

Southwest Home Care Limited







Southwest Home Care Ltd Office

Inspection report

196-198 Cheltenham Road,
Bristol, BS6 5QZ
Tel: 0117 9420 693
Website: southwesthomecare.co.uk

Date of inspection visit: 12 and 13 August 2014
Date of publication: 19/01/2015

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	

Overall summary

We carried out this announced 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Southwest Homecare provides care and support to people in their own home. They were also contracted to provide out of hours visits to vulnerable people in the community.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

People told us they felt safe and were happy with the care provided. People's care teams were agreed with them and they knew who would be visiting and when. One person told us, "I know who is coming, and when, it is that knowing that makes me feel well cared for and at ease".

People told us staff were trained and had the knowledge to provide the care and support they needed. Records showed staff had received appropriate training to meet the specific needs of people using the service.

Everybody spoken with told us the service adopted an open and approachable ethos. People told us they knew the registered manager well and felt they could talk to them about anything. We found people continued to manage and direct their own care package. One person told us, "I can ring the office at any time and they always answer". Another person who had communication problems was supported to use emails as a way to communicate with staff and management.

The provider had a clear policy and procedure for safeguarding vulnerable adults. All staff had attended

training in recognising and reporting abuse. Staff were able to demonstrate they understood the signs of abuse and who to contact if they had concerns. All staff spoken with knew about the services whistleblowing policy and felt they could talk openly with the management team at any time.

Staff recruitment was safe. All required checks were carried out and staff did not work with people until they had completed their induction training. They then worked with senior staff before being assessed as suitable to work alone.

The provider had systems in place to monitor the care provided and people's experiences. Although they did not carry out a formal service user survey they spoke regularly with people about their care plan, the staff they received and any changes they would like to make. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Summary of findings

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 safe people told us they felt safe and were happy with the service provided.

People who used the service were safe because the provider had systems in place to make sure they were protected from abuse and avoidable harm.

Staff we spoke with had a good understanding of how to recognise and report any concerns. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

The provider had systems in place to ensure there were enough experienced and skilled staff to support people.

Good



Is the service effective?

The service was effective as people always received care by staff they were matched with and at times of their choosing.

People who used the service received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

Good



Is the service caring?

The service people received was caring. People told us they received support from staff who cared about them as individuals.

The registered manager demonstrated a very caring attitude towards people and staff. They understood people's specific needs and how to support them when feeling vulnerable.

People told us the staff always ensured their privacy and dignity were respected.

Good



Is the service responsive?

People received care that was responsive to their needs because staff had a good knowledge of the people who used the service.

We observed the registered manager working with professionals to ensure they responded appropriately to people's changing needs.

People's care was planned with them. People's needs were assessed at an initial meeting and regularly after that. If their needs changed they were reassessed and new plans developed.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well led people and staff told us the registered manager and nominated individual were approachable and listened to any suggestions they had for continued improvement of the service provided.

Good



Summary of findings

The service had clear systems of governance in place. People could contact the office and their query would be responded to.

There was a system of quality auditing in place to drive a system of continuous improvement.

Southwest Home Care Ltd Office

Detailed findings

Background to this inspection

This inspection was announced. Twenty-four hours advance notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff, or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector over two days to allow us to visit people in their own homes.

Before the inspection we reviewed previous inspection reports and information we held about the service. The provider had experienced technical difficulties submitting the Provider Information Record (PIR), so we looked at their paper copy during the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

At the last inspection carried out in August 2013 we did not identify any concerns about the care and support provided to people supported by the service.

At the time of this inspection Southwest Homecare was providing a service for 15 people, seven of whom were receiving an out of hour's service. We looked at records kept in respect of four people's care such as their care plans, policies and procedures and four staff personnel and training records. We spoke with three people who received care from the service and one relative. We also spoke with four staff. We spoke with the registered manager and nominated individual during the inspection. The nominated individual is a senior official in the organisation who is responsible for responding on behalf of the company.

Is the service safe?

Our findings

People told us they felt safe receiving a service from Southwest Homecare, one person told us, “I know who is coming and when, I feel so much safer knowing that they are there to help me. I can call the office and they will talk to me”. Another person told us, “They are there and I know I am safe in their hands”. One relative told us, “We feel so much more involved and safe that we have just been able to relax”.

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission (CQC). Staff told us they had received safeguarding training. We confirmed this by looking at staff records. Safeguarding training was renewed on a regular basis to ensure staff had up to date information about the protection of vulnerable people. The provider also provided training for the protection of children if they were directly involved with the person they cared for.

The provider had a clear policy and procedure for safeguarding adults. It set out the measures which should be in place to safeguard adults. The policy included how to report safeguarding, which broke down the actions to be taken if an alleged safeguarding concern, had been identified. Staff confirmed they knew about the safeguarding adults’ policy and procedure and where to locate it if needed.

Where staff handled people’s money, this was done in line with the service’s policy and procedures. There were clear records accounting for monies given, spent and returned. Receipts were provided for all spending.

Staff were recruited safely. All staff completed a formal application process and had their backgrounds checked to ensure they were safe to work with vulnerable people. This

included at least two references from previous employers, a criminal records check and seeking an explanation for gaps in their employment history. All staff underwent a formal interview, induction training programme and shadowed experienced staff before going onto work on their own. Staff spoken with confirmed they had gone through a thorough recruitment process and had not worked alone until they were considered competent by the registered manager.

The registered manager, nominated individual and staff all had a clear understanding of the Mental Capacity Act 2005 (MCA). They were able to explain how they made sure people who did not have the capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager was able to explain how they would carry out a mental capacity assessment if it was considered a person lacked the capacity to make decisions about their care. Staff told us care was always agreed with the person which meant gaining their consent at each visit, rather than assuming the person still agreed with what they wanted the day before.

Care plans showed environmental and individual risk assessments had been completed and were regularly reviewed with each person. These were in line with people’s care needs and if a care need changed the associated risk assessment changed. People were involved in identifying risks they felt may have an impact on their care or the staff entering their home.

There were sufficient staff employed by the service to meet the assessed needs of the people. People told us they received consistent support from staff who were well trained and knowledgeable about their specific conditions and requirements.

Is the service effective?

Our findings

People told us staff knew what their care needs were and looked after them effectively. One person told us, “We agreed what I need and they know how to look after me. I always have the same group of people and I know they work as a team”. Another person told us, “I have an agreed time for visits and I can’t remember them being late. They arrive on time and get on with what they have to do. Because they are the same team of people I don’t have to tell them what needs doing they just know”.

The registered manager explained that they used a care planner App on smart phones which the service provided for staff. Staff could immediately log the tasks they had carried out and any concerns they had with the office. The registered manager could then make any changes and contact any health professionals in a timely manner.

The registered manager told us how they matched staff to people. She told us of one occasion when a person had said they did not like a specific care worker. We saw in their records an alternative member of staff had been found. The person said it had been a clash of personalities rather than lack of skill. We saw one person preferred to be looked after by female staff, all personal care for that person was managed by female staff. The manager confirmed if they did not have a female care worker available they would cover the visit their self.

We asked staff if they felt the travel time between visits was sufficient to prevent them rushing. They all told us they had plenty of time for travel ensuring they were on time for each visit and did not have to rush the care.

Staff had effective support, induction, supervision, appraisal and training. Staff told us they received “plenty of training”. One care worker told us, “I had a thorough induction then I worked with the manager. I then started to work with other care staff and now I can work alone when necessary. The manager will do spot checks, and work alongside us so they are aware of any changes and can make adjustments when needed”.

Staff personnel records showed they had been offered training appropriate to their role within the service. We saw staff received training specific to the specialist needs of some people. For example staff had been trained by the community nurse in the correct procedure for PEG feeds (Percutaneous endoscopic gastrostomy). A PEG is used in people of all ages, who are unable to swallow or eat enough and need long term artificial feeding. Training was provided in-house, online and through external agencies. This meant all staff were up to date with current care practices. One staff member told us, “The training here is really good, I am so glad they use a variety of training methods as I really switch off when it is online training only”. During the inspection we saw one staff member had come into the office to do some online training.

We visited one person who was being assisted to budget, purchase and cook their own food. The staff member discussed their shopping list and helped them prepare their lunch. This person told us they found the support, “Invaluable”. They said they found they retained choice over their meals but had also been supported to eat a healthier diet.

Is the service caring?

Our findings

People told us the staff, registered manager and nominated individual were very caring. They all knew the registered manager and nominated individual well as they also provided hands on care. One person told us, “The care I receive is excellent”. One relative told us, “This is not the first care agency we have had but I can assure you they really go that extra mile to make sure my [relative] is cared for in the best way possible”.

The continuity of care workers meant people were able to develop a relationship with them, one person told us, “I know my girls really well now and it is always a pleasure to see them, they always smile and bring a bit of laughter into the house”.

During our visit we observed a conversation with the registered manager concerning one of the people they cared for. The situation was outside of their visiting time; however the registered manager arranged to talk with health care professionals and support the person on a hospital visit. They offered to provide an advocacy service for the person helping them to get their view on the care they were receiving listened to.

One care record showed the registered manager had provided equipment from their own budget for one person when they ran out of stock. The registered manager told us they had not hesitated as it made the person more comfortable and had aided their recovery.

When first referred to the service the registered manager would meet with each person to discuss their needs and agree a plan of care. We saw the care plans had been agreed with people and they were regularly reviewed. We also saw people were asked for feedback on their care staff and the way their care was delivered. This meant people were involved in ensuring the care provided was what they wanted and not what people thought they needed. The staff handbook contained very clear guidance on supporting people to make choices and their right to take risks.

One person using the service had severe communication problems. The service had arranged a system for the person to communicate with them through emails. This person was very involved in deciding how and who would provide their care and they were in daily contact with the registered manager by email. We saw they would evaluate new staff and let the registered manager know if they felt they were suitably trained to meet their needs.

Care plans gave staff very clear guidance on how to maintain an individual's privacy and dignity.. Staff told us they were trained from induction to respect people's rights to privacy and dignity when providing care. One staff member told us, “It's not just down to making sure curtains are closed and they are covered, but to how they prefer the care to be provided so they feel comfortable and are never put in an embarrassing situation”. The registered manager told us if people expressed the wish for a specific care worker or gender of care worker they tried to respect their wishes.

Is the service responsive?

Our findings

Staff spoken with demonstrated a clear knowledge of the needs of the people who used the service. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, “Each person is an individual, they all like things done differently and sometimes they like things done different from the day before, so you need to talk to them and not just rely on the written care plans”. People told us staff could be flexible about the way they supported them, one person told us, “I’m always changing my mind, and they don’t seem to worry about it”.

Care plans were specific to the individual and showed people had been involved in agreeing the level of care they received. We saw that regular reviews of people’s needs and risk assessments were carried out and the care plans up dated to reflect any changes identified. Care plans included comments from people when changes were made.

The registered manager confirmed the service had not carried out a formal survey of people they provided a service to. However we saw people were regularly asked to

comment on the care they received, the staff who provided the care and if they wanted to suggest any changes. People were also asked to feedback on new staff so the registered manager could put in place any training that may be required.

Other health care professionals were also asked to feedback on their experience of the care provided by staff. We saw comments from the palliative care team who stated the staff were “great and [the family] appreciated their service”.

The service had a complaints policy and procedure and this was made available to everyone who received care from the service. We reviewed five complaints; seven had been received since March 2013, and saw these had been investigated in line with the organisations policy and procedure. People were written to in order to acknowledge their concern and once the investigation was completed. The service ensured they were asking if the person was happy with the result. Where the concern was about care the individual staff member was supported to understand the concern and amend their practice. This meant the service learnt from issues raised and endeavoured to improve the service provided.

Is the service well-led?

Our findings

Southwest Homecare is a small family run business; their philosophy of care is to promote independence, recognise people as individuals and to respect dignity and privacy. This culture was seen throughout the inspection. During our time in the office we observed telephones answered promptly and people spoken to with respect and advice/signposting given when needed. People told us there was always someone available if they needed to call the office. One person told us, “I never have a problem talking to someone and they are always so organised”.

People told us they felt the service was managed well, one person told us, “The main thing for me is I see the two managers [the registered manager and nominated individual] more often than the last agency. Nothing is too much for them they do the same work as the girls so I am happy they know what I need as much as everybody else”. Another person told us, “If I ring the office they know me and what I need, I never have to explain everything at length over and over again”.

People’s personal records showed they had been involved in planning their care, and staff confirmed it was what the person wanted rather than what was best for the service. The registered manager told us they always sought feedback from people about new staff and would not extend a probationary post if people said they were not ‘up to speed’. This meant people were empowered by having a say in the running of the service and the care they received.

Although the service did not send service user surveys out formally they did speak with people about their experiences and the changes they would like made on a regular basis. These were recorded in their care plans so all staff could be kept informed and learn from the comments made.

One staff member told us, “The manager leads by example, she is there and works with you and she is very clear from day one that the person is at the centre of everything we do”. Another staff member told us, “I think it is very well managed they listen to their staff, which is something new to me. They are always available and open to suggestions

and they actually work with you so they know what it can be like”. Staff confirmed they attended staff meetings where they were given the opportunity to air any concerns as well as keep up to date with working practices and organisational issues.

The service had policies and procedures in place for the running of the organisation. We were told that staff were updated in staff meetings in respect of policies and could access them via their smart phones so they had a copy with them at all times. One staff member told us they could look up anything at the “click of a button”.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. We looked at the incident records and we saw that actions had been taken in line with their policies and procedures. Where incidents had taken place we saw involvement of other health and social care professionals to review people’s plans of care and treatment, and liaison with the local authority where necessary.

Staff confirmed they were aware of the organisation’s whistleblowing policy and the procedure in place if they felt they needed to raise concerns due to unresolved problems. They added that to date they had not had to follow the procedure because they felt they could talk with the management team to resolve anything they felt they needed to discuss. This demonstrated that the service was open and responsive to discussion about improving the service they provided.

The registered manager carried out audits of all areas of the service regularly. We saw audits of care plans, medication records, accidents and incidents and complaints. The registered manager put together an action plan to manage issues raised or made changes to care plans and risk assessments. Any issues raised were discussed with senior care staff and shared with the staff team; the registered manager confirmed they avoided a blame culture preferring to look at everything as a ‘learning curve’.