

Professional Domiciliary Care Ltd

Walfinch Mansfield

Inspection report

Room 440, Mansfield Business Centre
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NG18 2AE

Date of inspection visit:
22 April 2022
03 May 2022

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Website: www.walfinch.com/hourly-care/mansfield/

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

Walfinch Mansfield is a service providing personal care to people living in their own homes. It provides long term, short term, and respite to people within the community. At the time of our inspection, the service supported 48 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

The care and support people received was safe. People received support from a small team of consistent staff who had the skills and experience required to care for people effectively.

Processes were in place to support people with their medicines if required. Infection control measures were in place including staff use of personal protective equipment (PPE).

People's needs were assessed before the package of care commenced. Staff received an induction and training for their roles. People were supported with their eating and drinking needs if this was required.

People, relatives and staff felt the management team were approachable, open and transparent. Relatives said they had confidence in staff to perform the health task associated with the complex needs of people and knew when to seek advice and support from other medical professionals.

The registered manager liaised with health and social care professionals to maintain people's health. People's capacity to make their own decisions was assessed. 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.

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

Why we inspected

This service was registered with us on 6 April 2021 and this is the first inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Walfinch Mansfield

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

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 registered manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 3 May 2022. We made telephone calls to people and relatives on 3 May 2022 and visited the office location on 22 April 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We received feedback from seven members of staff including the registered manager, director and senior health care assistants and care staff.

We reviewed a range of records. This included four people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were consistently safe and protected from avoidable harm, neglect, abuse and discrimination.
- People and relatives told us they felt safe and were confident in the staff skills and abilities to ensure they remained safe living within their own homes.
- The provider had effective systems and policies in place. Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.

Assessing risk, safety monitoring and management

- The provider took a proactive approach to anticipating and managing risks. Staff were well trained and understood their responsibilities.
- Risks assessment were monitored and reviewed on a monthly basis. This ensured any increasing risks were identified and acted on in a timely manner.
- There was open culture of learning from mistakes, concerns, incidents, accidents and other relevant events. Staff told us they were confident in approaching management and always received feedback to concerns they raised.

Staffing and recruitment

- The provider had a dedicated recruitment consultant which ensured recruitment was safe and people received up-to-date training in all safety systems.
- Staff told us they had sufficient travel time between calls and that calls were long enough, so care was never rushed. A staff member said, "The call times are perfect, and it leaves you with time to put people at ease rather than having to just get your job done and go."
- People were supported by a dedicated small staff team and visits took place as planned. People told us they were informed when staff needed to be changed at short notice and knew who would provide their care and support.

Using medicines safely

- Where people required support with their medicines, this was administered and managed safely.
- For medicines prescribed to be given 'as required', further instructions were added to care plans. This ensured staff safely administration these medicines.
- Staff had completed medicine training. They completed medicine records which were audited weekly by the registered manager which identified any issues. This ensured people received their medicines safely and as prescribed.

Preventing and controlling infection

- Staff had enough stock of personal protective equipment (PPE) available which included hand sanitiser, masks, gloves and aprons. This ensured care was provided which reduced the risk of infection spread.
- Staff participated in testing for COVID-19 in line with government guidance.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred since the provider started to deliver packages of care. They were aware of processes to follow and planned to introduce an accident and incident form.

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

- People's needs were assessed by the registered manager before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- A person using the service said, "I feel safe and secure with the care I receive, staff listen to me, they never tell me how my care is going to be given, they ask me what I want, it's so refreshing."
- We reviewed three care plans and saw evidence of the promotion of protective characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles.
- One staff member told us, "We do our mandatory training, but we are always encouraged to do more, I'm excited to be starting my level 3 in dementia care".
- Staff received an induction which included shadowing another staff member to learn about people's care needs and safe care delivery. They then supported an experienced staff member on calls which required two staff or completed further shadowing and introductions before visiting people on their own.

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

- Where people received support from staff with meal preparation their , care records provided information about this, including instructions for staff about tasks required during each visit. Care plans contained detailed information on people's needs and preferences and were regularly reviewed.

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

- The provider worked in partnership with health and social care professionals to maintain people's health. For example, care records showed recent communication with social workers and occupational therapists.
- The registered manager and staff had good knowledge and understanding about people's healthcare requirements. A professional who works with the service told us "They [provider] have a good understanding of the people they work with and are very knowledgeable about complex conditions."
- Another professional said, "I can't thank them enough for their commitment to provide an excellent service."

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

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- Staff had a good knowledge of the principles and requirements of the MCA and supported people accordingly.

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 were supported with dignity, kindness and respect.
- One relative told us, "They [staff] are so kind, they have built up a really good rapport with [relative] it puts us all at ease as a family."
- People and their relatives told us staff took time to communicate with people in their preferred method and understand their needs and specific preferences. This ensured a good standard of person-centred care was being delivered.

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

- People were supported to express their views.
- Each person's care plan stated the level of support people required communicating their views and wishes. One staff member told us, "I work with the same people, so I have really got to know them and understand what important to them and I can help support their goals."
- Care plans were detailed and described how people liked their care to be delivered and details of activities they liked to take part in. This showed person-centred care was being delivered consistent with peoples wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care that respected people's privacy and dignity. Feedback from people and their relatives confirmed this.
- The provider promoted care delivery that enabled people to be as independent as possible. Care plans contained guidance on how staff could support and encourage people to maintain and use their skills. This helped to ensure people were respected in their own homes and treated with dignity.
- Personal information was kept securely at the office location. Staff were aware of the importance of confidentiality and keeping information safe.

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 care according to their individual needs.
- People using the service and their relatives had access to the care plans held within their homes. This ensured people had full choice and control over the care they received.
- People told us they were involved in their care planning. One person said, "Nothing is too much trouble, I'm always asked if my needs are being met and they are happy to change my care package whenever I feel it's needed."

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.

- The provider confirmed Information could be made available to people in a variety of formats, such as easy read or large print, as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities important to them.
- The provider had helped people obtain technology to allow them to participate in activities remotely during the COVID-19 pandemic. This had reduced people's risk of becoming socially and culturally isolated.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place. At the time of inspection, no formal complaints had been received.

End of life care and support

- The provider had relevant policies in place to provide personalised end of life care. Although at the time of the inspection no people using the service required end of life care to be provided.
- Staff had received training and were knowledgeable about end of life care.

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

- The provider promoted a positive person-centred culture.
- A relative told us, "Their [relative] confidence has grown. Staff genuinely care, encourage and motivate, it makes such a difference to our daily lives".
- Staff told us management were approachable and that feedback on ways of working was encouraged. This supported planning and delivery of person-centred care to ensure 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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- The provider had lessons learned documentation that was shared with staff to enhance understanding of issues when they occurred. A staff member said, "Feedback is never critical, it's supportive and this makes me strive to give outstanding care every day."
- People told us they were confident in the registered manager's ability to rectify issues if they arose. People said the registered manager was open and approachable and contacted them frequently to obtain feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- Staff had a clear understanding of their roles and responsibilities.
- The registered manager had a thorough understanding of regulatory requirements. They ensured relevant agencies were notified immediately of any incidents. This minimised potential risk to people.
- A professional who worked with the service said, "The provider is flexible and the most responsive service I work with. They have a good understanding of people and their needs. Management and staff are warm and friendly which creates a positive climate for all involved."

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

- The provider involved people and relatives in planning improvements by collecting their feedback by various methods including meetings and online platforms.
- People from diverse backgrounds, with specialised and complex care needs, were encouraged and

supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.

- The registered manager was supportive of the inspection process and receptive to all feedback. They participated in local networks for providers and registered managers and found these useful to learn and share information and good practice.