Walnut Care Limited

Walnut Care at Home

Inspection report

Walnut Cottage
Langrick
Boston
Lincolnshire
PE22 7AP

Tel: 01205280101
Website: www.walnutcare.com

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19 July 2017

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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

We completed this announced inspection on 17, 18 and 19 July 2017.

Walnut Care at Home is registered to provide care for people in their own homes. The service can provide care for older people and/or people who live with dementia. It can also provide assistance for people who have a physical disability and/or who have a learning disability and/or who have a sensory disability. At the time of our inspection the service was providing care for 600 people. Of this total, 37 people lived in a 'housing with extra care' scheme in Skegness.

The service had its office in Langrick and covered north and south Kesteven, east Lindsey, Boston, Skegness and Lincoln. The service employed 130 care staff who were organised into local teams each of which was headed by a team leader. The teams were organised into two groups each of which was overseen by an area manager.

The service was operated by a company for which there were two directors. One of the directors was the chief executive officer. The other director was the 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 7 May 2015 the service was rated Good.

At this inspection we found the service remained Good.

The registered manager and care staff knew how to keep people safe from situations in which they might experience abuse and people had been supported to avoid preventable accidents. Medicines were managed safely and people had been helped to obtain all of the healthcare they needed. There were enough care staff to complete planned visits in the right way. Although background checks for new care staff had not always been completed in the right way, the registered persons immediately made the necessary improvements to address this shortfall.

Care staff had received training and guidance and they knew how to care for people in the right way. This included supporting people to eat and drink enough.

CQC is required by law to monitor how registered persons apply the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered persons and care staff had received training in this subject and they helped people to make decisions for themselves. When people lacked the capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice were followed. This helped to

protect people's rights by ensuring decisions were made that were in their best interests.

People were treated with kindness and compassion. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements in place to assist people to access independent lay advocates and confidential information was kept private.

People had been consulted about the care they wanted and they had been given all of the assistance they needed. Care staff recognised the importance of promoting equality and diversity by supporting people to make choices about their lives. This included choosing which interests they wished to pursue and how they wished to meet their spiritual needs. There were arrangements to quickly and fairly resolve complaints.

People had been consulted about the development of the service and quality checks had been completed. Good team working was promoted and care staff were supported to speak out if they had any concerns about poor practice.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Walnut Care at Home

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 registered persons were 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.

Before our inspection visit we reviewed information we held about the service. This included the Provider Information Return (PIR). This is a form the registered persons had completed to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed other information we held about the service such as notifications. These refer to events that happened in the service which the registered persons are required to tell us about. In addition, we invited feedback from the local authority who contributed to the cost of some of the people who used the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

On 17 and 18 July 2017 an expert by experience spoke by telephone with 12 people who used the service and with five of their relatives. An expert by experience is someone who has personal experience of using this type of service. They telephoned people in order to obtain their views about how well the service was meeting their needs.

We visited the administrative office of the service on 17 July 2017 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because they were sometimes out of the office supporting care staff or visiting people who used the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit to the administrative office we spoke with a data analyst, two care staff, two area managers, the quality and training lead and the operations manager. We also spoke with both of the directors. In addition, we examined records relating to how the service was run including visit times, staffing arrangements, recruitment, training and quality assurance.

On 18 July 2017 the inspector spoke by telephone with six members of care staff to discuss the work they did and to hear about their experience of working in the service.

On 19 July 2017 the inspector visited the housing with extra care scheme mentioned above in the summary of our report. During the visit we spoke with five people who received support from care staff and we also examined records relating to the visits each of these people had received. In addition, we spoke with the locality lead who organised the allocation of care staff within the scheme and with four care staff. We also met with the workforce development manager who was responsible for the recruitment of staff for the whole of the service.

Good

Is the service safe?

Our findings

People said that they felt safe when in the company of staff. One of them remarked, "The staff are good with me that's all I can say." Another person remarked, "I look forward to seeing the staff and I like having them in my home and have no qualms about them at all." Relatives were also reassured that their family members were safe. One of them said, "I think that overall Walnut Care at Home has got it about right with their staff. Some you like more than others of course, but all of them are professional."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that the registered manager and care staff knew how to recognise and report abuse. This was important so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

The area managers and care staff had helped people to avoid preventable accidents. An example of this involved staff liaising with health and social care professionals so that people were provided with equipment to help prevent them having falls. This had enabled people to benefit from having suitable hoists and walking frames. In addition, we noted that the area managers had investigated any accident or near miss that occurred so that steps could be taken to help prevent the same thing from happening again.

People said and records confirmed that care staff had provided them with the assistance they needed to use their medicines at the right time and in the right way. They also said that care staff helped them to make sure that they always had enough medicines to hand so that they did not run out.

There were enough care staff to reliably complete the visits that had been planned. We examined records relating to 50 visits that had been completed during the four weeks preceding the dates of our inspection. They showed that the visits had been completed at the right time and that they had lasted for the correct amount of time. This helped to reassure people that their care was going to be provided in line with their expectations. Most people commented positively on this matter, with one of them saying, "The care staff are very rarely late and when they are going to be the office staff always ring to let me know." Records showed that in the six months preceding our inspection visit there had been 11 occasions when a visit had not been completed out of a total of 302,000 visits that had been undertaken as planned. We noted that the missed visits had not resulted in people experiencing direct harm. We also found that the registered persons had carefully established what had gone wrong in each case and had taken action to help prevent the same thing from happening again.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to determine what background checks they needed to make. In addition, in relation to one person one of the checks the registered persons considered to be necessary had not been completed. These shortfalls had

limited the registered persons' ability to assure the persons' previous good conduct and to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, on the final day of our inspection the registered manager showed us that the service's recruitment procedure had been strengthened to ensure that in future all of the necessary checks would be completed in the right way.

Good

Is the service effective?

Our findings

People told us they were confident that the care staff knew how to provide them with the assistance they needed and wanted to receive. Speaking about this a person commented, "On most days it's a member of staff I know so they know me really well. I don't like it so much when there's someone new and then I have to explain what help I need - but usually things are okay." Another person remarked, "The staff know what they're doing and I even met my main carer before they started my calls which was very helpful."

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. This training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met a senior colleague to review their work and plan for their professional development.

Records showed that care staff had received refresher training to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, providing basic first aid, and ensuring good standards of hygiene to reduce the risk of people acquiring avoidable infections. We found that care staff knew how to care for people in the right way. Examples of this included care staff knowing how to correctly assist people who experienced reduced mobility or who needed support in order to promote their continence.

People had been provided with the help they needed to ensure that they had enough to eat and drink. Records showed that some people were being given gentle encouragement to eat and drink regularly. For other people staff were preparing and serving food so that they could enjoy having a hot meal. People spoke positively about this part of the assistance they received. One of them said, "The care staff are very good and make sure I've got enough food in and they help me make my meals. They always leave me with a light snack and something to drink for when they're not here. They don't have to do that but they're considerate like that."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered persons and care staff were following the Mental Capacity Act 2005 in that they had supported people to make important decisions for themselves.

Records showed that on a number of occasions when people lacked mental capacity the area managers had contacted health and social care professionals and relatives to help ensure that decisions were taken in people's best interests. An example of this was an area manager liaising with a person's relatives and social care professionals after concerns had been raised about their ability to manage safely in the kitchen. As a result of this arrangements had been made for the person to prepare food using a microwave rather than a gas cooker.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. An example of this was care staff consulting with relatives so that people were supported to attend hospital appointments.

Good

Is the service caring?

Our findings

People were positive about the quality of care they received. One of them said, "I genuinely look forward to seeing my care worker and they're more like a friend to me than a paid-for visitor." Another person commented that the care staff, "Brighten my day." Most relatives were also complimentary. Although one of them considered care staff to be 'slap-dash' another relative said, "The staff in general have been very good with my family member and very caring towards them."

People said they were treated with respect and with kindness. An example of this was a person saying, "My carer is always doing little extras for me and they think nothing of it." In addition, we found that care staff knew about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution.

Records showed that most people could express their wishes or had family and friends to support them. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes. In some instances this entailed care staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

Care staff had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

We saw that records which contained private information were stored securely. We also noted that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, we saw that paper records were stored neatly in subdivided files that were kept securely when not in use.

Good

Is the service responsive?

Our findings

Each person had a written care plan that was left in their home. Most people said that they had been invited to regularly meet with a senior member of staff to ensure that the service continued to meet their needs and wishes. A person summarised this arrangement saying, "Before I had my first visit someone came out to see me. We had a really good chat about what help I wanted and about the times I wanted the staff to call. They were very helpful."

People said that care staff provided all of the practical everyday assistance that they needed and had agreed to receive. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person commented about this saying, "The care staff are always willing and I couldn't manage at home without them." We examined in detail records of the tasks care staff had completed during 30 visits completed during the four weeks preceding the date of our inspection. We found that the people concerned had been given all the practical assistance they had agreed to receive.

Care staff were confident that they could support people who lived with dementia and had special communication needs. This included care staff knowing how to effectively support people if they became distressed. A member of staff illustrated this by describing how they reassured a person by sitting quietly with them and chatting about everyday subjects such as their local neighbourhood and their respective families.

Care staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example of this was the area managers and team leaders consulting with people about the gender of the members of staff who assisted them. In addition, the registered manager knew how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services that would be able to befriend people by using their first language.

We noted that care staff had supported people to pursue their interests and hobbies. An example of this was care staff helpfully re-arranging the times of visits so that people could attend events such as hospital appointments and family gatherings. A relative commented about this saying, "The service is quite flexible and they'll do their best to alter visit times if my family member has to go for something like a hospital appointment."

People and their relatives had received a document that explained how they could make a complaint. The document included information about how quickly the registered person aimed to address any issues brought to their attention. Records showed that in the 12 months preceding our inspection the registered persons had received 25 written complaints. We examined records relating to four of these complaints and noted that each of them had been properly investigated and fairly resolved.

Good

Is the service well-led?

Our findings

Most people told us that they considered the service to be well managed. A person commented about this saying, "On balance it does appear to run pretty smoothly in that I get my visits roughly when I should and I don't have any real complaints." Some people were more cautious in their views with one person telling us,"In general, I think it's a reliable service and that's what counts. But it can get rough around the edges if they're short of staff and then staff turn up who I don't know and I don't like that. But the important thing is that they turn up I suppose – which they do."

People had been consulted about the development of the service. Records showed that this included them being invited to give feedback by completing a satisfaction survey. We saw that in the most recent surveys most people had given the service a high approval rating. We also noted that the quality and training lead had taken action to implement any improvements that had been suggested. An example of this was the time of a person's morning visit being made a little earlier so that it was more convenient for them.

Records also showed that the registered persons and senior staff regularly completed a number of quality checks. These were done to ensure that the service was running in the right way to reliably provide people with the assistance they needed. The checks included team leaders, area managers and the quality and training lead regularly examining the electronic and written records that were created on each occasion when care staff completed a visit. This enabled the registered persons to establish that visits were being completed on time and that they lasted for the right amount of time. They also involved making sure that each person had been provided with all of the care they had agreed to receive. In addition, we were told that team leaders regularly completed unannounced 'spot checks' to make sure that in practice care was being provided in the right way.

There were policies and procedures in place to develop good team working practices so that people consistently received safe care. There was always a senior member of staff who could be contacted by care staff if they needed advice. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

Care staff told us that there was an open, relaxed and friendly approach to running the service. They also said that they could speak to the registered persons or to an area manager if they had any concerns about the conduct of a colleague and they were confident that robust action would be taken to keep people safe.