

Welland & Glen Home Care Ltd

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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 inspection took place on 9 and 10 August 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages.

Not everyone using Welland and Glen Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were three people receiving personal care when we inspected.

There was a registered manager for the service. 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. The service was owned by two people, one of whom was the nominated individual and other one was the registered manager. We have referred to these people in the report as the registered persons.

This was the first inspection of the service since it was registered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

There were enough staff to meet people's needs and staff received the training and support needed to ensure that the care provided was safe and met people's needs. Checks were completed when new staff were recruited to ensure that they were safe to work with vulnerable people who used the service. Staff had received training in how to recognise and report abuse. Rotas were managed so that people were supported by a small number of staff who got to know them and their needs well and care provided supported people's privacy and dignity.

People's needs were assessed and care was planned to meet their needs. Care was fully documented in people's care plans and risks to people had been identified and care developed to keep them safe. People's abilities to manage their medicines had been reviewed and where needed staff supported them to take their medicine safely. Where needed, staff had liaised with other health and social care professionals to support people's care. Staff had received training in infection control to keep people safe from the risk of cross infection.

The service was well managed and no one had any complaints about the care they received. Systems were in place to monitor the quality of care provided and to ensure that staff were supported and up to date with the latest best practice guidelines. People's views on the service had been gathered so that the registered

persons could identify if any changes to the service were needed.

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.

Staff had received training in how to recognise and report abuse.

Risks to people had been identified and care was planned keep them safe.

There were enough staff to meet people's needs.

Medicines were safely managed and people were protected from the risk of cross infection.

Is the service effective?

Good ●

The service was effective.

Staff received training to support them to provide safe care. The registered persons ensured care met the latest guidance.

Staff liaised with other healthcare professionals to support people's needs.

People's rights to make decisions about their life was respected.

Is the service caring?

Good ●

Staff were kind and caring. A consistent staff group enabled them to get to know people's needs.

People could make choices about their lives.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned to meet their individual needs.

People were given information on how to make a complaint.

Is the service well-led?

The service was well led.

People's views on the service were gathered and used to improve the care provided.

The registered persons had effective systems to monitor the quality of care provided.

Staff were supported to provide high quality care and to keep up to date with changes in legislation.

Good 

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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.

This inspection took place on 9 and 10 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. It included visiting the office and telephone calls to people who used the service. We visited the office location on 9 August 2018 to see the manager and office staff; and to review care records and policies and procedures.

In preparation for our visit we reviewed information that we held about the home. As well as notifications (events which happened in the home that the registered persons are required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the registered persons 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 spoke with the registered manager, nominated individual and a member of staff. We also spoke with the relatives of two people who used the service.

We looked at a range of documents and written records including three people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

People told us that they felt safe with the staff. One relative said, I need to be comfortable that [Name] is safe. If I need to go out staff will sit with [Name] and they get on great with them."

We found that people were safeguarded from situations in which they may experience abuse. The registered persons had a safeguarding policy in place. Records showed that care staff had received training and knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. The registered persons were able to tell us about a situation where they had raised a concern about a person and how they had worked with the local authority safeguarding team to keep the person safe.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Care plans identified the risks to people and the care which was needed to keep them safe. Relatives told us how staff supported people to minimise their risks. One relative told us, "They need help walking and staff will fetch their frame if they forget and will steady them." Relatives told us staff monitored people's skin, ensured they used any equipment and would raise concerns if the skin looked sore. One relative told us, "Staff make sure [Name] is sitting on their pressure cushion and they check the inflatable mattress every day. Staff called a couple of weeks ago as [Name] has some red skin. They contacted they Nurse. They are very observant."

The risk assessments in place included an environmental risk assessment of the person's home so that the registered persons could be sure that staff were safe when providing care. Relatives told us that staff ensured that the house was clean, tidy and safe when they left. One relative told us, "The staff are good at making sure the environment is safe and there is nothing to fall over."

There were enough staff to meet people's needs in a timely manner. Relatives said staff arrived on time and completed all the tasks on the list. One relative said, "They are perfect with arriving on time, you can set your clock by them." Another relative told us, "They arrive slightly early, but that is fine." The registered persons told us that they had carefully established how many people they could care for with the current members of staff. They said that they had taken into account the care each person needed to receive. The registered persons told us, "If we have not got any gaps then we will not take on and have recently turned two clients down as could not fit them in. Staff told us that they have enough time in their rota to travel between people's homes.

The registered persons had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered persons had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. A relative told us how staff would remind the person to take their

medicines and would take them out of the packaging for them as they could no longer do this. Another relative told us, "I get the medicines from the chemist and they give them to [Name], they stay with [Name] until they are sure the medicine has gone."

There was a policy in place which outlined the best practice guidelines for the safe administration of medicines and staff had received training in administering medicines. Care plans contained information about the level of support people required for their medicines. Staff we spoke with were able to tell us how they supported people with their medicines and the action they would take if medicine was dropped or refused. Records of medicines administration were fully completed.

At present there were no protocols in place for medicines prescribed to be taken as required. For example, pain relief. We discussed this with the registered persons who told us that at present family members would make the decision on when to administer these medicines. However, they told us they would develop protocols around as required medicines to support staff if family members were not available.

We found that suitable measures were in place to prevent and control infection. Staff had all received training in keeping people safe from infection. They used protective equipment such as gloves and aprons and told us that the registered persons ensured that there was always equipment available for them. Staff were able to tell us how they safely disposed of contaminated items such as continence products

We found that the registered persons had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

Is the service effective?

Our findings

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Staff had to read the key policies as part of the induction process so that they were aware of the standards that the registered persons worked to. Staff meetings were held every three months and this gave the registered persons the opportunity to any discuss changes in policy and best practice guidelines. The registered persons also completed assessments on people before they agreed to provide care. This meant that they could be sure they were able to meet people's needs safely and to arrange any training or equipment needed to ensure the care provided reflect best practice guidelines.

Records showed that new care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We saw that there was a structured indication in place. Any current training the member of staff had was verified and staff had regular meetings with the registered persons to monitor their progress. In addition, new staff were required to work alongside the registered persons so that their competencies could be checked. New staff were required to complete the care certificate if they had not already done so. In addition, staff had supervisions with the registered persons every three months to check their progress. Training records were in place and confirmed that training had been completed as described.

Staff told us that at present there was no one who needed support or modified textured food to eat safely. However, they had received training in these areas and would be able to provide this level of support if needed. Staff told us that they had plenty of time to cook a meal for people and would offer people options out of the food available in the home. People we spoke with were happy with the food provided.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. Staff worked with the local GP Practices and community nurses to provide care which met people's need. An example of this was when staff liaised with the community nurses when equipment needed action by the community nurses before people could use it. In addition, staff told us that if they had any concerns over people's health, for example, if they were worried someone had a urine infection they would ensure that a sample was available to test and liaise with the GP for advice.

Relatives we spoke with told us how staff supported people to remain healthy by monitoring their needs and raising concerns with family and healthcare professionals when needed. One relative told us how they felt supported by the staff and how staff would advise them if the needed to seek medical advice and support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in the MCA and knew they should always assume that people had capacity unless there was some indication that they may not understand a decision they were being asked to make. They told us how important it was to work with relatives as they knew people well and would often be the first to notice if things changed. They were aware that people could nominate others to make decisions for them and this information was recorded in people's care files.

Is the service caring?

Our findings

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Relatives told us that staff were kind and caring. One relative said, "They are very caring, very reliable and good communicators." Relatives told us how staff went the extra mile to care for people. One relative told us, "They were brilliant in the snow, they had to abandon the car and walk some of the way. They made sure that [Name] was safe and had meals available."

Relatives told us that staff had time to chat with people and to ensure that they had all the equipment needed to improve their lives. For example, a relative told us how staff ensured that the person had their hearing aid on so that they could talk to the person while providing care.

The registered persons ensured that the rotas supported people to receive care from a consistent group of staff who knew their needs well. Relatives told us how it was important for them and the person receiving care to know the staff and feel comfortable with them. One relative told us, "[Name] needs continuity which is what we have. They don't let me down."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Relatives told us that people were offered choices when receiving their care and that care staff would always ask for consent and choice people a choice about the level of care they received. For example, they would let people do as much for themselves as they wished and would encourage them to join in little jobs so that they were not sitting down all the time. A member of staff gave the example of encouraging a person to dry up while they washed. They told us that this person enjoyed their independence and wanted to be able to do as much as possible for themselves. Relatives told us how staff supported people's independence. One relative said, "[Name] is fiercely independent and staff try not to take over, but will observe and lend a hand when needed." They added, "Staff always check what needs doing and leave what [Name] can do."

People's privacy, dignity and independence were respected and promoted. Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Staff told us how they worked to support people's privacy and dignity. This included ensuring curtains and doors were closed while giving care and keeping people covered as much as possible while delivering personal care. Staff also encouraged people to maintain their own personal hygiene wherever possible.

Is the service responsive?

Our findings

Relatives told us that they had been involved in developing the care plans and were able to make any changes needed. One relative told us, "They are good at changing things if necessary and there is good communication when things change. If anything needs doing differently we will ask and it happens." Another relative told us, "We went through the care plan, I'm happy with everything and they do more than what is in the plan. I only have to ask if they will do something and it is done."

The registered persons told us how important it was to meet with people and their relatives as some people who needed care may not be able to tell them about how they liked their care delivered. They told us that it was an ongoing process as the relationship between people and staff developed they gathered more information about how to personalise care. In addition, they would sit with people while developing their care plan and would amend it over a period of time until it accurately reflected people's needs. People receiving care or their relatives had signed their care plan to say they were happy with the contents. Staff told us they received handovers from the registered persons at the start and end of the shift to discuss people's care and if any changes were needed.

The daily notes that staff recorded were a good record of the care provided. They showed that care staff stayed for the full length of time and completed all the care needed. In addition, care staff told us that they had time to provide the care and to chat with people about their lives.

Before visiting a new person, staff received a briefing on their care needs. While the initial care plan was being developed there was an outline of the care which needed completing in the home for reference. All staff were introduced to new people so that people knew who would be providing their care. Staff told us that they were able to raise concerns with the registered persons. An example of this was when the care was taking longer than planned to deliver, and by raising it with the registered persons they could take action to get the call time lengthened.

Relatives we spoke with were positive about the care people received. One relative said, "They [staff] are excellent, they will talk to [Name] and motivate them." Relatives also told us that staff were supportive and responsive in there was an emergency. A relative told us, "One day I rang as I couldn't manage to care for [Name] as I normally do and they were here to help. I couldn't manage to have [Name] at home if not for them." Another relative told us, "[Name] had a fall and I didn't know what to do. I rang them and there were here in 10 minutes."

The registered persons ensured people were protected under the Equality Act 2010 and they had a knowledge of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. Information was available in large print for people with deteriorating vision.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Staff were aware of how people liked to

spend their days and ensured that they had everything to hand. For example, they told us one person liked to read the paper so they always left it within reach. However, they told us that they also assessed people's need to socialise and chat with them on a daily basis as some people may like to have days where they were quiet.

The registered persons told us that no one needed end of life care at present. However, they had completed training in providing support for people at this important time of their lives and would be able to care for someone if needed.

There were arrangements in place to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. People were given a copy of the complaints procedure when they first started to use the service and information on how to support people to complain was also available to staff. However, relatives we spoke with told us that they had never needed to make a complaint. One relative said, "I've no complaints, I've very pleased with the service."

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One relative said, "I can't fault them and I wouldn't hesitate to recommend them."

We noted that the registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post and the registered persons had ensured that they told us about events which happened in the service.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements.

People told us that they had been asked for their views on the care they received and that they were happy with everything and did not have any need for things to change. Monitoring forms asking people for their views of the service had been completed in April 2018. We found that they contained only positive feedback about the service. One person had written, "The best service provided in Lincolnshire, they are a lovely team." A relative had commented about how they had appreciated the consistent group of staff who had provided care and that staff always arrived on time and always completed the call even in the snow. The relative was clear that they would recommend the service to other people.

With it being a small service, it was easy for the registered persons to monitor the quality of care provided as they repeatedly worked alongside staff to provide care. This enabled them to check that call logs and medicine records had been appropriately completed and to discuss any concerns they had in the way staff delivered care. In addition, call logs and medicine records were returned to the office monthly to ensure they had been fully completed.

Staff told us that they had regular support from the registered persons and could approach them with any concerns they had about people and the care they provided. Regular meetings ensured that staff were updated with any changes in best practice guidance and legislation.

The registered persons had both started to complete a nationally recognised level five qualification in Management and leadership in Health and Social Care. This would help them provide stability to the business as they grew the business over time. In addition, they used external agencies to provide expertise when needed. An example of this was them working with an external agency to ensure all their policies were in place to support safe care. Furthermore, the registered persons were building relationships with health and social care professionals involved in providing care for the people they supported. This collaborative working meant that they were able to understand and meet people's needs better.