staff told us managers monitored this information and contacted them promptly if entries were missed.

In the evening some staff were completing care visits much faster than planned and providing some visits very early. We sought specific feedback from people about this issue, but no one reported this had adversely impacted on their wellbeing. We have made a recommendation in relation to monitoring visit times. The provider had identified this as an area for improvement prior to the inspection and was developing plans to resolve this issue.

Risks in relation to people's care needs and the environment had been appropriately assessed and local safeguarding procedures were well understood. Staff understood current infection control guidance and had access to good stocks of PPE.

People's care plans were accurate and had been regularly updated. Relatives were able to access care records remotely using a secure App on their phones. People had been involved in reviewing and updating their care plans.

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.

The registered manager led the service well and quality assurance systems were effective. Staff were well supported and complimentary of the registered manager.

People and relatives told us they would be happy to recommend the service and that they had no complaints.

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

Rating at last inspection

The last rating for this service was good (published 26 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the quality of support provider. A decision was made for us to inspect and examine those risks.

Recommendations

We have recommended that the provider seeks guidance from reputable experts and works with care commissioners to ensure planned evening care visits reflect people's needs.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Alexandras Community Care Redruth

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

One inspector and an Expert by Experience completed this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 5 people who used the service and 5 relatives by telephone about the quality of care the

service provided. We spoke with 7 members of staff the registered manager and the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 3 people's care records, medication records, staff rotas, training and recruitment records and the provider's policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst receiving support and relatives were complimentary of the quality of care provided. Comments received included, "I know [my relative] feels safe with the carers" and "I feel safe with my carers. They know what they are doing, and they talk really nicely to me when they are caring for me".
- The staff team and registered manager understood local safeguarding arrangements and knew how to report concerns about people's safety and wellbeing. Staff told us they were confident any safety concerns they raised would be addressed and records showed the registered manager had taken appropriate action to ensure people's safety.

Assessing risk, safety monitoring and management

- The provider used digital systems to plan care visits and document the care provided. These systems produced alerts to the manager or on-call staff when planned care visits did not occur. These alerts were monitored to ensure the safety of people and the staff team.
- Records showed no planned care visits had been missed in the six months prior to our inspection and no one reported having experienced a missed visit. People consistently said, "I have never had a missed call" and staff told us, "I do on-call, I have not heard of a missed visit. The system will alert the on-call phone if the visit has not started, then you phone the carer to check up. So there is no scope for missed visits".
- Risks in relation to people's mobility had been appropriately assessed and mitigated. Staff had received practical training on how to meet people's mobility needs. People told us they felt safe while being assisted with mobility aids and when two staff were required, they were consistently provided.
- Risks associated with people's care needs and the environment of their homes were identified and assessed. Staff were provided with guidance on how to mitigate these risks and ensure safety.
- The service had robust emergency procedures in place to ensure people's support needs were met during periods of adverse weather or travel disruption.

Staffing and recruitment

- The service had enough staff to meet the needs of the people it supported. The registered manager only agreed to take on additional packages of care when sufficient staff were available.
- Staff rotas were well organised and included appropriate amounts of travel time between consecutive care visits. Staff told us, "There is enough travel time" and "The rota is easy enough to read. We have enough time. I can tell the office if times need to be increased".
- The provider had systems in place to keep people informed when staff were delayed. Relatives said, "If they are running late for any reason they always ring and tell [my relative] and they have never missed a

visit". Staff told us, "If someone is poorly, I can wait a little but for family or the ambulance to come. I tell the office or on-call and they support me" and "Yesterday we had some staff sickness, I was asked to do an extra visit. I was able to let people know what was happening"

- Recruitment practices were safe. All necessary checks had been completed to ensure prospective staff were suitable for employment in the care sector. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- Staff had been trained in how to support people with their medicines. Medicine administration records showed people had been supported to take their medicines as prescribed.
- Medicines records were completed digitally and there were systems in place to ensure people received the support they required with medicines during each planned visit. Staff said, "[the system] gives the time the last medicine was given so if paracetamol has been given for example it will tell you how long ago it was and you have to wait 4 hours [before more can be given]".

Preventing and controlling infection

- Staff had received additional infection control training during the pandemic and the service was following current COVID-19 guidance. People told us staff wore PPE during visits and washed their hands regularly.
- The service had good supplies of PPE in the office and during the inspection staff visited throughout the day to collect any additional equipment they required. Staff told us, "We still have plenty of PPE".

Learning lessons when things go wrong

- Any accidents or incidents that occurred were recorded, investigated, and reviewed to help reduce the risk of similar events recurring. Where areas of learning were identified this information was shared promptly with the staff team to improve performance and reduce risks.

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.

- The registered manager had a good understanding of this legislation and care records included information about people's capacity to make decisions.
- People told us staff were respectful and always sought consent before providing support. Comments received included, "I have all female staff which is what I requested, they are all kind towards me and show respect. They always ask my consent before they do anything" and "They all show respect towards me and will always ask consent before they get on with things".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- The provider used a digital call monitoring system to ensure all planned visits were provided and to monitor staff safety. Records showed staff normally arrived on time or were early to planned care visits.
- People and relatives were happy that visits normally occurred on time and met people's needs. Comments received, "They come on time and always stay the time needed" and "They all stay as long as they should. Sometimes they are a little late but that is understandable. The team leader lets me know."
- While reviewing call monitoring records we found that, a number of staff were regularly completing visits quickly and arriving early. This was a particularly significant issue in relation to evening visits. We noted examples where multiple visits scheduled for 30 minutes had been completed in less than 15 minutes leading to staff finishing work up to 90 minutes earlier than planned.
- As we were concerned these shortened evening visits could impact on people's wellbeing we spoke about this issue with people and their relatives. No one reported any adverse impact caused by these shortened and earlier visits. Feedback received was positive and included, "I also have evening visits and they always do everything that is needed", "Sometimes in the evenings they may not stay quite as long as [my relative] will put [themselves] to bed but they always do everything that is needed" and "I have evening visits, it's only a short visit as all I really need is to put on my pj top and to drain my catheter bag, they do all that is required and if I need the commode they do that as well".
- Staff recognised some evening runs often finished earlier than planned. They told us, "In the evening all people want really is a little help into bed and with meds, sometimes people don't want you there", "I think it is probably in the evening that the times don't fit as well as they should. I can be very changeable, sometimes family are there, and they don't need us. I try not to be too early" and "We know what the clients are happy with, but we always check if the clients are happy if we are too early".

We recommend the provider seeks guidance from reputable experts and works with care commissioners to review current evening care visit schedules to ensure they accurately reflect people's needs.

- Care plans identified people's care and support needs. They provided staff with clear, accurate guidance on people's current support needs and preferences. Staff told us, "The care plan tells you what to do and there is a list so you know if anything is missed".
- The provider used an app-based care planning and recording system. Each care visit schedule included a number of reminders for staff about specific tasks that needed to be completed. With consent relatives and professionals were able to remotely and securely access details of the care people had received. Staff were complimentary of the system and told us, "With the app you just click on a name and there is all the

information that you need. A list of tasks, you tick them off when done and then add in any extra notes. It is a good system, better than the books that were here. The information is sent straight to the office" and "There is loads of information on the system, the clients and families love it. They can read the notes and check in on their relatives, so that is brilliant".

- People and their relatives were involved in the process of developing and reviewing care plans. They told us, "I was involved in my care plan but I can't remember if it has been reviewed although I am happy with the care that I receive", "My daughters were both present when the care plan was written and it is updated every 12 months" and "We were involved with the care plan and it is all followed in the proper and professional way. The care team are all excellent and I have nothing at all to complain about with any of them."

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.

- People's care plans included information about how they communicated and details of any hearing aids or other communication aids they normally used.
- One relative was highly complimentary of the support the service had provided to meet one person's communication needs. They told us, "[My relative] is profoundly deaf and a lot of them use sign language with [them], so aiding better communication. They aren't fluent but it really helps".
- To support this person's needs, the registered manager now included a "sign of the week" in the staff teams weekly newsletter to help support staff to develop their British sign language vocabulary.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to report complaints and were confident any issues raised would be addressed. People told us, "I have never had to complain about anything" and "I have an out of hours number although not had to call them. We have no complaints and they do a good job".
- Records showed complaints had been infrequently received and had been fully investigated. All issues raised had been investigated and used as opportunities for learning and to make improvements to the service's performance.
- The service regularly received compliments, thankyou cards and small gifts from people's relatives. These compliments were shared with staff via the weekly newsletter and had recently included, "I am very grateful for all the help and support you and your team gave [my relative] over the years."

End of life care and support

- The service was able to support people's needs at the end of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has again 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

- People and their relatives were complimentary of care and support they received from the service. Their comments included, "I would give them 10 out of 10 for the quality of care they give me. They are really caring to me", "I would recommend them as they are a good agency" and "They are all absolutely fantastic and I would recommend them to anyone at all."
- Staff told us they were well supported, enjoyed their roles and valued being able to support people to continue living at home. Staff comments included, "It is a brilliant place to work" and "I think it is very client centred here. At lunch today I did one ladies nails. We just do bits to help people out".
- The registered manager valued the commitment of the staff team and arrangements had been made to enable all staff to attend the service's evening Christmas party. Team building and community events were held regularly to help develop and maintain staff morale.
- Relatives told us the service communicated information effectively and that it was easy to contact the manager if necessary. Their comments included, "The office staff are all helpful and they communicate with us well" and "Communication with management is very good. They keep us informed as to what is happening".

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

- The registered manager led the service well. Although they were currently responsible for overseeing two locations, staff were consistently complimentary of the leadership and support they had received. Staff comments included, "[The registered manager's] door is always open and she is true to her word. We are a good team and we all look out for each other. There is no them and us", "I have never had a boss like [the registered manager], she is caring, she is supportive, nothing is too much trouble. [The registered manager] is very good with the confidentiality side as well" and "[The registered manager] is really good, she is there if we need her. Her office is always open even at the weekend. I can call if I need help or advice".
- People and their relatives were also complimentary of the registered manager. They told us, "Management are helpful, I speak with [the registered manager] in the office and she is really good", "The office staff are all helpful and easy to communicate with" and "Management are easy to talk with and I know if [my relative] rings them, they are helpful and easy to communicate with".
- The provider's quality assurance system was robust and had identified, prior to the inspection, the issues discussed in the responsive section of this report about early and short visits in the evening. These findings

had been formally discussed with the nominated individual and provider's directors and plans were being developed to resolve this issue.

- Office staff monitored the quality of record keeping and call monitoring data on the system in real time. Where concerns were identified these were raised promptly with staff. Staff told us, "They do ring us and say things have been flagged up by the system, they call and ask us to check it has been done" and "All issues with the app are investigated and resolved. Missed medications or late starting visits are alerted to the on-call phone. We log what action we have taken in response to alerts received".
- The registered manager and senior members of care staff regularly completed unannounced spot checks to monitor the quality of support provided by individual members of staff. Team meetings were also regularly held. These meetings gave opportunities for examples of good practice to be shared and for staff to discuss any issues or concerns they had identified.
- The registered manager and nominated individual were open and honest through the inspection process. All information requested was provided promptly.

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

- The registered manager had a good understanding of the requirements of the duty of candour and communicated regularly and effectively with people's relatives.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider regularly completed surveys to gather feedback from people, staff and health professionals. Recently received feedback had been consistently positive and complimentary. People told us, "I have already had 3 feedback forms to fill in and nothing has needed to change as my feedback has all been very good" and "I have asked in the feedback forms about changes to the schedule and that has taken place as a result of what I put in the feedback form".
- The registered manager had a good understanding of equality issues and ensured everyone who used the service and all staff were protected from discrimination.

Working in partnership with others

- The service worked collaboratively with health care professionals to enable people to continue living safely at home. The provider had systems in place to ensure information about changes in people support needs or condition was promptly shared with involved health professionals.
- A survey of professional's feedback was underway and initial responses had been constantly positive and complimentary.