

WarrenCare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Warren Care is a domiciliary care service that provides personal care and support to adults and children in their own homes. At the time of the inspection, Warren Care was providing care and support for 280 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

People told us they had confidence in the staff who took care of them. People received care from staff who had been supported in their role with appropriate training and supervision. Staff were kind and caring and knew people's needs and preferences well.

Regular assessments and audits were carried out to determine the quality and safety of the care being provided.

Risk to people was assessed and measures were put in place to support people safely. The service encouraged people to remain as independent as possible. It was important for people to manage remaining in their own home for as long as possible.

Feedback was sought from people living at the service, their relatives and staff to ensure standards were being maintained and to help drive forward improvements.

Whilst people were happy with the care they received, they did not always receive care from the same members of staff. Where staff changes were made, it was not always communicated well to people receiving care.

We have made a recommendation about the deployment of staff.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a transparent culture within the service.

Rating at last inspection:

The last rating for this service was good. (Report published January 2018).

Why we inspected:

This inspection was prompted by the service's change of address. The rating for this service remained "Good" overall.

Follow up:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

We will continue to monitor intelligence we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a registered manager. 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with twelve people who used the service. We also spoke to four relatives to give us a greater understanding of people's experiences of care.

We spoke with the registered manager, the deputy manager and ten care staff.

We reviewed a range of records. This included ten people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We spoke with ten members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the care provided by staff was safe. One person told us, "Yes I feel safe with them, I've got to know them all." A relative commented, "I know [person] is safe with the carers, they wouldn't be here [at home] otherwise."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse, maltreatment and neglect, and how to report any safeguarding concerns.
- The registered manager notified us appropriately to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and any potential environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment

- Most people received care on a one to one basis. There were enough numbers of staff to provide people with safe care and support.
- The service operated an on-call system so that wherever possible, any sickness or absences were covered by permanent members of staff. This reduced the risk of any missed calls.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medication was administered by staff whose competency was assessed.
- Medication administration records (MARs) contained the necessary information for safe administration of people's medicines.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager and provider to identify themes and trends. This information was shared with staff. This helped to prevent the risk of incidents reoccurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

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

- People's needs and choices were assessed and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives. Records contained background information about the person such as their likes/dislikes and things which were most important to them in their life. This helped build up a picture of the person.
- Records contained details of people's preferred daily routines and preferences.
- Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
- Staff were competent, knowledgeable and skilled. Some staff had completed external courses in care such as National Vocational Qualifications (NVQs).
- Some staff had undergone more specialised training to help meet the specific needs of the people living at the service. For example, in dementia awareness and catheter care.

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

- Care records contained information on how staff were to support people with their dietary needs, for example, a soft diet.

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

- People received the care and support they needed.
- Some people were supported by staff to attend any external healthcare appointments. This was important for people who needed an advocate to speak on their behalf.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. Staff asked and explained to people before giving care and support. One person told us, "[Staff] talk things through whilst giving care, which I find reassuring."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

- Staff were motivated and passionate about ensuring people were well treated and supported. One staff member told us, "We treat the people we care for as we would wish to be treated ourselves, we all work as a team to deliver good care."
- People told us they were satisfied with the care they received, comments included, "I can always talk to them if my spirits need lifting, they do listen to me," "I look forward to their visits" and "[Staff] are very kind, very sympathetic, very caring."
- For people who had little family and friends, the service bought them presents at Christmas. One person had been treated to afternoon tea as this was something they enjoyed doing.

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

- People's communication needs and any assistance they needed was recorded in their care plan.
- Staff supported people to make decisions and choices about their care.
- People were given the opportunity to express their views and opinions through phone calls and visits by supervisors and written questionnaires.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained. Staff supported people to remain living independently in their own homes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although people were happy with their care, they told us that they didn't always have the same staff and were not always informed when new members of staff were coming. This meant that care did not always meet people's preferences and afford them choice and control over how their care was delivered.

We have made a recommendation that the service considers the deployment of staff, in order to ensure consistency and continuity of care staff wherever possible.

- Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care for people in the way they preferred. For example, people could choose their preferred gender of care staff. One person told us, "[Staff] know me well."
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs were identified and planned for.
- People's protected characteristics were recorded such as their religion and culture. Some people were supported by staff to attend Church services.
- People were encouraged to make choices and have as much independence as possible.

Meeting people's communication needs

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

- Staff supported people who required assistance reading or completing paperwork in relation to their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to attend religious services. This was important for people whose faith was important to them. People were also supported to access the wider community such as the local shops and social clubs. This helped to prevent social isolation.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.

- People told us they knew how to make a complaint.
- The registered manager analysed complaints and used them as opportunities to improve the service.

End of life care and support;

- People were given the opportunity to discuss and plan their end of life wishes.
- The service worked proactively with other health and social care professionals to ensure people had a comfortable, pain-free and dignified death.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an effective system to monitor the safety and quality of the service.
- Audits identified actions required to ensure full compliance with the provider's objectives and regulations.
- The registered manager promoted a person-centred approach to care. Audits had identified that people preferred to receive care from staff who were familiar to them. The registered manager told us they were putting measures in place to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.

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

- The registered manager was supported by a deputy manager and both encouraged an open-door policy. This helped ensure transparency in the running of the service. Staff described management as being, 'approachable' and 'supportive.'
- The management team held regular meetings and shared best practice ideas. This helped to further drive the quality of the service.
- The prior inspection rating was displayed prominently within the service's premises and on the provider's website in accordance with regulatory requirements.

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

- People's feedback was obtained, and their views listened to. Some people received home visits from managers to provide feedback.
- The registered manager held regular staff meetings during which the service's core values were promoted. Staff told us they found meetings beneficial as they encouraged good communication.

Continuous learning and improving care

- The service had their own training co-ordinator who was accessible to staff. This meant that staff could receive training and support on a one to one basis which helped develop their skills and further improve the quality of care they delivered.

Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.