Care Quality Commission

Westward Consultants Limited

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Inspection report

Sundial House
108-114 Kensington High Street
London
W8 4NP
Tel no: 0207 351 7171
Website: draycottnursing.co.uk

Date of inspection visit: 15 and 16 October 2015
Date of publication: 02/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this announced inspection of Draycott Nursing and Care Agency on 14 and 15 October 2015. We informed the provider two days before the inspection that we would be coming. At the time of our inspection 65 people were receiving privately funded personal care services. At our last inspection in July 2013 the service was meeting the regulations inspected.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were very pleased with the care provided by the service and felt safe with the care staff and nurses in their homes. Staff had received safeguarding training and there were established systems to protect people from the risk of harm.

Summary of findings

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and staff demonstrated their understanding of how to provide care and support in accordance with this legislation.

People received care and support from suitably trained and supported staff. The provider offered a wide range of training and opportunities to undertake national courses in health and social care.

Systems were in place to support people to meet their nutritional needs and a creative approach was used to support staff who wanted to improve upon their own skills to make healthy meals.

People and their relatives tended to independently access healthcare in the community, although the service liaised with healthcare professionals and offered people support, where necessary.

Staff were described as being kind and caring. People's dignity and privacy was maintained and the provider had implemented support and networking opportunities for local carers.

People's individual needs and wishes were assessed and care plans were developed, which took into account the views of people, and their supporters.

Information about how to make a complaint was given to people and relatives, and complaints were effectively managed.

The service was well managed by the registered manager, the managing director and the senior team. Systems were in place to check the quality of care and seek the views of people, their relatives and staff in order to look for ways to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from the risk of abuse and staff understood their responsibilities in regard to protecting people from abuse.

Systems were in place to identify and manage any risks to people's safety and wellbeing.

There was enough safely recruited staff to meet people's needs.

People's medicines were safely managed and administered.

Good

Is the service effective?
The service was effective.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and sought people's consent when providing personal care.

Staff had appropriate skills and knowledge to meet people's personal care needs. Staff received regular training and supervision, and an annual appraisal, to promote their professional and personal development.

People's nutritional needs were identified and met, and staff were offered additional support to learn how to prepare healthy meals.

The provider worked in partnership with people, their relatives and healthcare professionals in order to meet their healthcare needs.

Good

Is the service caring?
The service was caring.

People were supported by compassionate and thoughtful staff.

People, and relatives where applicable, liked the staff and had developed good relationships with them.

Staff respected and maintained people's dignity and privacy.

People were supported to make decisions about how their care was delivered.

The provider engaged with family members and the wider community in a uniquely supportive manner.

Outstanding

Is the service responsive?
The service was responsive.

Assessments were carried out and care plans developed to identify people's needs and wishes.

Staff showed good knowledge of people's support needs, their interests and preferences, in order to provide an individualised service.

Good

Summary of findings

There was a system in place to make comments and complaints. People and relatives believed that complaints would be managed in a meticulous way.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their line managers. They said they were able to voice any matters relating to their work and seek advice from the management team.

People and relatives told us that the managing director, registered manager and office team were effective and conscientious.

The provider conducted regular audits and checks to monitor and improve on the quality of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Draycott Nursing and Care Agency took place on 15 and 16 October 2015 and was announced. We informed the managing director two days before our visit that we would be coming. We did this because the registered manager and other senior staff are sometimes out of the office visiting people who use the service and supporting staff. Therefore, we needed to ensure that the management team would be in. One inspector carried out the inspection.

Before the inspection visit we looked at information we held about the service. This included the previous inspection report, which showed that the service met the regulations we inspected on 16 July 2013. We also reviewed any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law.

During our inspection we spoke with the registered manager, the managing director, the human resources manager, a care co-ordinator and a nurse assessor. After our visit to the agency office, we conducted telephone discussions with four people who used the service and nine relatives of other people, three care staff and one registered nurse. We looked at a variety of records about people's care and how the service was managed, which included seven people's care records and five staff training, support and recruitment records. We also looked at a sample of the policies and procedures, the complaints log and checks carried out by the registered manager. Following our visit to the agency office, we spoke with two doctors who have used the service for their patients.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with care staff. Comments included, "They are very reliable and trustworthy", "I was nervous at first at the thought of having the carers at my home but their presence makes me feel so safe and reassured" and "They are amazing, such a help to us, we know [our family member] is in safe hands."

Staff demonstrated an understanding of how to protect people using the service from the risk of abuse. They were able to identify different types of abuse and informed us they would report any concerns to their line manager. Staff told us that although they had not yet had to report any safeguarding concerns, they were confident that the management team would respond correctly. Staff informed us they had received safeguarding training, which was confirmed by training records. They were aware of how to whistle-blow and were familiar with the provider's whistle-blowing policy, which contained guidance about how to inform external organisations if they wished to and a charity they could contact if they needed independent support. The registered manager understood how to report any safeguarding concerns to the local safeguarding authority, in accordance with the guidelines in the provider's safeguarding policy and procedure.

Risk assessments were carried out for each person using the service, in order to identify any risks to the safety of people and staff. For example, we saw assessments in place for people who were at risk of developing pressure sores and/or having falls, with accompanying guidance to minimise the risks. People's home environments were also assessed to identify any risks due to factors such as rugs or obstacles that could cause a fall. The registered manager told us that the agency's nurse assessor gave people and their families' advice, if necessary, about how to create a safer environment as part of the agency's initial assessment before providing care and support. Care plans showed that the risk assessments were reviewed during people's annual reviews or more frequently if people's needs had changed.

People told us they received their care and support from staff they knew, and they liked this continuity. One relative told us, "We have used the service for over three years. We get staff we know; they bring in pictures and books to stimulate [my family member]. The staff go out of their way because they have got to know him/her." Another relative said, "We have the same two staff regularly. They are very good at looking after [my family member] and he/she likes them. We have cancelled at short notice but the staff are always reliable." The registered manager told us they regularly recruited new staff so that there were enough staff to meet people's needs, and cover staff holidays and other breaks from work. We noted that newly appointed staff were attending induction training at the agency office during the inspection. This showed the provider had an active approach towards ensuring there were sufficient staff.

The provider employed a team of senior staff to support the registered manager, which included nurse assessors, care co-ordinators, a human resources manager and administrative staff. Nursing and care staff told us they could always speak with a senior team member if they needed advice. One care staff member said they felt confident about contacting the night-time on-call line manager, which was important in their role as live-in care staff.

People and their relatives described staff as being "punctual and reliable" and "effective and efficient". One relative said, "Of course there will be times that the girls get caught up in the traffic and it's not their fault, but we get a call from the office to say what's happening." Staff told us they felt they were able to spend enough time with people and make sure their care plans were properly followed. The registered manager explained that people did not have visits shorter than one hour and some people had large care packages, including overnight care and live-in care, which enabled people and staff to avoid any sense of rushing to meet their personal care needs.

There were thorough recruitment and selection processes in place, in order to promote the safety of people using the service. Staff recruitment folders showed that appropriate checks were carried out before staff commenced employment, which included proof of identity and eligibility to work in the UK, written references including a reference from the candidate's most recent employer and a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff are not barred from working with vulnerable people. The human resources manager showed us the system for checking and recording

Good

Is the service safe?

that any staff practising as registered nurses had renewed their annual Nursing and Midwifery Council registration, so that people received nursing care from staff with appropriate valid qualifications.

We looked at the system for managing people's medicines. The registered manager told us that people's medicine needs were assessed as part of the initial assessment visit prior to the care package starting. The assessments visits were always conducted by a member of the senior team with a nursing qualification and previous experience of supporting people with their medicines in a clinical setting. The assessor looked at the person's medicines and a care plan was developed, taking into account the wishes of the person and their family. For example, care plans showed that some people wished to retain their independence as much as possible with managing their medicines and other people wished to be supported by family members.

Staff told us they attended a one day medicines training course, which they described as a helpful and informative way of understanding their role and responsibilities in relation to how to safely support people with their medicine needs. The registered manager and senior staff checked medicine administration record (MAR) charts when they carried out review meetings and spot checks, in order to check that staff were correctly supporting people to take their medicines as prescribed. Completed MAR charts were brought from people's homes into the agency office, so that additional auditing could be carried out. We looked at a selection of these MAR charts and did not detect any issues of concern.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff were well trained and competent. Comments included, "I have a chronic health condition, they are very good staff and know what to do", "The staff are such a help, they keep good records for the family to read so we are well informed" and "The staff who assessed [my family members] were so experienced and lovely. I couldn't praise them enough."

Staff expressed they were happy with the quality of training they received. They told us they were given a one week induction and they accompanied more experienced staff on visits, in order to 'shadow' and prepare for working independently. Training records for staff showed that they accessed an ongoing programme of mandatory and additional training, which included health and safety, moving and positioning, infection control, food hygiene, dementia care, and supporting people with diabetes, pressure ulcer prevention, basic life support and understanding bereavement. This showed that staff were supported to understand and meet people's general and more specific needs. The registered manager, who was a qualified trainer, told us the training was provided via a mixture of traditional classroom style learning and through watching DVD's, followed by discussions with the trainer and peers, and written tests.

The provider had introduced the Care Certificate for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life, to provide the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us this training was well received by new staff and gave them a good introduction to their role and responsibilities. Records showed that other staff took national certificates in health and social care, and registered nurses accessed clinical training and refresher courses.

Staff told us they received supervision approximately four times a year and had an annual appraisal, which we noted when checking staff records. Staff members told us that spot checks of their performance and conduct at people's homes were carried out as part of one of the four supervisions. One staff member told us, "I see it as a chance to show that I am providing good care and I get feedback about how I can improve."

The Mental Capacity Act 2005 (MCA) gives a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. People we spoke with confirmed they were asked for their consent before staff provided their personal care and relatives said their family members were asked for their permission. Some relatives told us their family members had dementia and they praised how staff had developed trusting relationships with people, through gently explaining any procedures and respecting people's entitlement to sometimes refuse care. Relatives told us that staff waited a while and then offered the personal care again, when the person appeared more relaxed and reassured.

Staff had received training about MCA as part of their safeguarding training, although we noted that some staff were more confident than others in their understanding about mental capacity issues. Care plans contained information about people's capacity to make daily decisions about their care and support, and where applicable, the provider had copies of any relevant documents such as a Lasting Power of Attorney for Health and Welfare and/or Property and Financial Affairs. This showed the provider had correct information in order to contact the appointed attorney(s), in accordance with people's wishes.

People and their relatives told us staff provided the support they needed at mealtimes. One person told us that staff were currently supporting them by heating up ready meals but they hoped to resume light cooking in the future. A relative said, "Staff feed [my family member] and give him/her a coffee. I have a very high opinion of how they provide this support."

Care plans showed that different arrangements were in place for people, for example meals and snacks were prepared by care staff, family members or other privately employed housekeeping personnel. The managing director told us they had concerns in the past about care staff being asked to prepare nutritious meals, if they did not have much previous cooking experience. The managing director approached a nutritionist and developed a published recipe book for formal and informal carers to follow, with balanced meals suitable for frail people. We were shown a copy of the book, which was provided free to staff with food preparation duties. Staff were also offered the opportunity to have a free cooking class.

Good

Is the service effective?

People's nutritional needs had been assessed and where applicable, care plans had been developed to meet their identified needs. This care and support included weighing people if required and liaising with people, their relatives and external healthcare professionals if there were any concerns about their intake of diet and fluids. One person had a care plan in place to support them to receive nutrition via a percutaneous endoscopic gastrostomy (PEG). This is a tube that has been passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate.

We noted that people were supported by their relatives to access healthcare and attend healthcare appointments. One relative told us that staff supported their family member to carry out stretching exercises given by a physiotherapist and several relatives said their private doctor had recommended Draycott Nursing and Care. We spoke with two doctors who had referred their patients to the service, including a doctor who also used the service for their own family members. Comments included, "This is a complete one-off and the best. I am highly impressed and have never been disappointed with the personal care given to my patients. If only this service could be replicated across the country" and "I have recommended this service to my patients for 15 years and have first-hand experience using the service for [my family members]. I give this service the highest recommendation, they liaise well and it's outstanding."

Care plans showed that people's healthcare needs were understood and met. For example, one care plan explained that a person used to work within the healthcare profession and certain types of healthcare interventions were important to them. Another care plan identified that a district nurse was involved in the person's care and visited about once a month; however, staff could contact the district nurse as required. We saw evidence that the registered manager and the nurse assessors spoke with people and/or their relatives about any significant changes in people's health, in order to update care plans and discuss whether appropriate referrals have been made to external healthcare professionals.

Outstanding ☆

Is the service caring?

Our findings

People and relatives told us they thought the staff provided an excellent service. A person using the service told us, "I received two recommendations about this service from [healthcare professionals]. I was given information by the manager before my care started and it has been very positive. I am happy with my carers, they are very co-operative." A relative told us, "The service is exceptionally good at choosing very dedicated staff and I will continue to use them". Another relative said, "They are all kind and compassionate, all eager to help and have a willingness to be of service. They are punctual and reliable, and understood our needs. It has been a positive experience under difficult circumstances." A third relative commented, "We are totally pleased. The staff are very friendly and have never been more than five minutes late. They are very efficient in the office and the accounts department. We would recommend."

All of the comments we received were entirely positive. Relatives told us they had used the service for more than one family member and several relatives stated they did not think their family member would still be living at their own home if they had not used the service. Other relatives said their family members could be resistant at times to care and support due to their cognitive impairment and this was managed calmly by staff. We also looked at numerous written comments received in the past 12 months from people using the service and their relatives, which showed that people thought the staff were particularly caring. These comments included, "I thank you and your team for your exemplary support and care", "[Staff member] is amazing" and "Thank-you very much, you have been so kind."

People and relatives told us that staff provided care and support which respected people's privacy and dignity. One person told us it had been difficult for them to accept personal care and support as they had been independent until recently and were hoping to regain their independence. They said their situation had been made easier by staff providing sensitive care that ensured their privacy and dignity when assisting with undressing and showering. Relatives told us that staff made sure curtains were pulled, and bedroom and bathroom doors were shut, when personal care was being given.

People and their relatives chose to use Draycott Nursing and Care, as they were all self-funding. People and their relatives told us they had been involved in devising their care and support plans. For example, one relative told us how they had developed a care plan with the service in order to provide additional support and social stimulation for their family member, who was receiving 24 hours care from a different provider. The relative felt that Draycott Nursing and Care had devised a unique care plan to meet their family member's individual circumstances, which took into account the person's linguistic and social interests.

The managing director told us they did not usually provide people with details about advocacy services and people tended to use the services of their own solicitor. However, we were given leaflets that the provider passed on to people and relatives. These leaflets gave information about local statutory services run by local health and social services, such as a rapid response team operated by the adult social care department in the local borough. There was also information published on the provider's website about financial benefits that people could apply for to help pay towards their care costs.

The provider had active links with local voluntary sector organisations for older people and their informal network of relatives and friends, which were utilised in order to provide support for carers. The provider invited carers to attend support days, open evenings and talks, which were all free of charge and open to all carers, irrespective of whether they used the service. These sessions were held at the provider's office and covered topics such as nutrition, understanding dementia and how to create meaningful activities. The provider invited guest speakers, including healthcare professionals and representatives from organisations such as Age UK. This showed the provider engaged with the family and friends of people using the service and the wider community of local carers, to offer an innovative programme of support and information.

Good

Is the service responsive?

Our findings

People and their relatives told us that the provider fully assessed their needs before they started using the service, to ensure the service was able to meet their needs. During the inspection we read a written comment from a relative about how their family member's needs were assessed, "It was a great pleasure to meet the [nurse assessor] and I appreciate the time that he/she spent with me and [my family member], assessing exactly what [my family member] needs and the kind of person he/she is."

We spoke with a nurse assessor who explained how they used the assessment to build a care plan. The care plans were usually very detailed and contained information about how to meet people's individual needs. For example, one care plan described exactly how the person wished to be supported with their daily care and stated what type of toothbrush they preferred to use. There was also information about their daily routine and which relatives and friends visited on a daily or regular basis. A care plan also recorded that a person had a pet that was very important to them and there were details about how the pet's daily routine was interwoven with the person's preferred routine, so that the person could spend quality time with their pet. Another care plan provided important information about a person's spiritual beliefs, which staff needed to understand in order to provide care that was responsive to the person's needs.

We saw examples of how the provider responded to people's wishes and needs. We saw written comments from a person who had a few different care staff come in to work long shifts, as they did not want to have live-in care staff. The person had informed the provider they were worried about how to cope with different people and asked for three staff of the same gender that could get on with each other and communicate well together. The person wrote to say this had been achieved and there was "a peaceful presence" in their home.

The nursing and care staff were well informed about the people they supported. Staff described people's interests and hobbies, and how they supported people to meet their social needs. One staff member said they got on well with a person they supported with a shared interest in literature.

People and their relatives told us they had been given information about how to make a complaint. One person using the service said, "I have no complaints and feel confident that if I did, the manager would make sure that I am not at risk and investigate, maintaining good contact with me during the investigation." Other relatives said they felt confident that any complaints would be investigated in an open and thorough manner. The complaints policy and procedure were clearly written in relation to how the provider would investigate any complaints within an agreed timescale, and provided details of an external body that people could go to if they were not satisfied with the provider's investigation. Details were also given for the Care Quality Commission (CQC), with an appropriate explanation about the role of the regulator. We looked at the three complaints received since the last inspection visit, which were fully investigated and resolved.

Good

Is the service well-led?

Our findings

There was a registered manager at the service, who had a background as a qualified general nurse and a trainer. The registered manager worked closely with the managing director, who had originally set up the service and also had a background as a senior qualified nurse. We received positive comments about the managing director from the two doctors who referred patients to the service.

Comments from people and relatives were also positive. People said they would not hesitate to recommend the service to others and people who had tried other domiciliary care services said that Draycott Nursing and Care had exceeded their expectations. People's views, and the views of relatives, were sought every year through anonymous surveys. The feedback from people showed they thought the service was well managed and all aspects of their care was very good.

The registered manager and managing director worked with a well-qualified and experienced senior team who were employed as assessors, care co-ordinators, a liaison nurse and a human resources manager. Nursing and care staff told us they received regular support from their line managers based at the office, which included one-to-one supervision, training and spot check visits when they were working at people's homes. The registered manager told us the senior team was continually looking at ways to improve communication with staff that worked remotely. The managing director sent all staff a regular newsletter, which updated staff about forthcoming training and events, as well information about new policies and procedures. The managing director acknowledged that although the senior team met weekly to discuss people's care, it was logistically challenging to arrange regular staff meetings particularly when staff tended to work patterns that included night shifts or full days. The provider organised social functions such as a staff Christmas party and a charity concert so that staff could benefit from coming together as a team.

There were systems in place to monitor the quality of the service. In addition to the spot checks and annual care plan review meetings, the registered manager checked the standard and suitability of the daily detailed records that staff wrote. Nursing and care staff were required to send in text messages a few times a week, with updates about the wellbeing of the person they were looking after. These messages were read by senior staff and checks were made if staff had not submitted information in a timely manner.

The provider encouraged staff to contribute to the future development of the service. Staff surveys were carried out using an anonymous online system, which showed positive feedback. The senior staff had taken part in a team building and forward planning day earlier this year which was facilitated by an external management company, and looked at how to grow the business and improve the quality of care. The managing director held a senior role in a national forum for independent healthcare doctors and practitioners, which brought new ideas to the service and links with organisations with similar aims and objectives.