

Mrs Tracey Marie Thorpe

# South Western Care Services

## 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

### About the service

South Western Care Services is a care agency which provides short visits to support people living in their own homes. At the time of our inspection the service was supporting approximately 40 older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service's recruitment practices were safe and there were enough staff available to provide all planned care visits. Since our last inspection managers had introduced a new weekend rota to enable people's needs to be met by a reduced number of staff. People were informed of these arrangements before they joined the service. We have recommended the service reviews these arrangements with the aim of improving the consistency of people's planned visit times.

Staff used a digital call monitoring system to record their arrival and departure times from each planned care visit. This data was monitored by office staff to ensure all planned visits were provided. No-one reported having recently experienced a missed care visit and staff told us, "There have not been any missed visits that I know of."

Call monitoring records showed most people received their visits on time and people told us the service's performance in this area had improved. Comments from people and staff in relation to visit times included, "They are always on time", "The timing has got better" and "The rotas are fine, I don't have to rush." We found the service's rotas were well organised and included appropriate amounts of travel time between care visits.

Staff had received safeguarding training and understood how to protect people from all forms of abuse or discrimination. Risks were assessed and the service had made timely, appropriate referrals to professionals for additional support where issues of possible self-neglect had been identified.

Staff had the skills necessary to meet people's needs and there were appropriate procedures in place for the induction of new members of staff. Staff told us they were well supported and records showed they received regular supervision, spot checks and annual performance appraisals. In addition, team meetings were held regularly and included on staff rotas.

Staff supported people to maintain their independence and respected people's decisions and choices. Managers and staff understood the requirements of the Mental Capacity Act and worked with relatives to ensure any decisions made on behalf of people who lacked capacity were made in their best interest.

People described their support staff as jovial, caring and friendly; and professionals told us staff went, "the

extra mile" to ensure people needs were met. Comments from people and in relation to the staff team included, "They show lots of patience", "They are all very friendly" and "They chat with me and the staff listen to me."

People's care plans were accurate and informative. They provided staff with enough guidance to meet people's needs. This included information about the person's background and life history and details of the tasks people were normally able to do for themselves. This helped staff to get to know people and recognise any changes in their individual needs.

The service had appropriate quality assurance systems in place and records showed all complaints received had been investigated and resolved. Feedback questionnaires were completed regularly and people's comments on the service's current performance were positive.

A registered manager had been appointed since our last inspection and the provider was no longer leading the service. Staff told us the service's leadership team were effective and professionals were also complimentary of the service's management.

#### Rating at the last inspection

The last rating for this service was Requires improvement. (Report published 21 March 2019) and there was a breach of the regulations in relation to staff recruitment checks. That responsive inspection was carried out to follow up on actions we told the provider to take following previous comprehensive inspection report published on 19 October 2018. Improvements identified in March 2019 inspection report have been sustained and the service has now been rated good in all areas.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# South Western Care Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector and one expert by experience with experience of supporting older people.

#### Service and service type

South Western Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in and around Helston in the South West of Cornwall.

The service is provided by an individual and as such is not required to have a registered manager. However, since our last inspection a registered manager had been appointed as the provider was no longer managing the day to day operations of the service. Registered managers like providers are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced in accordance with our current methodology for the inspection of home care services.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included notification about significant event that had occurred. We used this information and the findings of our

previous inspection visits to plan this inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We visited one person and their relatives at home and spoke with a further five people and six relatives via telephone. We also met and spoke with three members of care staff and the registered manager.

We reviewed a range of records. This included four people's care records. We also looked at six staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, medicines administration records, staff rotas and the service's training matrix.

#### After the inspection

Following the inspection, we spoke with an additional four members of staff by telephone and sought feedback on the service's performance from two health and social care professionals. We also reviewed a range of documents that we had requested from the service during the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. The service had failed to complete necessary checks to ensure staff were suitable for employment in the care sector. This was a breach of 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found this issue had been addressed and this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any safety concerns they reported to managers would be addressed. Staff knew how to report safeguarding issues to the local authority and records showed the service had made a number of appropriate referrals to ensure people's safety.
- People told us they felt safe and that staff supported them to move around their homes safely. People's comments included, "I feel safe" and "I tend to fall a lot so I feel safe when [the staff] are here."
- No one reported having recently experienced a missed care visit and records showed visits had been provided by the correct numbers of staff. People with more complex needs told us "There are always two staff" and staff said, "I have never missed a visit", "No missed visits on my rota" and "There have not been any missed visits that I know of."
- When changes were made to rotas staff were texted messages with details of these changes and the services digital visit planning system was automatically updated. Where a change had been made this was clearly highlighted to staff. This minimised the risk of staff becoming confused and missing planned care visits when last minute changes to rotas were necessary. These changes were only necessary in response to staff sickness and other unplanned changes to staff availability. Staff told us, "Any changes to the rota go on [the mobile app] and they send you through a text as well" and "The rotas only really change when someone has gone sick."
- Staff wore uniforms and identification badges to enable people to confirm the identity of carers when they visited for the first time.

Staffing and recruitment

- The service's recruitment practices were now safe. Necessary disclosure and barring service checks had been completed and references reviewed to ensure staff were suitable for employment in the care sector.
- At the time of our inspection the service had sufficient numbers of staff available to provide all planned care visits. Staff told us "There are enough staff" and "There are enough staff to cover the rota." Managers had introduced new procedures to address issues with identified high level of unexpected absence by specific members of staff. These actions had led to improvements in the consistency of staff attendance and availability at weekends and during more unsociable hours.
- As a result of limited staff availability at weekends a specific rota had been developed. This rota aimed to ensure people's needs could be safely met by a reduced number of staff and was made clear to people when they joined the service. However, this meant some people's visit times at the weekend were

significantly different. Most people were happy with these arrangements, but we did receive some reports that visits were being provided later than planned.

- Feedback in relation to the consistency of visit times was mixed but people recognised that there had been improvements in this area. Comments received from people and their relative's included, "There are timing issues, they are usually late in the morning", "They are very good on time", "They are always on time" and "The timing has got better."

We recommend the service regularly reviews the current weekend rota arrangements and takes any action possible to improve the consistency of planned visit times.

- Call monitoring records showed that most people received their visits on time and for the correct duration. Staff told us, "The rotas are fine, I don't have to rush" and "We normally have more than enough time."
- The services' rotas now included travel time between each care visit that was calculated automatically based on online route planning software. Staff said they did not need to rush and had enough time to travel between people's homes. Their comments included, "Travel time is a lot better, there is a lot longer between people so you don't need to rush", and "We normally have more than enough time."

#### Assessing risk, safety monitoring and management

- Risks were identified and assessed. People's care plans included information for staff on how to protect people and themselves from identified risks while accessing properties or providing support.
- Where equipment was needed to help people to move safely there were procedures in place to ensure this equipment was safe to use.

#### Learning lessons when things go wrong

- All incidents and accidents that occurred were documented and reported to the services' managers. These reports were reviewed to identify any areas of learning, patterns or changes that could be made to prevent similar incidents reoccurring.

#### Using medicines safely

- Most people who used the service managed their own medicines or were supported by their relatives to manage their medicines. Where the service provided support with medicines this was detailed in the person's care plan.
- People told us staff supported them safely with their medicines and daily care records included details of the support staff had provided with medicines.
- The service was in the process of reviewing and updating its medication support policies at the time of our inspection to ensure they accurately reflected current best practice.

#### Preventing and controlling infection

- Staff had received appropriate training in infection control and personal protective equipment was readily available from the services offices.
- Staff used gloves and aprons appropriately during the care visit we observed, and relatives told us, "They always wear a uniform and plastic gloves."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives said staff had the skills required to meet people's support needs. There were systems in place to ensure staff training was regularly updated. Relatives told us, "The staff certainly know what to do" and staff said, "I think I am all up to date with training."
- All new staff completed a number of shadow shifts, based on their previous care experience, before they were permitted to provide support independently. One recently appointed staff member told us, "I was shadowing for two weeks." Where staff were new to the care sector they were supported to complete training in line with the requirements of the care certificate.
- Staff told us they were well supported, and records showed they had received regular supervision and spot checks from managers. Annual performance appraisals had also been completed and these meetings provided an opportunity for training and development goals to be identified. Staff told us, "We get supervision and spot check quite regularly. I have just had an appraisal."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by managers before they began using the service to ensure their individual needs and expectations could be met.
- Care plans were then developed by combining information gathered during the assessments process, with details from the person's relatives, other care providers, and staff feedback following initial care visits.

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

- Staff supported and encouraged people to eat and drink regularly. They ensured people were able to access snacks and drinks between care visits.
- Where issues had been identified in relation to people's ability to access nutrition and hydration, prompt and appropriate action was taken to resolve these situations.

Supporting people to live healthier lives, access healthcare services and support

- People were supported and encouraged to access healthcare services when required. People told us, "They recently got in touch with a doctor for me" and staff provided examples of how they had engaged with relatives to ensure appropriate referrals to professionals were made.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- The managers and staff had a good understanding of this legislation. Staff respected people's decisions and supported people to make choices in relation to how their support was provided. Staff told us, "You offer people as many choices as possible."
- Where people lacked capacity to make specific decisions the service worked with people's relative to ensure all decisions were made in the person's best interest.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they got on well with the staff team who they described as friendly and caring. People's comments included, "They are very jolly" and "They chat with me and the staff listen to me."
- Relatives were also complimentary of the staff team and described occasions where staff had chosen to sit and chat with people during care visits. Their comments included, "They show lots of patience", "They are all very friendly" and "They are so caring and they talk to [my relative]." Professionals told us staff, "went the extra mile" to ensure people's needs were met.
- People normally received support from a consistent staff team who they knew well and who visited regularly. Staff told us, "My rota stays the same", "I see the same people every day" and "I tend to do a set rota, so I know people well." Relatives confirmed this and told us, "We have good consistency at the moment." People said, "I see the same people and they are all very nice."
- Staff had a good understanding of equality issues and ensured people were protected from all forms of discrimination.

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

- People were able to decline planned care interventions and make decisions about how their support was provided each day. One person said, "They ask me what I want them to do" and relatives described how staff had responded appropriately to people's individual choices.
- Staff had a good understanding of what was important and ensured where ever possible people's routines and preferences were respected.
- Where people had expressed preferences in relation to the gender of their support staff, these preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and ensured their privacy was protected at all times. People told us doors and curtains were always closed before personal care was provided.
- The service supported people to maintain their independence. Care records included information about tasks people were able to do for themselves and records showed staff only provided support with these tasks when needed.
- Care records were stored appropriately in the service's offices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. The service had failed to appropriately investigate and act on complaints. This was a breach of 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There were now appropriate systems and procedures in place to ensure complaints received were investigated and responded to. Records showed action had been taken to address and resolve complaints received.
- Information about how to make a complaint was provided to everyone when they began using the service and was included in the care records in each person's home.
- People and their relatives knew how to raise complaint and those who had reported issues told us their concerns had been addressed and resolved. Comments received included, "I have the telephone number for the office on the front of my care plan" and "I asked the agency for one carer not to come and we don't see this person anymore."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's specific needs and provided personalised care and support.
- Care plans were sufficiently detailed and informative. They had been reviewed and updated to ensure they accurately reflected people's current needs. Staff told us, "The care plans are all up to date, there is one in every house" and "The care plans are quite detailed, they are normally spot on. They quite often get updated."
- Each care plan included information about the person's likes, dislikes, life history and current interests. This information was provided to help staff develop a rapport with people during initial care visits and identify topics of conversation the person may enjoy.
- Daily records were maintained detailing staff arrival and departure times and the support provided during each care visits. These recorded were returned to the service's offices each month and audited to ensure their accuracy and that any changes in people's support needs had been reported to managers.
- The service's digital call monitoring system enabled staff to immediately report any specific concerns or changes to people's needs to their managers. Records showed this information had been shared appropriately with professionals and that prompt referrals had been made for additional support when necessary.
- Records showed that the service was flexible and had responded positively to people's request for changes in their visit times to enable them to attend appointments and engage with activities they enjoyed. Relatives told us the service had been able to provide additional care visits to ensure people's safety when they were unavailable. Their comments included, "I ask for extra care when we are away on holiday which gives me peace of mind."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included details of people communication needs and guidance for staff on the operation of any communication aids in place.
- Where people sometimes did not communicate verbally, staff were provided with information to help them interpret specific gestures and other forms of non-verbal communication.

### End of life care and support

- There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relative's recognised that the service's performance had improved since our 2018 inspection. Their comments included, "I think they have got a little bit better over the last year" and "They were not wonderful in the office, but it's all sorted out now." Professionals were complimentary of the service's leadership and told us they believed the service was well managed.
- Staff recognised the service's performance had significantly improved and felt things were now more organised. Their comments included, "I would say in the last six months it has really improved", "For the clients everything is pretty much spot on", "I like it, I think it has improved" and "I think we are all trying our hardest, I think we are doing pretty well at the moment."

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

- There had been significant changes in the services leadership since our last inspection. The provider had stepped back from the day to day leadership of the service and a registered manager had been appointed. The registered manager was based in the service full time and was supported by an assistant manager, a quality assurance office and administrative staff. Office staff roles were well defined and the service's call monitoring records were checked regularly to ensure all planned visits were provided.
- Staff told us they were well supported by their managers who were approachable and took appropriate action in response to any issues reported. Their comments included, "The managers are quite good and do sort things out" and "[The new registered manager] is doing all right." People told us, "When you ring the office nothing is too much trouble."
- The service's rotas were now well organised and included appropriate amounts of travel time between consecutive care visits. A mobile phone application ensured staff knew which visit they were due to provide and enabled any concerns to be immediately reported to management. Staff told us, "They do try to make it as easy and straight forward as possible for us" and "[The rota] is much better than it used to be."
- There were appropriate quality assurance and auditing systems in place which were designed to drive improvements in performance and ensure compliance with regulatory requirements. All daily records had been audited and digital communication records showed appropriate and timely action had been taken in response to any concerns reported by care staff. Professionals told us, "The managers know the service users well and always liaise when required. Any concerns are addressed in a very timely manner. They are always open and transparent and have the service user's best interest at the heart of their practice."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The duty of candour was understood by staff and managers. Relatives told us the service communicated with them well and shared information openly.
- People, relatives and staff told us the service's on-call management arrangements worked effectively and that calls were always responded to and resolved promptly. Comments received included, "They have someone on call and if you leave a message someone gets back to you" and "The phone is always answered, you can always get hold of someone if you need to."
- The new registered manager and staff team were open and honest throughout the inspection process and responded appropriately to feedback provided.

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

- The service completed quarterly telephone surveys as part of its quality assurance processes. Records showed people's feedback was currently complimentary and recently received comments included, "Fantastic staff, very happy" and "Brilliant staff". Any issues reported via these surveys were investigated by managers and action taken to improve people's experiences. For example, one person had asked for their morning visits to be provided earlier and rotas showed this change had been made.
- Staff meetings were held regularly and were included on the services' rotas to enable as many staff as possible to attend. These meetings provided opportunities for learning to be shared, for changes in people's needs to be reviewed and for staff to be updated on any changes planned within the service.
- Equality issues were well understood by staff and managers. People were protected from all forms of discrimination. Staff requests for flexible working arrangements had been looked upon favourably and additional support provided with training in response to staff learning needs.

Continuous learning and improving care

- All incident and accidents that occurred were reported and investigated. This enabled the service to identify any learning and change procedures where appropriate to prevent similar events reoccurring.

Working in partnership with others

- The service worked collaboratively with people's relatives and health professionals to support people to remain at home and to be as independent as possible. Professionals told us the service communicated with them well and to ensure people's conditions did not deteriorate and self-neglect was avoided.