

Woburn Care Company Ltd

Woburn Care

Inspection report

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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?

Good ●

Summary of findings

Overall summary

Woburn Care is a domiciliary care service, providing care to people living in their own homes.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when families were unable to provide support.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns. Where people were able to remain in their own homes, staff ensured that they remained comfortable, dignified and pain-free at the end of their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Woburn Care

Detailed findings

Background to this inspection

We carried out this 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection. It took place on 13 December 2017 and was announced. We gave the service one weeks' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered manager was available in the office for us to carry out the inspection and that they had sufficient time to inform people using the service of our upcoming inspection.

The inspection team consisted of one inspector from the Care Quality Commission 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. Our expert by experience had experience in the support of people living with dementia.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with four people who used the service and three relatives. We spoke with the registered manager, the administrator, a senior member of staff and four care staff. We looked at the care records of six people using the service and the recruitment and training records for five staff employed by the service. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People felt safe using the service. One relative said, "I am sure that my mum is safe with the care staff they all really know how to do things for her. One person said, "Yes I feel safe at all times with the carers I have a key safe but when they leave all of them make sure my door is locked and the safe left secure." A second person said, "It's just the way my carers do things for me it's like being cared for my friend nothing is any trouble."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and we spoke with staff who showed good knowledge of local safeguarding reporting procedures and the provider's safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly. One member of staff said, "If I have concerns about someone I will raise them with the family and also the registered manager."

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely and at their agreed times. One member of staff said, "Yes, there are enough of us and we get enough time to spend with people." None of the people we spoke with could remember any occasions when staff had missed a visit and all confirmed that staff stayed for the allocated times.

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. One relative said, "It's really good knowing that my mother gets her medication at the times she is supposed to." We saw that regular medicines audits were undertaken and staff competency was also assessed. We saw from training records that staff had received training and were regularly assessed on their competency to administer the medicines safely.

People were supported in a way that ensured they were protected from risks of acquired infections. Staff told us that they would use protective equipment when supporting people to ensure they were protected. One member of staff said, "We are given gloves, aprons and a uniform, the office are quick at providing replacements."

Accidents and incidents were recorded and lessons learnt from incidents. We saw that staff were updated with actions and systems were put in place to reduce the risk of them happening again. For example, emergency planning systems were in place in the case of an event which could prevent staff from attending calls. We saw that the registered manager had plans in place which would ensure that the most vulnerable people were prioritised. The registered manager said, "When the weather is bad, we all work together, we prioritise the most vulnerable people and will go to them first."

Is the service effective?

Our findings

People were supported by staff who were trained and supported them in accordance with their assessed needs. One person said, "A few weeks ago I wasn't very well and my carer rang the doctors for me as she was worried about me."

Staff told us that the training provided was effective in preparing them for their roles. We saw that regular supervisions and appraisals supported staff so they could discuss any issues they may have about their roles or training needs. One member of staff said, "We get a lot of on-line training, all the courses are there for us to do." A second member of staff said, "The training is good."

Where it was required, staff would support people with meals. People told us staff always checked whether they had access to fluids. One relative said, "It's good knowing that my mum is getting her meals on a regular basis as she has become quite forgetful recently."

People's care and support needs were regularly assessed to achieve effective outcomes for the people being supported. Everyone we spoke with told us that the provider had carried out an assessment of their needs prior to their care being provided and that they had felt involved. One relative said, "We chat all the time about all sorts of things and before mum started with her care the manager came and filled out her care plan with us both."

Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews happened more often when people's needs changed. People indicated that they or their relatives were provided with appropriate choices on how they wanted their care to be provided.

Where required, people were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. People we spoke with told us that they or their relatives managed their health appointments but staff were at hand to provide support if required.

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.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were being protected. Consent to care was sought in line with legislation and guidance. People we spoke with also confirmed this. One person said, "Yes they do [ask for consent], my carer always asks for my permission before doing anything for me."

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "Yes, I do [think they are caring]. We have a laugh and a joke." Another person said, "Yes I think so, by their general attitude." A relative also agreed that the staff were caring. They said, "They are very pleasant."

The service and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. One relative said, "The care workers really do care it's not just a job for them." All the people we spoke with said that staff would listen to them and talk to them in a way that they could understand.

Staff told us that people were always supported to make decisions and choices about their care. People we spoke with confirmed this, one person said, "It's all about what is best for me and how I want my care delivered." Staff we spoke with told us that they respected people's choices and their preferences and only acted in accordance with their wishes.

People told us that staff promoted their privacy and dignity, particularly when providing personal care. A member of staff said, "I communicate with the person and tell them what I am doing so they are comfortable. The doors are closed and I make sure no one is around [when supporting with personal care]."

Where possible people were supported to maintain their independence. Staff told us that they would only provide support when it was necessary. One member of staff gave us an example, They said, "I have one person I support they didn't move around their flat much, I encouraged them to do little bits of cleaning and washing up when we are not around. Now they tell me how they have washed up or done a little cleaning."

Is the service responsive?

Our findings

People told us that the care provided was in accordance with their requirements. One person said, "I was asked at the start what times I wanted my carers to come in and it's worked out really well for me." While another person said, "I don't think they have ever been late for my call."

We were told that the registered manager worked with people and their families and was responsive to their support and care needs. Staff appeared to know the people they supported well because they were allocated to the same people. Relatives we spoke with confirmed this. One relative said, "Mum has a group of carers so if one is not working one of the others come so she always has someone she knows helping her."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. Relatives and people using the service also confirmed this. One relative said, "Everything we need to know is in the care plan." They also confirmed that regular updates were made and that they were kept informed of any changes. One relative said, "[The care plan has] been revised about every sixth months."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to, and feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. One person said, "I've never had to make a complaint but I would if I had to."

Although the provider was not supporting people at their end of life, they had trained staff to gain understanding of how to support people when the time should come. Where required, DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) records were completed and reviewed by the person and their doctor, and were made available within people's care documents so that staff were aware of this information.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From discussions with the registered manager we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and the manager would also regularly keep in touch with them. One person said, "I seem to remember filling in a questionnaire not so long ago." We saw from the results of the survey that people were happy with the service that was being provided to them.

The manager had understood their responsibility to report to us any issues they were required to notify us of. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. The manager told us that they would carry out regular visits to people to gain feedback. This was also confirmed by the people we spoke with. One person said, "[Registered manager] from the office usually checks on me every couple of weeks." The registered manager said that they would carry out regular care visits which allowed them to maintain contact with people. This meant that they could monitor the staff and the quality of service first-hand.

The service worked in partnership with other agencies such as the local authority, local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families.

People we spoke with did not have any concerns and felt that the staff provided them with adequate support when it was required to contact other agencies. One the day of our inspection we noted that the registered manager was liaising with the local authority to arrange for an assessment to take place. They explained, "This assessment is being done by [Service] and it's not really our remit but I know the person and their needs so they asked if I could come and help put their case forward. I am trying to arrange a time that would be good for everyone."

Staff felt valued and enabled to contribute to the development of the service through monthly team meetings. Minutes of these meetings showed that various issues relevant to the staff's roles were discussed. One member of staff said, "I always feel I can go to [registered manager] and she listens." A second member of staff said, "You can speak to the registered manager and we have supervisions regularly so I can ask any questions then." They went on to say, "It's a good company to work for, we get to calls on time and our clients are happy with us."

The provider had effective systems to assess and monitor the quality of the service. The registered manager and deputy completed regular audits and took appropriate action to rectify any shortfalls in a timely way.