

The Waverley Care Group Ltd

Waverley Community Care (Guildford & South West Surrey)

Inspection report

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Date of inspection visit:
09 November 2016

Date of publication:
09 January 2017

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

Waverley Community Care is a domiciliary care agency which provides care to people living in their homes. The agency provides a range of services, but at the time of this inspection it was primarily to older people with physical health needs and adults who required mental health support. The agency is registered to provide both personal and nursing care, but was not providing the latter at the time of our visit. At the time of our inspection 19 people were receiving a personal care service from the agency.

The inspection took place on 09 November 2016 which included a visit to the service's office on that date. Calls to people, their relatives and other professionals were made after the visit.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We previously carried out an unannounced comprehensive inspection of this service on 05 October 2015. At that inspection seven breaches of legal requirements were found in respect of good governance, recruitment, safeguarding, record keeping, planning and reviewing care and the management of medicines and risks. As a result the service was rated Requires Improvement and a Warning Notice and six requirement actions for the service to improve were set. Following that inspection, the provider sent us an action plan which identified the steps they intended to take to make the required improvements. We have been in regular contact with the provider since the last inspection who had updated us about the changes they had made. This inspection found that the provider had taken the action they told us they had in respect of each of these areas and as such each requirement action had been met.

The service now had a stronger leadership team which worked collaboratively together to deliver effective care. The collective professional qualifications of the management team enabled people's specialist needs to be met by staff who were well trained and supported.

People received support from a regular team of care workers who knew and understood their needs. People appreciated consistent support from the same staff with whom they had built a rapport and trusted.

The service had improved its systems for recruiting new staff and now took appropriate steps to ensure that staff were properly checked and vetted prior to being employed. Once employed, staff completed a comprehensive programme of induction and training to ensure they had the necessary skills and experience to meet people's needs.

People's needs and homes were fully assessed before care was provided. As such, any risks associated with their care were now identified and managed safely. The service had appropriate systems to safeguard people from the risk of harm or abuse and staff were knowledgeable about how to keep protect people and

keep them safe.

The service was responsive to changes in people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care and supported to be as independent as possible. Staff respected people and understood the importance of gaining consent from people. Staff demonstrated an awareness of the Mental Capacity Act 2005 and knew what to do if a person refused to accept their care.

Staff were kind and compassionate and demonstrated the values of the agency to provide caring support. As such, people received care that was provided in a respectful way that promoted their privacy and dignity. The agency created social opportunities for those people at risk of loneliness and isolation.

People were supported to maintain good health. The service worked in partnership with a range of other healthcare professionals to provide a holistic approach to care. Where people were supported with their medicines, this was done safely.

Staff understood the importance of supporting people to maintain adequate nutrition and hydration. Care plans identified where people needed additional support and steps were taken to ensure these people received sufficient food and fluids each day.

Waverley Community Care now had appropriate systems in place to monitor and improve the quality of its services. People were regularly asked for their feedback and satisfaction surveys sent to people, staff and professionals were used to identify areas for on-going improvement.

The quality of record keeping across the service had improved which enabled the provider to demonstrate the care provided to people.

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.

There were systems in place to safeguard people from the risk of abuse.

Risks to people were identified and managed in a way that balanced their safety and freedom.

Recruitment processes had improved and the service now took steps to provide sufficient and suitable staff to meet the needs of the people they provided care to.

People were safely supported with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

Training and support were provided to enable care staff undertake their roles and responsibilities effectively.

Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to maintain adequate nutrition and hydration.

People were supported to manage their healthcare needs. Staff worked in partnership with other healthcare professionals to provide a holistic approach to care.

Is the service caring?

Good ●

The service was caring.

People and their relatives praised the kindness of the care staff who supported them.

People appreciated receiving support from regular care workers

who were familiar with their needs and preferences.

The agency created social opportunities for those people at risk of loneliness and isolation.

People's privacy and dignity were well respected.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences.

When people raised concerns, they were listened to and their opinions were valued.

Is the service well-led?

Good ●

The service was well-led.

The leadership of the service had improved and effective management systems were now in place to oversee the delivery of care.

Systems for monitoring quality and auditing the service had improved and were now being used to continually assess and develop the service.

People who used the service, their relatives and staff were now asked to provide feedback about their experiences and views on the services provided.

Waverley Community Care (Guildford & South West Surrey)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 09 November 2016. The provider was given 48 hours' notice. We did this to ensure the provider was available to meet with us and provide access to records. The inspection team consisted of one inspector with experience of inspecting domiciliary care services.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

Along with the PIR, the provider sent us a contact list of people who used the service, their relatives, staff employed and other professionals involved with the agency. Using this information we sent out questionnaires to a range of people. We received responses from seven people, two relatives and eight staff. The feedback gathered from these questionnaires has been used to help inform the judgements made in this report.

During our inspection we went to the agency's office and spoke with the provider and five members of staff.

After the inspection we conducted telephone interviews with four people that used the service, one relative and two professionals who have had recent involvement with the service. We reviewed a variety of documents which included five people's care plans, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

Our last inspection of 05 October 2015 identified that people were not always protected by the service's systems to manage recruitment, safeguarding, medicines and assess risks. As such we made four requirement actions for the service to improve. Following that inspection, we met with the provider and they wrote to us to tell us about the actions they would take in respect of these concerns. At this inspection we found that appropriate steps had been taken to improve each of these areas and therefore the requirement actions had been met.

All the people we spoke with said that they felt safe with the care they received from Waverley Community Care. People described the support they received as "Brilliant" and "Better than I have received from other agencies." One person told us, "Communication is good and as such I feel very safe with them." Another person said, "I know I am in safe hands with them." People said that staff respected their property and we saw that there were now better systems in place to manage the security of people's homes.

People were protected from the risk of harm. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff told us that they had completed training in safeguarding both adults and children. Records confirmed that this learning was regularly refreshed. Policies and procedures had been updated since our last inspection and provided clear guidance for staff to follow if they suspected abuse. All staff confirmed that they felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff were also clear about how to correctly report abuse to relevant external agencies if necessary. The management team provided examples of situations where they had appropriately liaised with social services about people who they were concerned might be at risk of harm.

Risks to people were now appropriately identified and managed. Prior to the commencement of care, a member of the management team undertook a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. Where specialist equipment, such as hoists were used, the provider had taken steps to check that these were kept in good working order. There was also a clear plan in place which outlined how staff should support the person to evacuate their home in the event of an emergency.

Risk assessments were kept under ongoing review and staff confirmed that they understood the importance of reporting any new risks to their supervisor or the office. When people's needs changed, such as their mobility decreased or they experienced falls, risk assessments had been updated in a timely way and appropriate action taken to keep people safe. Staff talked confidently about how they supported people to manage their individual risks such as pressure wounds, dehydration or falls.

People were protected by the systems in place to manage and report any accidents and incidents. For example, we saw that where people had experienced falls, these were fully documented. Staff were clear about what to do if they found people unwell or having fallen. Care staff said that the office staff supported

them to be able to follow the service's policy of staying with people until an ambulance arrived by covering their next call. There were systems in place to provide continuity of care in an emergency situation. For example, there were policies on how to manage disruption caused by adverse weather or staff sickness.

People received care and support when they needed it. The service had systems in place to effectively to deploy staff. Wherever possible, people were allocated the same care workers to support them. This provided consistency of care for people and minimised the time staff spent travelling between calls. People told us that they appreciated having regular care workers who knew their needs well and were able to support them safely. Where people required two staff to support them, this was provided and care staff confirmed that they were never expected to mobilise people using hoist on their own. Nobody told us that they had experienced any missed calls, but the provider was open with us about a small number of occasions where this had happened. No harm had been caused as a result of these incidences and the provider had introduced additional checks of the schedules to prevent re-occurrence.

Appropriate checks were now undertaken prior to staff commencing work, to ensure they were safe to work with people whose situations made them vulnerable. Staff files contained evidence that criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, and declarations of staff fitness to work.

The service had improved its systems for supporting people with the management of their medicines. People told us that they received the support they needed. We saw information in people's records which showed that the service had worked with other professionals to enable people to both retain their independence and be safe in the way their medicines were managed. For example, one person was very keen to manage their own medicines, but staff had identified some risks with them doing so. As such, the provider had liaised with the person's doctor and local pharmacy to provide the person's medicines in a way that could be easily monitored.

Care records outlined what support people required support with their medicines. Where people required assistance, this was provided by staff who had been trained in the safe administration of medicines. Staff told us that in addition to completing an e-learning course on medication they had also undertaken practical training in the safe management of medicines. Staff were knowledgeable about the medicines they were giving. Since our last inspection, the provider had introduced systems for regularly auditing people's medicine records which enabled any errors or issues to be identified and addressed.

Is the service effective?

Our findings

People and their relatives spoke positively about the competence of the care workers who supported them. For example, one person told us, "My three main care workers are all very good and know what they are doing." Another person told us, "They are all competent; I have had no bad experiences with this agency." A relative said, "They are very well trained and know exactly what to do."

The management team were committed to developing best practice and since our last inspection the agency had become an approved training centre. The management team included a registered nurse and a qualified Community Psychiatric Nurse (CPN). The registered manager, who was the registered nurse, took the lead on assessing and supporting people with physical health needs. The CPN provided direct support to people with mental health needs. We found that since the team had been split in this way, staff had received specialist training and learning relevant to their bespoke roles. Staff spoke positively about the learning sessions both these people had provided to staff to enable them to deliver specialist support.

Staff told us that they had received a good induction when they commenced working with the agency which had included both online and practical training together with shadowing other care staff. We found that the length of time new staff shadowed senior staff was tailored to their previous experience and individual confidence levels. Staff recruited after April 2015 had either completed or were in the process of working towards the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Following completion of the Care Certificate staff were encouraged to complete a diploma in health and social care (QCF).

Staff training was ongoing with regular opportunities for care staff to update and learn new skills. In addition to the Care Certificate and QCF, staff completed a continuous programme of both mandatory and specialist training. Staff were allocated time to complete training in the office as part of their rota of work. The management team said that this enabled them to not only ensure staff kept up to date, but also they could also seek assistance or support if needed.

Staff had the skills and knowledge to meet people's needs. Staff spoke confidently and competently about the support they provided to people. They told us that they had access to good information about people's needs and that the support of a team of office staff that also worked hands on had helped them to deliver their roles effectively. Staff were able to describe how they managed difficult situations such as if a person refused care or using new equipment and said that the management team were very responsive if they ever needed help. Staff who supported people with mental health needs benefitted from the close support of the CPN.

Staff were well supported by the management team. One care worker commented, "It's a small company and as such it's very personal. I feel confident about the support I receive." Another care worker told us, "The agency is really supportive both of me and my development. We are always shown how to use any new equipment and I've never been asked to do anything that I didn't know how to do." Care workers received regular 1-1 support sessions in addition to staff meetings and spot checks to ensure they delivered effective

support.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The service took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. People told us that care staff respected their wishes and acted in accordance with their decisions. Those staff who supported people living with mental health needs had good relationships with them and took appropriate steps to ensure they were fully involved in decisions about their care.

Staff had received training in MCA and DoLS and were able to describe the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff talked about what they would do if consent was not given. For example, staff were clear that they would never force a person to do something they did not want to do and would always respect their wishes. We saw consent forms in people's care records that were signed by people. Where appropriate, care plans contained details of appointed powers of attorney and the types of decisions they had authority to make on behalf of a person.

People received appropriate support to ensure adequate nutrition and hydration. Care plans included information about people's likes and dislikes and how they should be assisted. Where people were at risk of malnutrition or dehydration, there were guidelines in place which advised staff how to support the person effectively and when concerns would need to be reported to other healthcare professionals for advice. Specialist dietary needs were recorded and care staff were able to talk about these needs for the people they regularly supported.

From conversations with people and professionals, it was evident that the agency liaised effectively with other healthcare professionals to support people to maintain good health. As such the agency made referrals on behalf of people where they needed support from doctors, district nurses or other community services. For those people who the agency supported with their mental health, the agency also worked closely with the Drugs and Alcohol Access team.

Is the service caring?

Our findings

People spoke positively about the care workers who supported them. One person told us, "They are very caring and certainly respectful towards me." Another person commented that, "All the staff have a caring attitude and listen to me without judging me." Relatives echoed the positive feedback, with one telling us, "I can't fault them. They've been brilliant, like a family."

People were cared for as they wished. The allocation of staff to people enabled people to receive support from the same small number of staff. People told us that they appreciated having the same care staff because it gave them consistency and continuity of care. Care staff also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided.

Staff supported people to maintain their independence and be involved in their care where possible. People told us that staff were interested in them and took the time to treat them as an individual. Care plans highlighted the importance of staff involving people in their care and provided directions to ensure people were offered choice. People told us that they had been involved in drafting their care plan and the ongoing reviews. The level of detail in people's care plans reflected this involvement. For example, one person told us that they liked their care to be provided in a certain order and this was clearly documented in the guidelines for staff.

People were supported by staff who were enthusiastic and passionate about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. One care worker described, "I try really hard to build a rapport with people and make them feel at ease." Staff talked about the importance of doing the little things in order to make people feel valued. For example, one care worker told us, "I always make sure I spend time talking to people, so that they don't feel rushed."

People's privacy and dignity were protected. People told us that staff always treated them with respect and that their privacy was promoted. Staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels or dressing gowns, closing doors and allowing people privacy and time in the toilet.

Since our last inspection, the provider had organised some social events to encourage people who were lonely or at risk of isolation to get out and meet new people. As a result of a summer party which was held at the agency's office, two people had struck up a friendship and stayed in contact. Another party had been arranged to bring people together at Christmas.

Is the service responsive?

Our findings

Our last inspection of 05 October 2015 identified that the service had not always worked collaboratively with people to plan their care and a requirement action was set. Following that inspection, we met with the provider and they wrote to us to tell us about the actions they would take to improve. At this inspection we found that appropriate steps had been taken and therefore the requirement action had been met.

People received a personalised service that was responsive to their changing needs. People told us that they were happy with their care and that the service responded flexibly to any requests for change. One person told us "I have lots of care and they do it very well. They are very responsive to any changes I request. Another person commented, "They always try very hard to provide the care I need."

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. We read that each person had been assessed before the commencement of care. This information had been used to formulate a plan of care that was personalised to them. Information recorded details of their backgrounds, needs and what was important to them. We saw that people had been consulted about the support they needed and the outcomes they wanted from their care. People's preferences such as the time and length of their care calls were fully documented and reflected in the package that they then received. Information enabled people to provide a personal service to people.

An electronic recording system enabled office staff to monitor the progress of care throughout the day and this ensured that visits were carried out correctly. For example, one person's medical condition meant that they were at particular risk of dehydration and therefore office staff could monitor the person's fluid levels remotely.

People's care and support needs were regularly reviewed. People had regular opportunities to review their care and ensure the service they received still met their needs. It was evident that people had opportunities to discuss the support they received and were involved in making decisions and expressing choices about the way their care was delivered. Staff also told us that when they reported concerns about people, a member of the management team would always go and review the person's needs without delay.

The provision of care was flexible to people's needs and staff described how they would report to the office if people's care needs changed. We saw examples of changes made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

People who used the service and their relatives said both management and staff were approachable and were confident about raising any issues or concerns with them. The service had a clear policy and procedure for the handling of complaints. People told us that they felt able to complain should they need to. One person told us, "I would feel confident to complain if I needed to." Where people or their relatives had raised concerns about their care in writing, these were dealt with appropriately and in line with the provider's policy.

Is the service well-led?

Our findings

Our last inspection of 05 October 2015 identified that the standard of record keeping across the service was poor and a requirement action was set. We also had serious concerns that the service lacked effective systems to assess, monitor and improve the quality and safety of services and we issued a warning notice that required the service to improve within a set timeframe. Following that inspection, we met with the provider and they wrote to us to tell us about the actions they would take to improve. At this inspection we found that appropriate steps had been taken and therefore the requirement action had been met and the Warning Notice complied with.

People told us that the management of the service had improved since our last inspection. For example, one person commented that "The office have got it together now and are much more efficient." People and their relatives expressed that in the main the service was now better organised and managed. Staff were aware of the provider's vision to provide a caring service which made people feel valued.

The management team were regularly involved in care delivery themselves which enabled them to have a good understanding of the needs of the people who received a service. It also provided the opportunity to hear about the standard of care people received. Staff said the 'hands-on' management style meant that they felt supported in their role and that communication was good across the service.

The service now had better systems in place to monitor quality and identify areas for improvement. For example, there was a schedule in place to ensure that regular spot checks were carried out on care staff to ensure they were working appropriately. In addition to spot checks, staff had one-to-one supervisions and yearly appraisals. Feedback from these sessions was recorded in staff files and that issues of best practice were discussed. Staff told us that they found the management team to be open, approachable and supportive.

Satisfaction surveys were now used as a means of gathering feedback about people's experiences and views on the care provided. We saw that recent questionnaires had canvassed the opinions of people who received a service, staff and professionals. The results from each group were positive. People had consistently praised the "Quality of Care" and "Reliability" of the service provided. Staff on the other hand had repeatedly recognised the support they received and continuity of care as being the best things about the service.

Staff expressed that the culture of the service was positive and that they were valued and listened to. One area highlighted for improvement was in respect of communication, especially at weekends. This was discussed with the provider who had already identified this from their own monitoring and were trialling different systems to see how this could be improved.

Records were now well maintained and stored safely. Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have quick access to people's current information. We found that regular audits of care and staff records were now being

undertaken to ensure that they conformed to the agencies policies.

The registered manager was aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way. Incidents and accidents were documented and evaluated to minimise the risk of re-occurrence. The PIR demonstrated that the provider had a good understanding about the performance of the service and how to continue to develop.