

Welcome Support Services Ltd

Welcome Support

Inspection report

Pantiles Chambers

85 High Street

Tunbridge Wells

Kent

TN1 1XP

Tel: 01892322717

Website: www.welcomesupport.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Welcome Support is a domiciliary care service providing personal care for people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks such as personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting five people, some of whom had complex support needs including, dementia.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service and what we found

The auditing and governance systems in place were not effective. Care records contained inconsistent information regarding how staff should meet the person's needs. Some records were very detailed, describing the exact support the person required and how staff were to use any specific aids or equipment. Whereas, other records were very sparse in the level of detail. Following the inspection, the registered manager completed, reviewed and updated the care records, and had planned to review other care records we did not view.

Medicine Administration Records (MAR) had not been reviewed to identify any shortfalls or errors. Guidance was not always available to staff informing them of the support the person required with their medicines. Protocols were not in place for people requiring 'as and when needed' medicines. There had been no harm caused to people as a result of a lack of documentation from MAR. However, without a formal auditing system in place assurances could not be given in relation to whether people had received their medicines as prescribed. We have made a recommendation about this.

Robust pre-employment checks had not been consistently followed, full employment histories for all staff had not always been obtained. The registered manager took action to address these shortfalls following the inspection. People were supported by the same core staff team, providing consistency and continuity of care. Rota's were planned to enable staff to spend additional time with people if required.

Relatives spoke highly of staff and felt their loved one's were safe with staff that knew their loved one well. Staff promoted people's independence whilst respecting their privacy and dignity. Some people were supported to access the local community and take part in various activities. Staff encouraged people to make their own choices and maintain their independence. Staff would encourage and support people to help make meals if this was part of their care package. Information was provided to people in different formats relevant to their communication preference.

New staff completed an induction and worked alongside experienced staff before becoming part of the care team. Staff spoke highly of the support they received from the management team and felt there was an open culture where they were kept informed and updated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 04 January 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Welcome Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service five working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Consent also needed to be sought from people and relatives to receive a telephone call to give their feedback.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the notifications about important events that had taken place in the service which the provider is required to tell us by law. We contacted health and social care professionals to obtain feedback about their experience of the service. We used all this information to plan our inspection.

During the inspection

We spoke with five members of staff including the registered manager, administrator and three care staff. We obtained feedback from five relatives about their experience of the care provided. We reviewed a range of records, including four peoples' assessments and care records. We looked at three staff files in relation to recruitment and induction records. A variety of records relating to the management of the service, including staff rotas and service user guide were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training, updated care records and risk assessments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had not been consistently managed to keep people, staff and others safe. Some people had comprehensive risk assessments and guidelines to help reduce and mitigate potential risks. Whereas other people's care records contained no information about risks posed to them and others. For example, one person smoked cigarettes within their home whilst care was being delivered. The potential risks posed to staff and the person had not been recorded.
- Risk assessments had not been consistently reviewed to ensure they were accurate and contained the relevant information. The registered manager reviewed and updated the potential risks posed to people that were identified during our inspection.
- There had been no harm as a result of a lack of risk assessments. However, without guidance for staff to follow, there was a risk that staff might not know how to support people whilst reducing potential risks. We have addressed the lack of robust governance systems within the Well-Led domain.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved one's were safe with the care staff. Comments included, "I'm absolutely certain that [loved one] is safe. [Loved one] says they have never known carers like it, they are so good" and "I am perfectly sure [loved one] is safe from the way they responds to the carers who have lots of laughs and banter but this is always alongside professionalism."
- Staff understood their responsibilities to keep people safe. They had received training and followed the providers policy and procedure. Staff described the potential signs of abuse and the action to take if they had any concerns.
- The registered manager had raised a potential safeguarding concern with the local authority. However, a statutory notification had not been sent to the Care Quality Commission (CQC). The registered manager told us they had been waiting to hear back from the local authority and submitted a notification to CQC following the inspection.

Using medicines safely

- Medicines had not been consistently managed to ensure people received their medicines as prescribed. Care records did not contain information to advise staff how to support the person with their medicines. Protocols were not in place for people requiring 'as and when needed' medicines such as, pain relief. This left the person at risk of either receiving too much or not enough of their prescribed medicines.
- Medication Administration Records (MAR) had not been completed consistently. Missing signatures were found on people's MAR which could not provide assurance, whether the person had received their medicines as prescribed or not. MAR had not been reviewed or audited by a member of the management

team to identify any errors.

- There had been no harm caused to people as a result of a lack of documentation from MAR. However, without a formal auditing system in place assurances could not be given in relation to whether people had received their medicines as prescribed.

We recommend the provider consider current guidance about the administering and recording of medicines including as required medicines and take action to update their practice accordingly.

- Staff had been trained and had their competency assessed by a member of the management team prior to administering medicines. A relative said, "I have no worries about medication. They [staff] know what medication is for what problem and why."

Staffing and recruitment

- There were pre-employment checks for staff including Disclosure and Barring Service (DBS) checks and references from previous employers. However, full employment histories including an explanation of any gaps in employment had not been documented. We spoke with the registered manager about this who addressed the concerns after the inspection.
- New staff were introduced to people alongside the registered manager before they started any care calls. People were supported by a core staff team they knew well, providing consistency and continuity of care. A relative said, "We have the same core group of carers who arrive on time and always stay for the time booked."
- Staff told us they were given adequate travel time between each care call, which enabled them to spend time with people and ensure they received their full commissioned support time. The registered manager worked as part of the care team at weekends and covered any sickness as required.
- Systems were in place for any unforeseen events such as traffic delays to ensure people were kept informed. Relatives told us they received a message if staff were running late and valued the communication between the management team and themselves.

Preventing and controlling infection

- Relatives told us staff wore personal protective clothing (PPE) during all care calls. Comments included, "Carers always use full PPE" and, "They always use full PPE and I don't have to monitor things as I have complete confidence in the staff."
- Staff had been trained and understood the procedures to follow to reduce the risk of cross contamination and infection. Staff had access to and followed the providers policy and procedure, as well as government guidance.
- Staff took part in regular COVID-19 testing, and the registered manager tracked staffs' vaccination status.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives had been involved in the initial assessment of their care needs. The registered manager completed the assessments to ensure staff were able to meet the person's needs before any care or support was delivered. One relative said, "There was a transition to start with from the old care company and [registered manager] came with all the carers in turn and was very 'hands on' with training them."
- Some people had comprehensive guidance detailing how staff should meet their care needs, from external health care professionals.
- People's assessments included characteristics covered by the Equality Act (2010) such as religious and cultural needs. People's preferred name had been recorded if this was different to their name given at birth. This information was transferred to the care plan which outlined the support required from staff.

Staff support: induction, training, skills and experience

- Relatives told us staff knew what they were doing and felt they were well trained. One relative said, "The carers really understand what [loved one] needs and how best to meet those needs; they do it just as good as if the family were doing it."
- Staff said they received the training, support and guidance to fulfil their role and meet people's needs. Staff told us when they had requested any additional training, this had been arranged. For example, the completion of a Diploma in Health and Social Care, this is a nationally recognised qualification within the care sector.
- Inductions for staff were thorough and were completed with a member of the management team. Staff did not provide any care independently until they were assessed as competent to do so by a member of the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed in relation to the support they required from staff to maintain their nutrition and hydration. Staff were trained in food hygiene and understood the importance of encouraging people to eat a healthy balanced diet.
- Care plans contained detailed guidance of the support people required with their meals. Some people required jugs of drinks and fresh water to be left, other people required staff to prepare breakfast, lunch and dinner of their choice. Staff were required to record the food and fluid intake for some people.
- Staff followed guidance from dieticians and speech and language therapists for people at risk of malnutrition, dehydration or specific health conditions. For example, the use of thickened fluids for a person at risk of choking. A relative said, "[Loved one] is liable to choking and [Registered Manager] was so diligent and efficient in training the carers as to how to minimise the risk."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Relatives said staff looked after the health of their loved one and contacted relevant health care professionals to ensure they remained as healthy as possible. Comments included, "The agency will call about hospital or doctor's visits" and, "They are so observant. They always check for skin issues and will flag up any concerns and if necessary, organise the tissue viability nurse to call."
- People's health needs were identified in the initial assessment. Staff worked alongside and followed guidance from health care professionals to improve people's health, mobility and well-being. For example, guidance from an occupational therapist detailing how to support a person when using the hoist and transferring between the bed and chair.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Care plans contained details of people's ability to consent and make decisions about their own lives. Staff said they supported people to make daily choices such as, what they wanted to eat, wear and how to spend their time.
- Staff understood the MCA and confirmed they had received adequate training. Staff understood that people had the right to make decisions; they described how some people's capacity fluctuated due to living with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included information about their background, likes and dislikes and staff were knowledgeable about these. A relative said, "The carers have got to know my wife very well and how she best likes to be looked after. They are very experienced carers and it shows in how they treat her, understanding her needs and wishes."
- People's religious beliefs had been recorded within their care plan and any support required to meet this need. For example, one person's loved one took them to church and another person's mobility had deteriorated, therefore it had been arranged they received a copy of the service to their home.

Supporting people to express their views and be involved in making decisions about their care

- The views of people and their relatives were captured by the registered manager during the initial assessment and then transferred into their care plan. The registered manager regularly worked as part of the care team speaking with people and their relatives on a regular basis.
- Staff told us they were not rushed between care calls and had time to listen and speak with people. This gave people an additional opportunity to discuss their care needs and to make any changes that were required.

Respecting and promoting people's privacy, dignity and independence

- Relatives spoke highly of the care staff. Comments included, "It's all about him [loved one] and his respect" and, "Whenever I phone [loved one] which I do every other day, the phone call is taken up with her singing their [staff] praises."
- People's care plans promoted their independence and informed staff what people could do for themselves and the support they required from staff. For example, staff to encourage people to wash parts of their body unaided.
- Staff understood how to protect people's privacy and dignity whilst delivering personal care. Comments included, "Ensure you have the person's consent. Close any curtains or doors. Promote the person's independence" and, "Close the curtains and cover people up as much as possible. Ask people's consent before completing any tasks."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained an inconsistent level of detail and personalisation. Some records were very detailed and outlined how the person wanted their needs met and other records lacked detail. Following discussion with the registered manager the care plans were reviewed and updated to include the level of details which was known to the staff but not recorded within the care plans.
- Relatives told us their loved one received a personalised service that was responsive to their needs. Other comments from relatives included, "We are very well supported as a family and it often goes above and beyond what would normally be expected" and, "They [staff] notice the little things for example, if [loved one] is running out of creams."
- Care plans were reviewed with the person and their relatives as needed. One relative said, "We started care in June 2021 and have already had a review at three months." The registered manager told us they were in the process of setting up a formal review system online to ensure people's records were formally updated. Daily logs completed by the care staff at the end of each care call were reviewed by the registered manager, this was to check for accuracy against the person's care plan.

End of life care and support

- The agency on different occasions did support people at the end of their life. Care records lacked detailed outlining the care and support the person wanted to receive at the end of their life. We spoke with the registered manager about this and sign posted them to additional resources that could support the development of people's end of life plans.
- Staff told us they had received training regarding end of life care and had found the course very useful.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and preferences were gathered at the initial assessment and transferred into the person's care plan. Some people had specific 'communication passports' in place which detailed how to communicate with the person and things the person wanted staff to know about them. For example, the use of Makaton to aid communication. Makaton uses signs and symbols to help people communicate.
- Documents were available to people in formats they were able to understand such as, easy read pictorial formats or larger fonts.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people's commissioned hours of support included accessing the local community to participate in activities. Staff followed guidance and risk assessments to support people to access the cinema, local disco's and the hydrotherapy pool.

Improving care quality in response to complaints or concerns

- People and their relatives were given information within the Statement of Purpose which outlined how they could make a complaint or raise a suggestion about the service they received. The provider had a policy and procedure in place for the event of a complaint being made. Records showed there had been no formal complaints since the agency became registered.

- Relatives told us they were happy with the service they received and felt confident to speak with the registered manager about any concerns they had. One relative said, "I have not had to complain but I know how to and think I would be listened to and they would try to resolve things."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The overall auditing and governance system in place to identify any shortfalls was not effective. The monthly audit completed by the registered manager had not identified the shortfalls we found such as, a lack of risk assessments, care plans and medicine guidance.
- The registered manager worked as part of the care team and saw people on a regular basis. However, without any formal monitoring in place, the shortfalls we found during the inspection had not been identified. This was a missed opportunity to continuously learn and improve the service people received.

The provider had failed to have effective governance systems in place to assess, monitor and improve the quality of the service that was provided to people. The provider was not maintaining adequate records to enable them to monitor care delivery. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had not ensured all regulatory requirements had been met. Statutory notifications had not been submitted to CQC for an allegation of abuse and when there had been an expected death. Following our inspection, the registered manager sent in the notifications in retrospect and said all notifications would be submitted in a timely manner in future.

The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of regulation 18 of the CQC (Registration) Regulations 2009.

- Relatives spoke highly of the registered manager. Comments included, "[Registered manager visits regularly, and the service is managed very well" and, "[Registered manager is well experienced. Everything is done by the book and if he comes to check up or cover, he always adds his comments in the book."
- Staff spoke highly of the support they received from the registered manager and the management team. One member of staff said, "I feel valued as a member of staff. I like the flexibility. I really enjoy working for Welcome Support." Staff understood their role and responsibility and were given a job description during their induction.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's and relatives' feedback had been gathered during care reviews, care calls and quality reviews completed by the registered manager. The registered manager told us they were in the process of developing a formal system to gather feedback through surveys.
- Staff told us they felt there was an open culture where they were kept informed and their suggestions and ideas were listened to. One member of staff when speaking about the management team said, "They are very supportive and always answer the phone and are there if we need them."
- Regular team meetings were held enabling staff the opportunity to share best practice and to make suggestions for improvements. The registered manager sent newsletters out to staff to keep them updated with what was going on within the agency.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us there had not been any accidents or incidents since registration however, there was a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.

Working in partnership with others

- Staff worked in partnership and followed guidance from health care professionals such as the SALT team, occupational therapists and GP's.
- The registered manager received regular industry updates from external agencies to keep up to date with what was going on within the sector.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered manager had failed to notify CQC of a notifiable event in a timely manner. This was a breach of regulation 18 of the CQC (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective governance systems in place to assess, monitor and improve the quality of the service that was provided to people. The provider was not maintaining adequate records to enable them to monitor care delivery. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>