

Westcountry Home Care Limited

# Westcountry Home Care Liskeard

## Inspection report

Unit 3  
Oakland Mews, Owen Sivell Close  
Liskeard  
Cornwall  
PL14 3UX

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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

Westcountry Home Care Liskeard is a domiciliary care agency which provides personal care to approximately 28 people who live in their own homes in and around Liskeard. This comprehensive inspection took place on 26 July 2016 and was announced in accordance with our current methodology for domiciliary care inspections.

The service had recently changed its name and was in the process of registering a new manager. 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.

People and their relatives told us they were happy with the care and support provided by the service. Comments included; "The staff really are very caring"; "I cannot fault them at all" and "There is nothing they do wrong".

Staff visit schedules included appropriate amounts of travel time and people confirmed that staff were generally on time and stayed for the time allotted to them. During the inspection we saw no evidence that indicated any planned care visits had been missed and people told us they had not experienced any missed care visits.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend care reviews. This helped to ensure the care being provided met people's individual needs and preferences.

Risks associated with people's care were effectively managed to ensure their freedom was promoted. People were supported by adequate numbers of staff who had the skills required to help meet their needs. Recruitment practices were safe and ensured that necessary checks had been undertaken. People's medicines were managed safely.

People received care from staff who had undertaken training on a range of subjects, to be able to meet their needs. People were supported where required, to make decisions because the registered manager and staff were working within the principles of the Mental Capacity Act 2005 (MCA). People's nutritional needs were met because staff followed people's care plans to make sure people's dietary requirements were understood and managed. People were supported to access health care professionals to maintain their health and wellbeing.

The service was well led by a manager who demonstrated the provider's values. There were quality assurance systems in place to help assess the on-going quality of the service and to help identify any areas which required improvement. The provider and registered manager promoted the ethos of honesty, learned

from mistakes and admitted when things had gone wrong.

## 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.

People were protected from abuse by staff who knew how to identify and report any concerns.

People were supported by staff who were safely recruited.

People were supported by sufficient numbers of staff to meet their needs.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who had received training to meet their needs.

People's consent was sought in line with legislative frameworks to ensure their rights were protected.

People were supported to have enough to eat and drink.

People were supported to access health and social care services to ensure their on-going health and wellbeing was maintained.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff treated them with kindness and compassion.

People's privacy, dignity and confidentiality were protected.

People were involved in making decisions about their care and how they wanted to live their life.

### Is the service responsive?

Good ●

The service was responsive.

People received individualised care which was responsive to their needs.

People told us they received their visits on time and there were systems in place to check this.

People's complaints were listened to, valued and used to help improve the service.

### **Is the service well-led?**

The service was well led.

The registered manager demonstrated good management and leadership of the service and there was senior management oversight.

People and staff were encouraged to make suggestions and provide feedback on the service.

There were governance systems and processes in place to help determine whether the service delivered high quality care to people and to drive improvements.

**Good** ●

# Westcountry Home Care Liskeard

## **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 26 July 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we wanted to make sure staff would be available to speak with us. This inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the 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 met and spoke with four people who used the service, four relatives, five members of care staff, the deputy manager, and the operations manager. We also inspected a range of records. These included four care plans, three staff files, training records, meeting minutes and a range of policies and procedures.

## Is the service safe?

### Our findings

People said the service was safe. Comments included; "We feel very safe. They are perfect ladies"; "They are spot on, I feel totally safe" and "These lovely ladies really have come to the rescue and I am forever grateful".

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of and safeguarding was a standard agenda item at team meetings. Staff confirmed that they had undergone training in this area. Comments from staff included; "I would report anything. I would never let anything go by" and "I would report it immediately to the office or go above them if needed".

People were supported by staff that were safely recruited. Checks had been undertaken prior to an applicant commencing their employment to help ensure the right staff were employed to keep vulnerable people safe.

People were kept safe by sufficient numbers of staff. Staff told us there was adequate cover for sickness and unforeseen events. There was a stable staff team, some of whom had worked for the service for several years. This helped to provide continuity for people. One person said, "They are all like friends now".

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs. Risk assessment contained highly detailed information, for example, reminding staff not to overload plug sockets.

People were supported by staff who managed risk effectively. Staff understood the importance of a person's choice, regardless of disability, to take everyday risks. Staff actively supported people's decisions so they had as much control and independence as possible. One staff member said; "We are here to assist, not take over".

There was a lone working policy in place to protect staff who were working in the community. Information was provided to staff on how they could keep themselves safe. For example, there was a newsletter which gave staff tips on safety in winter driving. The document reminded staff to make sure the office staff knew their whereabouts, that their mobile phones were charged and to keep a blanket and torch in their cars.

People were safely supported with their medicines if they required and had care plans in place which detailed the medicine and the role staff were required to take. Staff who were responsible for administering medicines received training and their competency was checked on a regular basis. Staff confirmed they understood the importance of safe administration and management of medicines.

People were kept safe from the risk of cross infection by staff who followed safe infection control practices. They were provided with a uniform, a supply of gloves, aprons and hand sanitising gel. Staff had undergone training in this area.

## Is the service effective?

### Our findings

People were supported by staff who were trained to meet their needs. Staff underwent training on mandatory subjects such as moving and handling and safeguarding as well as training that was specific to the people they supported. For example, one staff member we spoke with said they had received training on Huntington's Disease to help them to provide personalised care to a person they supported. Another staff member said; "The training here is very good. If you are unsure about how to help someone with a specific need, you can ask for training and they sort it for you". One person we spoke with confirmed; "The staff certainly have the right skills for the work they do". There was a system in place to prompt staff when training was due or needed to be refreshed or renewed.

When staff joined the organisation they received an induction. One staff member said; "I had about a month of training when I first started" and another said; "I've just had the induction. There was training and lots of policies to read". Staff shadowed more experienced members of the team until they felt confident and ready to work alone.

Staff were supported by ongoing regular, face-to-face supervision, competency checks and an annual appraisal. Staff told us supervision was a two way process, used to support, motivate and develop them. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve.

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 the least restrictive option available. We checked to see if the service was working within the principles of the act.

People's care plans made reference to the Mental Capacity Act 2005 (MCA). Staff were knowledgeable about how they would support someone who lacked capacity to make decisions for themselves. One staff member said; "It's about helping people to make decisions". The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and had undertaken training. People's care plans detailed their consent to the care they were receiving. One staff member said; "We always ask permission for everything that we do".

People's nutritional needs were met. People were encouraged to participate and make their meals when they were able to. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Care plans also described if people required help or support with eating and drinking so staff were informed about what action they needed to take. One internal, staff newsletter informed staff that a particular person would eat more if they had been involved in the preparation of the food themselves and encouraged staff to do that.

People's healthcare needs were monitored and any changes to their health or well-being prompted a

referral to their GP or other healthcare professional. Staff knew people well and monitored people's health on a daily basis. One staff member said; "I have made referrals to district nurses if I have noticed a change. It's about prevention as well as cure".

## Is the service caring?

### Our findings

People told us the service was caring. Comments included; "The only word I can use is excellent"; "They are absolutely perfect"; "They are out of this world, these people" and "They go out of their way to help". Staff also felt the service was caring. Comments included; "I get as much out of the job as I give" and "I love the close contact with people and making a difference"

Staff were kind and caring when they interacted with people and used appropriate humour. One person said; "They are so jolly. We all have a real laugh". Staff communicated with people in ways that suited their needs and demonstrated a familiarity and knowledge of people's preferences and dislikes. When people telephoned the office, staff were kind and caring in their telephone manner and encouraged people to call in with any problems. One relative told us; "The staff really are very gentle, kind and caring. It's brilliant".

People's social interests and preferences were recorded and there was a matching process to ensure that suitable staff cared for them. One younger person who used the service wanted a staff member who could help them to build confidence and be more active in the local community. The registered manager took a number of staff members out to meet them and let the person choose who they wanted to provide their care.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People were encouraged to be involved in their care and had signed their care plans wherever possible.

People were treated with dignity and respect. Those who required help with personal care were offered the choice of a male or female carer. One staff member told us; "We never talk over a person when providing care. We keep them involved. It's about respect". People's personal information was stored securely and any information displayed in the office on boards was done without using the person's name.

People were made to feel special. One staff member told us; "We say to people that we are there to pamper them and make them feel like royalty. Not just to provide basic care". One relative told us; "[relative] really looks forward to seeing them. She loves the company".

## Is the service responsive?

### Our findings

People had care plans in place which were individualised, and provided guidance and direction for staff about how to meet a person's needs. One staff member said; "The care plans are very detailed. They have all the information we need". People's care plans were personalised and written using their preferred name. The records were well organised and easy to navigate. They were regularly reviewed, updated and audited.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs.

Staff were kept aware of any changes to people's needs or support arrangements. For example, staff who were out visiting people, telephoned the office with updates so that the whole team were aware of changes. One person had been admitted to hospital over the weekend. The staff member who supported the person informed the office and the person's family so that those involved were aware of this important event. One relative told us; "The staff are very good at spotting things. If there are any changes they will make sure the doctor is informed or whoever else needs to be".

One person told us that staff had responded to them quickly in an emergency when their needs had changed. The person told us they had suddenly become ill and had contacted the office who had sent a staff member to assist them swiftly. The person said; "When I needed them, someone was with me in ten minutes. I don't know how they did it, but they did".

There was a system in place for receiving and investigating complaints. Records evidenced that if concerns had been raised, they had been dealt with promptly and any lessons learned had been shared with the team. People were confident that if they raised a complaint it would be dealt with appropriately. One person said; "[the registered manager] would deal with any complaints, definitely".

People confirmed that staff generally kept to time with their visits. One person said; "They are generally spot on. If they are five minutes late they call and let you know". Another person said; "They are usually on time. If it's five minutes either way, they apologise and you always have your allotted time". Staff confirmed that travel times were sufficient. One staff member said; "We once raised an issue with travel times and they were adjusted. Now we get to people on time".

## Is the service well-led?

### Our findings

The service had recently changed name and was in the process of registering a new manager. People told us the service was well led. Comments included; "I know who the manager is and I have no concerns whatsoever" and "[the manager keeps on top of things". Staff also felt the service was well led. Comments included; "The manager comes from a care background which is good" and "[The manager] would not ask you to do anything she would not do herself".

Staff were given the opportunity to share feedback and ideas through a variety of forums including supervision, staff meetings and questionnaires. Comments from staff included; "[the manager] really listens and encourages suggestions. She is very genuine". Minutes showed staff meetings were regularly held to provide a forum for open communication, to enable staff to get together and offer support to each other. Staff could raise any concerns as well as share ideas and suggestions.

The service encouraged staff to provide quality care and support through allowing them opportunities for ongoing training and development and through providing support and sharing best practice. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "I love it"; "I would rather do this than anything else" and "The best thing is the job satisfaction". Staff wellbeing was a priority for the provider. There was a monthly budget set aside for incentives and thank yous. For example, flowers could be purchased to thank a staff member for going the extra mile. There were regular team building days and all staff and their families had access to an employee assistance programme, which provided confidential, free advice on a range of issues.

The provider had a range of organisational policies and procedures. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice. It defined how staff who raised concerns would be protected.

The manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. For example, if staff were late due to traffic or unforeseen circumstances, they apologised and documented it in the person's records. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. In addition, there was a policy in place around the duty of candour which set out what was expected of staff. The manager undertook a range of regular audits to drive continuous improvement within the service, including audits of care records and phone calls into and out of the office.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent an annual quality assurance questionnaire, the results of which were audited in order to drive continuous development of the service. Results from the most recent survey indicated that people were very satisfied with the service they had received.

