

Westcountry Home Care Limited

# Westcountry Home Care trading as Alexandra's

## Inspection report

3, Carrick Business Centre, Unit 16  
Commercial Road,  
Penryn,  
Cornwall  
TR10 8AR  
Tel: 01326 314642

Date of inspection visit: 21 to 23 April 2015  
Date of publication: 23/07/2015

### 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 

### Overall summary

This inspection took place on 21 to 23 April 2015 and was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The inspection team consisted of one inspector and one expert by experience. The service was previously inspected in September 2013 when it was found to be fully compliant with the regulations.

Westcountry Home Care, trading as Alexandra's, provides personal care to people who live in their own homes in south and west Cornwall. At the time of our inspection the service was providing care and support to approximately 200 predominantly older people.

The organisation was led by a registered manager who works part of each week in each of the service's offices. A

# Summary of findings

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 and associated Regulations about how the service is run.

People were pleased with the support they received and told us; "I can honestly say that the care is terrific, all of them, their care is second to none", "Overall I would say they are excellent" and, "I have been flabbergasted, in a good way, at the dignity and respect that they treat me with."

Recruitment procedures were robust. Staff had received appropriate training and knew how to respond if they had any concerns about a person's welfare. When accidents or incidents occurred these were appropriately investigated.

The agency employed enough staff to meet people's planned care needs. Staff received regular training, support and supervision. People told us their care staff were well trained and knew how to meet their care needs.

The service used a call monitoring system to track staff arrival and departure times from individual care visits to ensure people received the planned care. We found staff normally arrived on time and stayed for the full planned care visit. People told us, "They (care staff) are normally on time, never more than 15 minutes late", 'I have never

been missed, they are very good.' Staff said: "We definitely do all our visits". During our inspection we identified two occasions where a care visit had been missed. Both incidents had been fully investigated by the service and where appropriate, changes made to further reduce the possibility of similar incidents occurring in future.

People received care from consistent groups of staff who they knew well. People and their relatives told us they enjoyed their care visits and said their staff took time to chat and laugh with the person they supported during care visits.

People told us their care plans were up to date and we found they were sufficiently detailed to enable staff to provide individualised care. The care plans included information about people's life history and interests as well as clear guidance on the care each person required. Daily care records completed by staff at the end of each visit were detailed and informative.

People's feedback was valued by the service. Complaints had been appropriately investigated and resolved to people's satisfaction. A recent survey found people were happy with the care and support they received.

Staff were well motivated and told us, "The manager is amazing". Staff were encouraged to visit the service's office and regular team meetings and team building events were used to ensure office staff and carers worked effectively together as a team.

# Summary of findings

## 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. Recruitment procedures were safe and there were sufficient staff available to provide all planned care visits.

Staff understood the provider's and local authority's procedures for the reporting of suspected abuse.

Risks were well managed and there were systems in place to enable staff to support people with their medicines safely.

Good



### Is the service effective?

The service was effective. Staff were well trained and the service's induction procedures had been reviewed and updated in accordance with the requirements of the Care Certificate.

Staff and managers understood the requirements of the Mental Capacity Act 2005.

Peoples' care plans included guidance on the support they required with food and drinks.

Good



### Is the service caring?

The service was caring. People received care and support from consistent small groups of caring staff.

People's privacy and dignity was respected and valued by staff.

The service had appropriate systems to ensure people's wishes in relation to emergency healthcare interventions, were respected at the end of their lives.

Good



### Is the service responsive?

The service was responsive. People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

Although some staff expressed concerns about the amount of travel time they had between visits, we found, and people told us, their carers normally arrived on time.

Good



### Is the service well-led?

The service was well led. The registered and area managers provided effective leadership and support to the well-motivated staff team.

Quality assurance systems were effective and staff were required to provide written explanations for any care visit that was shorter than planned.

When complaints had been received these had been investigated and resolved to people's satisfaction.

Good



# Westcountry Home Care trading as Alexandra's

## 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 from 21 to 23 April 2015. The service was given 48 hours notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector and one expert by experience.

The service changed address in June 2014 and was previously inspected at its old address in September 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed previous inspection reports, 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.

During the inspection we spoke with the 22 people who used the service, two relatives, three professionals who were regularly involved in supporting people who used the service, 16 members of care staff, the registered manager, area manager and the provider's nominated individual. We also inspected a range of records. These included five care plans, eight staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

# Is the service safe?

## Our findings

People consistently told us they felt safe while receiving care and support from their care staff. People's comments included; 'Yes, I feel safe. The carers offer me their arm, I can hold it . . . . I feel safe in my home with them there,' 'Oh certainly I do feel very safe with them' and, 'I feel safe with the carers'. One relative told us, 'We had a misunderstanding once as I took [the person] out of the house. When the carers went round there, found she was out and they couldn't get in, they phoned me to see if she was ok. I was very impressed'.

Care staff told us, 'People are safe'. They demonstrated during our conversations a detailed understanding of both the provider's and the local authorities' procedures for the safeguarding of adults. Staff described how they were encouraged to report any concerns in relation to people's safety to the registered manager and said, 'I don't hesitate to ring in if I am worried about someone'. One staff member described the support they had received from their manager to alert the local authority of a specific concern they had identified. There were appropriate staff whistleblowing policies in place to protect individuals who raised safety concerns to their managers or external organisations.

All of the care plans we inspected included assessments of risks identified during the care planning process. Risk assessments were detailed and individualised. They included clear information for staff on the action they must take to protect themselves and / or the person they supported from identified risks. Sometimes these assessments identified the need for people to be supported by specialist manual handling equipment. In such cases there were procedures in place to monitor the maintenance of this equipment to ensure it was safe for staff to operate.

Accident and incidents had been appropriately investigated. Where investigations identified areas for improvement, necessary changes had been made in order to reduce the likelihood of incidents reoccurring. A letter of thanks had recently been received from a person who had injured themselves during a care visit. The person thanked the service for the care and support provided by staff after the accident.

Recruitment processes were robust. The references of all prospective members of staff were requested and disclosure and barring services (DBS) checks had been completed before staff were employed by the agency.

Staff were regularly spot checked to ensure they provided care safely. When issues were identified additional training, or if appropriate, staff disciplinary procedures were used to ensure the care provided met people's needs.

Our analysis of the staff rotas, care visit schedules and call monitoring information found that there were sufficient numbers of staff available to provide all planned care visits. The registered manager informed us that new care packages were declined if the agency did not have sufficient staff available in specific areas.

The service used a mobile telephone based call monitoring system to enable carers to report their arrival and departure time from each care visit. This information was monitored by office staff to ensure all planned care visits were provided each day. We found that on the days of our inspection all planned care visits were provided. People told us; 'I have never been missed, they (care staff) are very good' and 'They (care staff) have never rung up and said they cannot come'. While staff said, 'We definitely do all our visits'.

During our review of daily care records we identified an occasion where a care visit may have been missed. We discussed this incident with the registered manager who explained this visit had been missed by staff as a result of a road traffic accident. Records showed the person had been informed of this accident and had agreed for the visit to be missed. A care visit scheduled for later in the day had been extended to ensure the person received all of their planned care.

The service had identified that another recent missed care visit was the result of confused communication between on-call staff and carers. A new care package had been commissioned outside of office hours and on-call staff had failed to inform one member of staff of the changes to their visit schedule. In order to manage this risk the registered manager had decided to limit the acceptance of new care packages outside of office hours. New procedures for commissioning of care out of office hours had been introduced to ensure the service was able to meet people's care needs.

## Is the service safe?

The service had appropriate procedures in place to support people with their medicines. Staff prompted or reminded people to take medicines from blister packs prepared by a

pharmacist or, assisted people to apply their creams. Care plans included guidance for staff on the support people required with medicines and daily care records included details of the support staff had provided.

# Is the service effective?

## Our findings

People told us their staff understood how to support them and said, “I am very happy with my carers. They don’t need any more training, and they all have good attitudes.” We inspected the service’s training records and found staff had been provided with appropriated training in topics including; manual handling, safeguarding adults, medication administration, death and bereavement, first aid, dementia awareness and food hygiene. Staff told us; “The training is good and ongoing”, “we do a lot of training” and, “I felt they gave me enough training and a good introduction to people”.

Staff training needs were well managed by the provider’s training manager. Regular refresher training sessions were available to staff and appropriate systems used to ensure all staff training needs were met.

The service had recently supported one person with complex care needs to develop a specific training course for their staff team. The training had been developed to provide their staff with a better understanding of the person’s condition and specific needs. The service’s training manager had assisted the person to develop training materials and provided support and encouragement during the delivery of the training. The new training had been highly valued by staff who told us it had improved their understanding of the person’s needs. A number of professionals involved in this person’s care have asked to attend this training at a future date.

There was a formal induction procedure in place for new members of care staff. During their first week of employment staff received formal training and completed a number of shifts where they shadowed and observed experienced members of staff while providing care. During their second week staff began providing care to people who required support from two staff. Staff told us they had not been expected to provide care independently until they felt sufficiently confident in their new role.

Records showed staff had previously completed the Common Induction Standards training during their probationary period. The training manager told us that service had reviewed and updated it’s induction procedures in accordance with the requirements of the new care certificate. The service was currently trialing the updated induction process to ensure it met staff needs.

Alexandra’s offered apprenticeships to young people from the local community and operated an overseas recruitment programme to ensure sufficient numbers of staff were available to provide planned care visits. Working together with a local further education college the service had developed a targeted training program to ensure carers recruited from abroad were able to communicate effectively with the people they supported.

Staff told us they were well supported by their managers. The staff files included records of regular staff supervision meetings and annual performance appraisals. Staff comments included; “[The registered manager] has us for a meeting every six months or so” and, “We have three monthly spot checks, I think my last one was [month] they try to keep us up to speed”. Staff were encouraged to visit the service’s offices each Friday to collect their rota, this provided an informal opportunity for staff to provide feedback and share information with managers. In addition formal team meetings were held quarterly and a weekly newsletter used to inform staff of any changes within the service.

Senior carers regularly conducted spot checks of the standards of care provided by individual members of staff. If any significant issues were identified these were reported to managers. Where appropriate additional training and supervision was provided.

The service was in the process of introducing a mobile phone ‘app’ (application) to enable information about changes to visit schedules and people’s care needs to be shared securely with individual members of staff. The service recognised that the transition to the new system from the current system of phone calls and text messages would impact on the work loads of office staff. Appropriate arrangements had been made to ensure additional office staff were available to support managers during this transition.

Staff we spoke with understood the requirements of the Mental Capacity Act (MCA) and described how they always presumed that people were able to make decisions about their care and support. Staff told us, “I always ask, ‘what would you like me to do?’ I don’t make any decisions for people”. Managers described processes used to ensure decisions, taken on behalf of someone who did not have capacity, were made in their best interest. This included involving people’s families and health professionals in

## Is the service effective?

these decisions. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

Staff described how they explained to people what they were about to do and checked the person was happy before providing care. They told us, “I always ask people what they want, but I know what people like”. Care plans had been signed by the individual to formally record their consent to the planned care.

People’s care plans included guidance for staff on the support required in relation to food and drinks. One care

plan instructed staff, “Please ask [the person] what they would like for breakfast and to drink, then make breakfast ensuring you cut up the food into bite sized chunks”. Daily care records included details of the food and drinks people had been given during each care visit.

The service worked well with other health and social care services to ensure people’s care needs were met. The service supported people to make arrangements for a variety of health professionals, including GP’s, dentist, occupational therapists and district nurses, to provide additional support when required.



# Is the service caring?

## Our findings

Everyone we spoke with was happy with the quality of care they received from Alexandra's care staff. People told us; 'The girls are as good as gold', 'I have a nice conversation with them about football, they are very good. I trust the staff' and, "I can honestly say that the care is terrific, all of them, their care is second to none." One person's relative said, "[The person] looks forward to having them in. I am very, very pleased with them."

Staff regularly supported the same individuals and were able to develop effective caring relationships with people. People and their relatives told us; "I have the same three or four ladies all the time, they are excellent" and "The carers, they have a lovely attitude and some of them have adopted [the person]".

During conversation staff spoke warmly and compassionately of people. They said; "I really love my clients they are very nice people", "I treat people how I would like my loved one's to be treated, they are like an extended part of my family" and "the clients are really nice, I know them well. They are like my own family now". Health and social care professionals told us, "I have found Alexandra's a safe and caring service and have had nothing but positive feedback from service users who have Alexandra's staff to support them."

People and relatives were impressed by the caring nature of their staff. One relative told us, "The carers are lovely, my wife was taken into hospital as an emergency, the carers

came back two hours later to see if I was alright". People also provided examples of occasions when their staff offered to collect shopping or do other tasks to support them.

Staff respected people's privacy and dignity when providing care. People's comments included, "I have told them I feel embarrassed and the carers try to relax me and are very kind to me. We have a good laugh sometimes" and, "I have been flabbergasted, in a good way, at the dignity and respect that they treat me with. This was one of my main fears prior to using them. However, I am very happy with the way that I am treated." Staff described the actions they took to ensure people's privacy and dignity was respected. These included closing curtains, windows and doors prior to providing personal care and other appropriate individualised actions designed to protect people's dignity. One relative told us, "They lock both doors so that my grandson cannot get in when [the person] is having personal care."

Where people had chosen to decline emergency healthcare interventions at the end of their lives, the service had appropriate procedures in place to record details of these decisions. This ensured that in the event of an emergency this information was readily available to staff and other health care professionals.

The service had opted to use a call monitoring system based on mobile phone technology. This avoided staff having to ask each person they supported for permission to use their telephone at the start of each care visit.

# Is the service responsive?

## Our findings

When a new person began receiving care from the service an initial care plan was developed based on information provided by commissioners. After the first two weeks of care the initial care plan was reviewed and further developed based on information gathered by staff during care visits and a formal care planning meeting between a senior carer and the individual. One person told us; “When I first contacted the agency they were quick and keen to come and meet me first before any care visits were carried out. The purpose of this visit was to put a care plan into place so I received exactly what I wanted from their service.”

The care plans we inspected were detailed, informative and reflected each person’s likes and wishes. They included information on the person’s life history, hobbies and interests to help staff understand their background.

Care plans provided guidance for staff on how to support people whose conditions varied from day to day. This included information on the level of support each individual normally required and details on how to support the person if they were feeling unwell. People told us, “My care plan is up to date and reflects the care I receive.” Staff said; “Care plans are pretty up to date”, “I know from the care plan exactly what to do” and, “Sometimes I think they put too much information in them.” Health and social care professionals told us the care provided by this service was “person centred”.

Where the service provided longer support and companionship visits, additional information about people’s life histories had been discussed and recorded. This gave staff a better understanding of the individual and highlighted topics of conversation and activities the person enjoyed.

Records showed care plans had been regularly reviewed with the individual to ensure they accurately reflected their care needs. However, one care plan we inspected did not include guidance for staff on the support required during two recently commissioned additional daily care visits. This meant there were occasions where staff were expected to provide support without detailed guidance.

Daily records were completed by staff at the end of each care visit. These records were signed by each member of staff and recorded their time of arrival and departure. In

addition these records included details of the care and support provided, any observed changes to the person’s care needs and records of food and drinks the person had consumed.

One person explained to us how the call monitoring system worked and told us, “The carers clock in and out using their phones – there is a sticker on the door that they put their phones against”. The majority of staff were successfully using the call monitoring system to record all of their care visits and staff told us that if they forgot to use the system they were quickly contacted by someone from the office to check why they had not called in.

Most staff expressed concerns about the amount of travel time they were given between care visits. Their comments included; “I always start about 20 minutes early so I have enough time for everyone”, “We have enough time but there is not much time for travel”, “Mullion, Gweek, Breage is a really difficult shift” and, “Sometimes you just can’t do it in the time you have. If I am over time I am over time. I have to make sure everything is done”. However, other staff said “I don’t rush. There is plenty of time.”

We reviewed staff visit schedules, including staff who provided care in the Gweek and Breage areas. Travel time was included in all of the staff visit schedules we examined. Our analysis of the call monitoring data showed that care staff routinely arrived on time and people who used the service told us their care staff were “hardly ever” late. People’s comments in relation to the timeliness of staff included; “They (care staff) are normally on time, never more than 15 minutes late”, “Sometimes they are late, but they always let us know. Never really late – at most half an hour, once a month”, “They have enough time to have a chat, they don’t make you feel rushed” and, “Carers come at the right time and warn me if they are going to be late the next day”. This meant that although travel time was limited it was not impacting on the care and support people received.

The majority of people told us they knew how to make a complaint and would be happy to complain if it became necessary. Where people had complained, they reported they were happy with the way their complaint had been resolved. People said; “I have no complaints, I don’t have a bad word to say about them”, “I have had a couple of complaints over the three years, but they were all dealt with” and “Yes, a fortnight ago. A carer came in and she was a bit loud early in the morning, I phoned the office and they

## Is the service responsive?

didn't send her again". However, two people expressed concerns that there may be repercussions if they made complaints directly to the service. Both people were happy with the care they received from carers but were less satisfied with the support provided by office staff as it lacked courtesy and telephone calls were not always returned. We found that the services processes for the management and investigation of complaints were robust. They were designed to ensure complaints were resolved promptly and to people's satisfaction. People had written to the manager to express their gratitude for the care and support provided and one person had written a poem expressing their thanks to staff.

Where the service provided care jointly with other agencies there were no formal arrangements in place to ensure information was shared effectively. However, the service had been able to provide one person with an additional care visit at very short notice when carers from another agency missed a care visit. People were pleased that the service was able to respond quickly when they requested changes to their planned visit schedules. They told us; "I have asked them to move visits to another day and they were able to do that" and "I can text to request an early visit and they can do it".

# Is the service well-led?

## Our findings

Everyone consistently told us they were happy with the care provided by West Country Home Care trading as Alexandra's. People told us; "Overall I would say they are excellent" and "they are very helpful to me." Staff were well motivated and told us; "They are good, they look after you", "I believe the quality of care we provide is very good" and, "These are one of the better agencies I have worked for, they do put the clients first." Professionals reported that the service was "open and honest" and worked effectively with them to ensure people's care needs were met.

The service was well led by the registered manager who worked part of each week from each of the service's two offices. The registered manager was supported by an area manager. However, at the time of our inspection there were two deputy manager vacancies. We discussed these managerial vacancies with the provider's nominated individual and both managers. The service was actively recruiting for these roles but had not yet been able to identify appropriate candidates. The nominated individual recognised these vacancies had placed additional pressure on managers. Additional administrative support staff had been provided during the recruitment process and both managers told us they had been well supported by the nominated individual.

The registered manager was able to access support from colleagues and discuss any current challenges with the provider's other registered managers and the nominated individual during a weekly teleconference. In addition the manager was also involved in a number of local peer support groups and the provider's regular operational management meetings.

Staff told us their managers were supportive and commented; "The manager is amazing, I don't know how she does it. Without her I would not be in this job", "I am confident that they will help out where they can, they are always available on the phone" and "[the office staff] couldn't be more helpful". Professionals said, "I have found Alexandra's to be well managed" and "I am very satisfied with how they manage the service".

Staff were encouraged to visit one of the service's offices each week on a Friday to collect their rota's. The manager told us this provided a valuable opportunity for staff to share their experiences, report any changes they had

observed while providing care and develop effective relationships between office staff and carers. To further develop staff relationships the service held regular team building events including cinema nights and charity sporting events.

Senior carers operated the service's out of hours on-call system and were able to contact managers for additional support where necessary. We inspected on-call records and found issues reported out of hours had been dealt with effectively. Staff told us the on-call arrangements worked well and said, "I am confident that they will help out where they can, they are always available on the phone". Most people were pleased with the support Alexandra's office staff provided.

Information from the service's call monitoring system was analysed regularly and staff were asked to provide written explanation each week to explain why any care visit had been shorter than planned. For example one staff member had explained that a visit had been 15 minutes short as the person had chosen to go back to bed rather than being assisted to get dressed. Where individual members of staff were found to regularly provide shorter than planned care visits additional spot checks and supervision had been used to ensure people were receiving all of the care they required. Where the analysis of call monitoring data found care visits were regularly overrunning this information was shared with commissioners and a care review requested to assess if the visit time needed to be made longer.

Daily Care records were returned to the service's offices each month. These records were reviewed by office staff, compared with call monitoring information and people's care plans to ensure people's care needs were being met.

There were systems in place to ensure people's care plans were regularly reviewed. Office staff informed senior carers each week whose care plan's required review. Arrangements were then made to visit each individual at home to discuss their care needs and update care plans as necessary.

At the time of our inspection the nominated individual was in the process of analysing the results of a recently completed survey of people who used the service. We reviewed the completed questionnaires and found the feedback provided was complementary. People's

## Is the service well-led?

comments included, “There is nothing I would change, they are all excellent at their job. My life would be the poorer without them” and “I am not sure I would want to change anything”.