

West Heanton Ltd

West Heanton - Supported Living & Domiciliary Agency

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 

Overall summary

The inspection took place on 12 and 20 October 2015 and was announced.

Our previous inspection visit in January 2014 found that the service was meeting the requirements we looked at.

West Heanton supported living and domiciliary agency, provides care and support to people in their own homes or in supported living units attached to West Heanton Residential Home. The agency offers a rural service.

There was a registered manager who was also the registered manager of West Heanton Residential Home. 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.

Summary of findings

People's safety was promoted through robust recruitment checks prior to new staff starting work at the agency and enough staff to ensure visits were not missed and staff did not need to rush.

People were protected from abuse and harm because the registered manager and staff understood how to protect people and had their safety as a priority.

Risks were assessed and understood and the agency helped people to protect themselves, such as through fire alarm checks. There were procedures in place for emergency situation, such as impassable roads in bad weather.

People were supported to receive their medicines in a safe way and an adequate diet to maintain their health. Health care professionals were consulted on a regular basis so people's health care needs were met.

Staff received training that equipped them for their work. Some said the training was very good and very frequent.

People were fully involved in decisions about their care and the staff understood legal requirements to make sure people's rights were protected. Care was not provided without people's consent. Care was person centred and each aspect of their needs and wishes were taken into account. This supported the person to remain independent and also gave their family members reassurance.

Staff were kind, caring, treated people with respect and upheld their privacy and dignity. People said, "Very lovely girls"; "Very, very caring"; "Very kind and very helpful" and "All the staff at West Heanton are prompt, caring and wonderfully kind. They attend to my every need." Health care professionals were very complimentary about the service.

There were robust arrangements in place to seek people's views, ensure staff were supervised and supported and safety was promoted.

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 abuse, discrimination and their legal rights were upheld by staff who understood their responsibilities.

Sufficient staff were available to ensure people were cared for in a safe way.

There were robust recruitment arrangements in place to check if staff were safe to work with vulnerable people.

Risks were assessed and managed to promote people's welfare.

Medicines were managed effectively so as to promote people's health.

Good



Is the service effective?

The service was effective.

People's consent was sought and their legal rights were upheld.

People received effective care and support which promoted their health and well-being because staff were trained and supervised in their work.

People's dietary needs were promoted because staff understood the importance of adequate food and drinks and helped people to achieve this.

Good



Is the service caring?

The service was caring.

People who used the service were supported by staff who had built caring relationships with them. People were treated with respect and their dignity was promoted.

All care delivered was based on personalised care planning. People, or their representatives, were involved in decisions about their care. Their care needs were fully understood and taken into account.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their care needs. These plans were tailored to the individual and reviewed as people's needs changed.

People's views were sought and responded to.

People were fully aware of how to make a complaint, but none felt this was necessary.

Good



Is the service well-led?

The service was well led by the registered manager who was very in touch with what was happening in the service and well known to people using the service.

Good



Summary of findings

The culture of the agency, to support people to continue living in the rural community in a safe way, was being met.

Health and social care professionals valued the service being provided.

West Heanton - Supported Living & Domiciliary Agency

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 visits took place on 12 and 20 October 2015 and were announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure somebody would be available at the agency office.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information

in the PIR along with information we held about the agency, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We sent questionnaires to 16 people using the service to obtain their views about the care provided and received eight responses. We spoke with four health and social care professionals to obtain their views about the care provided by the service.

During our inspection we spoke with five people who used the service, two people's families, seven staff who provided care, and the registered manager. We visited two people to ask their opinion of the service, check that their regime of medicines was being administered safely and look at their care records.

We looked at two staff files and policies which related to the running of the agency, such as medicine administration. We looked at the agency's survey results and newsletter.

Is the service safe?

Our findings

Each person who completed a survey toward this inspection said they felt safe from abuse and or harm from their care workers.

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). Records confirmed staff had received safeguarding training.

The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities. They understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. The safeguarding policy was available to provide a reference for staff who told us they also had a whistle blowing policy.

There were robust recruitment and selection processes in place. Recruitment files of recently recruited staff included completed application forms and interview records, and whether they had any driving offences. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people at their home. A recently employed staff member confirmed that all the checks had been completed before they were allowed to start working with people.

Each person who completed a survey toward this inspection said they received care and support from familiar, consistent care workers, who arrived on time and stayed for the agreed length of time. One person said, “The visits are organised very well indeed.” Staff opinion was also that the visits were well organised. One person’s family said that, where staff might be a little late they ensured they completed the care of their mother in an unhurried manner.

The agency’s own survey results, completed July 2015, stated that 81% of people said their care worker always

arrived at the expected time and 19% said they usually arrived at the expected time. The registered manager said that care workers were paid for a full shift which was either 7.30am to 2pm or 4.30 pm to 10pm. Should they have any gaps between visits they returned to West Heanton Residential Home where they would undertake tasks, such as laundry.

People’s safety was promoted with support from the agency. For example, staff had arranged free home checks through the fire service for people and supported them during the visits and installation of smoke detectors. They also did what they described as “welfare checks” which included testing people’s smoke alarms and call pendant alarms to ensure they were working. The registered manager said they were the respondent for some people which meant that should their call pendant be activated they went to find out what the problem was. This had led to agency staff finding a person had injured themselves and calling an ambulance.

Each person had risks to their safety assessed. These included environmental risks, such as fire and chemical safety. The assessments were regularly reviewed.

There were arrangements in place in case of emergency. For example, each car included a first aid kit, torch and high visibility jacket. In preparation for bad weather each vehicle had a set of winter tyres and snow chains for extreme weather. The visits were arranged so care workers were local to the people they visited. This meant they were more likely to be able to make the visits in poor weather. There was a paper copy of each person’s needs and vulnerabilities in the event of an emergency, including computers not working. The registered manager said they could also arrange a tractor if needed.

Staff told us they were trained and supported to administer medicines safely for people. One said how the assistant manager showed them what to do, checked they were doing it correctly and then followed this up with another check. The agency policy included clear guidelines as to the level of support people received with their medicines. Staff worked in accordance with the guidelines and the person’s plan of care. People told us they received their medicines in the manner they wanted them and at the times required. A person’s family said how this had been agreed with the agency and was working well.

Is the service safe?

Staff told us they had the protective clothing they required to prevent cross infection. People using the service confirmed staff used the protective clothing and washed their hands before and after providing their care.

Is the service effective?

Our findings

People were consulted about their care, asked for their consent and staff upheld the rights of people who did not have capacity to make certain decisions. Staff records showed staff had received training in the Mental Capacity Act 2015 (MCA) in August 2015. The registered manager had a good understanding of the MCA and how to protect people who might not have capacity. For example, capacity assessments were undertaken when considering a person's ability to look after their medicines. Where the person lacked capacity to make decisions about their medicines, their opinion was taken into account as part of discussions with their GP, family and agency staff, in their best interest.

Staff received training so they could provide safe and effective care to people. Staff said they were very satisfied with the training they received. Their comments included, "Way better than I have ever received before" (in other agencies); "Quite happy with it" and "Brilliant. There is lots and nearly something every week. It's really informative. I had infection control the other week and have medicine training next week." Staff confirmed they were encouraged and supported to take qualifications in care work.

Training records showed that the training arrangements were well organised. They included a programme of yearly training, such as health and safety, equality and rights, fire awareness and moving people safely. Additional training was provided, in part through an NHS training team. That training had included challenging behaviour, first aid and end of life care.

Newly recruited staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people receiving the service. A recently employed staff member said they were very satisfied with their induction training which included initially working closely supervised in West Heanton Residential Home before shadowing experienced staff when visiting people in the community. They confirmed their work was checked by the assistant manager who observed their practice.

Staff talked of regular support and supervision of their work. The assistant home care manager regularly visited people when staff were present to check they were working correctly, and were confident in what they did. Staff said there was always somebody available to ask if they were not sure about something. A supervision programme was in place but the registered manager said they were intending to increase the number of face to face supervisions staff received. Each staff member had a yearly appraisal of their work.

Staff supported people to have adequate meals and drinks. Some people living in the community received a daily meal cooked at West Heanton Residential Home, which was delivered by care staff from the agency. Some staff had received training in the importance of hydration. One staff member said how they encouraged a person to eat and take fluids. They had arranged for a supply of their preferred foods, in small portions, to be delivered to them. They would also leave snacks and drinks for them to take as and when they wanted to. We observed this when we visited.

Is the service caring?

Our findings

People were very complimentary about the care workers. Their comments included, “Very lovely girls”; “Very, very caring”; “Very kind and very helpful” and “All the staff at West Heanton are prompt, caring and wonderfully kind. They attend to my every need.”

Each person who completed a CQC survey toward this inspection said they were treated with respect and dignity and the care workers were caring and kind. People told us that when receiving personal care their privacy was upheld.

Each person who completed a CQC survey toward this inspection said they were involved in decision-making about their care and support needs. The agency’s own

survey results showed that 76% of people said they always felt involved and consulted in their care with 19% saying they usually felt consulted and involved. Two people who only occasionally felt involved were contacted by the agency about this. The assistant home care manager reviewed people’s care with them when any change occurred and periodically. Their views were incorporated into their care plan so their care was based on their wishes.

West Heanton supported living and domiciliary agency provides palliative and end of life care to people. A district nurse described such care as “Excellent”; compassionate to the person and their family, adding that the care workers were there to the end. Some staff had received training in palliative care.

Is the service responsive?

Our findings

Care workers were responsive to people's individual needs. Each person had their needs assessed prior to receiving a service. That information was then transferred to a detailed and comprehensive plan of how their needs were to be met. The plans included what mattered to the person and how they and their family could be supported. Any problems were clearly identified, such as a person forgetting they had taken their medicines, and it was agreed with them how to manage the situation for their safety and well-being. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives. One person's family said, "The (manager/assistant manager) is caring, conscientious and well organised. Staff are always on time and go the extra mile."

Two people's family told us how care workers also included other family when they visited. For example, they would make the person's spouse a hot drink and chat to see if they were alright as well as providing care and support to the person receiving the service.

Each person who completed a CQC survey toward this inspection said the care workers completed all of the tasks they should and the support and care they received helped them remain independent. People's comments included, "They really do what I ask them to do" and "They will do anything I ask." One person said, "They're the most wonderful people. I can't shout their praise enough."

Staff said if they found a person unwell or in difficult circumstances they would not leave them until the

problem was resolved. Staff had advice and support available through text and phone calls to a duty manager and the registered manager was always available. Staff confirmed that a person's care plan was quickly updated if a change had occurred.

A social worker said, "I am very, very pleased with (the agency's) support of people in very rural locations, which can be difficult to reach." They described joint visits with them to discuss with a potential client what they needed and were willing to accept. The social worker added, "They've been excellent. I can't fault them really." A district nurse said she was "Very impressed" with the care workers. They gave the example of agency staff assessing a difficult situation, contacted the person's doctor and arranged for a cream to be available for the person's needs.

People using the service received a quarterly newsletter. The autumn 2015 newsletter invited people to a firework display at West Heanton Residential Home. The provider said that currently four people receiving their care from the agency also visited the residential home for some day care.

People had information about the service at their home which included how to make a complaint or contact the agency office with any issues. Each person who completed a CQC survey toward this inspection said the staff at the care agency responded well to any complaints or concerns. People said they would make any complaint to the registered manager or assistant home care manager if it was necessary. It was clear that people knew them well and had confidence in them.

Is the service well-led?

Our findings

People and their families, staff and health care professionals were very satisfied with the way the agency was run.

A GP who attended people receiving the service said, “I have no concerns about the quality of the service. They provide a very good caring standard of care” and “Very well led and very responsive.”

Each person who completed a CQC survey toward this inspection said they knew who to contact in the care agency if they needed to and the care agency had asked what they thought about the service they provided. The agency had undertaken a survey of opinion and followed up all queries and suggestions for improvement. This included the registered manager visiting any person who wished to speak with them. We were shown planned improvements to a 2016 survey following lessons learned from the 2015 survey. This was part of on-going improvements to the service provided.

Staff said the agency was well organised. One described how they received a rota but knew they had to check it for last minute changes. An example was given of a staff member being unavailable at short notice and how the rota was then changed accordingly and the staff it affected were informed. Another staff member said they had all the equipment they needed, knew where they had to visit and

was given good information about the people they were visiting. Staff praised the fact that a vehicle was available to them for all their visits. Also, they were employed for the day, not only when they were physically visiting somebody to provide their care.

Staff felt they were listened to. One gave the example of recognising difficulties in achieving the expected visits; they raised this and changes were made so their visit times would be achievable.

There were robust arrangements for ensuring a safe and effective service. The registered manager said they had regular feedback from the assistant home care manager who visited people to review their care and did spot checks on staff. They also had contact with care workers on a daily basis, through supervision and at their yearly appraisal, on which a yearly bonus was decided based on attendance to work and training. New staff were vetted through working in the residential home first to ensure they were skilled and reliable enough to work providing care in people's own homes. The registered manager also did some hands-on care work which they said gave them a good opportunity to look at any issues and check staff were working as expected.

There was a strong culture of supporting people to continue to live at home in a rural setting. A district nurse said, “The agency is the ears and eyes of the community.”