

Care Crown Limited

# Walfinch Hemel Hempstead & Watford, Dunstable, Luton & Leighton Buzzard

## Inspection report

960 Capability Green  
Luton  
LU6 1PE

Tel: 07763374484  
Website: [www.walfinch.com/hourly-care/dunstable-luton-and-leighton-buzzard](http://www.walfinch.com/hourly-care/dunstable-luton-and-leighton-buzzard)

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11 May 2023  
24 May 2023

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## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Walfinch Hemel Hempstead & Watford, Dunstable, Luton & Leighton Buzzard is a domiciliary care agency providing personal care to adults in their own homes. At the time of our inspection there were 5 people using the service.

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

A new manager had started in post several weeks before the inspection. As they were not yet registered with the CQC which is a mandatory requirement, the key question of Well-Led could not be rated 'good' at this time.

A new electronic care planning and medicines administration system was introduced recently. The manager had good understanding and oversight of this system, along with the processes in place to assess, monitor and review the quality of the service. At the time of inspection it remained early days in using the system and undertaking quality assurance checks and audits. These needed time to be embedded and sustained in practice.

People were cared for safely. Risk assessments were completed and reviewed regularly and as people's needs changed. Safeguarding procedures were in place should any concerns arise and the manager knew how to follow correct processes in this area. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care needs and people received care at the agreed times. People were supported with their medicines and good infection control practices were in place.

People's care records contained clear information covering all aspects of their care and support needs. Some new staff had recently joined the team. As a whole, the staff team had a good understanding of people's wishes and individual preferences. People's personal preferences, likes and dislikes, communication needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to access health care services when needed.

People received support from reliable, compassionate staff. Staff were caring in their approach and had good relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The manager was aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew who to contact if they had any concerns or anything needed to be sorted out.

People were supported to have maximum choice and control of their lives, 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](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 16 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

# Walfinch Hemel Hempstead & Watford, Dunstable, Luton & Leighton Buzzard

## **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 1 inspector.

### Service and service type

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

### 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 not a registered manager in post. A manager had recently started who planned to submit their registration application with CQC.

### Notice of inspection

This inspection was announced. 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 12 May 2023 and ended on 24 May 2023. We made phone calls to people and their relatives on 12 May 2023. We visited the location's office on 24 May 2023.

What we did before the inspection

We reviewed information we had received about the service since registration. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 12 October 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people and 3 relatives of people who received support for feedback on their experience of the care provided. We spoke with provider, manager, quality and compliance manager and 2 care staff. We also received email feedback from 4 care staff. We reviewed a range of records. This included 3 people's care and medicine records. We looked at 2 files in relation to staff recruitment and support. We looked at a variety of records relating to 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt safe with the staff who came to support them. One person said, "Oh yes, I feel safe." A relative told us, "Overall, we're very happy."
- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.
- Staff had received training in how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Care files had risk assessments which covered a range of known risks such as falls, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care which reduced known risks.
- A risk assessment was completed to consider any risks or considerations connected to people's homes. For example, access to people's properties, whether there were stairs and whether any housekeeping support was needed. This helped keep people and staff safe.
- We saw risk support plans were up to date and reviewed regularly or when needed. This meant staff had up to date information about people's risks and how to mitigate them.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- Staff were reliable, usually arrived on time and stayed for the full length of the scheduled visit. If there was an unavoidable delay, for example due to transport issues, there was usually good communication so people knew what was going on.
- People received support from a small team of staff. There had been some recent changes to staffing so some people and staff were still getting to know each other. The manager intended for each person to receive support from a small and consistent team, which they were working towards.

Using medicines safely

- People received their medicines as prescribed with support from staff where needed. Staff received training and had their competency checked to ensure safe medicines practices.
- A new electronic medicines recording system was recently introduced and was being embedded into practice. It was a live system so the manager and provider could see 'in real time' whether people had received their medicines. Any issues could be promptly followed up where needed.
- Guidance was in place for staff to follow when people had medicines to be taken 'as required.' This

included the purpose of the medicine and the circumstances it should be given in. When staff supported with cream application, body maps showed where the creams should go.

#### Preventing and controlling infection

- People and staff told us they used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons.
- Staff were trained in infection control. Feedback confirmed PPE supplies were kept in people's homes.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- The manager confirmed there hadn't been any accidents or incidents since they started in post, but showed us the documentation the staff team would use and talked us through their processes.



# 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's needs were assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required. One relative told us, "Right from the beginning they've been very good. They came out to my house to meet us, then came over to [family member's] house. We felt at ease."
- Care plans were clear and key aspects of a person's needs were fully considered. For example, personal care, nutrition, communication, social needs. People's individual characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- Staff received an induction when they started which included time spent shadowing an experienced staff member and completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff undertook a range of mandatory and refresher training to ensure they had the skills and knowledge for their roles. Additional specialist training for specific health needs, such as catheter care, was provided.
- Support to staff through a range of competency and spot checks gave opportunities to identify and discuss any development needs. There were also one to one supervision meetings individually with the manager so staff could talk about their roles and any support needed.

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

- If people needed support with meal preparation staff provided assistance with this.
- Information was included in people's care plans as to people's preferences, likes and dislikes and any support needs identified. For example, 1 person's care plan said, "I like a decent cup of tea, not weak. Medium strong, splash of milk and no sugar. I also like rich tea biscuits."
- When people had any specialist needs this was included in their nutrition care plan and a risk assessment was completed where necessary. For example, a person required thickener in their fluids to reduce the risk of choking, and there were clear instructions about this for staff to follow.

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

- People's care files contained information about any health conditions they may have including what the symptoms were and the impact it had on their support needs. For example, whether extra care needed to be taken due to particular skin conditions, or the effects of different types of arthritis.

- Staff and the manager liaised with other healthcare professionals as needed to ensure people received consistent and effective care. One relative told us, "Just this week the manager rang me as the pharmacy were stopping the medicine dossett boxes. They will dispense from the original packaging. They do get in touch when needed."

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.

- Everyone receiving support had capacity to make decisions about their care and preferences.
- Staff had received training about the MCA and knew how to support people make choices.
- People were supported in the least restrictive way possible.

# 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 were well supported and treated with respect and kindness. One relative told us, "They are very kind. [Family member] always blows them a kiss before they go."
- Staff provided a caring service to people. A staff member said, "[Person's name] gradually got used to me. Now we don't go a day without having a laugh. They said to me, 'Oh, I'm so much better for seeing you.' We're not just there for the care side, we give compassion as well, we're good at that. We do the best we can."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. Staff read people's care plans and had access to them on an App on their phones.
- A new electronic system had recently been introduced. The provider and manager were keen for people and, where appropriate, their next of kin to have access to the person's care records electronically so they could see exactly what information was held about the person and details of support visits as they happened.
- People made decisions about their day to day care which staff respected. One person said, "Yes, they do what I want them to, I explain what I want and why I want it."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported people to maintain their dignity throughout support visits and personal care.
- People's independence was promoted. Staff followed people's requests and preferences.
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for staff to follow. For example, 1 care plan stated, "[My fingers] are sore and I find fiddly tasks hard. Please support when I ask for it. I am very independent and I want to retain this as much as possible."

# 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 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; 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's personal history, family members, interests, choices and preferences were documented in their care plans. Care plans included details of what tasks should be delivered during each visit. This meant information was available so people received personalised and consistent care.
- Several new staff had recently joined the team so they were getting to know people, and vice versa. The team as a whole had a good understanding of people's needs and their individual preferences.
- Staff undertook the tasks people wanted them to, giving them choice and control of their support. One relative said, "They are very organised, and good value. They are always saying if there is anything else we would like them to do while they are there. They always offer to do more."

### 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 contained information about people's communication and any needs in this area. This meant staff knew how people preferred to communicate and any support needs they had, for example, hearing aids.
- Information could be made available to people in other formats, such as easy read or large format, as required.

### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so complaints could be addressed in accordance with the provider's policy. There were no recent complaints.
- People and relatives knew who to contact if they had anything they were concerned about.

### End of life care and support

- At the time of inspection there was no-one receiving end of life care. Care plans clearly recorded where people had made a decision about DNACPR (Do not attempt cardio-pulmonary resuscitation), including recording where the form was located in people's homes.
- The manager confirmed they intended to support people and their relatives express any preferences about advance decisions or end of life wishes, and these would be added to people's care plans.

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of inspection a new manager had been in post for several weeks, but was not yet registered with the CQC. As it is a regulatory requirement to have a registered manager in post, this key question cannot be rated, 'good' at this time.
- There had been recent changes to the service with a new director taking over as provider, and a new manager in post. Since they joined the service various improvements to systems and processes had commenced, including some staffing changes. The provider and manager were keen to ensure people received high quality care.
- People and their relatives were aware of recent changes within the service and some had experienced some glitches during the transitional period. One relative told us, "Things have been slightly awry recently, but overall they have been extremely reliable." Other people had not experienced any impact and their service had continued as normal.
- Systems and processes were in place to ensure effective management oversight of all key areas of the service. Given the recent change to a new electronic system, along with a new manager in post, these systems needed to be embedded and sustained in practice.
- The manager was aware of their regulatory responsibilities. The manager and provider had development and improvement plans in place setting out how they wanted the service to develop and the actions needed to achieve this. The provision of good care to people was at the centre of these plans.

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 manager was aware of their responsibility to keep people and their relatives informed of actions taken following incidents in line with the duty of candour.

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

- People and their relatives, where appropriate, were involved in planning, reviewing and giving feedback on their care. Since the new manager came into post this was via home visits and phone calls. Letters were sent with important updates. An annual feedback survey was due to be issued in July to people, relatives and staff.
- At the time of inspection, communication from the manager to the staff team usually took place via group

chat. A team meeting was going to be planned for the near future, and a schedule of team meetings would be put in place after that.

- Most staff provided positive feedback about team work, communication and their role in the service. One staff member said, "Great place to work, staff are all friendly, if I send a query about anything I get an answer quickly." Another told us, "Walfinch is a very nice and well managed company, it is great to work for." There was some feedback of staff feeling it was early days under new management.

Continuous learning and improving care; Working in partnership with others

- The provider and manager were supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive improvements of the service in order to achieve good outcomes for people.

- Logistics could be a challenge at times for staff to reach their visits via public transport, including if staff did not drive. Some staff had been provided with E-bikes recently which was proving to be a successful initiative.

- The provider was keen to work in partnership and develop good working relationships with professionals and community organisations. They wanted to ensure staff felt supported in their roles, and people received good care and support.