

Westhope Care Limited

Westhope Care Limited - 11 Kings Court

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

The inspection of Westhope Care Limited – 11 Kings Court took place on 4 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

The service is a domiciliary care agency. The agency provides services that are based in a person's own home and in supported living services in the community. The supported living service is provided to people in order to promote and maintain their independence. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements. At the time of our inspection, the agency was providing a service for 22 people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. Seven people were in receipt of personal care. The agency was managed from an office based in Horsham, West Sussex.

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

At the last inspection on 15 February 2016, we identified one breach of Regulation associated with Fit and proper persons employed. Whilst identity and security checks had been completed for new staff, full work histories had not always been obtained and gaps in the employment history of some staff had not been accounted for. At this inspection, we found that the actions had been completed and the provider had met all the legal requirements. Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare in a consistent and reliable way.

At the last inspection on 15 February 2016, we recommended the provider seek good practice guidance in relation to recording the administration of medicines in people's own homes. People's medicines were administered by staff that were trained to do so. However, improvements were needed in relation to the recording of medicines. Following the last inspection, the provider wrote to us to confirm that they had addressed these issues. At this inspection, we found policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed safely.

At the last inspection on 15 February 2016, we found the delivery of care was tailored and planned to meet people's individual needs and preferences. People told us they were supported to participate in activities of their own choice however; staffing levels had limited the opportunities for some people to participate in activities they had planned for. This was an area of practice that we identified as needing to improve. At this inspection, we found that the good level of person centred care and sufficient numbers of staff meant people led independent lifestyles, maintained relationships and were fully involved in the local community.

Risks to people's wellbeing and safety had been effectively mitigated. We found individual risks had been assessed and recorded in people's support plans. Examples of risk assessments relating to personal care included moving and handling, nutrition, falls and continence support. Health care needs were met well, with prompt referrals made when necessary.

People told us they felt safe receiving the care and support provided by the service. Staff understood and knew the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate applications to the relevant authorities to ensure people's rights were protected.

People were enabled to choose their own food and drink and were supported to maintain a balanced diet where this was required.

People said staff were caring and kind and their individual needs were met. Staff knew people well and demonstrated they had a good understanding of people's needs and choices. Staff treated people with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity.

Care records contained detailed, person centred information to guide staff on the care and support required and contained information relating to what was important to the person. These were reviewed regularly and showed involvement of people who used the service or their relatives.

Staff felt supported by management, they said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service.

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to, investigated in a timely manner and used to improve the service. Feedback from people was positive regarding the standard of care they received.

The registered manager had developed an open and positive culture, which focussed on improving the experience for people and staff. She welcomed suggestions for improvement and acted on these. Staff were supported and listened to by the registered manager and were clear about their responsibilities.

There was an effective quality assurance system. Audits were analysed to identify where improvements could be made and these were implemented. There was an on-going development plan for the service to ensure it continued to develop and sustain improvements.

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.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

People had detailed support plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

Is the service effective?

Good 

The service was effective.

Staff had received training and supervision to carry out their roles.

Staff protected people from the risk of poor nutrition and dehydration.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff who knew them well.

People were involved in all aspects of their care and in their support plans.

People were supported to make decisions about their individual goals to promote their independence.

People were treated with dignity and respect by staff who took the time to listen and communicate.

People were encouraged to express their views and to make choices.

Is the service responsive?

Good ●

The service was responsive.

Support plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. Concerns and complaints were responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture, which focussed on providing high quality support for people.

Staff were supported and listened to by the registered manager. They were clear about their responsibilities.

Audits were undertaken and analysed to identify where improvements could be made. Action was taken to implement improvements.

Westhope Care Limited - 11 Kings Court

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.

This inspection took place on 4 April 2017. This was an announced inspection. The provider was given 24 hours' notice because the service provided domiciliary care in people's homes and we wanted to make sure the registered manager was available at the agency's office. One inspector completed the inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. In addition, the Care Quality Commission had sent questionnaires to people using the service to gain their views on the care they received. We sent out 28 questionnaires to people and their relatives or representatives. Thirteen questionnaires to people and their relatives or representatives were returned. We used all this information to decide which areas to focus on during our inspection.

At the time of our inspection, there were seven people in receipt of personal care. Six people lived together in one house and one person lived in a bungalow on the same site. We visited the house where six people lived. We spoke with and spent time with all six people who used the service. As people used various methods of communicating with staff, we spent time observing people in communal areas of the home to see interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk

with us. We also visited the provider's administrative office.

During our inspection, we spoke with the director of care, the registered manager, the deputy manager, the administrator and three support workers. We reviewed the care records of three people. We looked at three staff files, supervision and training records and systems for monitoring the quality and safety of the service.

Is the service safe?

Our findings

At the last inspection on 15 February 2016, we found that whilst identity and security checks had been completed for new staff, full work histories had not always been obtained and gaps in the employment history of some staff had not been accounted for. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the actions had been completed and the provider had now met all the legal requirements. People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

Staffing levels matched what was planned on the staff rota system. Records, and our observations, confirmed there were sufficient staff employed and deployed to deliver the care hours planned for people. The office was open between 9am and 5pm from Monday to Friday with on-call cover 24-hours, seven days a week, in case of an emergency.

At the last inspection on 15 February 2016, we recommended the provider seek good practice guidance in relation to recording the administration of medicines in people's own homes. People's medicines were administered by staff that were trained to do so. However, improvements were needed in relation to the recording of medicines. Following the last inspection, the provider wrote to us confirming they had addressed these issues. At this inspection, we found people's medication administration records (MAR) were accurate and clear. Staff told us they had attended training in medication. They were aware of the provider's policies on the management of medicines and followed these. Training records confirmed that all support workers received medication training. Staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on 'as required' medicines for occasional symptoms such as pain relief or anxiety.

Risks to people's wellbeing and safety had been managed effectively. We found individual risks had been assessed and recorded in people's support plans. There were comprehensive risk assessments, which covered the internal environment of the person's home, moving and handling risks, risks of falls, nutrition and hydration needs and continence information. Visual checks were completed on equipment such as bathing and shower equipment. Additional risk assessments were completed in relation to people's specific needs. For example, there was a risk assessment which outlined the risks to a person who was diagnosed with epilepsy. There was sufficient guidance for staff to support the person safely. The support plans were reviewed if there were any changes in the person's care needs.

Support plans showed that each person had been assessed before care and support started so the service could be sure they were able to provide the right support. People's care documentation contained assessments including of health risks, mental health and sensory needs.

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office and an accident form would be completed. We looked at the accidents and incidents for 2016 and 2017. These records clearly stated what actions had been taken to keep the person safe. Accidents and incidents were analysed and learnt from. Records demonstrated what preventative measures had been put in place to prevent a re-occurrence and protect the person.

People appeared relaxed in the company of staff and told us they felt safe when receiving care and support. We saw positive interaction throughout our visits and people who used the service appeared happy and comfortable with the staff and sought their company. People who were able to verbally communicate with us told us they liked their staff teams.

Safeguarding policies were in place with additional policies on entering and leaving people's homes, handling their monies and property, confidentiality and dealing with emergencies. Training records showed all staff had attended annual safeguarding training. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect people from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager, they would report them to the appropriate local safeguarding authority or the CQC.

Is the service effective?

Our findings

Our observations showed staff were confident and knew how to support people in the right way. Records we reviewed showed staff received regular supervision and an annual appraisal to discuss their roles and any development needs. Staff told us they felt well supported and were encouraged to develop their skills. Staff also received a 'Supervision Observation' when they were observed by the registered manager as they worked directly with people. During a 'Supervision Observation' staff competencies were observed in relation to the support provided. Records demonstrated the registered manager gave staff immediate feedback if anything could be improved in their practice.

All new staff completed an induction, which included all generic and specific training to enable staff to carry out their role. New staff shadowed staff that were more experienced and did not work on their own until they were competent and confident to do so. New staff were enrolled on the Care Certificate (Skills for Care). The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field. It offers an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. Staff were also encouraged to complete various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff received mandatory training in first aid, health and safety, infection control, safeguarding, moving and handling, medication, mental capacity, equality and diversity, epilepsy, autism, diabetes, food and nutrition. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. A computer system held details of what courses had been completed by staff and notified the registered manager when updates were required.

Throughout our inspection, we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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.

The registered manager demonstrated a good understanding of the MCA and had identified people who were at risk of a deprivation of their liberty, as they did not have the capacity to consent to their care. They

had contacted the local authority who were responsible for making applications for Court of Protection orders. The registered manager had a tracker in place to show the action they had taken and the local authority's response. Therefore the registered manager had worked closely with the local authority to protect people's rights under the MCA.

Staff told us they had received training around MCA and records we reviewed confirmed this. Staff we spoke with had good knowledge on how to support people who did not have capacity to make some decisions. They were able to describe how they supported people to make their own decisions as much as possible, such as with their personal care and daily choices. Staff understood that decisions should always be in the person's best interest. We saw from support plans that the capacity of people who used the service was assessed through assessment and care planning arrangements.

We observed people at mealtime and saw they received the support they needed. Meals were home cooked. People were given choice about what they wanted to eat and were encouraged to look in the cupboards to make visual choices. Care records we saw included information about foods people liked and disliked and how they were supported to maintain a healthy diet and weight. A person who used the service confirmed staff were good cooks and they enjoyed the meals staff made.

Records showed that arrangements were in place to make sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services such as speech and language therapy and physiotherapy when appropriate. Comprehensive health assessments were in place, these were reviewed regularly to ensure all appointments and health checks were attended. People who used the service had a 'hospital passport'. This is a document that gave information on people's essential needs so health care staff could provide support in the way the person wished, such as if they could not verbally communicate their preferences if they had to go to hospital.

Is the service caring?

Our findings

During our visits to people in their home, we were able to observe the way staff and people interacted and the support that was provided. Our observations showed us people were positive about the care and support they received. People smiled, laughed, nodded their heads and told us they liked the staff. All interactions we saw were comfortable, friendly, caring and thoughtful. People enjoyed the relaxed, friendly communication from staff.

People had been supported to make their homes personalised and homely. This showed staff valued the people they supported. The property we visited was personalised, comfortable, clean and warm. Staff said they respected people's homes and property.

We found staff were friendly, warm and welcoming. We saw they were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs.

On the day of our visit staff communicated with people in an appropriate manner according to their understanding. They communicated with some people using Makaton and other people using short words and phrases. Makaton uses speech with signs and symbols to help people communicate. We heard one member of staff speaking in a steady and quiet voice to a person who could become anxious. The staff member asked the person short simple questions in a soft voice to direct this person to the activity in hand and help them to remain calm. Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves. The care plan gave guidance to staff about how to recognise how a person was feeling, such as when they were happy, sad, anxious, thirsty, angry or in pain and how staff should respond.

People's abilities to express their views and make decisions about their care varied. To ensure that all staff were aware of people's views and opinions, these were recorded in people's support plans, together with the things that were important to them. Staff were given enough time to get to know people who were new to the service and read their support plans and risk assessments. Staff told us although they knew what care people needed, they continually asked people what they wanted. People were provided with opportunities to talk to staff including their key workers about how they felt on a daily basis. A keyworker is a staff member who helps a person achieve their goals, helps create opportunities such as activities and may advocate on behalf of the person with their support plan. Without exception, staff told us that it was important to promote people's independence, to offer choices and to challenge people where needed to help people to achieve their goals.

People's privacy and dignity were respected and promoted. Support plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. Staff talked to people whilst they were supporting them. They gained their consent and people knew what was happening. All staff members we spoke with told us how they would draw people's curtains before supporting them with personal care. Staff we spoke with told us that it was

important to ensure people had the privacy they needed and that they had their own space.

Is the service responsive?

Our findings

At the last inspection on 15 February 2016, we found the delivery of care was tailored and planned to meet people's individual needs and preferences. People had told us they were supported to participate in activities of their own choice, however staffing levels had limited the opportunities for some people to participate in activities. This was an area of practice that we identified as needing to improve. At this inspection, we found that the good level of person centred care meant people led independent lifestyles, maintained relationships and were fully involved in the local community.

People were supported to follow their hobbies and interests and be involved in a wide range of activities. People had personalised activity schedules based on their interests. We saw some people had planned activities such as college placements and swimming and some people decided what they wanted to do each day depending on how they felt or the weather. People had good connections with their local community; one person used the local gym, one person worked at a train station, arranging flowers and gardening. People used local shops and facilities. People were supported to maintain contact with friends and family. Staff told us a number of people went to visit or stay with their relatives on a regular basis and spoke of the importance of helping people stay in touch with old friends.

We saw a selection of photographs, which showed people who used the service enjoying holidays. Staff told us everyone who used the service had a holiday at least once per year if this was what they wanted. A person who used the service, who did not use verbal communication, became very animated when a staff member spoke of the staff member who would be accompanying them on this year's holiday. It was clear from this reaction they had developed a fantastic relationship with the staff member.

People who used the service had monthly meetings where they discussed topics that were relevant to them and the service such as activity and meals.

Records showed people had their individual needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to support in a person centred way.

We looked at support plans for three people who used the service. The support plans were written in an individual way, which included a one page profile of information that was important to the person and included their likes and dislikes. Support plans contained good information, which guided staff on how care should be delivered. We saw detailed plans on how to support people in their identified routines. We saw information on what was important for staff to know when supporting people such as not to rush them and to ensure clear communication when delivering personal care. Daily records showed people's needs were being appropriately met.

Staff spoke highly of the support plans and said they provided them with all the information they needed to provide good, person centred care. Staff said they would be particularly useful for when new staff started and a great way of starting to get to know people. Staff said the support plans were always updated with any

changes and they tried to make sure people had goals to work towards. They said the goals were identified and agreed with people who used the service or with their relative's involvement. We saw goals were focussed on improving people's independence, communication and lifestyle.

Staff showed excellent knowledge of people's care and support needs. A number of staff had known people who used the service for many years. Staff were able to describe people's care needs well. This included the individual ways in which they communicated with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This had information such as 'signs that I am OK', 'signs that I am not OK' and 'things you must know'.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints and concerns received. It was clear from the records that people's comments had been listened to and acted upon. The registered manager said any learning from complaints would always be fed back to staff through meetings or supervisions.

Is the service well-led?

Our findings

Feedback about the management of the service was positive. Staff said they felt valued and listened to. Staff felt they received support from their colleagues and that there was an open, transparent atmosphere. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. Staff said they felt valued, that the director of care was approachable and they felt able to raise anything in confidence it would be acted upon. We were told there was a stable staff group at the service, that staff knew people well and that people received a good and consistent service. A staff member told us, "I feel very supported by this company." Another staff member told us, "Our manager is absolutely approachable."

There were effective systems in place to monitor the quality and safety of at the next audit to check it had been completed appropriately. Incidents the service and make continuous improvements. There were monthly audits and these included support plans, staff files, medicines and training. Where shortfalls were identified, action was taken to address this and followed up and accidents were recorded and these were then analysed to identify any themes or trends. Records and support plans we saw were up-to-date and contained information about people's current support needs. A 'Supervision Observation' took place whereby checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

There was an open and positive culture which gave staff confidence to question practice and report concerns. Records we looked at confirmed staff meetings were held monthly. We looked at the minutes from 2017. Discussion topics included tenants' needs, incident learning outcomes, safeguarding, MCA and DoLS practice, new policy and procedures, staff sickness, staff holiday, and professional conduct. The registered manager told us, they felt there was a lot of value in the team meetings.

Views of people using this service were sought through an annual questionnaire, which a member of staff, an advocate or relative supported them to complete. Relatives were also asked for their feedback. The feedback from people and their representatives in all of the recent questionnaires was positive. Monthly one to one key worker meetings took place. This was when an allocated staff member met with the person to discuss their views on the care they received, activities they would like to do in the future and discuss any changes occurring in the service, for example, staffing. This empowered people to contribute towards decision-making and make choices.

The deputy manager and two staff explained their understanding of the vision and values of the service. They told us, the ethos of the service was to provide and ensure meaningful, trusting relationships were built and that people were respected, all in a homely, relaxed environment. Overall staff said their focus was to ensure the quality of care provided and that people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.