

Mrs Tracey Marie Thorpe

South Western Homecare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 8 August 2016. At that time the service was rated good overall. We issued a recommendation relating to the quality of information contained in care plans. After that inspection we received concerns in relation to recruitment practices and processes for dealing with complaints. As a result we undertook an announced focused inspection on 3 March 2017 to look into those concerns.

On the day of our inspection the service was supporting approximately 70 people who lived in their own homes.

This report only covers our findings in relation to two of our key questions. Is the service safe and Is the service responsive. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Western Homecare on our website at www.cqc.org.uk.

The service requires a registered manager and at the time of the inspection there was 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.

The service was operating safe recruitment practices. All necessary checks including Disclosure and Barring Service checks (DBS) and reference reviews had been completed.

People's complaints had been fully investigated and appropriate action taken to address and resolve any minor issues reported to the registered manager. One person who had recently made a complaint told us it had been investigated and resolved. Each month the service contacted everyone who the service supported to gather feedback about the care provided. The feedback was consistently positive and people told us, "I have never had anything to complain about they are very good" and "We have no problems, I would never change them. I raised something once and it was dealt with."

People told us they felt safe and well cared for by their care staff. One relative said, "Oh yes [My relative] is safe. I feel they are looking after her" and "I could not and wished for anyone better to look after [My relative]."

There were sufficient numbers of staff available to provide all planned care visits and the service operated a call monitoring system to help ensure all planned care visits were provided each day. People and their relatives said, "I've had no missed visits" and "They have never had a missed visit, we have never been forgotten." Daily care records and call monitoring information showed that people normally received care visits on time and for the correct duration.

In order to address the recommendation made as a result of our previous inspection findings the a new care

planning format had been introduced. The updated care plans provided staff with sufficient detailed information and guidance to enable them to meet people's needs. Staff told us, "The new ones they have done recently are really good" and "There is one in everyone's house. They are quite good they have enough information in them."

The provider operated a day centre as they had identified that many of the people they supported had become socially isolated as a result of their care needs. In addition, the service routinely provided support to enable people to live as independently as possible within their own homes. People told us staff had made them Christmas dinner and staff described how they had moved one person's bed downstairs to enable the person to return home from hospital. People told us, "They go that little bit further to help" and a relative said, "When [My relative] is feeling tired she can ring them up and they will try to come earlier in the day to help her to bed." Staff said, "The clients are what we are about" while the registered manager commented, "I do feel we go well above and beyond for the community" and "We do what we can to help people out. It's what I do, it's all I do."

People consistently praised care staff for the kindness and compassion with which they provided support. People's comments included, "They have been looking after me very well. I am well and truly happy with them", "The staff are great, Superb. Nothing is too much trouble" and "They are my little darlings" and "They seem to enjoy their job."

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 safe. Necessary pre-employment check had been completed and there were sufficient staff available to provide all planned care visits.

Staff understood their role in protecting people from avoidable harm.

There were systems in place to ensure all planned visits were provided.

The risk management procedures were appropriate. There were effective infection control procedures in place.

Good 

Is the service responsive?

The service was responsive. People's care plans were detailed and personalised. They contained sufficient information to enable staff to meet people's identified care needs.

Complaints had been fully investigated and resolved to people's satisfaction.

Good 

South Western Homecare

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 3 March 2017 and was announced in accordance with our current methodology for the inspection of home care services. The inspection team consisted of one adult social care inspector.

Before this inspection we received some information that indicated appropriate staff recruitment checks had not been completed and that complaints had not been investigated or acted upon. This focused inspection was completed in response to these concerns.

Prior to the inspection we reviewed previous inspection reports and other information we held about the service and notifications that we had received. A notification is information about important events which the service is required to send us by law.

During this inspection we spoke with five people who used the service, two relatives, six staff and the registered manager. In addition we reviewed a range of records, these included four care plans, six staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

People consistently told us they felt safe while receiving support from South Western Homecare and one person's relative said, "Oh yes [My relative] is safe. I feel they are looking after her." Staff told us, "My clients are perfectly safe, absolutely, one hundred percent" and "People are absolutely safe."

Prior to this inspection we received some information that indicted the service may not be operating safe recruitment practices.

We reviewed the service's recruitment procedure and examined the records for staff recruited since our previous inspection. We found the service was completing all necessary pre-employment checks, including enhanced Disclosure and Barring Service (DBS) checks and reference checks. This helped ensure new staff were suitable for employment in the care sector. Once employed staff received structured induction training and shadowed experienced staff before provided care independently.

The service had appropriate policies and procedures in place for the safeguarding of adults. Information about local safeguarding procedures was displayed in the service offices and records showed staff had regularly received safeguarding training. Staff told us, "We do safeguarding training annually" and when asked were able to explain how they would report any concerns they had about an individual's safety. Staff said they would initially report any concerns to the registered manager and felt confident these issues would be dealt with appropriately. Relative's said they had confidence the service would act to ensure people's safety and one person's relative told us, "[My relative] became very unwell. They called for an ambulance and stayed the whole morning with [my relative] and then phoned me to let me know what had happened."

People's care plans included assessments of the risk in relation to the environment and the person's individual needs. Each identified area of risk was described and staff were provided with guidance on the action they must take to protect both the person and themselves from the identified risk. This included guidance on how to safely operate any necessary manual handling equipment. The registered manager told us they were in the process of reviewing risk assessments procedures.

When accidents or incidents occurred these were immediately reported to managers. Office staff documented the information on the service's electronic record keeping system. If appropriate incidents were investigated to identify how systems or procedures could be improved to prevent similar incidents re-occurring. Where people's care needs were believed to have temporarily increased due to changes to their needs, as a result of an accident or minor fall the service routinely offered additional or extended care visits. This helped to ensure people's safety and provide them with additional reassurance and support. One person told us, "If I have an emergency they come straight away." Where people care needs significantly changed the service worked with the agency commissioning the care to ensure people needs were promptly reassessed and scheduled visits provided in line with people's needs.

The service provided support with medicines by prompting or reminding people to take their prescribed

medicines. Details of the support staff had provided with medicines were included in each person's daily care records.

We reviewed the service's visit schedules, staff availability and daily care records. We found the service had sufficient number of staff available to provide all planned care visits. Managers told us the service was current advertising two part time staff vacancies and these visits were currently being covered by existing staff with support from the registered manager. Office based managers were available to cover any visits in the event of staff sickness. One manager told us it had only been necessary for them to cover three care shifts since September 2016. Relatives told us, "We have had the same staff, they are brilliant carers" and "We see the manager sometimes when she is covering staff sickness."

The service used an electronic call monitoring system to help ensure all planned care visits were provided each day. We reviewed this information and found no records that demonstrated care visits had been missed. People and their relatives told us, "I've had no missed visits" and "They have never had a missed visit, we have never been forgotten." Call monitoring information was monitored in real time by office based staff who told us, "It is a good system because I cannot think of the last time we missed a visit. We don't have many missed visits."

People and relatives consistently told us care staff normally arrived on time and did not rush during care visits. Their comments included, "They do come on time and they never rush [My relative]", "I don't feel they rush the care", "They sometimes stay too long as they like to do little jobs to help me out" and "There is no rushing, nothing is too much trouble." Staff told us, "I don't find I have to rush" and call monitoring and daily care records showed people normally received care visits of the correct duration.

Staff provided mixed feedback about the amount of travel time that had between consecutive care visits but reported that this did not impact on the care they provided. Their comments included, "We have enough travel time", "[The travel time] is not always long enough", "There is five minutes between each visit. This is not always enough time but it is usually not too bad" and "You do get enough time with the clients but travel time can be an issue." The service operated in a largely rural area and it was unlikely that the five minutes travel time allocated on the staff rota accurately reflected the time required to travel between people's homes. Staff were committed to meeting people's needs and told us they normally rang ahead to let people know when they were running late. Their comments included, "I stay as long as I am needed because the care is more important", "I ring ahead if I am running late" and "If I am going to be late I ring the client to let them know."

The service had effective infection control procedures in place and necessary personal protective equipment was readily available from the office. One person told us, "They always use disposable gloves and they are very good with the hygiene side of it" and staff commented, "We pick up gloves and aprons from the office when we need them."

Is the service responsive?

Our findings

During our previous inspection in August 2016 we found that South Western Homecare required improvement in relation to our question 'Is the service responsive?' This was because people's care plans did not always contain enough detailed information to allow staff to understand the specific care and support each person needed. We found people's care plans contained generalised statements and lacked specific guidance on how to provide support. As a result we recommended the service take action to improve the quality of people's care plans.

We found at this inspection that action had been taken to address this recommendation. A new, more detailed care planning format had been introduced and at the time of this inspection over half of the service's care plans had been updated. We compared people's new care plans with previous versions and found significant improvements had been made. The new style care plans provided staff with clear direction on how to meet each person's individual care needs and the level of support they required with each care task. For example, one person's updated care plan stated, "[Person's name] likes to wash her face first which she can do independently. Carers then wash her front and back." The assistant and registered manager had taken responsibility for the care plan review process and told us they had visited and provided support for each person as part of the process to help ensure they accurately understood each person's individual needs.

When people joined the service managers normally provided the initial care visits based on information on the individuals needs provided by commissioners. These details were then combined with information gathered by managers during needs assessments and initial care visits to form the person's care plan. Where necessary, information about people's needs could be shared with staff using the service's secured mobile phone communication system Staff told us, "You always get new client information by email so you know what to do."

People and their relatives told us, "The care plans are quite good. It tells them what to do" and "The care plan is up to date. It has details of what they have done." Staff comments in relation to the updated care plans included, "The new ones they have done recently are really good", "There is one in everyone's house. They are quite good they have enough information in them" and "They are all quite good they have just redone a lot of them."

Where significant changes in people's care needs had been identified their care plans had been promptly updated to reflect these changes. A system had been introduced to record details of when each person's care plans had been updated to enable the registered manager to ensure people's care plans were regularly updated and accurate.

New daily recordkeeping formats had also been introduced since our last inspection. This included a combination of tick box information for specific care tasks and detailed information about the person's mood or any observed changes in care needs. These records were informative and included information on staff arrival and departure time for each care visit. Staff told us, "They have introduced a new format" and "I

bring [the daily records] back to the office at the end of each month." Once returned to the office daily care records were audited to ensure all changes in people needs had been reported to managers and that appropriate action had been taken to address any issue recorded.

The provider had identified that many of the people supported by the service lived in social isolation as a result of their care needs. In order to address this issue the provider had set up a day centre adjacent to the service's offices and regularly provided transport to enable people to access this service. On the day of our inspection eight people used this service and were provided with a cooked meal and supported to engage with a variety of craft activities they enjoyed.

People and their relative told us South Western Homecare was responsive and routinely provided additional care visits and support to help people maintain their independence. One person's relative said, "When [My relative] is feeling tired she can ring them up and they will try to come earlier in the day to help her to bed." Another person told us, "They even brought me a Christmas dinner." Staff and managers provided a variety of examples of their commitment to supporting people's independence. These included, supporting one person to pack up their home to enable them to move house, moving a bed downstairs to enable a person to return home from hospital and purchasing carpets for another person's home to improve the quality of their home environment. The registered manager commented, "We don't get paid for that but we want to help people."

Prior to this inspection we received information that people's complaints may not have been appropriately investigated or resolved. At this inspection we found there was an appropriate system in place to ensure all complaints received were recorded, investigated and, where possible, action taken to address and resolve the issue identified. We spoke with one person who had recently made a complaint and they told us their issue had been dealt with and resolved. Others people and relatives were complimentary of the service and reported that any issues they had raised had been resolved. Their comments included, "I have never had anything to complain about they are very good", "We have no problems, I would never change them. I raised something once and it was dealt with" and "I have recommended them several times to other people." Staff also told us they felt able to raise issues with the manager and that they had confidence any issue would be dealt with appropriately. One staff member said, "I spoke to [the Registered manager] about something and it was sorted out. It was dealt with professionally."

The service valued people's feedback and contacted each person monthly by telephone. This was done to check people were happy with the service and provide regular informal opportunity for people to report any minor issues or concerns to the registered manager. We reviewed the records of the feedback calls and found that it was consistently complimentary.