

Westvale Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westvale Home Care Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection the service was supporting 11 people with a variety of health needs and some people living with dementia.

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

People told us they felt safe being supported by Westvale Home Care. There were enough staff in place to meet people's needs. People were safeguarded against the risk of abuse and supported by consistent staff who understood their needs well.

The registered manager carried out detailed assessments of people's needs before support started and staff received appropriate training and supervision for their role. Referrals were made to health and social care professionals appropriately when people's needs changed.

People's care plans were reflective of their needs, including the support they needed with their healthcare, medicines, nutrition and personal care. Staff were committed to supporting people to keep their independence and treated people with dignity and respect.

People received personalised and compassionate end of life care. The service was flexible in order to meet people's needs and any concerns or were responded to promptly. One relative told us, "We discuss what [person] needs and if anything needs to change."

People and their relatives spoke positively about the way the service was managed and staff told us they were well supported. There were effective systems in place to monitor the quality and safety of the service and the management team were committed to continuous improvement in the future.

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

Rating at last inspection

This service was registered with us on 25 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been previously inspected.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westvale Home Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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 9 June 2021 and ended on 10 June 2021. We visited the office location on 9 June 2021.

What we did before the inspection

We reviewed information we had received about the service since it became registered with CQC. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and the 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 two people's care records and multiple medication records. We looked at two 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 and quality assurance records. We spoke with a professional who regularly works alongside the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with care staff. One person said, "They are very caring...I really can't fault them." One person's relative told us, "They look after [person] very well."
- Staff had received training about safeguarding and knew how to report a safeguarding concern. Staff told us they would inform the registered manager if they had any concerns someone was being abused and would ensure the person was not in any danger from potential abuse.
- The registered manager worked closely with the safeguarding authority and was clear about their responsibility to report any evidence of abuse promptly.
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. When issues had arisen, they reviewed care plans and made changes as needed to people's support.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. One person was at risk of pressure sores. There was a risk assessment and care plan in place which detailed the support this person would need to minimise the risk of them developing pressure sores and the equipment needed to support them safely.
- There was an out of hours call service available to people and staff. This meant contact could be made with someone if an incident occurred outside of normal working hours. The registered manager and nominated individual were able to carry out care calls if required to do so. One person told us, "There is always somebody there" if they needed to contact the agency.

Staffing and recruitment

- People told us that staff arrived on time and they regularly had the same care staff supporting them. One person told us, "I've had the same two [care staff] and they are lovely "
- A robust recruitment process was carried out for all employees. Pre-employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people receiving care.

Using medicines safely

- Medicines were managed and administered following best practice guidance. Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way.

- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.

Preventing and controlling infection

- Routine infection prevention and control practices had been reviewed and updated. Staff clearly understood when and where to wear personal protective equipment (PPE). People confirmed staff routinely used disposable gloves, aprons and face masks. One person told us, "They all come with their PPE on and they disinfect everything before they leave."
- Staff had received training about infection prevention and control, and they told us they had good access to PPE throughout the COVID-19 pandemic. One member of staff said, "We had everything we needed straight away."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager met with people and their relatives prior to offering a service to assess their care needs, understand their preferences and ensure they would be able to meet their support requests.
- People and their relatives told us care was being provided as they wanted it to be done. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people.

Staff support: induction, training, skills and experience

- Staff were receiving regular training and support to enable them to meet people's needs. We saw records to support this and staff told us that training was delivered flexibly to ensure that they were able to complete this.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.
- Training was supported by new staff shadowing established care workers and observations were undertaken to check they were using their care skills effectively. A probationary period was in place to review the work of new staff and gave the opportunity for both management and care worker to address any concerns and reflect on learning.

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

- Care staff supported people to eat healthy foods and drink sufficient fluids. Care plans detailed what support people required for them to eat and drink enough and described what their dietary preferences were.
- If people had any risks relating to nutrition, these were recorded in people's care plans. For instance, one person was at risk of choking when eating or drinking. They had a risk assessment in place which included clear guidelines for staff about how to reduce the risk, including the use of thickeners in drinks and for staff to be aware not to leave the person alone when they were eating.

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

- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken. One social care professional told us, "They have been great to work with...I couldn't say good enough things about them."
- People were supported to access healthcare when needed including support to attend appointments.

One person told us, "They insist if there are any problems to let them know immediately...it's nice to know they are there if you need them."

- People were supported to live healthier lives. One person had a plan they had agreed with their GP for how much alcohol they could safely drink each day and had agreed to have their access to it restricted. This was recorded in their care plan and staff supported the person to follow this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was being provided within the principles of the MCA. The registered manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). (LPA gives a nominated individual the legal right to make decisions on the person's behalf should they no longer have the capacity to do so.)
- Care workers had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected.
- People's care plans were written with a focus on choice and flexibility of support. One person's care plan we looked at clearly explained that the person's care needs could fluctuate, and they may need reminders when completing their daily living tasks due to short term memory loss.

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.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. Comments from people and relatives included, "They are very, very gentle, I think they are really good." As well as, "Staff are kind and gentle...they look after [person] very well."
- The registered manager understood the importance of providing a consistent and reliable service. They tried to provide staff people preferred and where possible, they arranged people's care visits at the times they wished. When the registered manager needed to make changes to people's care, they made a conscious effort to ensure people were informed and happy about the new arrangements. One person commented, "If they are going to be late, they will ring me and let me know. They keep me informed."

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

- People, or those acting on their behalf, were kept involved in planning their care. One relative told us, "[Person] doesn't like change and they have really taken that on board for us. He doesn't like different people every day of the week and Westvale have been accommodating and helped us out. They give us a rota every week."
- People were involved in regular reviews of their care. The registered manager and nominated individual maintained regular contact with people through telephone calls and review meetings. This gave people a chance to give feedback about their care.
- People's care plans included information about their specific communication needs and what support they required from staff to ensure they were involved in planning their care.

Respecting and promoting people's privacy, dignity and independence

- Staff said they maintained people's dignity and independence as much as possible by supporting them to manage as many aspects of their own care that they could. One member of staff told us, "It's important to give [people] their chance to speak, we don't go there to do it all for them, we want them to have the best quality of life."
- People's care plans reflected this approach and included detailed information about what each person could do for themselves and what help they needed with tasks they couldn't undertake independently. For example, one person's care plan stated, 'I can stand unaided to transfer to my commode, please allow me time to do this.' Another person's care plan stated, 'Please support me to be as independent as possible.'
- People's care plans identified who was involved in their care and what information the provider was able to share with them. This helped to promote a coordinated approach to delivering care without imposing on people's confidentiality and privacy.

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; End of life care and support

- People's care reflected their individual needs and care plans identified their preferred outcomes of support. For example, one person's care plan recorded their desired outcome of their care to be an improvement to their wellbeing.
- People's care plans included details about their personal history, family contacts and preferred routines. People's personal care routines were clearly detailed, which helped staff deliver care in a way which people were familiar and comfortable with.
- There was a focus at the service for providing people with the best end of life care possible. One member of staff told us that this meant providing people with "respect, compassion, and understanding."
- When one person was being discharged from hospital to receive end of life care at home the registered manager attended their discharge planning meeting at hospital and made sure everything was ready at their home to support them. This included liaising with health professionals so the person had the equipment they would need to be comfortable at home.

Meeting people's communication needs

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

- People's care plans included any important information about their communication needs including any sensory loss and how they may need to be supported with this. People were asked about this during their initial assessment before their care with Westvale Home Care started.
- When reviews of people's care were taking place, these were flexible to people's needs and the registered manager or nominated individual would visit people to carry these out if they found it difficult to speak on the telephone.

Improving care quality in response to complaints or concerns

- People told us they were happy and felt comfortable raising concerns and complaints. Comments included, "I definitely would do it [raise a concern]" and, "They are very co-operative."
- The provider had a complaints policy in place. This outlined how complaints would be investigated and responded to. The provider had not received any formal complaints at the time of inspection. When people had minor issues, the registered manager recorded their concerns and updated people with the findings of their investigations. Records demonstrated that minor issues had been resolved to people's satisfaction.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives spoke positively about the management team and said that they saw them frequently. One relative we spoke to told us the registered manager had visited them that day to provide care and they appreciated how easy they were to contact.
- The management team had a clear vision and person-centred culture that was shared by managers and staff. The registered manager routinely used supervision meetings to remind staff about the provider's underlying core values and principles. This helped the manager gauge staff's understanding of the provider's values, share information on best practice and monitor how well staff were following guidance.
- The registered manager followed up the occurrence of any accidents, incidents or near misses involving people receiving a home care service and had taken appropriate action to minimise the risk of them reoccurring. The registered manager gave us an example of changing someone's regular care worker which led to better engagement with the person supported and helped them to become happier about their care.
- The registered manager understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

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

- The service was well-organised. There were clear management and staffing structures in place. The registered manager and nominated individual were both jointly responsible for the day to day running of the service. Staff told us they felt valued and well-supported by the management team and were confident in their ability to run the agency well. They also told us there was good communication maintained between the managers and staff team.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.

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

- The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives and external health and social care professionals. People told us they could speak with staff if there was anything they wished to discuss or change about the home care service they or their family

member received.

- A range of methods was used to gather people's views which included regular telephone contact, care plan reviews and observing staff working practices during scheduled visits. The management team also frequently providing people's care themselves which meant they could have regular discussions with people about their care.
- Staff were encouraged to contribute their ideas about what this home care agency did well and what they could do better. This was through regular contact with the management team, which included individual and team meetings. Staff said they liked working for Westvale Home Care and felt the managers listened to what they had to say. One member of staff told us, "I feel comfortable in my workplace and I know I can approach [registered manager] if I need help or if there is a problem."

Continuous learning and improving care; Working in partnership with others

- Regular audits were carried out by the management team to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes, the management team routinely carried out spot checks on staff during their scheduled visits. During these spot checks staff's punctuality and record keeping was assessed, as well as their interaction with the person they were supporting.
- The management team used an electronic system to monitor when care plans and risk assessments needed to be reviewed. In addition, managers looked at medicines administration records (MAR) regularly to check they were being appropriately maintained by staff.
- Positive working relationships had been established with several different health and social care professionals. For example, the registered manager contacted a person's GP, after staff raised concerns about a person's swallowing. A referral was made to a speech and language therapist who was able to provide support to reduce the person's risk of choking.