

Winsor Care Services Limited

Winsor Care Services

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

This inspection took place on 03 October 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 11 people were receiving support from the service.

There was a registered manager in post at the time of inspection. 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.

Risks to people were effectively managed to ensure that they were kept safe, and reviewed following any changes in need. Staff knew of the action to take to report any potential safeguarding issues. Safe recruitment processes ensured that people were cared for by staff that had been vetted to work with them. Medicines were safely managed and people received their medicines at times that they needed them. Incidents and accidents were sufficiently recorded, investigated and any learning shared.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and sought appropriate consent from people. People's needs and choices were assessed prior to commencement of the service, and reviewed at appropriate intervals or when their needs changed. People were supported to eat meals of their preference, and seek support from other healthcare professionals.

People and their relatives were enthusiastic about the level of care the service provided. Staff were clear on the needs of the people they were supporting and demonstrated they knew them well. People's privacy and dignity was respected by the service.

People received personalised care, and their care plans reflected how they preferred for staff to support them. The guidance that was in place demonstrated what people could do for themselves, and how staff should support them to be independent. The service had not received any complaints at the time of the inspection.

The registered manager effectively monitored the quality of the service delivery, and records showed that people were satisfied with the service provision. Management support was highly spoken of, and the registered manager responded to the needs of people, relatives and staff in a timely manner.

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.

Staff knew how to manage any potential safeguarding incidents, and people had suitable risk management plans in place. Staff were safely recruited and knew how to manage people's medicines appropriately. Incidents and accidents were managed and investigated in a timely manner. Steps were taken to ensure staff knew how to prevent the spread of infection

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and appraisal to support them in their roles. People's needs were fully assessed, and they were supported to access healthcare professionals when they needed them. People were supported to eat and drink in line with their preferences. The principles of the MCA were effectively followed by the service.

Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the level of care they received from staff working at the service. People's privacy and dignity were respected at all times.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs. People were consulted about their care preferences, and were aware of the provider's complaints policy. The provider agreed to take steps to ensure people were consulted about their end of life wishes.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff were positive about the management of the service. Quality assurance systems were effective in identifying and monitoring areas of improvement. Feedback on the quality of the service was sought on a regular basis.

Winsor Care Services

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.

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.

This inspection was conducted by one inspector.

We used information the provider sent us in the Provider Information Return to inform our inspection. This is 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 spoke with the registered manager and two members of staff. We looked at care files for three people using the service. We also looked at records held about the service including staff files, incidents and accident reports and quality compliance audits. Following the inspection we spoke to one person using the service and two relatives, and received feedback from two professionals.

Is the service safe?

Our findings

People and their relatives felt that they received safe care from the service. A relative told us, "Safe, yes very safe." Another relative talked to us about a time where the service had taken efficient action to ensure that their family member was safe, when staff arrived at the person's home. A staff member told us, "I have to see that a person is safe, it's part of my care."

People's risk assessments were clear in detailing potential hazards, and appropriate actions to be taken in order to support staff to mitigate such risks. Each person had a completed falls risk assessment which highlighted the likelihood of the person falling, as well as stating how the person should be supported with moving. Records showed that where one person's mobility had improved a further falls risk assessment had been completed to highlight their change in need, recognising new support with the use of a mobility frame. Any potential environmental risks to the home were reviewed to ensure that staff were able to support people to stay safe. Each person also had a fire action plan to enable them to get to a place of safety should the need arise.

Staff knew how to report any potential safeguarding concerns. A staff member told us, "It's about protecting our clients from harm. We would report it. If I have a feeling it's abuse I can call my manager and discuss it." The registered manager knew how to manage any allegations of abuse, and had been prompt in liaising with the local authority when a potential concern was identified.

Satisfactory recruitment checks were in place to ensure that staff were safe to work with people. Disclosure and barring (DBS) checks were conducted prior to staff commencing work with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were subject to the provision of satisfactory references, proof of identity and employment history. Records showed that these were in place for all permanent staff.

The provider ensured that there were sufficient amounts of staff to meet people's needs. There was a small cohort of permanent staff, with the registered manager accessing a regular pool of agency staff when required. The registered manager also provided care for people and ensured that an out of hours process was in place to cover all visits to people.

Medicines were administered safely. A relative told us, "The dosset boxes come out regularly. When due, [registered manager] will ring them [pharmacy] and say. That's been an added bonus for me, taken the pressure off me." People's records included a health assessment that detailed the level of support they required with their medicines, as well as detailing any medicines prescribed to them. We reviewed people's medicines administration records (MAR) and saw that all medicines were listed with instructions as to how staff should give them to people as well as people's GP and pharmacy details. We saw that MAR were completed, and where a medicine was not given staff had recorded the reason for this.

Staff knew of their responsibilities in preventing the spread of infection and used appropriate personal protective equipment (PPE) when supporting people. A staff member told us, "To prevent infection I have to

work with personal hygiene at a high level. I wash my hands, keep gloves on. I use shoe caps and an apron and make sure I change my gloves regularly."

The registered manager ensured that any incidents or accidents were reported and investigated as appropriate. Records showed that where necessary other healthcare professionals were contacted, and body maps were used to support the recording of any accidents.

Is the service effective?

Our findings

People's needs were appropriately assessed prior to commencement of service delivery. The registered manager ensured that a full assessment of people's needs was conducted, and records showed that these were reflective of the care delivery requested by the referrer.

Staff were suitably equipped to ensure that they could provide effective support to people. Staff received training in areas such as safeguarding, moving and handling, basic life support, medicines and mental capacity. The training that staff received followed the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Staff received regular one to one supervision to support them in evaluating their practice. During our inspection, the registered manager recognised that a staff member was overdue a supervision and ensured that this was booked in. Staff felt that supervision was a supportive process telling us, "If there's something we need to talk about she's [registered manager] quick to respond, it's really good", "It's really good teamwork with our manager" and "Every three months we meet and talk about what we want to do, what we need. Yes, they're helpful." At the time of inspection, staff had not yet been in their role for a year and we will therefore check the provider's annual appraisal records at our next inspection.

The transfer of people between services was managed promptly and effectively. A family member told us, "[Relative] has only been out of hospital for a number of weeks, [family member's] welfare comes across as a priority and she [registered manager] talks that way." A referring professional told us, "I can call them [Winsor Care services] at any time and they always have carers available to meet the needs of our patients. If we have any of their clients in our hospital, they always resume their care immediately as it is required."

People were well supported to eat and drink well. People's care plans reflected their preferences in meal choices. Where one person had specified how they preferred for their breakfast to be prepared, records of their daily notes showed that staff accommodated these preferences. Records detailed the meals and fluids offered to people each day, as well as their consumption. A relative told us, "Yes, they support with meals. There's better care from Winsor [compared to another visiting agency]."

Where required, people were supported to access healthcare professionals. A staff member told us, "If someone is not well I observe, if I have to I call the ambulance, my manager and [the person's] family." Where one person required support with mobility, records showed that the occupational therapist had been contacted by the service. Another person was supported by staff to undertake daily stretches as recommended by a physiotherapist. The registered manager told us that no one had yet required escorting to any healthcare appointments, but staff were aware of this requirement as part of their duties.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own homes, this is done via the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff were clear on how to support people in line with the values of the MCA telling us, "I'm not in charge of making the decision for them [people using the service]. They [people] have the right and their decision has to be respected." Records showed that people's consent to care had been sought, with input from family members where appropriate.

Is the service caring?

Our findings

People felt well cared for by staff providing them with the service. A carer, who worked alongside staff from Winsor Care Services, told us, "I think they're really good. Carers come in, they're really good with me-I can work alongside them. The one's that come in are good, they've been really nice"

Comments from people and their relatives included, "Very good, excellent, she's [staff] very good", "Always on time of a morning, they are good, very good", "I think it's excellent, the care that staff show. A few different individuals, all personable, thoughtful and caring. It's transformed my life in terms of the assistance [family member] gets" and "I believe this [service] is good, not just middle of the range good, but quality good. I didn't know what good was until I came across this one."

At the time of our inspection, the registered manager told us that there was no-one using the service that required support with any religious or cultural beliefs. Staff confirmed this to us however also told us, "I have no problem with that [supporting religious or cultural beliefs], people should feel valued and I look forward to hearing their views."

People were involved in decisions about the care that they received, with one relative telling us "We made [family member] part of the plan, if it feels out of [family members] hands it won't work." People also received a service user handbook upon commencement of the service to support them to understand the level of care they could expect to receive.

Staff encouraged people to be independent, telling us, "It makes me happy when I see [person] can wash their face themselves. I motivate them, for example to brush their hair. If I do everything for them I'm cheating them. They still have something they can do for themselves." Records reflected the tasks people were able to carry out, and we saw that daily notes showed what people had done for themselves such as brushing their own teeth.

People were supported to maintain their privacy and feel respected. One person said, "Oh yes, yes they respect my privacy and dignity." Relatives told us, "[Registered manager] knows it's about [family member], not me or them. It's very refreshing, I don't have to explain or push" and "Yes, treat [family member] very much with dignity and respect."

Staff knew the steps to take to ensure that people's privacy was preserved. Comments included, "It's really important [privacy and dignity], if you can't do things for yourself you still have value. When dressing someone I discuss with them, close the curtains and doors so they feel safe and know it's only you that's seeing them."

Is the service responsive?

Our findings

Relatives told us that they had been involved in the planning of people's care. Comments included, "At the outset we were involved in what [family member] needed", "Yes, I've got a copy of all the paperwork I filled in and a complaints policy" and "They're being responsive to [family member's] care which is what's needed, it gives me peace of mind."

People's care plans showed that they, and their relatives had been included in the evaluation of their care needs. Care plans detailed how people preferred for their personal care to be delivered, such as the routine they preferred when washing as well as what they could do for themselves, and how staff should support them. People had individual plans that clearly guided staff on how to carry out their duties, whilst ensuring people received personalised care. As part of the care planning process people were asked whether they wanted to connect with any community activities or areas of interest. We saw that one person's care plan had been reviewed to ensure that they had dedicated support hours in the community to undertake day to day activities of their choosing.

There were communication sheets within people's care files that recorded staff responses to supporting people's needs. Records included liaison with GP, contact with a pharmacy and liaison with family members. The provider also used pictorial guides to express their views in areas such as complaints, and was able to provide information in large print if it was required.

Staff demonstrated to us the efforts they went to, to ensure that people received care in line with their preferences. Comments included, "I make sure the person is getting what they want by the time I leave, I give all the support they like. Before I leave I always ask if there is any more I can do to help. If they need anything I will do it."

At the time of the inspection the service had not been required to support anyone with end of life care. We discussed this with the registered manager who told us they would ensure that people and their relatives were invited to discuss their preferences in relation to their end of life wishes. The provider told us they would implement a set of questions to ask people should they present with these needs, and we will check on this at our next inspection.

The provider ensured that people and their relatives had access to a complaints policy. At the time of inspection, the provider had not received any complaints in relation to the service.

Is the service well-led?

Our findings

People and their relatives all spoke highly about how the service was run. Comments included, "I can't fault her [registered manager] at the moment, she can be far more objective-I know we're doing the right thing as [family member's] getting better and stronger. The fact I know she'll be there at the drop of a hat is such a blessing", "Excellent, I get on well with her [registered manager], she's very responsible and calls me within a couple of minutes" and "She's an assertive person, she asks the person to get the right measurement for [person]."

Staff were satisfied with the management support they received to help them carry out their roles. They told us, "It's good [management], I can't complain. My manager is always here to give us what we're supposed to use and will always call back immediately" and "The service is very good, I've done this job before for a different company. They're very fast, whatever you want the manager will act immediately, and will always call you back."

The service had robust assurance systems in place to ensure that monitoring checks and audits were completed to check the quality of the service. Audits of people's MAR were detailed in identifying any recording or administration issues, records showed that important issues were discussed with staff and family members where necessary. People's communication and financial transactions records were checked to ensure they were up to date and included sufficient details as to how people had been supported. Where the registered manager had not been satisfied with details within people's records, the audit reflected that this had been discussed with the relevant staff member to ensure that improvements were made.

People and relative views on the service were sought through quality assurance questionnaires, home visits and telephone calls. A relative said, "I've filled in a form, I feel the quality has been excellent across the board", whilst another told us, "She [registered manager] has asked my opinion." The registered manager sent out satisfaction surveys on a monthly basis which checked for people's views on their care, timings, staffing and provided them with the opportunity to raise any complaints. All responses were positive with one survey stating, "I feel lucky to have Winsor Care Services." Records of home visits to people also included positive feedback such as, "I can't fault any carers as they have been so good throughout."

The registered manager worked with other partnership agencies to ensure the quality of care delivered met the needs of people using the service. The registered manager would source the local district nurse for each person's area upon commencement of the service as well as liaising with occupational therapy. The service also supported some people in conjunction with carers from other domiciliary care agencies, and we received positive comments in relation to partnership working.

The registered manager was clear on their responsibilities to the Care Quality Commission, and responded to any queries raised in a timely manner. They were clear on the significant events that they were required to notify us about.