

Welcome Support Services Ltd

Welcome Support

Inspection report

Pantiles Chambers
85 High Street
Tunbridge Wells
Kent
TN1 1XP

Tel: 01892322717

Website: www.welcomesupport.uk

Date of inspection visit:

28 November 2022

02 December 2022

05 December 2022

Date of publication:

12 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Welcome Support is a domiciliary care agency providing personal care. The service provides support to older people and those with a physical or learning disability within their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were six people using the service and receiving personal care. The registered provider told us they were planning to expand the service following the inspection and change to the rating.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: The model of the service was person centred and promoted independence. 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. People had their needs assessed and there were enough skilled staff to ensure people had their needs met in a personalised way.

Right Care: People valued the support they received and they told us they were treated well by staff. One person's relative said, "They are all very good to her and she likes them, they are just so lovely with her and with (other relative), so kind and caring. I can't praise them enough." Staff demonstrated respect for the people they cared for. The service worked well with other professionals to ensure people's needs were met and they were safe. There were safe and effective systems in place for ensuring people had their medicines.

Right Culture: The registered manager and staff demonstrated a commitment to person centred values. There was an ethos of continuous improvement and the registered manager demonstrated duty of candour when things went wrong. Staff understood how to recognise the signs of abuse and were confident to report any concerns.

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 15 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain that requirement.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The previous ratings for Effective and Caring were good. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welcome Support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one Inspector 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 November and ended on 5 December 2022. We visited the location's office on 28 November 2022.

What we did before the inspection

As part of this inspection we reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

The provider had completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning the inspection.

During the inspection

We visited the locations office and met with the registered manager. We spoke with one person using the service and the relatives of four people using the service. We spoke with three staff members. We reviewed care plans and risk assessments for two people. We also reviewed audits, staff records, training records and other records associated with the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection there were some shortfalls in the assessment and management of risks. At this inspection it was clear that risk assessments had been improved and were more detailed with clear guidance for staff to follow.

- Risks to people's safety were identified, assessed and managed appropriately. Risk assessments had been completed for individuals for areas such as mobility, choking and smoking. There were clear actions detailed for staff to follow to keep people safe and risk assessments and management plans had been reviewed regularly.
- People and their relatives told us that staff knew what steps they needed to take to keep people safe. One person's relative told us, "[relative's] mobility is now very poor, and they have to hoist now, but the company has been great, they have worked with the OT and reassessed and changed things as needed." Another person's relative told us, "Before they started they came and did the care plan, it took ages as they had to get it right, [relative] has dysphagia and can choke, so everything had to be right, but we've got that here and they follow it."
- Staff told us that they had access to up to date care plans and risk assessments so that they knew how to support people safely. One staff told us, "If there is a change to the plan, they send us a message to tell us we need to read and sign the new plan."

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 MCA 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. Staff understood the principles of the MCA and we saw that people had given consent to their care.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. There was no one being deprived of their liberty at the time of the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had undertaken training in safeguarding and understood how to recognise and report any signs of abuse. One staff told us, "I would report any concerns

to the manager, they always deal with things. If I needed to, I would go to CQC."

- People told us they felt safe using the service and relatives confirmed this. One person told us, "I do feel safe with them." A person's relative told us, "She is completely safe with them; we have four visits from two carers a day and they are very good."
- There were effective systems in place for managing risks to people and checking on their welfare. Any allegations of abuse had been reported to the local authority and CQC. There was a safeguarding lead for the service who carried out regular audits of any safeguarding matters. They told us, "I am really passionate about safeguarding."

Staffing and recruitment

- People were safeguarded from harm through robust staff recruitment processes. The Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records were in place that showed these checks had been completed before staff started work.
- There were enough staff to meet people's needs in a timely and personalised way. People told us the staff arrived when they should and stayed for the agreed amount of time. One person told us, "They are on time, but the traffic is diabolical at the minute, but they do try and they all stay as they should." Another person said, "They are very good timekeepers, but they do ring if they have been delayed and they don't rush away like the others did."
- Staff told us that they were provided with sufficient time to be able to get to each person's home without it impacting on the time they spent with people. One staff told us, "We never have to cut calls short. That's one of the main reasons I work for this agency over others, they give us time to give quality care."
- People told us that they had regular, familiar staff. Staff and the registered manager described processes for introducing new staff before they went to work with a person. People and their relatives confirmed this happened in practice. One person commented, "It's usually the same person that comes but if there is a new one, the manager (name) brings them to introduce them to us and to (relative) but they get along very well."

Using medicines safely

- People received their prescribed medicines in a safe way. Staff had received training in the safe management of medicines and the registered manager had regularly checked their competence in this area. This included spot check visits when they were supporting people.
- People told us that they received the support they needed to manage their medicines. One person said, "They do all his medicines and that's all fine, no problems."
- We saw records that showed appropriate action had been taken to work with the dispensing pharmacy to ensure people received the medicines they needed.

Preventing and controlling infection

- People were protected from the risk of infection. There were effective processes in place for assessing and managing infection risks. For example, where people needed continence aids, such as a urinary drainage catheter, there was clear guidance for staff to follow to assess and manage the risk of infection. Staff knew how to recognise signs of infection and report it to health professionals.
- There was a policy and risk assessment in place for managing risks relating to COVID-19. Staff were provided with personal protective equipment (PPE) and people told us the staff always used this.

Learning lessons when things go wrong

- There were effective systems in place for reporting incidents and analysing these to inform learning. The registered manager had good oversight of incidents in the service and records showed that learning had taken place.

- Where there had been medicines errors staff had been mentored, supervised and re trained where necessary to develop their skills and knowledge. This helped to minimise the risk of an error occurring again.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection there were shortfalls in care planning. Care plans were not always personalised and some did not contain the level of detail needed to support people effectively. At this inspection improvements had been made. Care plans had been reviewed and further developed.

- People received personalised care that met their individual needs and preferences. They had assessments of their needs that considered their preferences. Care were personalised and gave staff information about the way they should provide support to each individual. Care plans were kept up to date as people's needs changed. A person's relative told us, "The care plan has been updated several times, in fact they have just reassessed last week as (relative) is getting more immobile."
- People had been involved in developing their care plan and they had signed to agree the content. One person told us, "They did a complete care plan at the start with us and it's been updated several times". Staff told us that they were always informed of any changes to care plans.
- Staff told us that they knew people well and knew their preferences. One staff told us, "We have time to get to know the clients before we go to them alone. The manager always comes with us first time and so the client never gets strangers in their home." Another staff member told us the "most important thing is that the client is involved and at the centre."
- People told us that their care met their needs and preferences. One person's relative told us, "This company is so good, they take their time and stop and make sure (relative) is taken care of and is happy before they go." A person told us they knew staff well. They said, "I know them all now, it's the same ones that come, which is great because you don't have to keep telling them where things are or what to do, they all know you."
- All staff had completed training in learning disabilities and autism.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs met. Each person's assessment included communication needs and there was information in care plans about how best to communicate with each person.
- Staff understood how to communicate with people using their preferred method. One person's care plan described how they used some Makaton signing and staff we spoke with were aware of this and knew how

to communicate with the person.

- People had a communication passport to help staff and other health professionals understand their communication needs and preferences.

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

- People had their social needs met to avoid social isolation. Some people had specific calls during the week to support them to go out to do activities in their local community.
- A person's relative said, "They take him out shopping for Xmas decorations, they think of all sorts of things to do and he loves it." Another said, "They take (relative) swimming and ten pin bowling regularly, she likes that and if it is too busy they go to the cinema or shopping. They are very flexible, if (relative) isn't feeling well or doesn't want to go, I just ring up and explain and it is never any problem, we just reorganise, nothing is too much trouble."
- Care plans reflected people's hobbies and interests and staff we spoke with knew these. There were examples in the records where staff had used their knowledge of people's interests to support their conversations with them.

Improving care quality in response to complaints or concerns

- There was an effective system for managing complaints. People and their families knew how to make a complaint if they needed to and they told us they felt able to do so.
- One person told us, "If I have a concern I just need to speak to (name) and it is sorted." Another person said, "If I had a problem I would just speak to (name) but we haven't so far."
- There was a clear written complaints procedure. Records showed that complaints were taken seriously and properly investigated. The registered manager and all staff understood duty of candour and ensured this was promoted in complaint investigations and their outcomes.

End of life care and support

- People could be assured their needs would be met in a personalised way at the end of their life. People's preference for how they wished to be supported at the end of their life had been documented.
- One person's relative told us, "We have an end of life plan, we thought we needed one earlier in the year but she has rallied again, but it is still in place with the local hospice and welcome support."

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.

At our last inspection we rated this key question Requires Improvement. There was a breach of regulation relating to statutory notifications to CQC. At this inspection improvements had been made and there was no breach of regulation. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager who was responsible for the day to day running of the service. People knew the registered manager and felt confident in their leadership.
- Since the last inspection improvements had been made to the governance of the service. There were detailed audits completed each month of a range of areas of service delivery. This included care plans, risk assessments, medicines and safeguarding matters. Where actions were identified as needed the registered manager had clearly recorded the steps taken to improve. The previous breach of regulation had been addressed and the provider was submitting notifications appropriately.
- The registered manager had good oversight of service delivery and standards of care provided. They worked closely with staff and carried out visits to people to observe staff practice and seek feedback. A person told us, "They come from the office to check quite often and if I have a problem I just ring (name) and he sorts it, it's really good to have someone who listens to what you are saying and then does something about it." Another person told us, "(name) is the manager and he comes once a week with the carers, so that is reassuring."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had created an open and inclusive culture. They were engaged in the running of the service and knew all people and staff well. One staff told us, "The manager and deputy come out and work alongside us sometimes. They often call and check whether we are ok." A person's relative told us, "Well it is just fantastic, I am glad to have them, my stress levels have dropped, I was so worried before ,but now, I know that she is being taken care of and is safe, I can't tell you how happy we are to have them." Another person said, "They are really easy to get hold of and we have no worries at all, I don't think there is anything they could do better."
- People told us that the service was tailored to their needs and they were happy with the care they received. One person told us, "They are all very good, the men and ladies that come are lovely to me and they can't do enough for you and (manager) and the office do try and get things done for you." A persons' relative told us, "They have been really flexible, if I have needed to go out or to an appointment, they have tied themselves in knots to be helpful." Another person said, "We have confidence in the company and they

are easy to get hold of and talk to and they have been very helpful when we have needed changes, we have no worries."

- Staff told us that they felt supported in their roles to enable them to meet people's needs. One staff member said, "If there is an issue we can call the office and they sort it quickly. If we need equipment it is always sorted quickly." Staff supervision records showed that they were provided with feedback on their performance each month that included professional discussions around a person centred culture.
- The registered manager and staff demonstrated duty of candour when things went wrong. We saw records that showed incident and complaint investigations were thorough and led to identified actions for change. The registered manager took responsibility for any failings and communicated the outcome to people and their families.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff told us that they were regularly asked for their views and their opinions were valued. One person said, "(manager) sends us a questionnaire every three months asking how it is going and if there are any issues." A staff member told us, "It's a great place to work. The manager listens to us and we only have to ask for something and it is sorted."
- Records showed that feedback was sought and acted upon. There were surveys that had been reviewed and analysed. Where a person had requested support to go out for different activities this was being explored.
- Staff worked well with other professionals to ensure integrated care for people. This included supporting people to work with their pharmacist on medicines delivery and working with community nurses to meet people's continence needs. A person's relative told us, "(the manager) comes out to see us often and they liaise with all the professionals and let us know straight away if they are worried about (relative) or even (other relative) as he gets very tired, they are very accommodating and do their best to help, they are very flexible."

Continuous learning and improving care

- The registered manager had a development plan for the service to increase the number of people they supported and the range of support that could be provided. The safeguarding lead for the service told us, "I'm proud of what we have achieved this year, it's not a race, the improvements are a continual journey."
- There was an ongoing learning and development programme for staff. Staff told us that they felt supported in their roles and provided with sufficient training.
- We saw examples where there had been learning from incidents such as medicines errors. There was a clear investigation and actions identified and carried out. There was a no blame culture and staff were supported to address development needs through supervision meetings in a positive way.