WarrenCare Limited

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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

We carried out an inspection of WarrenCare on 5 January 2016. The inspection was unannounced.

WarrenCare provides domiciliary care services to 462 people living in their own homes, outreach services for thirteen children and 68 adults and supported living services for ten people.

At the time of the inspection a registered manager was 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.

We asked people about the safety of services. Each of the people that we spoke with told us that they felt the service they received was safe.

The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly.

Incidents and accidents were subject to a formal review process which included; the production of a report, a meeting with any staff involved and an analysis that was shared with the manager.

Prior to the inspection we had received information of concern relating to staffing levels and in particular to the impact that staff shortages had on the continuity of staffing. The majority of people that we spoke with were happy with staffing levels and the continuity of staffing. We saw evidence that there was an ongoing programme of recruitment and induction.

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate.

People were supported to maintain good health through regular contact and review with a range of healthcare professionals.

We were unable to observe the delivery of care, but people spoke positively about the way in which care was delivered. The staff that we spoke with knew the people that they cared for and their needs in appropriate detail. The care records that we saw used language which was respectful and professional when describing people and the care provided.

People were given choice about the gender of their care staff and the times when staff provided care. Both staff and relatives noted that this choice was restricted when staffing numbers were low or other priorities took precedence.

People using the service and their relatives were encouraged to provide feedback to the organisation through informal and formal mechanisms.

The staff that we spoke with enjoyed working for the organisation and felt supported. Staff were encouraged to give feedback on their experiences and make suggestions for development.

The registered manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. The registered manager had sufficient resources available to them to monitor quality and drive improvement. These resources included specialist support with recruitment and staff engagement and a range of electronic systems which captured and shared important information.

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 were trained to recognise abuse and neglect and how to report concerns.

There were sufficient staff to deliver care although recruitment and retention of staff was recognised as a priority.

The provider checked that risk was appropriately assessed and managed to ensure that care was delivered safely.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

Staff were supported by the organisation through regular supervision and appraisal.

People were supported to maintain good health through regular contact and review with a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

Care plans were sufficiently detailed and focused on the person not just their care needs.

Staff knew the people that they cared for well and spoke positively about them.

People had choice and control over the way in which their care was delivered.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the assessment and planning of care.

People were supported to access the local community and to pursue hobbies and interests where this was appropriate.

Concerns and complaints were addressed formally and the provider used the information to make changes to the service.

Is the service well-led?

Good

The service was well-led.

Staff were encouraged to contribute to the development of the organisation and their suggestions had been taken forward by the registered manager.

The registered manager provided good leadership and practical support to staff.

The registered manager had sufficient resources available to them to monitor quality and drive improvement.

Senior managers, specialists and directors were available to provide support and monitor quality as required.

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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 5 January 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The PIR contained information from questionnaires which had been distributed to 50 people using the service, 50 relatives and 166 staff. 22 people using services returned the questionnaire, two relatives and 34 staff. Their comments were used to inform the inspection process and in the production of this report.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the service, their relatives, staff and managers. We also spent time looking at records, including six care records, six staff files, staff training plans, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

During our inspection we spoke with two people using the services and four relatives. We spoke with the registered manager, the group operational director, the group training manager and three other staff. Fifteen people declined the invitation to speak with us or were unavailable.

Good

Is the service safe?

Our findings

We asked people about the safety of services. Each of the people that we spoke with told us that they felt the service they received was safe. One relative told us, "It has to be safe for both of us. [Carers] help [relative] to use a Zimmer [walking frame] and a hoist. The use it all well." Another relative said, "Yes, I'm very happy that the service is safe. It's mostly the same staff." A third relative commented, "[Care] is always safely delivered. The staff are quite consistent."

The provider had delivered a training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect was taking place. A member of staff told us, "If there was any failing I'd report it to my line manager." The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. Evidence of these systems was made available during the inspection. The provider also told us that they completed a minimum of two direct observations of care staff each year. We saw evidence that these observations had taken place on staff records.

The care files that we saw showed clear evidence risk had been assessed and reviewed regularly. Risk assessment was undertaken at the initial assessment phase and reviewed regularly once the service had started. In the care records that we saw the most recent scheduled reviews were recorded between July and December 2015. The risk assessment processes were sufficiently detailed and robust.

Incidents and accidents were subject to a formal review process which included; the production of a report, a meeting with any staff involved and an analysis that was shared with the manager. One member of staff said, "We use an ABC (antecedent, behaviour and consequence) process to identify triggers and patterns."

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. One member of staff told us, "I could speak to CQC." Each of the staff that we spoke with expressed confidence in internal reporting mechanisms.

Prior to the inspection we had received information of concern relating to staffing levels and in particular to the impact that staff shortages had on the continuity of staffing. We spoke with the registered manager, other staff and people using the service about this. The registered manager acknowledged that recruitment was difficult, but said that continuity of care was monitored as part of management reporting. A member of staff said, "There aren't enough staff on my team at the moment. A member of staff had to leave and the person that I was shadowing [introducing] wasn't suitable." The majority of people that we spoke with were happy with staffing levels and the continuity of staffing. We saw evidence that there was an on-going programme of recruitment and induction.

Staff were recruited following a process which included individual interviews and shadow shifts [working alongside an experienced colleague]. Each offer of employment was made subject to the receipt of two

satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. DBS checks were renewed regularly.

The provider had a disciplinary policy and procedure in place. Staff were familiar with the policy. One member of staff gave an example of how the policy had been applied in practice.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required support. Medication Administration Record (MAR) sheets were completed by staff where appropriate. These records were held in people's homes and were not available to us during the inspection. MAR sheets were checked as part of the provider's safety and quality auditing processes during spot-checks.

Good

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. Staff were supported by the organisation through supervision and appraisal. One senior member of staff told us, "We supervise staff six monthly and offer an annual appraisal, but we speak to them on a daily basis." Another member of staff said, "I was well-prepared through induction."

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; Safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. Staff also had access to additional training to aid their personal and professional development such as; the diploma in health and social care and a range of specialist health and social care topics. Training was delivered through a mix of e-learning and face to face sessions. A training record was maintained for each member of staff which indicated when refresher courses were required. This record indicated that all staff were in the process of, or had completed a formal induction. We asked the group training manager about gaps in training for some staff. They explained that the gaps related to additional, specialist training which was available in addition to the topics taught during induction. The provider said that they would review the content of these records to make it easier to assess what training had been completed and what was required.

The organisation promoted effective communication with staff and people using services through the completion of; telephone calls, daily records, supervision and appraisal. Supervisions were scheduled every six months. We saw evidence that staff supervision had taken place in accordance with this schedule. One member of staff said, "Supported? Definitely. I speak regularly [with managers] on the phone and go in to hand-in my timesheets." The registered manager told us that staff were often reluctant to attend team meetings, but this was addressed by the use of; memos, telephone calls and emails. They told us that the provider had employed an employee engagement officer and was considering the introduction of smartphones to aid better communication.

We asked staff about their understanding of the Mental Capacity Act 2005 (MCA). The 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. Staff demonstrated that they understood the key principles of the MCA and delivered care and support in accordance with the act. All of the people currently being provided with services had capacity or had a nominated relative to speak on their behalf. One member of staff told us, "I recently attended training [on the MCA]. We have changed guidance staff to reflect best-practice." We saw that reference to the MCA was included in induction training.

People were supported to eat and drink in accordance with their individual care plans. In some cases these

plans had been developed with the input of a dietician or other healthcare specialist. Records of food and fluid intake were recorded in daily notes. One member of staff said, "We work with a dietician for people who are under or over-weight. We use food diaries and have choking risk assessments."

We saw that people were supported to maintain good health through regular contact and review with a range of healthcare professionals. These included general practitioners and dentists. Staff also had access to specialists in tracheostomy care and supported people with learning disabilities to attend annual health checks.

Good

Is the service caring?

Our findings

We asked if people using the service would consent to being visited as part of the inspection process. Each of the people that we spoke with said that they would prefer to speak on the telephone. As a result we were unable to observe the delivery of care, but people spoke positively about the way in which care was delivered. One person said, "All I can say is I'm very happy. They're [staff] very good." A relative told us, "Staff are kind and compassionate." One relative told us about the extra things that staff do for their relatives. As an example they said, "They [staff] bring my [relative] a newspaper. They have even come back in their own time to check when my [relative] was unwell."

The staff that we spoke with knew the people that they cared for and their needs in appropriate detail. Staff told us that they usually had sufficient time to focus on the person and not the task. One member of staff told us, "Some packages [of care] are limited for time, but we encourage staff to have a chat while they are providing care." This approach was encouraged by the supervisors and the registered manager. We saw that care plans were sufficiently detailed and focused on the person not just their care needs. Care practice was assessed during visits by senior staff within the organisation with reference to these plans.

The records that we saw showed that people were actively involved in making decisions about their care. Their views were recorded and considered as part of the review process by staff and healthcare professionals. People were given choice in the delivery of care and their independence was maintained and promoted appropriately. We saw that where people did not have the capacity to represent themselves a nominated relative acted on their behalf.

We asked staff about the promotion of privacy and dignity when delivering care. One member of staff said that privacy and dignity were maintained by following the care plan, talking to people, covering them when providing personal care and through the continuity of staff. The care staff we spoke with were respectful of the people that they cared for and recognised the need to maintain dignity when providing personal care. None of the people using the service that we spoke with expressed any concern regarding their privacy and dignity when being supported by the organisation. A relative told us, "They [staff] do an exceptional job with regards to privacy, dignity and respect." The care records that we saw used language which was respectful and professional when describing people and the care provided.

People's confidentiality was maintained by the careful management of written information. Important information was held in the person's home. This was only held for as long as it was necessary for the purposes of review before being transferred to the main office for secure storage.

Good

Is the service responsive?

Our findings

We saw that people were actively involved in the assessment process and the planning of care. One person who used the service told us, "[Relative] is involved in the review. We've had a lot of involvement." People were supported to follow their interests by care staff. A member of staff said, "Care plans are detailed and person-centred." We were given an example of one person who is supported to attend a gym and to go shopping as part of their care package.

People were given choice about the gender of their care staff and the times when staff provided care. Both staff and relatives noted that this choice was restricted when staffing numbers were low or other priorities took precedence. A relative said, "It's little bit annoying when [relative] gets used to people and they don't appear anymore."

We looked at the record of compliments, concerns and complaints. 28 compliments had been received and recorded in 2015. 35 complaints had been made in the same period. Each complaint had been adequately detailed and a response issued where required. 25 of the complaints had been addressed within 28 days. This was in accordance with the relevant policy. Thirteen concerns had been recorded in 2015. The majority of these related to a lack of consistent staff and changes to call times. We saw evidence that action had been taken as a result of complaints. We asked the registered manager about the complaints and concerns with specific reference to the lack of consistency. They told us that, "Staff understand and share the frustrations when they can't deliver care [as planned]. New staff cannot always be introduced because of the nature of the contract or the need for cover at short notice." All of the people that we spoke with understood how to complain if they needed to. One relative told us, "The complaints procedure is in the book they gave me."

People using the service and their relatives were encouraged to provide feedback to the organisation through informal and formal mechanisms. We were told that an annual survey was distributed and four-weekly telephone reviews were conducted. None of the people that we spoke with recalled receiving a survey. The provider was able to demonstrate that 552 questionnaires were distributed in November 2015. 111 had been returned. The results of the survey were not available at the time of the inspection. The registered manager told us that the results of the survey would be analysed and presented to the senior management team in due course.

During the course of the inspection we heard staff talking with people using the service and their representatives on the telephone. They regularly checked if people had any issues that they wished to report. We also saw supervisors and other staff discussing where issues might arise and agreeing plans to minimise any disruption to the service.

Good

Is the service well-led?

Our findings

A registered manager was in place.

The staff that we spoke with enjoyed working for the organisation and felt supported. One member of staff told us, "They're [WarrenCare] really good. I've had no problems. I really love my job." Another person said, "Managers are very involved day to day. We get an action plan emailed to us every day from [registered manager] to guide us on our priorities." Priorities included; identifying staff to provide cover, responding to changes in care and meeting targets.

Staff were encouraged to give feedback on their experiences and make suggestions for development. A staff survey was issued in 2015 and the results presented in a regular newsletter. A member of staff told us, "I could feed my views into the organisation. Some of our ideas have been acted on like the newsletter and the 'Carer of the Quarter' award."

The registered manager and supervisors were clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The manager was honest about issues and pressures facing the service. They described how they were to be addressed at a senior level to ensure high-quality, consistent care in the future. The registered manager understood their responsibilities in relation to their registration. The records that we saw indicated that notifications to the commission had been submitted appropriately.

The registered manager was available to members of the staff team throughout the inspection and offered guidance and support appropriately. They told us, "The staff don't always communicate well with the office, but morale is good. We've got a motivated team." A member of staff said, "[Registered manager] is visible and available. She even helps with shift cover. She knows what's going on through our systems [electronic records]." The manager had sufficient resources available to them to monitor quality and drive improvement. These resources included specialist support with recruitment and staff engagement and a range of electronic systems which captured and shared important information.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support offered by the organisation. One member of staff said, "Staff understand their roles and I understand mine." Another member of staff said, "I know exactly what is expected of me."

The organisation had a robust approach to the monitoring of quality. Systems included; spot checks, care file audits, telephone calls to people using the service and monthly audits. A set of key performance indicators (KPI) were used to monitor; complaints, concerns, staffing ratios, vacancies, safeguarding referrals, missed calls and absence levels. These were reported on monthly at the board meeting. The group operational director said, "We know very quickly if things are going wrong." We saw evidence that action had been taken in response to these KPI's. As an example, the registered manager told us that the employee

engagement officers had been recruited to address engagement, communication and staff retention across the organisation.