

Walnut Care Limited

Walnut Care at Home

Inspection report

Walnut Cottage, Copping Syke
Langrick
Boston
Lincolnshire
PE22 7AP

Date of inspection visit:
17 February 2021

Date of publication:
06 April 2021

Tel: 01205280101

Website: www.walnutcare.com

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

About the service

Walnut Care at Home is a domiciliary care service providing personal care to people living in their own homes. At the time of inspection there were 445 people using the service. 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

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

Staff were provided with information about how to reduce risks associated with people's care. The providers own risk assessments were often generic and could have included more person-centred information. We discussed this with the provider who was aware of this and had plans to develop this in the future. Staff were aware of the risks associated with people's care.

People told us there were enough staff to meet their needs. Some people told us staff absence could result in last minute changes and late calls. Some people told us that sometimes staff rushed to deliver their care. We considered the impact the COVID-19 pandemic had on staffing. Staff were recruited safely and in line with requirements.

People were administered medicines by staff who were trained and competent. Records of medicines administration were checked by the provider and errors were addressed.

People confirmed staff wore the correct PPE when providing care to them in their own homes. Records showed staff were provided with infection control training. The provider had reacted and responded to the COVID -19 pandemic in a proactive and dynamic way. Staff were provided with the PPE they needed.

Since the last inspection the provider has developed improved systems to monitor and review care to ensure incidents are escalated and responded to. Staff told us they reported concerns to a senior member of staff during daily handover.

Staff received training to ensure they could recognise and report abuse. Staff described how they would report their concerns to someone more senior.

People's needs were assessed when they commenced using the service. A system was in place to check the information in local authority needs assessments prior to agreeing to provide care. People had care plans which reflected their basic needs.

Systems to support staff learning and development had improved since our last inspection. Training records showed staff received the training they required to carry out their roles.

Records showed staff escalated concerns about people's health and wellbeing. Systems had been improved

since the last inspection to ensure information about people was more accessible and could be shared with health and social care partner agencies.

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 told us staff treated them with courtesy and respect and were kind to them. People told us they felt involved and consulted about their care. People told us staff respected their privacy and dignity.

The quality of information in care plans and person-centred care guides varied. Some contained a detailed description of people's preferences and wishes, and others were less person centred and required further development.

Records showed peoples care was reviewed and people were consulted about their care and encouraged to contribute ideas and views.

A complaints procedure was in place and records showed complaints were investigated and responded to.

Staff were provided with training and support to recognise frailty and support people who were at the end of their life. The provider had a system to ensure people who were at the end of their life had a palliative care plan in place.

Since our last inspection the provider had developed a clear governance process and had improved systems to ensure they had clearer oversight of the service and risk.

The provider had developed an improvement plan which incorporated actions from service checks, feedback from service users and complaints. The provider and senior management team had worked hard to drive improvements during the COVID-19 pandemic.

Some people told us they found it difficult to contact the office on occasion, others confirmed service checks were carried out and they were asked for feedback about their care.

Staff consistently told us they felt supported in their roles and they felt confident to raise concerns.

The provider has worked extensively with partner agencies and local groups throughout the pandemic and have shared information to support the local care network in the area.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 24 November 2020) and there were multiple breaches of regulation. A Warning Notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was issued. Due to the COVID-19 pandemic we were unable to return within the specified timescale to check the Warning Notice had been met, therefore this was checked at this inspection. 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

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Walnut Care at Home

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

This inspection was carried out by two inspectors, an assistant 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 homes and specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 72 hours' notice of the inspection. This was because it is a large geographically dispersed service and due to the COVID-19 pandemic we wanted to reduce the amount of time spent at the office location. Therefore, the registered manager and provider needed time to prepare documentation before the inspection visit.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, registered manager, supervising managers, key workers, team leaders, care workers and office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included fourteen people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks were mitigated to ensure people's safety, to ensure reporting of incidents which affect the health, safety and welfare of people and the safe administration of medicines. This was a breach of regulation 12 (1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider's approach to managing risk had improved since our last inspection. Professional guidance in relation to known risks to people was available for staff to follow. For example, people who were at risk of choking had guidelines in place from health practitioners. People's care plans identified the risk and instructed staff to follow the guidance available. Staff confirmed they were aware of this guidance and had read risk assessments.
- People who were at risk of skin breakdown had risk assessments in place with guidance for staff to follow. Where district nurses were providing care to treat people's skin this was recorded in care plans.
- People had risk assessments in place which the provider had carried out. These covered a range of issues relating to safety in the person's home, food hygiene and falls. Some risk assessments appeared to be generic and therefore occasionally not completely relevant to the person. The provider told us they had plans to develop individual risk assessments to ensure they were more bespoke, and person focused in the future.

Using medicines safely

- Since our last inspection the provider had improved their systems to ensure checks of medicines administration were effective. Records showed when medicines errors occurred the provider took action to reduce the likelihood of further errors.
- People received their medicines from staff who were competent to do so, records confirmed this, and staff told us they received appropriate training.
- People and relatives confirmed support with medicines was safe and effective. One person said, "The medication is given properly. If there ever have been any problems, they have been rectified quickly".
- The provider had a medicines policy which had recently been reviewed and reflected national guidance.

Learning lessons when things go wrong

- Since our last inspection the provider had made significant improvements to recording and reporting systems to ensure incidents and important information about health concerns were escalated and responded to effectively.

- Staff were required to provide a verbal daily handover to a more senior member of staff who then recorded the information on to an electronic care management system. This meant that team leader and supervising managers were notified when accidents and incidents occurred. The registered manager and nominated individual had access to the system and now had an improved oversight of risk across the service.
- The registered manager had developed a system to track accidents and incidents such as falls so they could identify trends and patterns.

Staffing and recruitment

- People and relatives confirmed there were enough staff to meet their needs. However, some told us they experienced late calls. One person said, "You get late calls when carers go off at short notice. They're late if there is an emergency, but they do let me know."
- The registered manager and nominated individual described the impact the COVID-19 pandemic had on staffing. Staff who were living in a household where another person had tested positive for COVID-19 were required to self-isolate and were therefore unable to work for up to 14 days.
- Systems were in place to ensure staff were recruited safely. Pre-employment checks were undertaken prior to staff commencing employment. Recruitment records showed Disclosure and Baring Service (DBS) checks were carried out. The DBS is a national agency that keeps records of criminal convictions.

Preventing and controlling infection

- The providers response to the COVID-19 pandemic was commendable. They adapted to rapidly changing circumstance and ensured staff were provided with personal protective equipment (PPE) to ensure people could be supported safely. People consistently confirmed staff followed guidance and wore PPE at all times.
- People receiving care had risk assessments in place relating to COVID-19 to ensure those who were at high risk were care for safely.
- Records showed and staff confirmed they received appropriate training to raise their awareness of infection control practices and the provider had developed their own training in relation to COVID-19.
- A programme of regular testing of staff had been implemented by the provider and a high percentage of staff had received a COVID-19 vaccination.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe and trusted the staff.
- Staff received safeguarding training as part of their induction. They told us they could recognise the signs of abuse and how they would report this. One staff member said, "If we think there are safeguarding concerns, we would report them to the team leader who would report to the manager."
- The provider had a safeguarding and whistleblowing policy which staff were aware of.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure people's needs and preferences were assessed which was a breach of regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection the provider had made significant improvements to attain clear oversight of people's care plans and ensure everyone had a care plan in place.
- The service was responsible for providing care to large numbers of people living in their own homes across a large geographical area. Often the service was expected to provide urgent care to people at very short notice. A system was in place to ensure the provider scrutinised assessments carried out by health and social care practitioners. This ensured the provider was confident they could meet people's needs safely and effectively.
- Records showed staff carried out initial needs assessments during welcome visits. People had care plans in place which described their needs, records showed staff had read and understood them.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received ongoing training to meet the needs of people using the service which was a breach of regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection the provider had made significant improvements to their learning and development system. Staff and managers told us the new system had been a positive change. Records confirmed staff received regular and ongoing training.
- Staff told us they received an induction when they first started working for the provider. One staff member said, "Yes I did have an induction. It covered everything. I did a few shadow shifts and was put with a really good experienced carer."
- Records of daily handovers confirmed staff had regular and ongoing contact and support from their managers. The COVID-19 pandemic had made it difficult for staff to receive face to face appraisals, but the provider had facilitated regular staff meetings using video conferencing technology and staff were in regular

daily contact with their managers via telephone.

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

- The provider had introduced a system to improve daily care journals. The journals had been developed to ensure staff were prompted to respond to concerns about people's health and escalate appropriately to health and social care professionals. The journals were checked regularly by managers to ensure staff were escalating concerns appropriately.
- Electronic contact records showed staff had escalated concerns promptly. For example, one person was showing signs of a urinary tract infection which was escalated, and the person received prompt medical intervention and was prescribed antibiotics.
- The registered manager attended a regular online meeting with health and social care professionals. The registered manager explained how the improvements made to recording and reporting systems had increased the effectiveness of information sharing with partner agencies. This had improved outcomes for people using the service. For example, the registered manager shared concerns about one person who was experiencing a decline with their mental health. This meant the person received more expedient access to mental health services.
- The provider worked closely in partnership with local care networks and had worked collaboratively with other homecare agencies in the local area to overcome the challenges related to the COVID-19 pandemic.

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

- Records of initial assessments carried out by the provider called 'welcome visits' showed people had agreed and consented to care being delivered in the way they had agreed.
- People and relatives told us staff asked for permission prior to delivering care. One person told us, "I've got to know them (staff) but it's the care I'm really focussed on. They do listen and they do include me."
- Records showed staff received training regarding the MCA. One staff member said, "It's about giving people choice and the right to make the decisions that they can make."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Most people told us they benefited from having a consistent team of support staff who knew them well. One person said, "They're very good. It can take me time to recognise staff, so I tell by their voice." Another person said, "We've got a regular group and we get on alright with them. They are like extended family really."
- People confirmed they were well treated, and the staff were kind to them. One person said, "They are very thoughtful. They think before they speak. I've become very friendly with them".
- Staff spoke warmly about the people they provided care to and confirmed they would be happy for their relative to receive care from the provider. One staff member said, "I would be more than happy for them to care for my Mum."

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

- People consistently confirmed they were involved in their care. One person said, "They ask you what you want, and they are very respectful."
- Records confirmed people were consulted and asked about their care. The team leader regularly carried out service reviews and people were encouraged to provide their ideas and opinions about how to improve their care service.
- One person summarised their involvement in the care they received. They said, "I feel completely involved, that's no problem."

Respecting and promoting people's privacy, dignity and independence

- The service's core purpose was to enable people to live in their own homes and therefore retain as much independence as possible. One person explained how staff promoted their independence, "They try to help me be independent. They stand and watch me do things and be there to see I'm safe doing it."
- Staff confirmed they understood the principals of confidentiality and respecting people's rights to privacy. Staff told us they maintained people's dignity while providing personal care by ensuring curtains and doors were closed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- People had person centred care guides in place. The quality of information recorded in the guides was inconsistent. Some contained detailed person-centred information, others were not completed to the same standard. We spoke with the provider who was already aware of this issue and had plans in place to develop this in the future.
- People had care plans which described their needs. Records showed consent and agreement was obtained by the provider during the initial assessment called a welcome visit.
- Records of service visits confirmed people's care was reviewed and discussed.

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.

- Care plans did not always consistently describe people's communication preferences and how they wished to receive their information. The providers plan to develop more person-centred information in the future will address this.
- The provider confirmed they were able to provide information to people in their chosen format such as large print if requested.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People told us they knew how to complain to the provider and one person told us, "I have had to complain in the past, things are better now."
- A system was in place to ensure records of complaints were available. The provider had a process for ensuring these were reviewed to look for trends and patterns.
- Complaints records showed the provider responded to complaints in line with their own policy. Where there was fault from the provider, a full explanation was provided along with an apology if appropriate.

End of life care and support

- Records showed staff had been provided with care to ensure they were confident providing care to people at the end of their life. Staff confirmed this and described what was important when providing end of life care.

- The provider had a system to ensure people who were at the end of their life had a care plan in place which described their needs and wishes.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure effective systems and processes were deployed to monitor and assess the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider was issued with a Warning Notice due to the serious concerns. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Since our last inspection the provider had developed a comprehensive governance framework, improved systems to evaluate risk and had improved their learning and development systems. These improvements were achieved during the COVID-19 pandemic.
- The improved systems meant the registered manager and provider had greater oversight of the service and therefore was able to identify emerging risks more effectively. Regular checks of safety and quality were being carried out.
- Supervising managers and office staff spoke positively about the improved systems and processes and told us this had improved their ability to more effective in their roles. One supervising manager told us they now had a much better understanding of how their role influenced regulatory compliance in the service.
- The provider had developed a system to evaluate how progress was being achieved. They did this by recording and reviewing continuous improvement logs which described what had worked and what hadn't worked. The logs described the action taken to ensure improvements were sustainable in the long term.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The COVID-19 pandemic had made it more challenging for staff to meet and attend training sessions. The provider had utilised video conferencing as a way of delivering training sessions and carrying out group meetings. The provider described how they had developed and distributed newsletters to the staff team and had set up a raffle to keep staff engaged during a difficult time.
- Staff consistently affirmed they felt supported and valued by their managers. One staff member told us, "When I first started, I felt I only had to ring, and they were looking out for me." Another staff member said, "I am open to raising things [supervising manager] is very open they understand and talking to them gives me confidence."

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People's views of whether the service was well managed was mixed, some people told us it had been difficult to contact the office and messages were not always responded to. The provider acknowledged some office staff and managers had been required to work from home during the COVID-19 pandemic which may have had an impact. The provider had taken steps to address this concern by providing people using the service with the mobile contact details of both the registered manager and the nominated individual.
- The provider used a variety of methods to engage with people and staff. Records showed the provider sent surveys to people using the service to seek feedback about the quality of care. Results of surveys were reviewed and where people had provided negative feedback or had shared views about improving the service, this information had been added to a continuous improvement plan to influence the direction of the service.
- Staff maintained contact with a range of other professionals including GP's and community nurses. This was enhanced by the registered managers involvement in regular multi agency meetings with health and social care professionals.
- The registered manager and nominated individual played an active role in local care networks and had provided support and advice to other care providers' during the COVID19 pandemic. Throughout the pandemic the nominated individual was actively involved at a national level representing the adult social care sector to coordinate efforts and solve complex issues presented by COVID-19.

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

- Since the last inspection the provider continued to communicate openly and honestly. The provider and the senior management team had worked hard to improve and develop the service despite the difficulties presented by the COVID-19 pandemic.
- The provider understood their regulatory requirements and ensured they notified us about events they were required to by law.
- Our previous inspection ratings were displayed prominently in the office location and the provider's website.