

Westcountry Home Care Limited

Alexandras Community

Care Penryn

### Inspection report

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Date of inspection visit:  
29 August 2019

Date of publication:  
02 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

Alexandras Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to 40 people in and around the Penryn area in Cornwall.

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

People and their relatives told us care was delivered in a safe way and they had confidence in staff's abilities. Identified risks related to people's behaviour were not always clearly recorded, assessed and monitored. When allegations had been made these had not been appropriately recorded and reported.

Other risks had been assessed and guidance provided to enable staff to mitigate the risk.

Some people were supported with medicines. Medicine Administration Records (MAR) were completed appropriately to indicate when medicines had been taken. When medicines had been provided in blister packs neither the care plans or MARs individually listed each medicine or the support people would need to take them. This was not in line with national guidelines. We have made a recommendation about this in the report.

There were enough staff to cover all visits. People told us staff were usually punctual and stayed for the allotted time. Staff were able to complete personal care tasks and spend time with people talking and checking on their well-being.

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. The importance of providing care in line with people's preferences and offering meaningful choices was a recurrent theme in our conversations with staff.

Staff told us they enjoyed their jobs and were committed to providing a caring service. They were keen to support people to maintain active lives and retain their independence as much as possible. Staff told us they were well supported by the registered manager and acting deputy manager.

People and their families were asked for their views of the service. They told us they were involved in care plan reviews and had opportunities to express their views of the service. People said they would be confident raising a complaint if necessary.

The registered manager and senior management team carried out various audits to monitor the service. These had failed to identify the shortcomings identified in the safe section of this report. We have made a recommendation about this in the report.

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

The last rating for this service was Good (report published 7 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to the systems to record and report allegations of abuse. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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 not always safe.

Requires Improvement 

### Is the service effective?

The service was effective.

Good 

### Is the service caring?

The service was caring.

Good 

### Is the service responsive?

The service was responsive.

Good 

### Is the service well-led?

The service was not always well-led.

Requires Improvement 

# Alexandras Community Care Penryn

## **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

The inspection was carried out by an inspector and two Experts 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection in line with our current methodology for inspecting this kind of service.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all of the information we held to plan our inspection.

#### During the inspection

We met with the registered manager and nominated individual in the service office's. The nominated

individual is responsible for supervising the management of the service on behalf of the provider. We spoke with six members of staff and looked at four people's detailed care records. We also reviewed the daily notes of one other person. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited two people and a relative in their homes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with 11 people and eight relatives on the telephone. We received feedback from two professionals who regularly work with the service.

# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Daily records showed one person sometimes made allegations against staff. Staff told us this was a known behaviour and they worked in pairs to minimise the risk. However, these incidents were not recorded separately to enable management to effectively monitor and highlight any trends.
- When allegations of abuse are made it is important the information is shared with the relevant authorities. The registered manager had not notified the local safeguarding team or CQC of the allegations.

We found no evidence that people had been harmed however, the failure to effectively investigate and report the allegations was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe and had no concerns. Comments included; "I feel safe because everybody is so kind" and " All my carers are so happy, they haven't got a bad bone in their body."
- When allegations had been made, the registered manager had followed these up by telephoning the person concerned. They assured us the person consistently told them they had no complaints.
- An external healthcare professional told us; "I frequently observe Alexandras' staff/ carers whilst out on my own visits and find their care of an appropriate and effective standard."

Using medicines safely

- Staff did not always have the information necessary to ensure people were supported with their medicines according to their needs and preferences. Some people had their medicines supplied in blister packs. Care plans and MARs (medicine administration records) did not list what individual medicines people were prescribed. This was not in line with NICE guidelines.

We recommend the provider follow national guidelines in respect of the management of medicines in people's homes.

- The registered manager assured us they would address the shortcoming. Following the inspection they provided evidence to demonstrate they now had systems in place for recording more detailed information regarding medicines administration.

- Relatives confirmed their family members were supported to take their medicines. One told us; "It's [the prescription] delivered once a month, the carers prompt morning and evening. It's on their list of duties."

#### Assessing risk, safety monitoring and management

- Risk assessments had been completed covering any environmental risks and any risks associated with people's health.
- Some people could behave in a way which could put them or others at risk of harm. There were no risk assessments to guide staff in these situations. However, staff were able to describe how to support people when they became distressed or resistant to support.

We recommend the service seek advice and guidance on the development of risk assessments for people whose behaviour might put themselves or others at risk of harm.

- Staff were trained to use equipment to support people when mobilising. They carried out regular checks to help ensure it was safe to use. An external healthcare professional commented; "The carers use the equipment provided and ensure it is in good condition."

#### Staffing and recruitment

- There were enough staff employed to cover visits as commissioned. No-one reported having experienced a missed visit.
- Most people said carers were rarely late and the office would let them know if carer's were running behind. Comments included; "We always get a phone call or a text if the carer is going to be late" and "They are usually on time." Some people stated they would like visits to be more consistent. "They're not always on time, I wish they were."
- Recruitment checks were completed before new staff started working at the agency. Application forms did not require candidates to supply information which would highlight any gaps in employment. This was discussed with the registered manager and the application forms were updated to ensure this information would be included in future.

#### Preventing and controlling infection

- Staff were provided with gloves and aprons to use when supporting people with personal care.
- People told us staff always left things clean and tidy and they had no concerns about infection control practices.

#### Learning lessons when things go wrong

- Following an event when a medicines error had occurred systems had been introduced to minimise the risks associated with short term changes to prescribed medicines.



# 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 good. At this inspection this key question has remained the same. 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 they started using the service to check staff had the skills and knowledge needed to provide the required support.
- Information captured at the pre-assessment stage was used to develop care plans which were updated as people's needs changed.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and a period of shadowing more experienced staff. A relative told us; "They're having some new girls starting at the moment, they shadow the regulars and we get informed that it's going to happen."
- Training was regularly updated. The organisation employed a training co-ordinator who had oversight of staff training needs.
- Staff told us they were well supported and received regular face to face supervision.
- The registered manager and acting deputy manager completed unannounced observational spot checks to help ensure staff were continuing to deliver care in line with the organisations expectations.
- People and relatives told us staff were skilled and competent. One relative said; "Watching them this morning they were very good. [My relative] was having a poor morning and equipment had to be used, and they managed it very well with no mishaps."

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

- Some people required support preparing meals. Staff had received the relevant training.
- Where necessary, staff kept food and drink diaries to record what people had consumed.
- Care plans contained details about people's dietary requirements and preferences.

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

- The service worked with external healthcare professionals to help ensure people received the support they needed.
- A relative told us; "The staff always monitor my relatives skin complaint."

- External healthcare professionals told us the service communicated well with them. Comments included; "I recently had a patient in crisis and they responded very quickly. They liaised with me throughout to ensure a safe package of care was provided."

#### 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.

- Staff received training on the Mental Capacity Act and demonstrated a good understanding of the underlying principles.
- Any Power of Attorney arrangements were recorded with details of the areas covered by the arrangement.
- It was clear staff recognised the importance of gaining consent before providing care and respecting people's wishes. Staff told us; "It's their house at the end of the day."
- People confirmed staff asked for consent before delivering care. They told us; "They don't just do anything, they ask me first", and "Yes, nothing gets done without my wanting it to."

# 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 good. At this inspection this key question has remained the same. 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's diverse needs were known and understood by staff. No-one reported experiencing any discrimination from staff.
- People and relatives told us staff were kind and respectful. Comments included; "The girls are very kind indeed. And they do listen to what I say and act on it", "I can tell by the way they work that they know what they are doing, they're a good bunch. They take their time and ask, not just do a task, its nice to see" and "All the staff have a good sense of humour."
- Care plans contained background information about people's lives and experiences. This helped staff form meaningful relationships and gain an understanding of who people were.
- It was important for one person that they attended church regularly. They told us; "I am a member of the church and someone from there [the agency] has taken me."
- During the inspection we heard the registered manager talking with a relative who was concerned about their family member. The registered manager offered emotional reassurance and practical support.

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

- People were asked for their views of the support they received and were involved in decisions about how their care was planned. One person told us; "I'm very much involved in my care plan."
- Staff supported people to make day to day decisions about how their care was delivered and respected their choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and supported people to be as independent as possible. Descriptions of routines contained information about what people could do for themselves and where they needed support.
- We were told of examples when staff had supported people to access the community and continue to take part in activities that were important to them. Staff clearly enjoyed this aspect of their work, sometimes supporting people in their own time.
- One person explained how they were supported to retain their independence. They commented; "I can do some things myself. The carers do what I can't, like reach my back."
- People's confidentiality was respected. Care records were kept securely.

- We saw a number of cards and notes from relatives expressing their thanks for the care provided. A thank you card from a relative read; "Everyone was very kind and treated dad with great respect."

# 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 good. At this inspection this key question has remained the same. 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

- Care plans clearly guided staff on the support people needed to meet their needs. There was information about how to support people with daily routines in line with their preferences.
- Care plans were regularly reviewed and people were encouraged to contribute to reviews to help ensure their needs were accurately reflected. A relative told us; "We're in constant conversation. And the care plan has been tweaked. It gets reviewed every three months, or sooner."
- After each visit staff completed daily notes to record the support provided and capture any changes in people's needs.

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.

- There was information about the support people might need to access and understand information. For example, if people needed hearing aids or glasses.
- One person was unable to communicate verbally. Records clearly described how staff could offer meaningful choices to help ensure they were delivering care in line with the person's preferences.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. They told us; "The girls are very pleasant indeed. But I would phone the office [if I had a complaint]" and "If I had any problems I would ring and speak to the manager."

End of life care and support

- The service was providing end of life care to a small number of people. People's wishes for this stage of their life were known.
- Plans were in place to further develop staff skills in this area.

# 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 good. At this inspection this key question has now deteriorated to 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 care in line with national guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers auditing and quality assurance systems were not sufficiently robust. They had failed to identify the issue identified in the safe section of this report in relation to both incident reporting and compliance with national guidance in relation to medicines management prior to our inspection.
- Systems for incident recording and reporting were not robust.

We recommend the provider reviews their monitoring systems to ensure they are operated effectively and cover all aspects of the service performance.

- The inspection ratings were displayed in the office. Following the inspection visit the organisations website was updated to more clearly show the ratings.
- There were clear lines of responsibility within the management structure. The registered manager was supported by an acting deputy and senior care workers.
- The provider had a defined organisational management team who provided regular oversight and support to the service.

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

- Staff told us they respected the registered manager and acting deputy manager and were well supported.
- The acting deputy carried out care visits. The registered manager also covered visits when necessary. This meant they had an understanding of people's needs. Staff told us they valued this and believed management had an insight into their role.
- Staff were encouraged to develop their careers within the organisation.
- There were policies and procedures in place to provide guidance on the actions to take following any untoward incident.

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

- People told us they were able to contact the office. Comments included; "I know how to contact the service and have done. The phone was answered", and "The folder in the kitchen has the number. I would phone that."
- People told us they knew who the registered manager was and had confidence in them. One relative said; " This is a 99.9% service as far as I am concerned."
- The director of the organisation valued team collaboratively working and team building days and specific training had been provided to develop a team approach among staff.

Continuous learning and improving care

- During and after the inspection the registered manager responded quickly to any suggested areas for improvement.
- The organisations training manager was working with other agencies to develop an end of life 'learning path' to guide and support staff working in social care.

Working in partnership with others

- Alexandra's Community Care Penryn were active in the local community. They participated in local events and were raising funds for a defibrillator to be made available outside the office premises.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.