

Westcountry Home Care 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

Westcountry Home Care provides personal care to people living in their own homes in North Cornwall from its office in Launceston. At the time of this inspection the service was supporting approximately 60 people and employed around 25 care staff. The service provided domiciliary care visit at key times throughout the day. During these visits staff assisted people with specific tasks or activities to enable people to continue to live at home as independently as possible.

The service was led by a registered manager who is also the provider's nominated individual with responsibilities for overseeing the performance of the provider's other registered services. The day to day leadership of the service was normally the responsibility of the service's care manager who was supported by a deputy. The care manager had resigned prior to the inspection and appropriate arrangements had been made to ensure the staff team were supported while a new manager was recruited. On the day of our inspection the new care manager joined the service.

At our previous inspection in 2015 we found that although the service was good overall improvements were required in relation to our question is the service responsive? This was because people's care plans were not always detailed which meant staff did not always have the information they needed to support them. At this inspection we found the quality of people's care plans had improved. Detailed assessments of individual needs had been completed before the initial care visit. Information gathered during the assessment process had been used to develop detailed and informative care plans. These documents now gave staff guidance on how the person preferred to be supported and detailed instructions on how to provide their care. Care plans were available in each person's home and staff told us, "They have enough information. It lists everything you have to do during the visit." People's care plans were regularly updated to ensure they accurately reflected people's current care needs. People were involved in this process and able to request changes to both the timing of visits and the contents of their care plans.

All staff had been trained in how to support people with their medicines. Daily care records included details of the support each person had received with their medicines. However, these records did not include details of which medicines the person had been supported with. We have recommended the service review its processes to ensure they reflect recently issued guidance.

Everyone who responded to our survey reported that their staff were kind and caring. People and their relatives were complimentary of the care and support provided. Their comments included, "I could not do without them. They are good", "[The staff] are great, very helpful", "You could not wish for a better team than they have got there" and "I'm very pleased, more than satisfied and couldn't manage without them."

There were enough staff available at the time of our inspection to provide all planned care visits. The service had recently experienced issues due to unexpected levels of staff sickness during the summer holidays. Appropriate action had been taken to address this situation with support from the provider's other local services. One person told us "They had a bit of a hit by a summer bug, they were very short staffed but still managed to turn up." A targeted recruitment programme was planned to address these issues and the

service was only accepting new care packages where staffing capacity was available.

We received some mixed feedback in relation to the pace at which support was provided and staff arrival times. Some people felt staff were under time pressure while others reported, "They do a good job, they don't rush me", We reviewed the service's staff rotas and daily care records and found that people normally received their visits on time and for the correct duration. Relative told us, "Time is not a problem" and staff reported that they had sufficient time with people to meet their needs.

People were confident they would receive all of their planned care visits. However, staff reported that one visit had been recently missed. This was because the staff involved had not read the rota correctly. Records showed this incident had been fully investigated by managers.

Staff had received safeguarding training and understood their role in protecting people from abuse and avoidable harm. Information on local safeguarding procedures was included in each person care plan and available to staff via posters in the service office. There were risk management systems in place and records showed risks in relation to both the environment and the person's specific needs had been assessed. Where risks were identified staff were provided with guidance on how to protect people and themselves.

Staff understood the requirements of The Mental Capacity Act 2005 and the importance of respecting people's decisions and choices. Staff described how they supported people to make decisions. Their comments included, "I involve my clients in everything. I like to make sure I offer three choices. I think people like to be involved."

People told us, "I feel that they all know what they're doing." Records showed staff were trained and sufficiently skilled to meet people's needs. Staff told us "I have had loads of training since I started" and "The training is very good, we do it every year."

Recruitment practices were robust and all new staff received induction training and completed a number of shadowing shifts before providing care independently. People told us "The new ones come and watch a few times before doing the visit" while staff said, "I did a week of training and then shadowing for a week I think" and "I did two weeks of shadowing. Initially I just watched, then slowly I became more hands on as I knew what to do." Staff new to the care sector also completed the care certificate to give them a good understanding of current best practice.

There were appropriate quality assurance systems in place. People were regularly asked for their feedback on the service's performance and where any issues were raised these were acted upon. Initial responses to a postal survey underway at the time of our inspection were positive and people consistently told us they were happy with the level of care and support provided. People understood how to make complaints and there were system in place to ensure any complaints were investigated and resolved.

There was a positive culture within the staff team and staff told us they were well supported by their managers. Staff told us, "We are a team and we work well together" and "I think it is a good company in care." Team meetings were held regularly and all staff received regular supervision. A newsletter was produced each week to ensure all staff were kept up to date with any changes within the organisation.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service was responsive. The quality of the care planning documentation had improved since our previous inspection. These documents were detailed and contained sufficient information to enable staff to meet people's identified care needs.

The service was regular complimented on its performance and had appropriate systems in place to manage any complaints received.

Is the service well-led?

Good ●

The service remains well led.

Westcountry Home Care Limited

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 checked 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 and 5 September 2017 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert by experience had experience of supporting people who accessed service for older persons.

The service was previously inspected in August and September 2015 when it was found to be Good over all but requires improvement in relation to our question, 'Is the service responsive?'

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people in their own homes and spoke with the 11 people who used the service and four relatives by telephone. We also spoke with seven members of care staff, deputy manager and the registered manager. In addition, a postal survey was sent to 50 people who used the service and we received 12 responses. We also inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People told us they felt safe while receiving care and support from Westcountry Home Care Limited. Relatives told us "I have no fear of using them. I don't think I would worry if [Person's name] was on [their] own with them all the time." Everyone who responded to our survey reported they felt safe and staff consistently told us, "People are safe."

Staff had received training in safeguarding adults and this training was regularly refreshed. When asked, staff were able to explain the action they would take to ensure people were protected from possible abuse. They told us they would initially report any concerns to their managers who they were confident would respond appropriately. Staff also understood the local authorities' role in protecting vulnerable adults from harm. Safeguarding information, including local contact details was displayed on the service's notice boards and was included in each person's care plan.

Assessments had been carried out to identify any risks to the person or the staff supporting them. This included environmental risks in people's homes and any risks in relation to their care and support needs. Where risk had been identified, staff were provided with guidance on the actions they should take to minimise or manage each risk. This included specific details of how moving and handling equipment should be operated.

Where any accident or incident had occurred these had been investigated by managers to ensure similar events did not reoccur. The service's accident book showed that the small number of minor incidents that occurred had been appropriately documented.

The service had procedures in place detailing how staff should respond in the event they were unable to gain access to a person home to provide a planned care visit. These processes had recently been used successfully when one person had become unable to open the door for staff.

The service's recruitment practices were safe. Necessary pre-employment checks, including Disclosure and Baring Service checks had been completed to ensure staff were suitable for employment in the care sector. All staff here had been provided with identification badges and uniforms to enable people to confirm the identity of their care staff.

At the time of the inspection there were enough staff employed by the service to provide all planned care visits and ensure people's safety. Staff commented, "I think they could do with more staff but there are enough to cover the rota. Holidays and sickness is always a challenge at this time of year". The registered manager told us they were able to draw staff from the providers other local care agencies when required. This had worked successfully to ensure all care visits had been covered during a period of staff sickness over the summer holidays. People had been kept informed of this situation and told us, "The Company had written to say that they were short staffed" and "They had a bit of a hit by a summer bug, they were very short staffed but still managed to turn up." At the time of the inspection the registered manager was making arrangements for a targeted recruitment programme to address identified staffing gaps. The service was

divided into six geographically based areas so that they could ensure sufficient staff were available in each area to meet the care needs of the people that lived there. The service only accepted additional care packages when they had sufficient staffing capacity to meet people's additional care needs.

People were confident their planned care visits would be provided and commented, "I know they will come". Staff told us a care visit had been recently missed but commented this as very unusual. Their comments included, "I have never had a missed visit while I have been on duty", "You never have to do double visit on your own" and "I think there were two (missed visits) in the last six months. I think they happened because people had not read their rotas." Records showed that the recently missed care visit had been fully investigated and appropriate action taken to ensure similar incidents did not reoccur.

All staff had received training in how to support people with their medicines. Where the service supported people to take their medicines this was done from blister packs prepared by a Pharmacist. Staff recorded details of the support they had provided with medicines each day. However, there was no information available either in the care plan or the daily care records on what medicines people had been supported to take.

We recommend that that service reviews its current practices to ensure they comply with the guidance recently published by NICE entitled, "Managing medicines for adults receiving social care in the community."

The service had appropriate infection control procedures in place. Personal protective equipment (PPE) was readily available from the office. We saw that staff observed good hand hygiene practices and changed PPE when necessary during our visits to people's homes.

The service supported some people with shopping for food and other items. These tasks were appropriately document and staff provided receipts for all purchases made. Where the service held monies to enable staff to complete shopping tasks there were systems in place to ensure this was managed appropriately. We checked the monies held for one person and found these records were accurate. One person's relative told us, "They do [My relatives] shopping as well. We pay in advance and we get a receipt for everything".

A rota was produced each week with details of the times people required their visits and which staff were allocated to go to each visit. We found the rota planning system was logical and well organised. It included travel time between consecutive care visits and copies of individual visit schedules were provided to each person. People showed us these documents during our home visits and told us, "On my Monday visit a printout arrives listing all the carers for that week."

Five of the people who responded to our survey reported that staff did not always arrive on time. We discussed this issue with all of the people to spoke. We were told that staff now normally arrived on time. People's comments included, "Yes they always turn up on time", "They are always on time" and "They are usually on time." We reviewed the daily care records for the month prior to our inspection and found that staff routinely arrived within 15 minutes of the planned visit time. Staff were aware of the importance of good time keeping to the people they supported. They told us, "If I am going to be more than 15 minutes late I call and let on call know and they will get in touch with the person to let them know." People confirmed this was correct and commented, "They phone you up if they're going to be late" and "If they're late or been delayed they'll phone up."

Is the service effective?

Our findings

All new staff completed induction training when they commenced employment. This included reviewing the service's policies and procedures and completing a number of training courses the service considered necessary. New staff then observed experienced carers providing support for a number of shifts until they felt sufficiently confident to provide support independently. People told us, "The new ones come and watch a few times before doing the visit". While staff commented, "I did a week of training and then shadowing for a week I think" and "I did two weeks of shadowing. Initially I just watched, then slowly I became more hands on as I knew what to do" and "I did four shadow shifts then I was on doubles for a bit before I did visits on my own". In addition, staff new to the care sector also received training in the 15 fundamental standards of care in accordance with the requirements of the care certificate.

People told us, "I feel that they all know what they're doing" and consistently reported that staff were sufficiently skilled to meet their needs. Staff records confirmed training had been regularly refreshed and there were systems in place to ensure training was regularly updated. Records showed all staff had received training in topics the provider considered necessary including, Safeguarding adults, first aid, infection control, moving and handling and the Mental Capacity Act. Staff told us, "I have had loads of training since I started", "The training was detailed", "The training is very good, we do it every year" and "I know enough to do this job".

Staff received regular supervision and annual performance appraisals. Staff said they felt well supported and commented, "I had a review a couple of weeks ago" and "I had an appraisal not long ago." Supervision meetings provided a regular formal opportunity for staff to reflect on their practices, discuss personal development and share information about any observed changes in people's needs. Prior to supervision meetings managers regularly conducted spot checks of individual staff performance. Where any issue were identified these were discussed and addressed during the subsequent supervision meeting. In addition, we saw team meeting were held regularly and that all staff were encouraged to visit the office each week to collect their rota and share information with managers.

Staff supported some people to access healthcare appointments if needed. In addition staff regularly liaised with health and social care professionals to ensure people's changing health or support needs were met. One staff member told us, "[Person's name] was not right so I called the office to get them to contact the district nurses. They did it pretty much straight away." During our inspection we noted that managers shared information with health professionals promptly when a specific concern was reported by staff.

Managers and staff understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 found the service worked in accordance with the principles of the MCA and observed staff supporting and respecting people's decision during our home visits. Staff told us they assumed people had the capacity to make decisions and described the techniques they used routinely to support people to make choices.

Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support. Where people had declined planned care this was documented within the person's daily care records and reported to managers.

People's care plans included guidance on how to support people food and hydration. During our home visits we saw people were involved in decision making in relation to meal preparation.

Is the service caring?

Our findings

Everyone who responded to our survey reported that their staff were kind and caring. People respected their care staff and appreciated the quality of support they provided. People's comments included, "I could not do without them. They are good", "[The staff] are great, very helpful", "I am happy, they are looking after me" and "I'm very pleased, more than satisfied and couldn't manage without them."

Staff rotas showed people were normally supported by carers who visited regularly and people knew which carers were due to provide their next care visit. Most staff had regular work patterns and this meant they were able to get to know the people they supported well. Staff told us, "I see the same clients regularly", "It can change but normally I have the same clients" and "I usually see the same people every shift."

During our visits to people's homes we saw that staff provided help with kindness, compassion and consideration. Staff ensured people's privacy was respected. People told us they got on well with their care staff. Their comments included, "The carers are understanding and candid", "Very friendly carers, they will do anything I ask" and "The carers are all lovely, both the younger ones and the older ones, all lovely." Staff said they enjoyed spending time with people while providing care and support and commented, "I do enjoy helping people, it's so rewarding", "I like the clients" and "I like to speak with people, I like to have a laugh and have fun with people." One person relative told us, "[Persons name] is very happy with all of the carers. She likes to talk and they get on very well together."

We received some mixed feedback in relation to the pace at which support was provided. Some people felt staff were under time pressure and commented, "The carers are all very, very efficient" and "They are normally on time but always have to rush." We discussed this issue in detail with everyone during the inspection. Most people felt this did not impact on the quality of care they received. People told us their staff had enough time during their visit to provide the support they needed. Comments received included, "They do a good job, they don't rush me", and "The length of time is just right" While relative's said, "Time is not a problem" and staff told us "We do have enough time" and "It has been better recently."

During our visits to people's homes we saw that staff involved people in making decision about how care and support was provided. Staff recognised the importance of respecting people's wishes and choice. Care plans included information on people's individual preferences and how to support decision making. Staff told us, "People know what they want you to do", "I always ask about everything. I try to help people be as independent as possible" and "I involve my clients in everything. I like to make sure I offer three choices. I think people like to be involved." One person relative commented, "They have gotten to know her ways and they respect her choices."

People told us, "I feel very spoilt, they always ask me if they can do anything extra, every time" and "Nothing is too much for them to do, when they are leaving they always remind me to call if I ever need anything." We saw that staff ensured drinks, snacks, remote controls and any safety devices were within the person's reach before they departed at the end of each care visit.

Is the service responsive?

Our findings

People's care needs were assessed by managers before they began using the service. Where possible the manager would meet with the person at their home to complete assessments of their environment and how care and support was to be provided. This enabled the manager to ensure the service would be able to meet the person's individual needs and expectations. One person told us, "The Big Book has my Care Plan in it and we went through everything thoroughly at the start." The information gathered during the assessments process was used in the development of the care plan which was completed prior to the first care visit. Staff told us, "For new clients you can read the office copy of the care plan before you go. So you have an insight into what the person needs" and "They call you into the office to read the care plan before you go to the person's home." This meant staff were well informed and had a good understanding of people's needs before they arrived to provide the initial care visit.

At our previous inspection we found that people's care plans were not sufficiently detailed and did not provide staff with guidance on how to meet people's specific care and support needs.

At this inspection we found improvements had been made. People's care plans were personalised and provided staff with specific details on their needs and how they preferred to be supported. Care plans included clear, detailed instructions on how care and support were to be provided during each visit. Staff told us, "They are quite detailed. They go straight to what you need to know", "There is a care plan in every person's home", "I think they have enough information in them" and "They have enough information. It lists everything you have to do during the visit. It covers almost everything." People's care plans also included information about the person's background, life history and a personalised aim for the care and support provided. This helped staff to understand both how people wished to be supported and why the care was necessary.

Everyone who responded to the survey reported that they were involved in the development and review of their care plan. Record showed these documents were regularly updated to reflect any changes in people's needs. One person told us they had recently requested a number of small change be made to their care plan. Managers were aware of this request and in the process of making the specified changes at the time of this inspection. Staff told us, "I came in today with information about a change to a care plan. I bring it in today and it will be done by tomorrow."

People told us their preferences in relation to the gender of their staff were respected. Details of these preferences were recorded in the visit scheduling system and respected.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of staff arrival and departure time and a summary of the care and support provided. This included details of the food and drinks people had consumed, their mood and information about any observed change in care needs. One person's relative told us, "The book is a running record of what he's received and I can see in detail each day [what staff have done]." Completed daily care records were returned to the service office each month and reviewed by managers as part of the service's quality

assurance processes.

The service was flexible and able to respond to requests for changes to scheduled visit times. For example, one person had recently requested a particularly early morning visit, outside of the service's normal operating hours. The service had been able to meet this request which enabled the person to go away on holiday.

The service's complaints procedures were understood by all. People told us they would not hesitate to report any concerns to managers and had confidence any issues they reported would be resolved. Records showed the service rarely received complaints but was often complimented on its performance. One compliment received in August 2017 stated, 'The care, help and support you provided to [Person's name] made a hugely positive difference to her quality of life.'

Is the service well-led?

Our findings

People and their relatives consistently reported that they were pleased with the level of care and support provided by the service. Comment received included, "I am 99% happy, the only problem is caused by [traffic on local roads]", "They're switched on, I'm quite happy with everything really" and "Very, very pleased with them." One person who was in the process of moving to another area of the country told us; "If I get the same care there I shall be very happy" while a relative said, "You could not wish for a better team than they have got there."

There was a registered manager in post who was responsible for the day-to-day running of 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 and associated Regulations about how the service is run.

The registered manager was also the provider's nominated individual with additional responsibilities for overseeing a number of other registered service's in Cornwall. This meant that the registered manager was regularly away from the service. In order to ensure this service had adequate management support a care manager role had been developed. The care manager was normally responsible for the day to day operation of the service with support from both the registered and deputy managers. The care manager had recently resigned. The service had acted promptly to recruit a replacement to ensure a smooth transfer of both local knowledge and responsibilities. However, this had been unsuccessful and their recently appointed care manager had also left the service. This vacancy had been addressed and a new care manager joined the service on the day of our inspection. While there was no care manager in post the service had been provided with additional managerial support from the provider's other services. This ensured the service was lead effectively during the recruitment process for the care manager role.

The registered manager was managed by the provider and received regular supervision and an annual performance appraisal. This included 360 degree feedback on the registered manager from both the provider and the service's senior care staff. In addition, the registered manger attended a number of local industry peer support groups and participated actively in the providers weekly management review teleconferences.

There was an on-call system in place to ensure care staff and people who used the service could access support when the office was closed. Staff told us this system worked well and people reported they were able to contact the service when they needed to. Staff said they were well supported and their comments included, "The manager are very supportive", "Managers are at the end of the phone if you need them" and "The managers are supportive and understanding." One staff member became visibly upset while visiting the office and was provided with reassurance, comfort and support.

There was a positive culture within the staff team and staff spoke of the impact their work made to the lives of the people they supported. The service held regular team building events and operated a managers fund which was used to purchase small gifts and awards to recognise and reward staff for their commitment to the service. Staff told us, "We are a team and we work well together" and "I think it is a good company in care." Each week staff received a newsletter to update them on any changes planned within the service and to share compliments received. In addition team meetings were held regularly and all staff were encouraged to visit the office weekly to ensure information about changes to the service or people's care needs was shared appropriately.

There were effective quality assurance systems in place designed to continuously drive improvement in performance. At the time of our inspection a postal survey of everyone who used the service was underway. Initial responses had been complimentary and a detailed analysis of the feedback provided was planned to identify any areas for improvement. People told us they were regularly asked for feedback on the service's performance. Records showed this was completed during face to face care plans review meetings and spot checks of individual staff performance.

The services records were well organised and when asked staff were able to locate all documentation required during the inspection. Policies and procedures had been regularly reviewed and updated to ensure they accurately reflected current practices.