Westcountry Home Care Limited

Alexandras Community Care Penzance

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

The service provides personal care to approximately 75 people who live in their own homes in the west of Cornwall. At the time of our inspection the service employed 34 care staff.

Everyone we spoke to and all who responded to our survey, told us they felt safe and well cared for. People's comments included, "Absolutely excellent, you can't fault the quality of care. It is absolutely fantastic," "They are amazing, gentile and caring" and "I would recommend Alexandra's to anybody." While relatives told us, "I am very lucky indeed, I am lucky to have found such a good team." Staff told us, "People are safe and comfortable," "I tell jokes and have fun with people. I make people feel good during the visit" and "We make sure people are safe."

We reviewed the service's visit schedules, call monitoring data and people's daily care records. We found people were usually supported by staff who they knew well, that care visits were provided on time and that staff stayed for the full length of each planned visit. People told us, "They have never missed a visit," "Tomorrow I will know for the whole week who is coming, you get a rota. It only changes if somebody is sick" and "They are rarely late, only five minutes at most." One person told us, "If they have five or ten minutes spare they ask what else they can do, They don't rush or anything like that. They use their initiative and are very helpful."

Visits schedules included appropriate travel time and the service took measures to ensure that a significant local festival, which included numerous road closures, did not adversely impact on people. Staff told us, "I don't feel rushed, that does not happen," "There is enough time between visits" and, "We do have time to chat, I ask people about their day and try to make people feel comfortable."

Staff ensured that people's dignity was protected during care visits and their choices and decisions were respected. Where people had expressed preferences in relation to the gender of their care staff these preference had been respected. People told us, "They do what I want" and one staff member said, "If they don't want me to do something I can encourage people but it is their choice. I offer options but I am not going to force people to do anything. It is not about taking away people's independence."

New staff received appropriate induction training which included formal training courses, shadowing experienced members of staff and completing the care certificate training within their probationary period. There were systems in place to ensure staff attended regular refresher training. However, records showed some staff had completed multiple courses on the same date and we questioned the benefit of intensive refresher training. Staff received regular supervision, spot-checks and annual performance appraisals.

People's care plans were accurate and sufficiently detailed to enable staff to meet their needs. These documents had been reviewed regularly and included information about people's life history, likes, preferences and desired outcomes for care. One person told us, "The care plan is very accurate, they meet everything I need and more." Staff said, "If you read it you know everything you need to do, they are very

detailed."

People understood how to raise complaints about the service's performance and the small number of complaints received had been investigated and resolved appropriately.

The service was well led by the registered manager who was based full time in the service office. Management structures were clear and the well-motivated staff team told us there were well supported. Team building activities were held regularly within the service and staff consistently complimented the registered manager's approach. Staff told us, "[The registered manager] is lovely, I get on well with her" and, "I know I can speak to her and tell her if I have any problems." The registered manager told us, "I feel very well supported" and had received regular supervision from the providers nominated individual.

Records were well organised and the service's policies and procedures had been recently updated to ensure they reflected current practices. The service's quantity assurance systems were robust and people's feedback on the services performance was valued.

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. There were sufficient staff available to meet people's assessed care needs.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

People were supported to safely manage their medicines and appropriate infection control procedures were in use.

Is the service effective?

Good

The service was effective. Staff training had been regularly refreshed and the service's induction processes ensured new member of staff had sufficient skills to meet people's needs.

The registered manager understood the requirements of the of the Mental Capacity Act.

People's care visit were provided on time and of the correct visit length.

Is the service caring?

Good

The service was caring. Staff were consistently kind and compassionate.

People were supported by small staff teams who they knew well and their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People's care plans were sufficiently detailed to enable staff to meet their needs.

Information about people's life history and interest was included in each person's care plan.

The small number of complaints received had been investigated and resolved to people's satisfaction.

Is the service well-led?

Good

The service was well led. The registered manager had provided staff with appropriate leadership and support.

Staff were well motivated and the service records were well organised.

Quality assurance systems were appropriate and people's feedback was valued.

Alexandras Community Care Penzance

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 checked 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.

This inspection took place on 23 and 24 June 2016 and was announced in accordance with the commission's current methodology for the inspection of domiciliary care services. The inspection team consisted of one adult social care inspector.

The service had not previously been inspected. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. In addition we sent questionnaires to 48 people and received 20 responses.

During the inspection we visited one person at home and spoke with; four people who used the service, two people's relatives, seven members of care staff, the registered manager and providers nominated individual. We also inspected a range of records. These included five care plans, five staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives all told us they felt safe while receiving care and everyone who responded to our survey reported that they were safe. Staff told us, "People are safe and comfortable" and, "We make sure people are safe."

Staff understood their role in protecting people form abuse and avoidable harm. All staff had completed safeguarding training and when asked were able to explain how they would respond if they became concerned about someone's' safety. Information about the local authorities' procedures for safeguarding vulnerable adults was displayed within the office. Each person's care plan included a copy of the provider's safeguarding policy and details of how to contact the local authorities safeguarding team. In addition, the registered manager and deputy manager had recently completed specific training on their role in the safeguarding of vulnerable adults.

People's care plans included risk assessment documentation. For each identified area of risk staff had been provided with detailed guidance on the action they must take to ensure people and themselves were appropriately protected. These assessments were reviewed twice each year and updated promptly when changes to risks were identified.

People told us, "They have never missed a visit" and "I have definitely not had a missed visit." While staff said, "There are always two staff for doubles" and "I have never missed a visit." The service used a telephone based call monitoring system to record staff arrival and departure times from most planned care visit. This meant office staff were able to check that planned care visits had been provided. During our review of daily care records and call monitoring information we did not identify any recent incidents were care visits had been missed. The service's incident records showed that the most recent missed care visit had occurred in January 2016. This incident had been fully investigated by the registered manager who had established that the visit had been missed as a result of a staff member failing to check their visit schedule. This staff member had been provided with additional training and processes had been reviewed in an attempt to prevent similar incidents in future. Where accidents had occurred these had also been documented and appropriately investigated.

The service had appropriate processes in place to ensure people's safety if staff were unable to gain access to their home. Care records showed that this policy had proved effective during a recent occasion when a person had not responded when staff knocked on the door. After checking windows and calling through the letter box staff had reported the incident to the manager. Office staff had immediately contacted the person's relatives to make arrangements for a key to be provided to enable staff to check on the person.

The service had identified that the unreliability of staff vehicles represented a source of risk to people as breakdowns could expose people to the risk of missed care visits. In order to address this issue the service operated a fleet of 12 company cars that staff could access at short notice when required. These vehicles were regularly maintained and checked on a weekly basis to ensure they remained road worthy.

Staff told us, "There is enough staff." We reviewed the service's visit schedules for the week following our inspection. There were sufficient numbers of staff available to provide all planned care visits. If necessary additional staff were available at short notice from the provider's other local services to ensure people care needs were met. However, the registered manager told us this had not been necessary and that the service was often able to provide staff to support other services.

Prospective staff members were rigorously interviewed and all necessary checks including references and Disclosure and Baring Service (DBS) checks were completed before staff were offered employment. This meant the service had ensured prospective staff were suitable for work in the care sector before they were permitted to visit people's homes. When a new member of staff joined the service a letter of introduction including a photograph and brief personal background information was sent to everyone who used the service. This meant people had some background information about new staff and were able to recognise them when introduced by experienced staff during their first care visits.

The service supported people with medicines by prompting or reminding people to take their medicines. Where staff provided support with medicines information about how that support was provided and the quantities of medicine the person had taken was recorded appropriately.

There were appropriate infection control procedures were in place. Staff used personal protective equipment were necessary and ensured their hands were cleaned between care visit. Gloves, aprons and hand sanitisers were available to staff from the services offices.

Good

Is the service effective?

Our findings

There were systems in place to provide all new members of staff with the necessary training to enable them to meet people's needs. Staff told us, "The first week was training and shadowing then I did the courses in the second week" and, "I met the manager every day during my first week to talk through what I had learned." After this initial period of training and shadowing experienced carers new staff initially provided care to people who required support from two members of staff. Recently recruited staff told us they had worked alongside more experienced staff for a least a month before being permitted to provide care independently. In addition, all staff completed the care certificate during their probationary period. This training provided staff new to the care sector with a wide theoretical knowledge of good working practices.

The service's training records showed that staff training had been regularly refreshed and updated. Staff told us, "Almost all the time we are doing training," "I had very thorough training, it was good" and, "I have done loads of training." Professionals commented that staff were competent and well trained. However, we noted some staff had completed multiple courses on the same day and questioned the value and benefit of intensive training in updating staff skills.

The service operated a targeted overseas recruitment programme and had collaborated with a local collage to provide staff with a specific training programme. This consisted of two weeks of additional training including language courses and completing the level one health and social care diploma before staff joined the service. In addition, the service operated a buddy system for new staff to provide informal support and guidance to new members of staff.

The service cared for a small number of people who needed support to manage their anxiety. Staff who supported these individuals had been provided with specific, nationally recognised training on how to meet these needs.

Staff received regular supervision and annual performance appraisals. These meetings were included in staff visit schedules. Records showed they had provided an opportunity for staff to share information with managers, identify training needs and for managers to provide feedback on the staff member's performance. In addition, The registered and deputy managers regularly completed spot checks to monitor the quality of care staff provided. Staff told us, "I have had supervision and a spot check," "last month I had a supervised shift" and, "I had supervision a month or so ago and they do spot checks as well."

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. The registered manager understood the requirements of the act. Information about people's capacity to make decisions was included within people's care plans. The registered manager asked people about their ability to make decisions and how they would prefer to be supported to make decisions, as part of care needs assessment process. Most people had full capacity and signed their care plans to formally

record their consent to their care as planned. One person told us they had recently refused to sign their care plan as they were unhappy with some of it's content. This person said their care plan was now being rewritten by the manager.

The service had worked effectively with health professionals to ensure people's care needs were met. Healthcare professionals told us the service communicated effectively and records showed the service had shared information appropriately with professionals including GPs, district nurses, dentists and speech and language therapists.

Visit schedules included appropriate amounts of travel time between consecutive care visits and staff told us "I am on time all the time" and, "There is enough time between visits." Each week people were provided with a list of their planned care visits including the names of staff who were due to provide each visit. People told us, "I have a rota for the week and I should get another one tomorrow," "Tomorrow I will know for the whole week who is coming, you get a rota. It only changes if somebody is sick" and, "I have a rota and 95% of the time it is adhered to."

Daily care records and call monitoring data showed that people's care visits were provided on time. People told us, "They normally get here on time," "They are rarely late, only five minutes at most" and "If running five or ten minutes late they will ring you to let you know." During our inspection, we saw that office staff were making arrangements to ensure that a significant local festival, which included numerous road closures and was planned for the weekend following our inspection, did not impact adversely on people.

People told us their care staff did not rush and stayed long enough to meet their needs during each care visit. People who responded to our survey also reported that staff completed all necessary tasks during each care visit. Staff said, "I don't feel rushed, that does not happen," "I can have a good old natter with people" and "We do have time to chat, I ask people about their day and try to make people feel comfortable." Where staff were able to meet people's needs in a shorter time than planned they asked people if they would like any other support or help within the home. Where this was declined staff completed an "Incomplete visit record" with details of why the visit was shorter than planned. People were asked to sign these records to demonstrate their needs had been met and no further support was required. During our analysis of call monitoring information we identified occasions where care visits had been shorter than planned. Via the incomplete visit records, on each occasion we were able to establish that the person's care needs had been met and that they had been happy for staff to leave early. People told us, "They always ask can they do anything more to help" and, "If they have five or ten minutes spare they ask what else they can do, They don't rush or anything like that. They use their initiative and are very helpful."

Good

Is the service caring?

Our findings

Everyone who responded to our survey agreed that staff were caring and kind. People we spoke with were also highly complementary of their care staff. People's comments included, "Absolutely excellent, you can't fault the quality of care. It is absolutely fantastic," "I get on very well with the staff," "the care is very good" and, "They are amazing, gentile and caring." While people's relatives commented, "They are wonderful, I have been amazed how careful they are and how gentle they are" and, "I am very well pleased, especially with the male staff, they are very good".

During our visit to a person's home we observed friendly and jovial interactions between people, their relative and care staff. People told us, "I get on very well with them, they all seem to be quite light hearted" and, "We have a laugh." While a relative told us, "They get on with [my relative]." Staff told us, "I tell jokes and have fun with people. I make people feel good during the visit," "I can say I get on well with everyone" and, "All the clients are really lovely."

Visits schedules showed that people were normally supported by small groups of staff who visited regularly and one person told us, "They don't keep changing the staff so you can get to know them and build up a rapport." People knew which staff were due to provide their next care visit and one person had given nick names to each of their care staff. Staff told us they knew people well and enjoyed the company of the people they supported. Staff comments included , "Most of the time I see the same people, "They mix it up a bit [staff visit schedules] so it's not always exactly the same so you get to know everyone" and, "You get to be able to really communicate with people and really listen to what they want."

One person's relative described an occasion where they had complimented a member of staff on how gently they had applied a cream to their relative's legs. The staff member had responded that one day it might be them who needed help and so they wanted to ensure the person was well looked after. This person's relative told us, "You can't beat that now can you."

People told us staff respected their decisions and provided support in accordance with their wishes. People's comments included, "They do what I want" and, "They definitely treat me with respect" Staff told us, "If they don't want me to do something I can encourage people but it is their choice. I offer options but I am not going to force people to do anything. It is not about taking away people's independence," "I give people every choice, I ask what they want me to do" and, "We can do whatever the client wants. We try to make them happy."

Where people had chosen not to be supported by specific staff this information was available to staff responsible for developing visit schedules. For example, one person had expressed a preference in relation to the gender of their care staff and visit schedules showed this preference had been respected.

During our inspection a number of people commented on the language skills of staff recruited form overseas. When asked if this impacted of the quality of care provided, people consistently reported that it did not and provided numerous positive examples of the particularly caring and compassionate approach

of the overseas staff. People's comments included, "Language, I don't think it is an issue" and "Some [staff] need to learn more English as they miss some of the Cornish words."

Good

Is the service responsive?

Our findings

People's care plans were developed from information provided by the commissioners of care. This was combined with details gathered during detailed needs assessments completed by managers either before or immediately after a new person joined the service. During our inspection we overheard office staff contacting carers to request addition information about people's likes and preferences as part of the care plans development process.

People's care plans included sufficient detailed information to direct and inform care staff of each person's specific care needs. For example, one person's care plan said, "Care staff should then take [person's name] false teeth and then assist [the person] to brush his teeth. Care staff should brush his false teeth while [person's name] brushes his own teeth." One person told us, "The care plan is very accurate, they meet everything I need and more." Staff said, "[The care plans] are good, the most informative I have had", "They are brilliant" and, "If you read it you know everything you need to do, they are very detailed."

Each person's care plan included information about the person's life history, background and interests. Staff told us this information was useful as it helped them to see each person as an individual. One staff member told us, "At the beginning [of the care plan] there is a little bit about their previous history so you can know what they might like to talk about."

People's goals and desired outcomes for care were also recorded within in the care plan to ensure staff understood how people wished to be supported. For example, the aim recorded in one person's care plan was, "For [Person's name] to be happy and safe within his home. For all of [Person's name] personal care and nutritional needs to be met with the support of care staff."

Every six months the service managers visited people at home, to discuss their personal experiences of care and review and update their care plan. All of the care plans we reviewed were up to date and staff told us, "If anything new is needed [the care plan] gets updated." People who responded to our survey told us they had been involved in the development and review of their care plans.

People told us that at the end of each care visit staff completed daily care records. We found these records were accurate and informative. Staff had recorded their arrival and departure times, details of the care and support they provided and any observed changes to people's needs.

People told us that the service was able to respond when they requested changes to planned visits times. One person told us, "I can ask to change times when I need to go out."

The service held numerous charity and team building events each year for a charity selected by people who used the service. At the time of our inspection the registered manager was making plans to host a coffee morning for people who used the service's ground floor office.

Although people and their relatives were happy with the care they received they understood how to make a

complaint if necessary. People told us, "I would complain to the manager", "I have not got any complaints" and, "I would phone the agency if I wanted to complain." Records showed the small number of complaints received had been investigated and resolved to the complainant's satisfaction in accordance with the services complaints policy. The service regularly received compliments and thank-you cards. Where positive feedback was received this was shared with staff via the weekly newsletter.

Good

Is the service well-led?

Our findings

People and their relatives were complementary of the service and the standard of care it provided. People's comments included, "I would recommend Alexandra's to anybody", "We haven't found fault with them, the care is very good" and, "They have been a very good agency." While relatives told us, "I am very lucky indeed, I am lucky to have found such a good team."

The staff we spoke with were well motivated and spoke positively of the service's caring approach. Staff told us, "It's quite a nice place to work", "The most supportive and best company I have worked for" and, "I do feel we are a really good agency."

The service's management structure was clear. The registered manager was based full time in the office and did not routinely provide care visits. The deputy manager was also normally office based but did provide care visits during periods of staff leave or unexpected absence. Both managers were supported by a full time administrator who provided support with the development staff visit schedules and quality assurance processes. The service operated an on call duty system where each day a manager or senior carer was responsible for providing staff with support and guidance outside of office hours. Staff told us they felt well supported by managers and that the current on call arrangements were effective. Staff comments included, "They [managers] do their upmost to help you", "The boss really is supportive and will do what she can to help you out" and, "The out of hours system works well." Staff meetings were held regularly and the minutes showed they had provided an opportunity to share information about people's care needs and discuss any changes within the organisation. Each week a staff newsletter was produced to ensure information was shared effectively with all staff. Newsletters in the three weeks prior to our inspection had provided staff with information about significant incidents, positive feedback received and guidance on best practice.

Staff consistently complemented the registered manager on their effective and supportive management style. Their comments included, "[The Registered manager] is very supportive", "[The registered manager] is lovely, I get on well with her" and, "I know I can speak to her and tell her if I have any problems." The registered manager actively encouraged and supported staff to continue their professional development. The service was highly flexible and a number of staff told us they had been able to arrange their work shifts around educational commitments.

There was a clear focus within the service on team building and one member of staff said, "I have never known a team as supportive as this." The service actively participated in sporting competitions with the providers other services. In addition, in order to improve the services overall performance the registered manager had recently introduced a point's based system to encourage friendly rivalry between staff within the service. Three staff teams had been identified and points were awarded to team members for undertaking beneficial activities such as; completing training, attending team meetings, reporting information to office staff and when compliments were received. Staff told us, "The team events are good fun" while the registered manager told us, "We are the dream team."

The registered manager told us, "I feel very well supported." The registered manager had received formal

supervision every three months and the provider's area manager visited the service regularly to provide informal support. During these visits the area manager also completed detailed quality assurance checks to review the services performance. Where any issues were identified the registered manager was provided with a report and tasked to develop an action plan to ensure the issues were addressed and resolved.

The service's records were well organised and the policies and procedures had been recently updated to ensure they reflected current practices. Daily care records were returned to the office regularly, compared with call monitoring data and audited by the service management team. Where issues with the quality or accuracy of daily care records were identified these were raised with staff to ensure information was recorded accurately.

There were systems in place to monitor the quality of care the service provided. Each year the provider invited people and all staff to complete an anonymous survey on the service's performance. At the time of our inspection this survey was underway but no responses had yet been received. In addition, twice each year one of the service's managers visited each person at home to review the care needs. During this visit people were encouraged to provide feedback on their experiences of care. Records of review meetings within the care plans showed that people's feedback was generally highly complementary. People who responded to our survey reported that the service had asked them about it's performance and people told us, "They [managers] ring regularly to check I am happy", "The manager was here this week and is coming to see me again next week" and, "[The manager] comes round and talks to me."