

Mrs Helen Macpherson Young Wilcox

# Woodford Homecare & Support Services

## Inspection report

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06 June 2019

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Woodford Homecare is domiciliary care agency that provides personal care to people living in their own homes. At the time of the inspection there were 55 people using the service; many of whom were older people living with dementia.

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

While the provider had developed high quality systems and processes; they had not always ensured these systems were followed. Quality assurance systems were not effective in identifying where systems and processes had not been followed. The provider took steps to address the concerns raised within 24 hours of the inspection.

People were protected from the risk of harm including potential abuse. Risks to people from potential accident, injury and health concerns were managed effectively. People received their medicines as prescribed.

People were supported by sufficient numbers of staff. The provider had developed high quality values based recruitment practices. The provider had also invested in good quality training and induction programmes. They were committed to ensuring the staff team had the skills required to support people effectively.

People's needs were assessed effectively; including any personal goals or outcomes they wanted to work towards. The provider ensured people's care was delivered in line with current guidelines and legislation. People were supported to live their day to day lives as healthily as possible. People were supported to gain access to healthcare professionals in a timely way.

People were supported by a staff team who were committed to providing high quality, person-centred care. Care staff were kind and caring towards people and promoted their dignity and independence. People received support based on their individual needs and preferences. People were fully involved in developing their care and support packages.

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 provider had developed an open, honest and transparent culture within the service. People were able to raise complaints and concerns if needed and the provider actively sought people's feedback about the

service. The provider was committed to continually developing the service and making ongoing improvements to ensure people received high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (report published 13 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Woodford Homecare & Support Services

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

#### Service and service type

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

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

We gave the service over 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 June 2019 and ended on 06 June 2019. We visited the office location on 06 June 2019.

#### What we did before the inspection

As part of the inspection we reviewed the information we held about the service. We looked to see if

statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

#### During the inspection

During the inspection we spoke with sixteen people who used the service and four relatives about their experience of the care provided. We spoke with the provider, managing director, deputy manager and operations manager. The registered manager was on annual leave so was not available during the inspection. We also spoke with four care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. 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. We looked at training data, recruitment information and quality assurance records.

# 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 the same. 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 with care staff and protected by them. One person told us, "I feel totally safe with them, and I feel they're utterly trustworthy".
- ☐ Care staff we spoke with were able to describe signs of potential abuse and how they would report concerns.
- ☐ We found where the provider had identified concerns about people, these had been reported to the local safeguarding authority. Where appropriate, plans were put in place to protect people from the risk of further harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- ☐ People and their relatives felt care staff protected them from risks connected with accidents, injury or health conditions. One relative explained how care staff supported their family member to move using a hoist. They told us care staff did this in a safe, caring and professional way.
- ☐ Care staff we spoke with understood the risks to people and how they could protect people from the risk of harm.
- ☐ Accidents and incidents were recorded, monitored and reviewed. Where incidents had arisen the provider used these events to learn and make improvements within the service in the future.

Staffing and recruitment

- ☐ People told us there were sufficient numbers of care staff to ensure their care visits were consistently completed on time. People told us they felt the service were highly reliable and they had a consistent staff team supporting them. One person told us, "I do feel very safe with them, mainly because I have the same people all the time, so I don't have to keep explaining myself to new people". A relative told us, "We know they're going to come when they say they're coming, and that makes a difference to [my family member's] day."
- ☐ Care staff told us they felt there were sufficient numbers of staff available to support people and that care visits were always completed at the required times. We confirmed this also from reviewing rotas and daily care records within the service.
- ☐ The provider had developed a comprehensive values based recruitment process. They told us they wanted to ensure they recruited high calibre staff who were suited to working within the care sector. They felt this reflected in the quality of the care they provided to people. People we spoke with supported this view.
- ☐ The recruitment process consisted of a range of stages; including pre-screening, introductions to the service and role, personality profiling and pre-employment checks. Pre-employment checks included

identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential employee's criminal history to ensure they are suitable for employment with vulnerable people.

#### Using medicines safely

- ☐ People told us they were happy with the support they received with their medicines. One person said, "They [staff] will check that I've remembered to take them [medicines]. I would forget if they didn't do that. I'm glad they don't forget".
- ☐ Care staff we spoke with could describe how they safely administered medicines to people.
- ☐ The provider had medicines management systems in place. Medicines administered were recorded on medicines administration records (MAR) which were reviewed by the management team for errors and omissions.

#### Preventing and controlling infection

- ☐ People told us care staff were clean and hygienic in their working practices.
- ☐ Care staff we spoke with were able to describe how they used items such as Personal Protective Equipment (PPE) in order to prevent the risk and the control of infection.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us the provider had assessed their needs effectively and delivered high quality care. One person told us, "My husband says we're quite lucky to be with Woodford. I'd say we're very lucky! I would recommend them [the provider] to anyone". Another person told us, "They'll [the provider] do anything for me, they always say, 'There's always a way round things, we can sort it, don't worry'". The person told us the provider would work with them to reassess their needs when issues were encountered to find a resolution and to agree alternative care and support.
- ☐ We found people's needs were assessed holistically, taking into account their emotional wellbeing in addition to their physical needs. They would also include in assessments any particular goals that people wanted to work towards; for example, improving their mobility. We saw examples of where the provider had achieved success working with people towards these goals.

Staff support: induction, training, skills and experience

- ☐ People told us care staff had excellent skills and supported them well. One person told us, "They [care staff] do a good job, without them I'd be lost".
- ☐ Care staff told us they received excellent training and support from the provider. They told us if they wanted additional training or support this would be provided to them.
- ☐ We saw from training records that care staff had access to regular training. The provider had developed an extensive training package; including both internal staff to deliver training in addition to external training providers. We saw staff received regular supervision and their competency in the role was assessed and monitored.
- ☐ The provider was passionate about developing staff and had been involved in developing national apprenticeship standards. This passion had been used to enhance training and development within the organisation. For example; there were four care staff in the process of completing their level 3 in health and social care through an apprenticeship programme.
- ☐ The provider had developed a comprehensive induction programme that was in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet.

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

- ☐ People told us they were happy with the support they received with food and drink. One person told us, "They [staff] do it beautifully. They do my toast just the way I like it, it makes for a nice start to the day." The person also told us, "They [staff] always ask me, 'What are you going to have today?' and give me the chance to decide."

- People also told us they had sufficient quantities of food and drink and this was reflected in the care records we reviewed.
- Care staff we spoke with understood people's special dietary requirements and we saw these were included in people's care plans.

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

- People consistently told us how proactive care staff were in identifying health concerns and supporting them to gain access to healthcare professionals. One person told us, "My carers have been here earlier, and they're trying to get me a doctor's appointment. They've talked it all through with me first."
- Another person told us their care staff had recently noticed a pressure sore forming. They told us care staff asked for their permission to phone the GP for a referral to the district nurse. They explained that the district nurse is now visiting them regularly.
- We found from speaking with care staff, managers and from reviewing care records that healthcare professionals were involved in people's care proactively. Where concerns were identified these were dealt with promptly.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA .

- People told us care staff always sought their consent before providing support and that they were fully involved in decision making about their care.
- Care staff had received training in the MCA and systems were in place to ensure decisions were made in people's 'best interests' in line with the law if people lacked mental capacity.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 overwhelmingly told us how caring they felt care staff and the management team were towards them. One person told us, "I'd describe them [care staff] as quite brilliant actually, I'm very pleased with them I never feel like they rush me, or aren't interested in me, we have a good old chat and that does me good". Another person told us, "I feel very safe and relaxed with them [care staff]. They treat me and my home very well". A third person said, "They're [care staff] kind, caring, ever so nice to me. They understand that I can't hear very well, and they're very patient with me."
- ☐ People told us the provider understood what might make them anxious and took steps to ensure they felt at ease. For example, one person said, "They'll [the provider] ring on the odd occasion they're [care staff] delayed. It means I don't have to worry I've been forgotten".
- ☐ People and their relatives also told us how the provider cared for the wider family unit. One relative told us how they were able to attend a family wedding that was important to them due to the care and support received by the provider for their relative.
- ☐ People also told us the provider always went the extra mile to ensure their wider needs were met. They felt the provider was very caring as an organisation and this helped their overall wellbeing. One person told us how the provider had helped them when they had lost house keys and when they'd received correspondence about payments needed that had worried them.
- ☐ Care staff and the management team we spoke with were all very passionate about their roles. They were keen to ensure that people felt valued and important. They were also keen to ensure they provided the best possible quality care to the people they supported.

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

- ☐ People told us they felt involved in making decisions. They told us they felt heard and that their views mattered. One person told us, "They will suggest things, not take over".
- ☐ We found where appropriate people were encouraged to receive support in decision making from appropriate representatives. This could include relatives, close friends or people such as advocates.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us their independence was always respected and promoted by care staff. One person told us, "I try to be as independent as I can be, and they [care staff] respect that. They don't try to take over".
- ☐ People also told us their dignity was also upheld. They told us care staff supported them discreetly and never made them feel uncomfortable. One person told us, "If my t-shirt needs changing at lunchtime, they will pop upstairs to get a clean one, never make a fuss about it."

- ☐ Care staff we spoke with understood the importance of protecting and promoting people's privacy and independence.

# 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 the same. 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 told us the care they received met their needs. They told us care staff fully understood their individual needs and preferences. One person told us, "They [care staff] never say, 'That's not my job'. I feel I can ask them for anything". Another person told us, "Even if it's [a member of staff] who's not been to me for a while, they remember and they do things how I like it". A third person told us, "They're [care staff] wonderful. They remember everything about me, and what I've said. They know I forget things so they'll say things like, 'Have you rung the doctor?' or they'll ask about my family or friends. It helps me that they do that".
- ☐ Care staff we spoke with understood people's needs and what was important to them. We found examples of where care staff had identified specific goals that were important to people and worked with them to achieve these goals. For example; one person was being supported with their mobility in order to achieve a goal of walking down the aisle at their wedding. Another person had built their confidence to spend more time in the community and was now regularly attending the gym with care staff.
- ☐ People were involved in reviews of their care on a regular basis. The provider ensured these reviews were conducted in a way that met their needs. One person told us, "I find reviews a bit intimidating, and they worry me. The last one I did with just one of my carers, and I found it much easier. [They] asked me all the same questions, but it was more relaxed for me".

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 told us the provider helped them to understand the information provided to them. The provider understood the requirement to make information available in a way they could understand.

Improving care quality in response to complaints or concerns

- ☐ People told us there had not been a need to raise a complaint. They told us they understood the complaints procedure and felt comfortable raising concerns if they needed to.
- ☐ One person told us, "There's nothing that I think they could improve on but they've [the provider] given me all the information I need if I needed to complain, the complaints procedure etc with a number to ring".
- ☐ The provider told us they had received no formal complaints from people using the service or their relatives and this reflected what we were told.
- ☐ Where informal comments were made to the provider about aspects of the service that could be

improved these were listened to, taken seriously and acted upon. For example; two people gave examples of where they had asked for a change in their care staff team and this has been done without question or delay.

#### End of life care and support

- While nobody using the service was receiving end of life care at the time of the inspection, the provider was committed to providing high quality, dignified support at the end of people's lives.
- A person using the service had passed away in the months prior to the inspection. While they received end of life care within a hospice setting, we saw the provider continued to provide support a support package within that setting. Care staff who were well known to the service user and valued by them provided companionship and comfort to them in the final days of their life.

## 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 outstanding. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ The provider had developed strong policies and procedures within the organisation. However, due to failings in ensuring quality assurance systems were operating effectively we found some aspects of the provider's own policies and systems had not been adhered to. This had not been identified prior to our inspection and intervention.
- ☐ We found despite having high quality recruitment procedures in place; these had not always been followed and some care staff had commenced work without all the required checks having been completed. The provider took the issues raised seriously and ensured the issues were resolved within 24 hours of our inspection.
- ☐ We found some aspects of record keeping and quality assurance also required improvement. For example; we found medicines administration records (MAR) charts were not always fully completed. While the management team had raised this concern with care staff, the issue was ongoing. The provider had not ensured robust action was taken to resolve this issue and to ensure people were not exposed to unnecessary risks.
- ☐ We also found some improvements could be made to care plans and risk assessments to ensure people's needs and risks to them were documented clearly. Including any action required by care staff to meet their needs and to protect them from harm. We did find however that care staff understood people's needs well and knew how to protect them from harm although this wasn't always reflected in care records.
- ☐ The provider had developed a staff and management team who each understood their individual role and responsibilities within the organisation. They worked well as a team and supported each other effectively.
- ☐ While the management team were committed to providing a high quality of service to people, they had not ensured the governance systems were operating effectively. As a result, they had not identified they had begun to deviate from the provider's systems and policies. The provider and management team all demonstrated a firm commitment to resolve any issues identified without delay. Within 24 hours of the inspection they had already made progress in resolving the issues found.

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

- ☐ People told us they felt the provider, registered manager and wider staff team had developed an open, honest culture within the service. They told us they felt listened to and able to raise concerns when needed.

- One person told us, "I always feel I can talk to [deputy manager's name], she's always very helpful". A second person told us, "I get on very well with [registered manager's name], he's a very nice man. I feel I can talk to him, and he's happy to help me". A third person said, "I've met the manager, a very good man I think. I've got no complaints with how he runs things, everything seems to work very well so he must be doing a good job"
- Care staff also told us they felt the service was very open and inclusive. They told us they all felt valued in their roles and believe the provider was committed to achieving the best possible outcomes for people.
- The provider was committed to ensuring that people using the service were at the centre of everything they did. They also felt that well trained, committed and passionate staff were essential to delivering good quality care. They told us, "Something that was always important to me was empowering people at the front line". We saw this belief reflected in the discussions we had with both people using the service and the staff team.

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 provider understood their legal responsibilities in relation to the duty of candour. They were open to discussing feedback about negative aspects of the service and demonstrated a commitment to ensuring continual improvement was made in the service.

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

- People consistently told us they were able to share their views and feedback with the provider. People felt heard and understood. They told us that issues were often identified and resolved without the need for complaints being made.
- Care staff also told us they felt heard and valued by the provider. They told us they were able to raise ideas and suggestions which were often taken on board and implemented in order to improve the care provided to people.

Working in partnership with others

- We found the provider had developed excellent working relationships with a range of external organisations and professionals. This included health and social care professionals, educational establishments and other government agencies.
- We found the provider had strong links with Skills for Care and used the work they did to influence the quality of care provided within Woodford Homecare. For example; they had developed high quality recruitment and training systems. They also promoted the use of apprenticeships and had successfully supported care staff to complete training programmes.
- The provider was keen to engage in wider pilots, initiatives and research programmes. They were open to exploring new ways of working and pushing boundaries in order to develop the quality of the service provided to people. This was reflected in the overwhelmingly positive feedback received by people using the service.