

Westholme Care 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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The service provided personal care and support to people in their own homes within Wigston and South Wigston in Leicestershire. At the time of our inspection there were six people receiving support with personal care from the service.

There is a registered manager at the service. 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 told us that they felt safe when staff supported them and that there were enough staff to meet their needs.

Risks associated with people's care had been assessed and guidance put in place for staff to follow to ensure that risks were reduced.

Staff support people to manage their medicines safely. There was appropriate guidance in place to support this.

Appropriate pre-employment checks were carried out on staff. Reasons for staff members leaving previous employment had not always been recorded.

People were supported by staff that had received effective training and supervision to enable them to meet people's needs. Staff undertook an induction programme when they started work at the service.

People told us that staff asked for their consent before assisting them with personal care. Staff told us that they always sought people's consent prior to providing their care. People felt that staff respected their privacy and dignity and made them feel at ease.

People were supported to maintain a balanced diet where they were supported with eating and drinking. People were supported to access healthcare services.

People told us that staff were kind and caring. People received consistent staff to provide their care.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with and were confident that any concerns would be dealt with properly.

and in a timely manner.

A statement of purpose, setting out the provider's aims and objectives was in place. The staff team were aware of the aims and objectives of the service and explained that these were fundamental in everything they did.

There was no formal quality assurance process in place. There was no formal monitoring of the service carried out.

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 felt that they were safe when staff supported them.

Safe recruitment procedures were in place and required pre-employment checks were carried out, although reasons for staff leaving previous employment had not always been sought or recorded.

There was clear guidance in place for staff to follow in the event of an emergency at people's homes or if people had an accident.

Is the service effective?

Good 

The service was effective.

People received consistent care and care workers.

Staff gained people's consent prior to supporting them with any care.

People were supported to access healthcare services as required.

Is the service caring?

Good 

The service was caring.

People told us that the staff were kind and caring and they treated them with dignity and respect.

People were supported by a consistent staff team which enabled them to build relationships.

People were introduced to staff before they provided their care.

Is the service responsive?

Good 

The service was responsive.

People contributed to an assessment of their needs, a care plan was put together and people received care that was consistent with their care plan.

People knew what to do and who to go to, if they had a concern of any kind.

Is the service well-led?

The service was well led.

People knew who the manager was and felt that they were approachable.

People were asked for feedback about their care but there was no formal process in place.

There was no formal monitoring of the service carried out.

Requires Improvement 

Westholme Care Limited

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 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information that we held and information that we had received about the service. We looked at questionnaires that had been completed and returned to us by people that used the service and staff members.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at two staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager and two care workers.

Following our inspection we contacted four people that used the service and relatives of two other people that used service by telephone to obtain their views and feedback.

Is the service safe?

Our findings

People told us that they felt safe when care staff supported them. One person told us, "I feel safe." Another person told us, "I feel safe when they are here." Feedback that we received in questionnaires showed us that people felt safe from abuse or harm by their care workers.

Questionnaires completed by staff members showed us that staff knew what to do if they suspected that a person they supported was at risk of abuse or harm. We confirmed this to be the case with staff members. However at the time of our inspection the provider did not have a safeguarding policy or procedure in place. We discussed this with the registered manager who was aware of the procedure to follow and informed us that they would formalise this. Since our inspection we have received a copy of the safeguarding protocol that they have put in place to ensure that staff have clear guidance to follow and access to contact telephone numbers as required.

All of the staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

People's support plans included risk assessments and control measures to reduce the risk. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this risk. For example it was identified that at the home of one person that used the service the shower head got hot, this was communicated with all staff and guidance was provided so that staff could take appropriate precautions.

There was clear guidance in place for staff to follow in the event of an emergency at people's homes or if people had an accident. We saw that staff followed the procedure. We saw that there was a lone working policy in place and staff contacted the registered manager when they completed their calls. This enabled the registered manager to ensure that staff were safe and that people had received their calls. We discussed contingency plans with the registered manager and what would happen in the event of emergency or untoward event to ensure that people continued to receive a service. The registered manager believed that they would be able to ensure that people continued to receive a service but they had not formalised any plans at all. Following our inspection the registered manager sent to us a contingency plan that they would follow in the event of an emergency, however this did not contain contact numbers for staff or other external agencies that may need to be contacted.

People told us that there were enough staff to meet their needs. They told us that they always received care from a consistent staff team and that staff arrived at the times that they expected them. One person told us, "They come at [time], I'm happy with the time." Another person told us, "They always turn up on time." The registered manager told us how they provided people with a time window to allow for any hold up's in traffic.

We looked at the recruitment files of two people that worked at the service. We found that all of the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. However, we found that where people had previously worked with children or vulnerable adults the reason for leaving that previous employment had not always been recorded. It is a legal requirement that employers obtain information about why staff have left previous employment where they have worked with children or vulnerable adults. The registered manager told us that if they employed any more staff they would ensure that this was done.

Staff only supported people that used the service with their medicines from dosette boxes. Dosette boxes have medicines in separate compartments for different days and times and reduce the risks associated with the management of medicines. Staff had not received specific training relating to the administration of medicines but there were medication protocols in place. These explained how staff would only support people with medicines that were in dosette boxes and that they would record that they had done so. People that used the service confirmed that staff reminded them to take their medication.

Is the service effective?

Our findings

People told us that they felt that the staff had the right skills and knowledge to meet their needs. One person told us, "They know what they are doing." A relative told us, "They have a lot of knowledge and have provided me with a lot of advice." Questionnaire feedback that we received confirmed this. Staff told us that they received an induction and appropriate training to enable them to meet people's needs. The registered manager told us how they had sought additional training around a person's specific needs from a district nurse and then shared their knowledge with other staff members. The district nurse confirmed with the registered manager that this was sufficient to enable staff to meet the person's needs. Staff members confirmed that they had been shown how to meet the person's needs.

Records that we saw confirmed that staff had attended training and completed an induction. The registered manager was aware of the Care Certificate that can be used for induction and knew how to access it. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker. The registered manager was not planning on taking on any more staff or expanding the business at the time of our inspection but that they would use it if they did. Staff told us they received regular supervision and an annual appraisal, records that we saw confirmed this.

Through questionnaire feedback people all told us that they received consistent care and care workers, care workers always completed the tasks that they should do and always stayed for the right amount of time. People that we spoke with confirmed this. One person told us, "They always ask if there is anything else I need them to do." A relative told us, "They don't clock watch, they just make sure they do what [my relative] needs."

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.

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. We checked whether the service was working within the principles of the MCA. People told us that staff always sought their consent before assisting them with personal care. Staff told us how they always gained people's consent prior to supporting them with any care. The registered manager told us that if they had any concerns about a person's capacity to consent then they would contact the local authority.

People told us that staff supported them to eat a balanced diet. Staff told us how they encouraged people to have a balanced diet and cooked balanced meals for people. People told us that they generally told staff what they wanted and staff provided it for them. People were happy with the support that they received with their meals.

People were supported to access healthcare services as required. We saw that when a concern had been identified the service acted without delay and contacted relevant healthcare professionals. We saw that staff contacted GP's for people when they needed to and had regular contact with a social worker where they had concerns about a person's healthcare needs. We also saw that staff supported people to visit the dentist and to attend hospital appointments.

Is the service caring?

Our findings

People told us that the staff were nice and friendly. One person told us, "They are very kind and caring." Another person told us, "They are really nice, I really can't fault them. They are so kind." A relative told us, "They are absolutely brilliant. [My relative] loves them, they are more than helpful, they go beyond what they need to do."

Feedback that we received in questionnaires showed that people were always introduced to their care workers prior to them providing their care and that they were happy with the care and support that they received. People and relatives that we spoke with confirmed this. One person told us, "They came and met me and then brought the other carers too, they are all lovely." A relative told us that the staff team that provided care were consistent. They told us, "It's the same two staff and [my relative] responds to them."

The registered manager told us that ensuring staff were introduced to people before they provided their care supported people to begin to build relationships with the staff members. The registered manager also explained that as there was a small staff team they were able to get to know people they supported well and as staff visited people on a regular basis this enabled them to build relationships. They went on to tell us that when they started to provide care for somebody that they ensured that the care worker was introduced and had information about what was expected of them during the call. People and staff members confirmed this.

One person told us, "I can always contact them if I'm not well or worried." The registered manager told us how people did contact them if they were unsure of things or needed additional help and that they would always try their best to accommodate any requests. We saw from records that the service had provided a lot of additional support for a person when they became unwell.

People told us that they felt happy with the support that they received and that they felt that they were listened to by staff at the service. One person told us, "They listen to me." Staff told us that they listened to what people wanted. One staff member told us, "I make sure that people are as independent as possible and make choices. People tell us what they want."

People told us that staff respected their privacy and dignity. One person told us, "I feel at ease with them, I don't feel embarrassed." Another person told us, "I feel so comfortable, they are like friends." Questionnaire feedback showed that people felt that staff respected their privacy and dignity while supporting them with their care. Staff had a good understanding of how they were able to respect people's privacy and dignity while assisting them with personal care. For example they explained to us how they waited just outside people's bathroom doors to ensure that they were nearby in case they were needed but to allow people with private time while completing their personal care.

Is the service responsive?

Our findings

People told us that they had contributed to an assessment and that the care they received met their needs. Feedback we received in questionnaires confirmed this. One person told us, "I get what I asked for, they came out and went through things with me and went what I need. If all care companies were like them it would be great." Another person told us, "They came and met me and filled in some paperwork. They do everything that I need." A relative of a person told us, "They did an assessment at a meeting we had with them," they went on to tell us how they and their relative had contributed to the assessment by providing relevant information.

We spoke with the registered manager who told us that when they received a request for their service they arranged to meet with people, discuss their needs and carry out an assessment. They told us how from this they put together a care plan to meet people's needs. This included the tasks that the staff team were required to carry out at each visit. These provided staff with the information they needed in order to provide the care and support that people preferred. There were checklists that staff completed before leaving people's homes. These were used by staff to ensure that they had completed all of the tasks that they should have done before leaving people's homes. We saw from daily records that people received care that was consistent with their care plan.

The service had a minimum call time of thirty minutes. The registered manager told us that this enabled them to ensure that they appropriately met people's needs. People confirmed that they didn't feel rushed and that staff always carried out all of the tasks that they required of them. One person told us, "They do everything that I need." The service provided care six days a week and worked in partnership with another agency to cover calls if people required them. The registered manager told us that they worked alongside the other agency to ensure that people received the care that they needed. They told us how each service had a separate contract with people they supported and that people were aware that two services were providing their care. They also told us how there was a handover sheet kept in people's homes so that staff were up to date with information about their care. Staff confirmed that this was the case and that they were kept informed about any changes to people's needs.

Where people had requested it they were supported to maintain their hobbies and interests. Care plans and daily records confirmed that people received this support.

People knew who to contact if they had a complaint, concern or query of any kind and the office contact details were included in the information about the service that people had in their homes. One person told us, "I've no complaints. I can phone them at any time. A relative told us, "I've been happy with them from the start, I know I can always contact [the manager] if I need anything.

There was a formal complaints process in place and a copy of this was included in the documentation given to the people that used the service. The registered manager confirmed that the management team had received no formal complaints since setting up the service in June 2014. The service had received a number of compliments about the care that they provided.

Is the service well-led?

Our findings

People knew who the registered manager of the service was and told us that they were happy with the care they received. They told us that the registered manager was approachable and that they were able to talk to them. Feedback in questionnaires confirmed that people were happy with their care and knew who to contact. One person told us, "[The manager] provides care so I see her all the time." Another person told, "I can contact [the manager] to discuss anything."

Staff confirmed that the registered manager was approachable and that they were able to discuss anything with them. One staff member told us, "I can always get hold of [the manager] if I need to." Another staff member told us how they had contacted the manager once from a person's house when they had a concern about the person's health and that they went straight round to meet them. Questionnaire feedback from staff members confirmed that they felt confident that anything they raised with the manager would be acted upon. They told us, "[The manager] is always there if we need her." Questionnaire feedback from staff members confirmed that they felt confident that anything they raised with the manager would be acted upon.

Staff members told us that they were in regular contact with each other and the registered manager. They told us they had open dialogue with the registered manager almost daily and that anything they raised was acted upon.

People were not provided with formal feedback questionnaires but the registered manager provided hands on care so had regular contact with people that used the service. People confirmed that the registered manager checked that everything was alright with their care. Questionnaire feedback confirmed this.

There was no formal monitoring of the service that was carried out. However the registered manager was involved in the day to day running of the service and people told us that they were able to talk to them. A relative told us, "I can talk to [the registered manager] about anything." The registered manager was in daily contact with staff members and discussed things openly with them. We spoke with the registered manager about formalising a quality assurance process. They told us they would look into this.

The provider had not identified that there was not formal guidance in place for staff to follow in the event of a safeguarding allegation or incident and that there were no formal plans in place to cover the service should an emergency situation arise.

The registered manager kept people and their relatives up to date with events that were held locally that they may be interested in. For example a relative of a person told us how the registered manager had informed them of a local event that was relevant to their relative's condition. They told us, "It's the extra bits that they do, I really can't fault them."

The registered manager at the service was aware of the requirements and responsibilities of their role. A number of policies and procedures to guide staff were in place. However some of these required amending

to ensure they contained adequate information.

A statement of purpose, setting out the provider's aims and objectives was in place. The staff team were aware of the aims and objectives of the service and explained that these were fundamental in everything they did. One staff member told us, "It's the best care provider that I've ever worked for, they really care about people."