

Westwood Homecare (North West) Limited

Sedgeborough House

Inspection report

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Date of inspection visit:
09 July 2019
10 July 2019

Date of publication:
26 July 2019

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

Sedgeborough House is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, people living with dementia and people with physical disabilities. At the time of the inspection the service was providing personal care to 60 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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks to people and staff where possible.

Systems were in place to recruit staff safely and staff were equipped with the skills required to provide effective care and support; this was achieved through support and guidance from the management team, regular training and observations of practice.

People and their relatives had confidence in the ability of staff to deliver care effectively. People received personalised care from staff who knew them well. People were happy with the way staff supported them to take their medicines. People were supported to make and attend health appointments when needed.

Strong emphasis was placed upon continually developing the safety of the service and learn lessons if things went wrong. Effective systems continually monitored and evaluated the quality and safety of the service provided.

People's needs had been assessed before they started using the service and people and those closest to them were involved in planning and agreeing to their care. Care plans contained detailed information to help staff provide personalised care.

The management team worked proactively with other healthcare professionals to ensure a holistic approach to care. There were systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

There was a clear and supportive management structure in place. Quality assurance, audits and monitoring were regularly undertaken. This meant that areas identified for improvement were acted upon in a timely

manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating and update for this service was Requires Improvement (report published 17 July 2018). At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Sedgeborough House

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has personal experience of using, or caring for someone in a service similar to Sedgeborough House.

Service and service type

Sedgeborough House is a domiciliary care agency, it provides personal care to people living in their own homes. CQC regulates the care provided by the agency.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection visit. We needed to be sure the registered manager would be available to meet with us. Inspection site visit activity started on 19 July 2019 and ended on 20 July 2019.

What we did before inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning teams. We received positive feedback regarding Sedgeborough

House.

During the inspection

We visited the office location on the 9 July 2019 to see the provider, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed three people's care records, three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

On the 10 July 2019 we visited three people with their prior consent. We spoke to three people and eight people's relatives on the telephone. After the inspection we conducted telephone interviews with six staff members.

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. At this inspection this key question improved to good. This meant people were safe and protected from avoidable harm. Regulations were met.

Using medicines safely

- Improvements had been made to the way medicines were managed since our last inspection. This included the introduction of monthly medication audits which were completed by the registered manager or care coordinators. Although audits were much more consistent, and the registered manager could explain any gaps found, we found the service needed to ensure they followed up on missed staff signatures on the medicine administration records (MARs) with the individual staff members to drive improvements and establish if staff needed refresher training in medications administration. The registered manager acknowledged this observation would be taken forward.
- People were happy with the way staff supported them to take their medicines. One person said, "I now have my medication managed correctly, because the staff are in charge of it."
- Medicines were managed and administered safely by the service. We checked three people's medication administration records (MAR) which showed staff recorded and logged when people had taken their medicines.
- Staff were trained and deemed competent by the management team before they administered medicines.

Staffing levels and recruitment

- Since our last inspection, improvements had been made to the way newly appointed staff were recruited. All pre-employment checks were completed before a potential new staff member started working at the service, including checks with the Disclosure and Barring Service to ensure potential they were of suitable character to work with vulnerable people. Job application forms were fully completed, and the provider had verified applicant's identities and addresses. Interview forms recorded questions and answers, and a health questionnaire was also completed.
- The service had a volunteer who had experienced care services in the past, they sat on the interview panel when interviewing prospective staff. The management team confirmed this had been a positive step when recruiting new staff.
- People spoke highly of the staff who supported them and told us they had never experienced a missed call or received care at the wrong time. For example, one person told us, "Continuity of the care staff is good." Another person commented, "These staff are my lifeline, I trust them, and they don't let me down."

Assessing risk, safety monitoring and management

- Comprehensive risk assessments had been completed for every person using the service which considered areas such as personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks of harm.
- Staff knew about risks associated with people's care and had completed training to manage people's risks

and keep them safe. This included, helping people to move, and administration of medicines.

- Staff told us the registered manager was available out of office hours should they need support. One staff member told us, "I love working for this service. I can always call the office and I know the management will listen."

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse. The staff we spoke with said they felt confident the management team would address any safeguarding issues they raised.
- People and their relatives told us staff helped keep people safe.
- The registered manager had fully investigated any concerns raised and reported them to the relevant authorities where required.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again.

Preventing and controlling infection

- Personal protective equipment (PPE) such as gloves and aprons were made available for staff when needed.
- The service had a policy in place to help prevent the spread of infection. Staff had received training during their induction in infection prevention and control.

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 improved to good. This meant people's outcomes were consistently good, and feedback from people's relatives confirmed this. Regulations were met.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Care plans were developed with people and we saw they had agreed with the content and signed to give their consent to receive care and support. There was also correspondence from the local authority that showed people's relatives were their representatives where they lacked capacity to make decisions about their care.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "Capacity is very important while we work in people's homes."

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

- People's needs and choices were assessed in line with current standards before they started receiving care and this enabled them to achieve effective outcomes. People confirmed this. One person said, "The service has been good at explaining what they can and can't do for me."
- The assessment forms contained information related to people's medical, physical and emotional needs, personal care, medicines, dietary, communication and spiritual needs.
- All the people we spoke with told us care staff sought their permission and explained their tasks or the assistance they intended to provide before undertaking their care duties. Everyone we spoke with reported and commented on the reliability and kindness of their carers.

Staff support: induction, training, skills and experience

- People received effective care because staff were supported with induction, training, supervision and appraisal. One staff member told us, "The training has continued to improve. I believe a new training academy is being set up, which can only benefit the staff."
- Staff had received training in various areas such as moving and handling, nutrition, safeguarding, and first aid. The majority of this key training was completed during the induction period. One person's relative told us, "I feel the staff are trained well, they do shadow shifts with me, so I can explain my wife's requirements."
- Training was predominately provided via online and face to face training.
- The registered manager, care coordinators and supervisors completed regular spot checks with all staff and people to ensure safe and effective care was being provided. This ensured staff followed care plan guidance.
- Staff were supported by regular supervisions which looked at records, punctuality, feedback, training and support. Appraisals had not yet commenced as the new management team had restarted the appraisals process since commencing at the service, but we noted forthcoming appraisals had been planned.

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

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- People and relatives told us staff were good at listening to people's requests and preparing what they wanted to eat or drink. One person told us, "I like all my carers and they always ask me what I would like to eat and drink."
- One staff member said, "We don't often support with meals, but we are happy to do this if required."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff enabled consistent care by entering detailed records in a newly introduced electronic care planning system. This enabled other staff members to understand developments and changes in people's care. One person relative told us, "The daily notes can be accessed using the App on my phone. I don't use it that often, but it's available."
- People were supported to maintain good health and had access to external healthcare support as necessary. One relative told us, "If my wife is unwell they would call the GP."
- People and relatives told us that they received care that was consistent and worked well with other healthcare professionals.

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 the same, 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 Supporting people to express their views and be involved in making decisions about their care
Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the same team of staff supported them and they found them friendly and caring. One person said, "Very caring staff, cannot do enough for me." A relative commented, "We have had many care agencies and Sedgeborough House are by far one of the best. I cannot fault them, very friendly staff and of course very caring."
- The provider told us they welcomed and encouraged lesbian, gay, bisexual and transgender (LGBT) people to use their service. Staff told us they would provide care to LGBT people without any discrimination and support them to meet their individual needs.
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "We always respect people's cultural needs."

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

- There were regular reviews of people's service. The provider asked for the views of people using the service and those involved in their care.
- People were supported and encouraged to voice their views. The provider involved people, and their relatives where necessary, in the care planning process. A relative told us, "The service will check in with us time to time to check if we are happy with the care."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. One person told us, "Staff respect me and my home."
- People's care plans outlined their abilities and aspects of their care they could undertake independently or with some help from staff. People's independence was respected and promoted. One staff member told us, "We do our best to encourage people to try and do as much as they can. But many of our clients require full support."

Ensuring people are well treated and supported; equality and diversity

- Staff knew people well and were able to describe how they wished to be cared for.
- The relatives we spoke with told us they found the staff were always respectful and kind.
- People's equality and diversity support needs were assessed from the outset; measures were put in place

to provide the support needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection the management team introduced a new electronic care planning system. This care planning format covered details of people's support needs, domestic tasks required, meal preparation, accessing the community, manual handling assessments, communication and people's health diagnoses. People and relatives told us staff knew their needs and preferences and provided responsive care.
- People's care plans contained information about their personal care, nutrition and hydration, mobility, medicines, social care, hobbies and interests, beliefs and culture.
- People could choose the staff who supported them; we saw examples where people had identified the gender of care staff they wished to support them, and this was respected. One staff member said, "People can choose the gender of carer who supports them, I feel we are a responsive service."
- People's care was regularly reviewed to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning. One person told us, "I was involved in the care plan and any additions they talk to me about or I talk to them to make changes and one person's relative told us, "I am involved in the care plans and reviews. The care planning was very good, and I felt we were listened to."

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.

- The care plans provided information on people's communication needs and preferred communication methods that met accessible information standards (AIS). The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People and relatives told us they did not have any concerns. They further said that they knew how to raise concerns and make a complaint. Those who had made complaints told us they were satisfied with how they were addressed.
- A relative told us, "I have no complaints. If I wasn't happy I would tell you."
- There was an up-to-date complaint policy in place to report, record and investigate complaints.

End of life care and support

- Since our last inspection, the service has moved towards a care model that worked with the Manchester

Health and Care Commissioning team supporting people who require end of life and palliative care. We noted many of these care packages were taken on as emergencies and we received positive feedback from a commissioning officer, who told us, "I find Sedgeborough House to be reactive to queries and referrals, easy to contact and speak to key members of the team and always willing to assist and amend rotas to accommodate the CCG where possible."

- The provider ensured the staff had been appropriately trained in subjects such as end of life care, stoma and catheter care to meet people's needs.
- People were supported to make decisions about their preferences for end of life and their wishes were respected if they did not feel ready to discuss this.
- The registered manager said they would liaise with relevant professionals to ensure people got the care they needed. The provider had a clear plan as to how end of life care would developed in the future and this included the service becoming accredited in this area of end of life care.

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 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.

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

- At our last inspection, the directors of Westwood Homecare (North West) Limited, set about to recruit a new management team. At the last inspection, a newly recruited management team was fully operational and now included an operations director, a service manager and a compliance manager. We found the changes in the management team to have had a positive impact on service delivery.
- Audit processes had improved and were now sufficiently frequent and robust to assess, monitor and improve the quality and safety of care provided.
- Clear and effective spot checks were completed by management to ensure staff were following care plans and service policies. We saw records of spot checks which were then given as constructive feedback to staff in supervisions.
- The management and staff were clear about their roles, and the standards of care the provider had set out for the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were supported by an approachable management team. Staff worked as a team, were happy in their work and were supported by management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- People told us they thought highly of the registered manager and nominated individual. Comments from staff included, "I have been managed by the same management team at my last care job, I love working for them."

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

- Quality assurance questionnaires were regularly circulated; people and relatives were encouraged to share their views, thoughts and suggestions about the quality of care being provided. The provider produced their own internal document detailing people's feedback and acted upon any information received whether that be negative or positive.
- Staff told us they felt involved in the provision of care people received, that they were a valued member of the team and were encouraged to participate in team meetings when they occurred.
- People and their relatives told us they felt involved in the care being delivered.

- The provider recently joined in partnership with a local charity called Feed my City, which visited the office location of the service every Wednesday to provide free food to the local community. This was a positive initiative and we found a small number of people receiving a service would attend regularly. The registered manager told us, "We donate free food to them and provide them facilities to prepare the food. It's a small gesture, but we wanted to give something back to the community."

Continuous learning and improving care; Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.