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South Western Homecare

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

Summary of findings

Overall summary

We carried out this announced inspection on 23 and 24 August 2016. 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since registering as a new location in April 2016.

Southwestern Homecare is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in Helston and surrounding areas. . The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service were provided for some people.

At the time of our inspection 57 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding.
There was a registered manager in post. 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.

People who used the service, families and health and social care professionals told us they felt the service was safe. Comments included, "I have nothing but praise for them; nothing is too much trouble" and "The staff are caring and we trust the management to do the best for my [relative]. We are very happy with Southwestern Homecare."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "My lovely little darlings! I'm more than happy with them. Nothing is too much effort for them" and "They [staff] are really lovely, very kind. They know exactly what I need and I have a laugh and a joke with them" and "Staff are very polite and will go above and beyond to be helpful, like picking my prescriptions and my paper up for me."

People told us they normally had a team of regular, reliable staff, and they knew the approximate times of their visits and were kept informed of any changes. Some people commented that agreeing a suitable time had initially been frustrating and they had shared this with the service. Wherever possible the service had worked to find suitable and agreed times for people. Some people had raised frustrations about not being kept informed of delays to their visits. This was picked up during quality assurance checks. Comments from people and their relatives included, "We had a few problems with timings at the start, it took a while to get into a settled routine but everything is fine now and we are pleased with them" and "They are all very competent and they seem to enjoy their work. They are a great gang."

No one reported ever having had any missed visits. People told us, "We know the names of the staff coming to us and if there are any changes the office rings to let us know," "We have four to five main carers who

come to us" and "I have regular staff."
Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People told us they were involved in decisions about their care and their care plans, in which their needs and wishes were agreed.

Care plans did not always provide staff with direction and guidance about how to meet people's individual needs and wishes. For example, we saw historical medical information on a care plan which did not indicate or support staff about how the person's health was affected on an on-going daily basis.

Regular reviews of care plans took place but it was not always recorded clearly when reviews had happened. Changes in people's needs were communicated to staff in daily records and during staff meetings. Risks in relation to people's care and support were not always identified and appropriately managed. For example, there was no risk assessment in place for the use of unstable chair raisers which were in place when a hoist was required to help mobilise a person.

Staff were recruited safely, which meant checks had been made to ensure they were suitable to work with vulnerable people. New staff received an induction, which incorporated the care certificate. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.
Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke positively about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and office staff were also passionate about their roles and were clearly committed to providing a good service for people. Staff told us, "It's a great company to work for; professional, supportive and flexible,", "I love my job" and "They really care about the people we support and that sets the standard in everything we do."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. Comments from people included, "Excellent management and great support is always given. We appreciate everything they do for [relatives],", "It's an excellent service" and "We've had a few issues in the past around time factors, but they are very much improved." People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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. People who used the service, relatives and health and social care professionals felt the service provision was safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with health and social care professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring. People who used the service, relatives and health and social care professionals were positive about the service provided and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Requires Improvement

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

South Western Homecare

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.

The announced inspection took place on 23 and 24 August 2016. The inspection was carried out by one adult social care inspector. We told the service two days before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with two health and social care professionals and six people who used the service. During the inspection we went to the service's office and spoke with the registered manager, the quality assurance manager and two care workers. We also spoke with two people who used the service who visited the office during the inspection. We visited three people in their own homes and met two relatives. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also told us they thought the service provided to people was safe. Comments included, ""I have nothing but praise for them; nothing is too much trouble" and "The staff are caring and we trust the management to do the best for my [relative]. We are very happy with South Western Home Care."

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by the number of people who used the service and their assessed level of needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

A staff rota was produced each week to record details of the agreed times of people's visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. People said the staff team who supported them were usually consistent and that they knew the times of their visits.

Some people commented that agreeing a suitable time had initially been frustrating and they had shared this with the service. Wherever possible the service had worked to find suitable and agreed times for people. Some people had raised frustrations about not being kept informed of delays to their visits. This was picked up during quality assurance checks. Comments from people and their relatives included, "We had a few problems with timings at the start, it took a while to get into a settled routine but everything is fine now and we are pleased with them" and "They are all very competent and they seem to enjoy their work. They are a great gang." No one we spoke with reported ever having had any missed visits.

A member of the management team were on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. However, we saw that some environmental risks had not been recognised or assessed appropriately to minimise the risk. For example, a hoist was used for a person whose armchair was propped up on unstable raisers. This meant there was a risk to the person when supporting them in the hoist. This was not documented in the risk assessments and there was no guidance provided to staff about the action that should be taken to minimise the chance of harm occurring to people or staff.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-

occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults, and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. A summary of the service's safeguarding policy and the local reporting arrangements were in the staff handbook, which was given to staff when they started to work for the service.

Good

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "The staff are caring and we trust the management to do the best for my [relative] and "Very happy with South Western Home Care."

Staff completed an induction when they began their employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work with people unsupported.

Management met with staff every month for either an office based one-to-one supervision or an observation of their working practices.The service did not have a process for providing staff with a yearly appraisal. This meant staff did not have a formalised or recorded opportunity to discuss their performance and identify any further training they required. We received assurances from the registered manager that an annual appraisal system would be put in place following the inspection.

Staff told us they felt supported by the registered manager. They confirmed they had regular supervisions to check their working practices. Staff said there were monthly staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff told us there were good opportunities for on-going training and for additional training in specialist areas such as epilepsy awareness, stroke pathway and dementia care. Staff training was recorded and monitored by a manager through monthly audits.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person told us, "They stay as long as they should and they don't rush. They don't leave until they have done everything I need."

We observed and staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People confirmed staff asked for their agreement before they provided any care or support and respected their wishes if they declined care. Care records did not consistently demonstrate that people, or their advocates, signed to agree to the care and support provided.

South western home care worked with healthcare services to ensure people's health care needs were met. For example, the agency coordinated their visits for one person with visits by the district nurses in order to help with the treatment plan for the person. The service supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide

additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

People's dietary requirements were recorded in their care plans as well as any support they needed with their fluid intake. Staff had received training in food safety, and were aware of safe food handling practices. We saw staff ensured people had a jug of fresh water available to them before they left each call.

The management and staff had an understanding of 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 checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions records detailed who should be involved in making decisions on the person's behalf.

Good

Is the service caring?

Our findings

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Staff are very polite and they will do anything you ask,"; "Staff are brilliant with [relative]. I am able to relax knowing she is looked after" and, "They're marvellous. I love all of them. They are angels to me. They help me to get ready in the morning. I have no complaints."

People received care, as much as possible, from the same care worker or team of care workers. All of the people we spoke with said they were happy with the care and support they received, and that their staff respected their dignity and privacy. Comments included, "My lovely little darlings! I'm more than happy with them. Nothing is too much effort for them" and "They [staff] are really lovely, very kind. They know exactly what I need and I have a laugh and a joke with them."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. One person told us, "They stay with me until everything is done and even do extra little jobs like putting my recycling out too."

Relatives, health and social care professionals told us they were happy with all of the staff and got on well with them. Comments included, "They go above and beyond what the care plan says. They do more for people than what is commissioned."

People received care, as much as possible, from the same care worker or team of care workers. People told us new staff were always introduced to them and did not work on their own until the staff member and the person were in agreement with this happening. Comments from people and their relatives included, "I usually have the same small group of girls who come out to me. You have your favourites but they're all very good to be honest."

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "I won't be changing these girls. They are great and they always ask how I am and the service has been very helpful to me."

Staff were clearly very fond of the people they supported and had a good understanding of their likes, dislikes and interests. For example, we heard staff discussing the recent Olympics success with one person who had an interest in this.
Staff spoke knowledgably about the people they supported and respected people's choices. For example, one person would make it clear whether they wanted to get up at the first call of the day or stay in bed until

the second call which was closer to lunch-time. This was dependent on how they felt that day and this was always respected and recorded in daily records. This meant staff were able to pass information about the well-being of the person to staff who would provide care later in the day.

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People told us they knew about their care plans and a manager regularly asked them about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Requires Improvement

Is the service responsive?

Our findings

Each person who received a service from South Western Home Care had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they themselves or a close family member had been involved in putting their care plan together and the plans reflected their wishes.

Care plans did not always contain enough detailed information to allow staff to understand the specific care and support each person needed. For example, we saw historical medical information on a care plan which did not indicate or support staff about how the person's health was affected on an on-going daily basis. Another person's mobility care plan stated 'requires support' but gave no details of the type and level of support required to safely support the person to mobilise.

We saw some care plans had generalised statements such as, 'please assist all areas of personal care'. This meant staff did not have enough information available to them to be able to personalise the care and support they provided. From our observations it was clear this was a limitation of recording practices rather than reflection of the quality of care provided to people.

We recommend that individualised information and guidance is included in care plans to support staff in providing personalised and appropriate care and support.
Regular reviews of care plans took place but it was not always recorded clearly when reviews had happened. Changes in people's needs were communicated to staff in daily records and during staff meetings.

Details of people's daily routines were recorded in visit records. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked by a manager and any updates to the care plan were made. Updated care plans were then returned to people's homes. This meant staff, were able to work from the most up to date version of each care plan.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, the registered manager had responded personally to an emergency need for care for a person who required this over a weekend after being made aware of deterioration in the person by the district nursing team. The registered manager told us, "The clients are able to contact us seven days a week, 24 hours a day via our on-call service."

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. We saw records of this in quality assurance questionnaires when people had freely raised issues about how the service was going which were dealt with before they became a complaint. People told us they were aware of the process for making a formal complaint but had rarely needed to do so. Comments from people who used the service included, "If I have ever needed to raise something I've not been satisfied about they are very quick to respond and sort it out. I have to say that about them, they do deal with issues

before they get out of control."

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the business, had overall responsibility for the running of service. They were supported by an operations manager, an administrator and a quality assurance manager.

People and relatives all described the management of the service as open and approachable. Comments from people included, "Excellent management and great support is always given. We appreciate all they do," "The service is well managed" and"I have full confidence in them."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, texts, e-mails and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and office staff were also positive about their roles and were clearly committed to providing a good service for people. Comments from staff included, "I think it's an amazing company to work for. They put people's needs first and treat people like you'd want your own family cared for" and "There is always somebody there to talk to if you need to. I'm very happy working here."

There were effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager had a good knowledge of what capacity the service had and how the service was performing.

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The quality assurance manager worked alongside the registered manager and staff to monitor practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The service also gave people and their families questionnaires to complete regularly. Comments from the most recent survey were positive about all aspects of the service including management. Comments included, "I couldn't be happier with them. I feel very much involved in my [relative's] care. We communicate well and I am always involved in reviews. It's very good" and "Never had any cause to complain."