

## 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?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 12, 13, 14 and 17 August 2015 and 3 September 2015, and was announced.

Westcountry Home Care Limited provides domiciliary care services to adults within East Cornwall. On the days of the inspection Westcountry Home Care was providing support to 60 people including those with physical

disabilities, sensory impairments, mental health needs and people living with dementia. At our last inspection in July 2013 the provider was meeting all of the Essential Standards inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

People told us care staff were kind, caring and promoted their independence. Staff had a good understanding of how to respect and promote people's privacy and dignity. People told us staff were respectful at all times and felt safe when they were being supported in their own homes.

People told us staff were not always on time, and had complained about this. Action was being taken to make improvements. Staff told us they felt their rota was geographically managed to help ensure they had enough travelling time between each person, however, sometimes they ran late because of traffic delays. Staff felt there were enough staff but the recruitment of additional staff would help to reduce traveling time and the likelihood of arriving late. People were supported by staff who had been recruited safely, which meant they were suitable to work with vulnerable people. The registered manager and staff had a good understanding of how to report any safeguarding concerns. Staff received training and support to help them to meet people's individual needs. However, an external health professional felt staff required further training in respect of moving and handling and continence care.

People had care plans in place, to provide guidance and direction for staff about how to meet a person's needs, for example how people wanted to be supported with their personal care. However, some care plans were not always reflective of people's needs. The registered manager was taking action to make improvements to care records. People's consent was demonstrated in care plans and people's care plans took into consideration the Mental

Capacity Act to make sure people who did not have the mental capacity to make decision for themselves, had their legal rights protected. Staff explained they always sought the person's consent before speaking to the person's family or their GP if they had concerns.

People were supported with their medicine, and had care plans in place and staff had received training. People were encouraged to eat and drink. When staff were concerned about whether a person was eating and drink enough, they were responsive in reporting any concerns. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. A health care professional told us there was not always effective communication which meant information about people's care was not always shared.

People had been apologised to, when things had gone wrong. People felt they could complain and that their complaints would be investigated and resolved. People's feedback was valued and used to facilitate improvements.

People were complimentary about the prompt response of administrative staff and management when they rang to make a complaint or ask for any changes to be made. Staff enjoyed working for the organisation and told us the registered manager was supportive. The registered manager had systems in place to monitor the quality of the service, but because of a change in the management team, some of the checks had not been completed recently, however, action was being taken to address this. The registered manager worked positively with other external agencies.

The director took an active role in the operation of the service and the registered manager felt well supported.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe.

People were protected from risks associated with their care because risk assessments were in place and kept up to date.

People's medicines were effectively managed.

Safe recruitment practices were followed.

The registered manager and staff had a good understanding of how to recognise and report any signs of abuse.

Good



### Is the service effective?

The service was effective.

People told us they felt staff were trained to meet their needs and understood their individual preferences.

People's changing care needs were referred to relevant health services.

People were supported to eat and drink enough.

People's consent and mental capacity was assessed and documented to help staff know how to support people effectively.

People received support from staff who had the necessary knowledge, skills and training to meet their needs. The registered manager was taking action to ensure all health professionals were satisfied with the competence of staff.

Good



### Is the service caring?

The service was caring.

People told us staff were kind, caring and promoted their independence.

People felt their privacy and dignity was respected.

People had good relationships with the staff who supported them.

Good



### Is the service responsive?

The service was not always responsive.

People had care plans in place, but care plans were not always detailed which meant staff did not always have information about how to support people.

Concerns and complaints were investigated and solutions were found.

People's views were valued and their feedback was used to make improvements.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was well led.

People felt they received a good response from the office staff and management when they contacted the office.

The registered manager had a quality assurance system in place to drive improvements and raise standards of care.

Staff enjoyed working for the organisation and felt the registered manager was supportive.

The registered manager worked in partnership with other professionals.

Good



# 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 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.

The inspection took place on 12, 13, 14, and 17 August 2015 and 3 September 2015, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. The inspection team consisted of two inspectors 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 service.

Before our inspection we reviewed the information we held about the service and spoke with the local authority. We

reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During our inspection, we visited five people who used the service, and spoke with four care staff, the deputy manager, the administrator, the registered manager and the director. After our inspection we spoke by telephone with 19 people who used the service as well as one relative, seven members of care staff, and the training manager. We contacted a district nursing team, the local authority service improvement team, and the local authority commissioning and contracts team.

We looked at 10 records which related to people's individual care needs. We viewed five staff recruitment files, training records for all staff and records associated with the management of the service including policies and procedures.

# Is the service safe?

## Our findings

People told us they felt safe when staff entered their home to provide care and support, comments included, “My [...] and I feel very safe with carers we get, they are really nice”, “I feel very safe with my carers”, “I feel very safe with my carers, they are a lovely bunch of girls” and “I get quite a variety of carers, but I feel safe with them all. They are all excellent”. A relative told us “I know my family member is safe with all the carers, which is really important as it stops me worrying about them”.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The provider used additional tools to help ensure the right staff were employed, such as psychometric testing.

The registered manager and deputy manager understood their safeguarding responsibilities and had access to the relevant contact details for the local authority. Staff we spoke with had received safeguarding training and were confident about how to report any concerns they may have. A member of staff told us, “I wouldn’t let it go; I would make sure it was dealt with”. The safeguarding policy was given to staff when they joined the organisation. At the time of our inspection, all staff were being informed of changes to the policy, following the introduction of new safeguarding procedures within the local authority.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

People’s responses to visit times were variable. Whilst some people commented, “If they are going to be late then they ring me to let me know. They always stay for the full length of time” and “they are more or less on time and stay for the full time. The regular carer is good at time keeping”, Other people were not so complimentary, and told us, “timing has been a problem” and “arrival times can vary a bit and I am always dressed when my carer arrives”. The registered manager told us she was aware of people’s frustrations and action was being taken to make improvements.

Staff said they had enough travel time to make visits on time, but explained they sometimes ran late when roads were busy or if the previous person required more support. Staff told us the office staff would adjust their rota to provide them with more time to get to the next person, so as not to be rushed. Staff felt there were enough staff but felt the recruitment of additional staff would help to reduce traveling time and the likelihood of arriving late, one comment being, “I think it would make it a bit more relaxed and flexible”.

Staff told us their rotas were geographically mapped out which was useful in respect of geography of the area and helped with traveling distances. Rotas ensured the right staff with the right skills were allocated to people, and people’s individual preferences were respected. We saw an example of when someone had requested a member of care staff did not support them, and this had been respected.

People had documentation in place relating to the management of risks associated with their care. This meant care staff had risk assessments to follow when providing care to people to help minimise any risks to the person or to themselves. For example, risk assessments were in place which related to the use of equipment, and for the prevention of pressure ulcers.

Staff were aware of people’s risk assessments and explained how risk assessments were used to help minimise risks, for example, making sure people’s environment was clear from obstructions and trip hazards. Staff told us people’s risk assessments were updated promptly when there were any changes to their care. One member of staff explained risk assessments were a useful guide to help ensure people were protected and another member of staff told us, “we have to be alert”.

Where staff were responsible for administering people’s medicines, this was achieved safely. People were supported with their medicines and had care plans in place which detailed their medicines and the role staff were to take. People told us, “they give me my tablets and put my eye drops in and record it in my day book. They are very careful about this” and, “they give me my tablets and then write it up in the day book”. Staff received medicine training and there was a detailed medicine policy in place which gave guidance to staff.

# Is the service effective?

## Our findings

People were supported by staff who understood the importance of gaining people's consent. Staff understood the importance of obtaining the person's consent prior to assisting them or before taking any action, such as contacting the person's family, GP or district nurse. One member of staff told us, "it's up to them; it's their choice and their care". People's consent was demonstrated in care plans and people's care plans took into consideration the Mental Capacity Act. For example, it had been recorded in one person's care plan that they were able to express their "needs, wishes and feelings" and the importance of the person being actively involved in their own care.

Where staff were responsible for ensuring people's nutritional needs, this was achieved. Staff explained if people were not eating and drinking enough they would record their concerns and inform the registered manager so action was taken, for example contact the person's GP. One member of staff told us they took time to read the care notes of previous visits as this helped them to establish any patterns or ongoing concerns. Another member of staff told us how they adapted their care skills when supporting people living with dementia. They explained some people living with dementia may regularly refuse to eat and drink. So it was important to use visual prompts, such as showing them what they could drink, to aid decision making rather than asking many questions which may confuse.

People were supported by staff trained to meet their needs. People told us they felt staff were well trained to perform their tasks and to meet their needs. Comments included, "I'm delighted with them. They are well trained", "They know what they are doing and always ask if it's alright to do something", and "they are very well trained and know exactly what they are doing". One person told us, "In general they know what they are doing. The new ones are not as well trained as the older ones". We spoke with the registered manager about this comment, who told us this would be shared with the training manager. A relative told us staff were well trained in the use of equipment [a hoist] to transfer their family member safely from their bed, wheelchair and into the bath.

People received care from staff who received an induction when they joined the organisation and the induction was individually tailored dependent on people's previous experience of working in the health and social care sector.

For example, the provider recruited from Europe as well as the local area, so the induction process for European staff was different. The provider worked with a local college to help ensure people were being supported by staff who had undertaken a qualification in English [English as a Second Language – ESOL] and that they fully understood what their role and responsibilities were.

Staff described how they had been supported when they first started work and explained how they had shadowed more experienced staff before working on their own. Comments included, "it's brilliant" and "I knew I had the best carer with me, [shadowing] that helped".

The care certificate had been incorporated into the staff induction which demonstrated the registered manager and training manager were aware of the 'Cavendish Review'. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff confirmed they undertook a variety of training and staffing files showed certificates of attendance. Staff told us they had completed manual handling, first aid, infection control, medicine and safeguarding training. Staff were complimentary of the training, one commented included, "the manual handling training was very good". Some staff had not received dementia training, however, the training manager told us this was being scheduled and staff would be expected to attend. In the meantime, staff had been issued with information leaflets about different types of dementia.

A training manager was employed and was responsible for delivering and updating staff training. A training spreadsheet was used to prompt the registered manager when people needed more training or when they required an update. A member of staff told us "they help us all the time and ask if we need any extra training". This member of staff shared an example of this with us, and explained they had contacted the training manager because they needed some advice and felt they were lacking knowledge about catheter care. The member of staff received the advice and told us they were then able to support the person more effectively. An external health professional told us they felt some staff lacked competence in basic care and support for example, continence and moving and handling. This meant

## Is the service effective?

care provided to people was not always delivered safely or consistently. The registered manager told us she would discuss this further with professionals and take any necessary action.

Staff were supervised and had their competency checked to ensure they continued to be effective in their role. Staff had regular supervision to help ensure were carrying out their role to a high standard. This included one to one discussions or observation of their work. Staff told us,

“feedback is useful” and explained they did not know when observation of their practice was going to take place as it was unannounced. This helped the registered manager and senior staff to assess staff practice without staff being able to be prepared beforehand. The frequency of supervision when new staff joined the organisation was not always consistent. The registered manager told us this would be addressed immediately.

# Is the service caring?

## Our findings

People were supported by kind and caring staff. Comments included “I look forward to seeing my carer and I have no complaints at all” and “they are all brilliant and I cannot fault the service. They always ask if there is anything else they can do for me, and one of them has offered to take me out on a trip in their own time”. “they are most helpful and some of the kindest people I have ever met”. People told us they appreciated the time to have a chat and a laugh with their care staff.

A relative told us they felt supported by the care staff. They said staff came to care for their family member but also gave help and support through listening and friendship. One person told us, “my carer is always polite and I know if they are away on holiday the carers that come will be as kind and polite as my usual carer”.

Other comments were variable as some people told us, “the care I get is generally very good. There are one or two girls who are excellent”, “the care is generally good, but has been variable in the past”, “I am very happy with the care I get now”, “the care is generally good but can vary a bit” and “most of them do an excellent job”. Two people told us “I get frustrated with one or two over the language difference” and, “sometimes can’t understand them”. We spoke with the registered manager about this, who told us it would be discussed with the director.

Staff described how they showed care in their role and towards the people they supported. They explained they gave people time by listening to them, reassuring them and getting to know people. Staff comments also included, “I always smile, I don’t show them if I am having a bad day”, “first of all I see them as my friends, then my clients”, and “always smiling and cheerful, be happy, listen and ask”. Staff told us they tried to go out of their way for people, for example, “If they ever need anything from the shop or if they just want to chat” a member of staff told us they always took time to do this. Other comments included, “it’s the little things, but to them it’s everything” and “you try not to get too attached, but it’s difficult”.

People told us staff treated them with respect and promoted their independence. Comments included, “the care is excellent from my carers. They always treat me with respect and know how to look after me. They always try to get me to do as much as I can for myself”; “the care is excellent. They always treat me with respect and help me to be as independent as possible” and “the care and support I get from my carers is excellent. The support I get has helped me to remain independent”.

We observed staff were aware of people’s need for privacy whilst delivering personal care. Staff gently prompted and encouraged people to maintain their independence and be involved in their own personal care. Interactions between people and the staff visiting them were kind and friendly. We visited one person who received care from staff four times a day. Staff were well known to the person and they were relaxed and happy in their company. Staff talked with people in an encouraging manner and shared a joke and there was gentle humour throughout the visit.

The majority of people had been receiving support from the agency for a number of years and were unable to remember their initial care planning meeting. For others, people described the creation of their care plan had involved the care organisation, as well as social workers and relatives.

People’s care plans recorded their personal history so staff were aware of what a person had achieved in life. A person’s history helps to enable staff to have meaningful conversations with people.

People’s feedback and views were valued. People had been asked to complete questionnaires and the information was analysed to make any necessary improvements to people’s experience of the service. Comments from the recent survey included, “I like them all, their help and their company”, “I find the carers very good”, “since I have had the carers to help, life has changed really positively” and “carer relates to me as a person, as well as someone requiring care.”

# Is the service responsive?

## Our findings

People's care needs were assessed prior to staff delivering care. People had care plans in place, to provide guidance and direction for staff about how to meet a person's needs, for example how people wanted to be supported with their personal care. However, some care plans were not always reflective of people's needs, for example, one person's care plan detailed they did not like to have a shower and bath, however, it did not explain to staff about what to do when this occurred. One person had osteoarthritis; however, it was not clear in the person's care plan about what this meant for the person and what support they may require as a result of this.

The registered manager told us care plans required some updating and explained this was already taking place. The local authority service improvement team had been working with the service, and had also raised concerns about care planning and an action plan was in place for improvement.

Staff told us people had care plans in place and felt these were reflective of people's needs. One member of staff told us, "I read them to make sure I do the right thing". Another member of staff explained about the importance of reading people's care plans and recording the care they delivered so other staff could provide consistency. Staff felt care plans were kept up to date and when a change was required they informed the office staff so action could be taken.

People told us staff understood their needs and preferences. Comments included, "they do know my [...] likes and dislikes and have a clear understanding of her needs", "They know how I like to be cared for and what I like to wear", "the girls know what I like", and "they know what I

like and how I like things done". One person told us, "the staff care for me four times a day and know how to make me comfortable as I cannot do anything for myself. They are more like my family than my carers". One person gave us an example of how staff met their personal care needs, they explained, "they come twice each day and cream my legs as I am prone to ulcers and help me to put my support stockings on...I feel really well looked after".

We observed a staff member visiting a person for the first time. The staff member reviewed the person's care records and their risk assessments. The staff member told us "It is very important to ensure that you know the care and support required by the person so I always ensure I check the care records so I know exactly what needs to be done for the person". This demonstrated that staff were meeting people's needs.

People were given a copy of the complaints policy and people said they knew how and who to complain to. People explained, "I have never felt the need to complain about any part of the service", and "I have never had to complain. I have no need to complain and if anything was wrong I would most certainly complain", "I did complain once because I did not like a particular carer. It was dealt with immediately". One person told us, "I have complained to the office about the timing of my visits in the past, but it still happens". We spoke with the registered manager about this who told us it would be investigated and action would be taken.

People's complaints were investigated and solutions were found. Complaints were collated to help identify themes. The registered manager told us "we like transparency, if that involves holding our hands up and saying we have made mistakes".

# Is the service well-led?

## Our findings

People told us when they had contacted the office to speak with office staff or management they had received a good service, “the office is really good. If I don’t like a carer then I don’t get them again”, “they were very helpful when I have needed to make any changes, and “I’m very happy with the service I get from the office” and “, ‘I’m very happy with the service as a whole and the office in particular”.

The registered manager had systems in place to assess the ongoing quality and monitoring of the service. For example, complaints, care plans and recruitment files were reviewed. Although there were systems in place, because of a change in the management team, some of the checks had not been carried out which had resulted in care plans not being updated, and some staff supervision not being carried out. However there was an action plan in place to make improvements. Weekly reporting tools were used to monitor complaints and anticipate any problems, for example staffing numbers. The registered manager told us the running of the service was “80% systems and process and 20% about flare”, and explained she recognised staff and people’s individuality and the contribution this brought to the service.

There was a management structure in place and an out of hours on call system in place. Staff spoke positively about working for the service, the registered manager, as well as the management team. Comments included, “she does listen, she is a good manager”, “yes it is nice, they treat me good” and “If the carers are happy the clients are happy”. Some staff spoke of the recent changes to the management team and expressed this had been difficult because some care staff chose to leave at the same time, and this affected consistency. The registered manager and director both recognised the impact this had had on staff and explained about the plans which were in place to provide ongoing stability and make further improvements.

The registered manager told us there was a confidential helpline that was available to support staff if they required it. This demonstrated the director was supporting the health and wellbeing of its employees.

The director took an active role in respect of the overall management of the service. Weekly management meetings were held to discuss the operation of the service and to address any issues and support staff to find solutions. The

director explained he liked to visit the office as well as providing telephone support, as this helped to “sense the mood” of staff morale. The director was passionate about the importance of “team work” and spent time delivering this message to staff and senior staff of the service.

The registered manager felt supported and explained that the director was “very approachable, always contactable and always on the end of the phone”. The registered manager received supervision to support her in her role.

An annual quality survey was carried out to obtain people’s feedback. Results were collated and shared with people who used the service. The registered manager explained, “we are not faultless” and went onto explain that when the results showed things could be better, action was taken. The registered manager used a recognised tool to determine how well they were operating. The last survey showed people were happy with the service they were receiving; however, some people expressed staff were sometimes late and were rushed. The registered manager told us action was being taken to address this, and the introduction of a new call monitoring system had prompted a review of staffing rotas to help ensure staff had adequate traveling time.

The director valued the contribution of staff. The registered manager was given money to spend on a gift each month, which was to be used to reward staff who had gone that extra mile for people or for the team. The provider was looking at new ways that assistive technology could support staff and people who used the service, for example to improve the rostering system and the arrival and departure times of staff.

Staff were introduced to the values of the organisation when they initially joined, this also included providing staff with the service user’s guide and statement of purpose. These documents demonstrated to staff what standards people who used the service expected to receive.

The registered manager had organisational policies and procedures which also set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The registered manager’s whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected. Staff confirmed if they had any concerns they would report them and felt the registered manager would take appropriate action.

## Is the service well-led?

The local authority commissioning and contracts team worked with the service. We were told that communication had been difficult in the past but had improved. They felt the registered manager was now open to ideas and suggestions, and considered the service to be well managed. An external health professional told us they felt

communication about people's health care needs was not always effective. The registered manager explained positively working relationships with other professionals was essential, and told us she would take action to make improvements.