

Walton Out Care Limited

Walton Out Care

Inspection report

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Date of inspection visit:
11 March 2019
12 March 2019
13 March 2019
14 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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: Walton Out Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection site visit it was providing personal care to three people.

People's experience of using this service:

- Recruitment procedures were not always thorough to ensure prospective staff were suitable to care for people receiving personal care in their own homes, because all the required pre-employment checks were not in place. Following the inspection site visit the registered manager confirmed employment history gaps had been obtained from two staff.
- People told us they felt safe with the care provided by staff. Risks were identified and assessed. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.
- Staffing levels were adequate to meet people's needs who were currently receiving support from the service. People were supported to take their medicines in a safe way.
- Staff had received training in infection control and were provided with the necessary personal protective equipment to use when carrying out care and support tasks
- Staff supported people to make decisions about their day to day care and support.
- When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.
- People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.
- The provider's complaints policy and procedure was accessible to people who used the service and their representatives. People knew how to make a complaint and felt their concerns would be listened to and addressed.
- Systems were being developed to monitor the quality of the service to enable the registered manager to drive improvement.

Rating at last inspection: This was the first inspection since the provider's registration on 26 February 2018. Why we inspected: This was a scheduled first inspection. The service is rated good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Walton Out Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Walton Out Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service registered in March 2018, the registered manager confirmed they had been providing personal care since October 2018.

The service had a manager registered with the Care Quality Commission, who was also the service provider. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit took place on 11 March 2019. We telephoned people using the service, relatives and care staff 12, 13 and 14 March 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spent time with the registered manager during the inspection site visit. Following the inspection site visit we spoke with two people who used the service and one person's relative via telephone to ask about their experience of the care provided. We contacted staff by telephone following the inspection site visit and spoke to two care staff. We reviewed a range of records, which included the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at two staff recruitment files.

We requested additional evidence to be sent to us after our inspection, which included the complaints and safeguarding procedure. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. One person said, "I do feel safe. The carers are always on time and there have been no missed calls." A relative stated, "The carer supports my family member carefully and safely."
- The provider had policies and procedures to guide staff in how to safeguard people from the risk of abuse or harm. The Care Act 2014 introduced new categories of abuse; these were not contained within the providers policies. Following the inspection visit the registered manager submitted an updated policy with the new categories of abuse and confirmed this had been circulated to all staff.
- Staff confirmed they had received training in protecting people from abuse or harm. They understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service.
- The registered manager understood their responsibility to protect people from the risk of abuse and reporting concerns to the local authority safeguarding team for investigation.

Assessing risk, safety monitoring and management

- Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, medication and the home environment. However, the support provided to one person had not been risk assessed. Following the inspection visit the registered manager completed a risk assessment for this person.
- One person said, "There are no issues with moving and handling, they [staff] are very aware of my needs."
- Staff received training in moving and handling, records we looked at confirmed this.

Staffing and recruitment

- There were currently sufficient numbers of staff to meet people's needs.
- People and a relative confirmed staff were available to support them as agreed and told us staff arrived within the agreed time frame for their visit.
- The registered manager confirmed that staffing levels would be monitored and the recruitment of staff would be ongoing to ensure sufficient staff were available to support people as the service grew.
- People's safety was protected by the provider's recruitment practices. We looked at the recruitment checks in place for two staff members, that had recently commenced employment with the provider. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS check supports employers to make safer recruitment decisions. However, neither of the staff files contained full employment histories. Following the inspection visit we received confirmation from the registered manager that, satisfactory written explanation's regarding the gaps in employment had been obtained from both staff members.

Using medicines safely

- Some people were supported by staff to take their medicines. One person stated, "My medication is given to me on time and I trust the carer with my medication."
- Staff recorded when they had supported people to take their medicine. Staff confirmed they had undertaken medicine training, records we looked at confirmed this.
- We found the level of assistance a person required to take their medication was not required in the risk assessment. Following the inspection visit the registered manager sent us a copy of the updated risk assessment containing the relevant information regarding medication administration.

Preventing and controlling infection

- Staff had access to gloves and aprons to use in people's homes, to enable them to reduce the risks of cross infection. These were readily available to staff.
- People told us staff wore personal protective equipment, such as disposable gloves and aprons when being supported.

Learning lessons when things go wrong

- The registered manager confirmed there had been no incidents or accidents since they had been providing a service.
- During discussions the registered manager demonstrated they understood their responsibilities to ensure accidents or incidents would be reviewed and appropriate action taken as needed.
- We saw documentation was in place to review incidents and accidents. Staff we spoke with were aware of their responsibility to report any incidents or accidents and to complete the required documentation. This would ensure any patterns and themes could be identified, to reduce the risk of reoccurrence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they received the service, to ensure their needs could be met. Care was planned in line with people's individual assessments. One person stated, "The manager came out to carry out the assessment asking me about my needs and checked the environment."
- People were supported to make choices promoting their well-being.
- Staff we spoke with were knowledgeable about people's individual needs and the information they gave corresponded with people's care records.

Staff support: induction, training, skills and experience

- People and a relative told us staff appeared to have the knowledge and skills to meet people's needs. A relative said, "The carer seems to know what they are doing, I have no concerns."
- Staff we spoke with had a good understanding of the needs of the people they supported. Staff told us the induction and training they had received had helped them gain skills and knowledge enabling them to support people who used the service.
- Staff told us they felt supported by the registered manager and received supervision.

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

- The registered manager told us where it was identified that people required assistance with meal preparation this was provided by staff and would include cooking meals or reheating meals. Staff encouraged people to take food and fluid to maintain their health and wellbeing.
- Records for one person showed staff assisted them with meal preparation, in accordance with their dietary preferences.

Staff working with other agencies to provide consistent, effective, timely care

- The manager and staff knew people well and understood their responsibility to see professional advice where they felt people's needs changed.
- Records showed an occupational therapist had been involved in showing staff how to use a piece of equipment to support a person.

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were documented within their care records.
- Staff knew what to do if people's medical condition changed or deteriorated. A staff member stated, "If there is a medical emergency the priority would be to get help straight away. I would call 999 for medical assistance and report the incident to the manager."

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. We checked whether the service was working within the principles of the MCA.
- People said staff checked with them before they completed tasks and gained their permission before providing care and support. People's comments included, "They [staff] always seek consent before supporting me" and "The carer tells me what they are going to do and if it's okay."
- People had signed their care plan to show their agreement with their planned care. Where people had Power of Attorney arrangements in place this was recorded on their record.
- Discussions with staff demonstrated people were involved and encouraged to make their own decisions. Staff were able to describe how they gained people's consent for their support, which including explaining things. A staff member said, "I get verbal consent when carrying out any care or support. It's important to explain what you are doing so that the person is aware what you are doing."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were mostly complimentary of the staff from Walton Out Care. People felt comfortable with staff. One person told us, "The staff are kind and caring. However, I didn't get on with one staff member. I spoke with the manager and they no longer provide support to me." right." A relative said, "The staff have been very helpful and caring. They are respectful towards my family member."
- Staff recognised the importance of supporting people effectively. One person said, "They [staff] have a chat and they stay longer if needed. I feel very well looked after by the staff."
- Staff understood their responsibility in supporting people in accordance of their religious and cultural needs.

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

- People described how they had been involved in making decisions around their care and care records demonstrated people choices had been respected.
- People said staff did not rush them and listened to them.
- Care plans contained information that was personal to people. This included details regarding their protected characteristics, for example their religion.

Respecting and promoting people's privacy, dignity and independence

- People told us they were cared for in a dignified manner and staff respected their privacy. One person said, "When I am being supported with personal care the staff make sure my modesty is maintained, by covering me up and by making me comfortable."
- Staff understood the importance of ensuring people's privacy, dignity and independence. They were able to give examples of how they did this. For example, giving clear explanations of what they were going to do and covering people when they received personal care. A staff member stated, "I encourage the person to complete tasks, it is about getting them involved in their own care where possible."
- Records were stored securely and were only accessible to authorised staff. Staff were aware of the importance of maintaining confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager understood their responsibility to comply with the, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand.

- Information regarding people's communication needs had been recorded in the care plans.

- People's care plans included information about their health and social care needs and support preferences.

- The registered manager told us care plans were reviewed regularly or when people's needs changed.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and felt confident that the registered manager would address their concerns.

- People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint.

- The complaints procedure did not contain details of the Local Government Ombudsman (LGO) where complainants could escalate their concerns if in an event they were dissatisfied with the outcome of the providers investigation. Following the inspection visit the complaints information had been updated to include details of external agencies where people could escalate their concerns to.

- The registered manager confirmed no complaints had been received since registration.

End of life care and support

- The provider was not providing end of life care at the time of our inspection

- The registered manager told us they would work with other professionals to ensure people received dignified care and support towards the end of their life.

- Staff had access to online training relating to end of life care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated awareness of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. At the time of this inspection visit no notifications had been submitted as no notifiable incidents had occurred.
- The registered manager, was also the service provider and was clear about their responsibility to be open and transparent in line with their duty of candour responsibility.
- The registered manager explained they had an open door and inclusive culture to ensure staff could raise concerns or make suggestions.

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

- Staff told us they were supported by the registered manager. A staff member said, "It is a well-run agency, the registered manager is supportive."
- Staff newsletters were emailed to staff. January 2019 newsletter included information regarding training, staffing issues such as shift cancellation and timesheets. Staff confirmed they received these, which was a way to keep updated.
- The registered manager confirmed they planned to hold staff meetings at least three times a year.
- Staff and management understood their roles and responsibilities.
- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

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

- The provider had a website, which included information about the service.
- The registered manager told us they informally asked people how they were getting on with staff and the service being provided.
- People told us they felt the agency was well managed and they received the care and support they required. One person stated, "In the short time I have been receiving care from the agency, the care has been good. The manager will ask me how things are going." A relative said, "It's still early days with Walton Out Care, but I am certainly satisfied with the support being provided."
- Written feedback to the agency from one person was positive, which stated, "Lovely pleasant care staff."

- The registered manager had oversight of the quality of the service as they were delivering care. However, they recognised the need for robust quality monitoring systems as the service grew and were in the process of developing systems to assess, monitor and improve the quality and safety of the service. This would include audits such as communication logs, care plans and sending out satisfaction questionnaires to people using the service or their representatives twice a year.

Continuous learning and improving care

- The registered manager had a business action plan in place for the next 12 months. The focus was to increase staffing levels as the service grows and regular supervision meetings with staff. As well as working with local commissioners to expand the service.
- The registered manager also hoped to achieve ISO (International Organization for Standardization) accreditation to increase their visibility in the social care sector.

Working in partnership with others

- The registered manager had been operating the agency since March 2018, they were keen to build on partnership working with other agencies such as community and statutory services.

The registered manager told us they had contacted a local hospital with the aim of providing social care provision.