Wessex Care Limited

Wessex Care Community Services

Inspection report

11 Tollgate Road
Salisbury
Wiltshire
SP1 2JA

Tel: 01722336933
Website: www.wessexcare.com

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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?	Outstanding

Summary of findings

Overall summary

Wessex Care Community Services is a small Domiciliary Care Agency. It provides personal care to people living in their own houses and flats in the community in and around Salisbury. It provides a service to older adults, younger adults, people who have dementia, a physical disability and people who have a learning disability. The inspection was announced to make sure the manager was available to facilitate the inspection. We visited the office on the 5 December 2017 and obtained feedback from people who use the service on the 6 and 8 December 2017.

Not everyone using Wessex Care Community Services receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection there were 26 people receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and were complimentary about their care workers. People had risk assessments where needed and measures put in place to keep them safe as far as was practical. People were supported to take their medicines safely.

Staff had received training which covered a broad range of topics. All staff received regular supervision and were able to attend team meetings. All the staff told us they felt valued and well supported.

Staff were kind and caring and knew the people they supported well. People were supported by the same worker to enable continuity of care and the time to build up relationships.

The service was very flexible and responded to what people wanted and needed without delay. Relatives told us the end of life care they had experienced was exceptional.

Complaints had been responded to in a timely way and fully investigated in accordance with the provider's complaints procedure. The service had received many compliments.

There were robust quality assurance systems in place, which monitored the service and involved people in sharing their views about their care packages.

Staff were provided with cars to use for their visits and were all on contracted hours so they were paid for all of their time at work including traveling between visits.

The service was exceptionally well-led. The senior management team were praised by all we spoke with for their caring manner, open and approachable management style. Care workers all told us of the excellent training, fantastic supervision and support they received.

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 remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The service was operated by a small family run company and had a clear management structure, which all staff were aware of.

The support and leadership offered by the service to people, relatives and workers was exceptional. People told us without exception they had no hesitation in contacting management whenever needed and had full confidence actions would be taken.

People, relatives and care workers all had high praise for the management of this service in particular the head of care. People told us if they had any concerns at all, the head of care would respond without delay.

There were robust quality assurance systems, which covered all areas of the care delivery. Audits were completed regularly to ensure the service was safe.

Feedback from people was sought regularly and used to inform future plans.

Wessex Care Community Services

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.

The inspection started on 5 December 2017 and was announced. We gave the provider 48 hours' notice of the inspection visit because it is small and we needed to make sure the appropriate people were available to help support our inspection. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We continued our inspection on the 6 and 8 December 2017 when we contacted people who use the service and relatives by telephone to obtain feedback about their experiences of the service. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included any statutory notifications, other data and enquiries. We reviewed the provider information return (PIR). This is information we require providers to send us a least once annually 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 went to the provider's office and spoke to the founding Directors, one of which was the registered manager, the head of care, team leader, five community support assistants. We also spoke with the HR Director and other office staff. We spoke with eight people and five relatives. We received 11 comment cards from people who used the service.

We looked at a range of records relating to people's individual care and the running of the service. This included three care and support plans, two staff personnel files and records relating to staff training, staff rotas, risk assessments and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service remained safe. People told us that they felt safe using the service. One person told us, "I feel very safe, they [care workers] call every day." A relative told us they felt the service was safe, "It is so reliable, they come every day without fail." Another person told us "I feel re-assured they are here". Another relative told us that only senior workers supported their family member to shower due to the potential risks. This made them feel assured that their relative was being cared for safely.

Care workers continued to receive safeguarding training. The care workers we spoke to had a good understanding of their responsibilities to safeguard people and they knew how to report any concerns. They all felt assured their line manager would deal with any concerns they raised. All of the workers we spoke to were aware of the various levels of management where they could report any concerns.

We reviewed systems and processes in place for managing medicines. We found these to be safe. All care workers received medicines training and were signed as competent to administer by the head of care. This was only done when the care worker had been observed by the head of care at least three times. If further training and support was needed the head of care would not sign staff as competent. Competence in medicines administration was checked annually for every worker. The head of care collected Medicines Administration Records (MAR) into the office monthly and reviewed the record to make sure medicines had been administered correctly.

There were enough staff to meet people's needs. The service only accepted care packages where they were confident they could meet people's needs safely. Staff continued to be recruited safely. We reviewed two personnel files and found that all the necessary recruitment checks had been completed.

The care and support documents that we reviewed all included detailed risk assessments for staff and people to ensure that risks were minimised. People who had been identified as being at risk of falls, malnutrition or development of pressure ulcers had comprehensive risk assessments in place. There were environmental risk assessments for the person's home where appropriate identifying any risks such as pets, parking or accessibility. There were leaflets from the local authority informing people how to report abuse. This was also available to the care workers.
There were arrangements for out of hours contact with a member of the senior management team on call on a rota. All out of hours, contact numbers were available in the care and support plan.

There was a 'No entry' policy in place to inform staff what to do should they not be able to gain entry for a visit. There were clear escalation procedures in place to make sure people were safe.

Accidents and incidents were recorded and analysed by the head of care to identify any patterns and trends. Any learning was shared with the care workers during team meetings.

Good

Is the service effective?

Our findings

People received an effective service from staff that understood their needs and supported their well-being. All the people and their relatives that we spoke to without exception spoke positively about the skills, knowledge and experience of the staff supporting them.

People told us that "they [care workers] are brilliant, I would recommend any of them". Another person told us, "They don't rush me, they treat me like family, they are lovely girls." One relative told us, "She talks about the carers when they have gone, we have done this and we have done that, she is full of what she has been able to do."

The head of care or the team leader assessed people's needs prior to the service accepting the care package. They always completed the first few visits to make sure the care package was set up appropriately and with sufficient time allocated. A review was completed after the first month to make sure the service was meeting people's needs.

People were supported to access healthcare professionals when needed. We saw in the care and support records that referrals were made to services such physiotherapy and occupational therapists. Where healthcare professionals commenced treatment, such as specific exercises, this was documented in people's care and support plans and done with the support of care workers during their visits. Staff told us that they were confident to ask for referrals to other healthcare professionals where needed. Staff were knowledgeable about potential signs of ill health and told us they would report without delay to their supervisor or the head of care.

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 MCA 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the service was operating within the principles of the MCA. Staff had received training on the MCA and understood their responsibilities. Staff told us they never presumed that people did not have capacity. We saw in people's care and support records where mental capacity assessments had taken place if the person had been assessed as having capacity the process had not been taken further. The person had been supported to make their own decisions. Staff told us they recognised that people had the right to make unwise decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. The service was not supporting people under these arrangements. The head of care had a good understanding of this process and what they would do if changes occurred.

New staff received an induction, which the service called 'orientation'. The new worker was given a

handbook to use for their induction, which documented their learning and observations of practice. If the induction period needed to be extended for any reason, this was done. The service always made sure staff were confident, trained and had the right skills and knowledge before they were signed off as competent. All new workers were expected to complete the care certificate.

There was a blend of learning available to all workers; this included e-learning, webinars, workbooks and face-to-face training. We looked at training records which showed that training in areas such as fire safety, moving and handling, first aid, infection prevention and control, safeguarding, food hygiene and medication was all completed and up to date. There were also records to show that other specialist training had been sourced and completed by all staff such as catheter care, effective written documentation and visual awareness. All the staff had completed training on the MCA. The head of care explained this was a session they did face to face, as they had found staff liked to talk through scenarios to check their understanding.

The service had made a commitment to supporting each of their staff to achieve the health and social care diplomas. All of the care workers were either working towards a qualification or had achieved one. A number of workers had achieved a level two qualification and were working towards completing a level three diploma. The head of care and team leader were being supported to complete a level four qualification.

All care workers had supervision regularly and an appraisal annually. Staff were able to discuss any personal issues, reflect on their own performances and discuss areas where further development might be needed. One member of staff told us, "I feel so supported, it is an amazing team." The service used electronic communications with the staff team. Each staff member had a hand held device, which received text messages and other communication from the management team. Rotas were sent out for the week ahead, changes in people's needs were shared where appropriate. The management team also used electronic message to communicate with the staff team to make sure they were kept up to date.

All of the staff had access to company cars. They were able to use the cars to work all of their hours, travelling between visits and could take them home if they finished late at night. The head of care made sure the cars had all the equipment needed. This included a first aid kit, personal protective equipment and breakdown information. Staff had fuel cards to fill up with fuel and a number to call should they breakdown. In addition, the service had a contract with a local garage so the staff could take the car there if they were worried about anything. The head of care told us they sat with the staff during induction to make sure they were safe to drive; they drove to their visits to check they knew where people lived and were sure of the route. Each car was fitted with a tracking device so should anything happen the service could track where the car was.

Good

Is the service caring?

Our findings

The service remained caring. Wessex Community Care Services took time to match people with staff. Time was taken to make sure that personalities matched and people and staff shared the same interests. The head of care told us if there was any time that people and staff were not getting along they would introduce another worker and another until the person was 100% happy with their care worker. Once matched people had the same worker, visiting each time to make sure continuity of care was promoted.

People told us they were very happy with their care workers. One person told us, "They do anything for me, even little jobs that I ask them to do." Another said, "They don't rush at all, they treat me with respect." "They are very happy to speak to my husband as well, I would recommend them to any of my friends." One person told us they felt their care worker was "very nice". "I get on well with them". Another person said, "They are so cordial, I get on well with them and don't have any trouble at all." "They are so accommodating and professional." A relative told us, "They are so kind." We found a number of relatives that had used the service for other members of the family and gone back to the service for current care needs as they were so pleased with the service they had received. One relative told us, "Everyone is so approachable."

People's privacy and dignity was upheld by staff who were considerate and discreet. All the care workers we spoke to without exception gave us examples of how they ensure people's dignity was protected. They told us that they closed doors when supporting people with personal care, made sure curtains were closed, they placed a bath towel over people's bodies so the person was not completely naked, they left the bathroom if appropriate so the person could have privacy and returned when called, they did not look around the person's body but kept eye contact. Staff told us they always knock people's doors and wait to be let in and they addressed people by their preferred names. People told us that having help with personal care "could be embarrassing", they needed to get over having someone there, and were, "grateful for the respect they were shown" during personal care.

The head of care told us that they had recruited a male care worker so that people could have a choice in gender of worker where possible. The service was supporting a number of males who had specifically requested a male support worker.

Staff were clear about their role in people's own homes. One worker told us, "We must never forget we are working in people's homes, it is their property, we must respect that." People were supported to remain as independent as possible. One staff member told us, "I love helping people to stay independent, they are able to stay in their family home."

Staff cared about the people they were supporting and told us they always tried to make a difference. One example staff told us about was a person who had mental health issues and had not been outside their home for many years. Staff told us they were asked to support this person and had done so successfully. This person was accessing their local community doing their own shopping, their own banking and going to the hairdresser. Staff said they had spent time building up a relationship with this person, being flexible on their visits, spending time getting to know them until the person felt safe enough with the worker to leave

their home.

For people who live with dementia the staff told us they adapt their approach, they told us they do not correct people, they do not talk down to them, they used photos to communicate with people where appropriate. For one person the staff check their slippers every visit for spiders. They told us they do not tell the person there is none in there; they physically turn them upside down and tap them so the person can see there are none in there. Staff told us they use positive facial expressions and smile at people. One worker told us, "People tell me they are glad I have visited, that I have cheered them up."

The head of care told us about a person they were asked to support whose first language was not English. They knew a member of their staff also spoke the person's language so they introduced them. This gave the person the opportunity, if they wished, to converse in their first language. We spoke with the member of staff who told us that due to the person's dementia they often used their first language within their conversation. The staff member was able to determine what this person was saying and engage in social interaction.

People and their relatives had completed feedback forms, written comments included, 'Mother has found your staff very kind and if she has a problem they listen to her', 'There is real understanding of her [mum] requirements due to her dementia', 'Excellent care provided, thank you'.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's changing needs and circumstances. People told us that the service had adapted care packages when needed and all of the staff were flexible, responsive and listened to them. One relative told us that their husband who was receiving care had complex needs. The care needs could change daily, "They [Care workers] always listen, they never presume." They went on to tell us, "Their reactions are immediate, they pick up things really quickly and let me know." A relative told us that initially they had a care worker who "Didn't fit in with us." They told us the head of care changed this immediately and found them another care worker who the family were more comfortable with. Another relative told us that they could change their appointments whenever they needed to and alter times.

Care workers were alert to changes in people's needs or their environment. Staff told us about a person who had developed a vermin infestation in their home. They reported this issue to the head of care who immediately took steps to support this situation. Safe accommodation was sourced and a reputable company asked to deal with this problem. The service had organised for their property to have a thorough clean before this person returned home. For another person the staff were concerned about fire safety in their home. The service worked with the family to organise for the local fire officer to visit who recommended a new smoke detector. This was then fitted. The company also employed maintenance workers who were on hand to respond to any requests for maintenance work. This was sometimes completed free of charge particularly where there was a safety concern.

Care and support plans were person-centred with good information on how best to support people. People's needs had been identified and details were in place on how to support the person. This not only included personal care needs but also emotional and social needs. We looked at one person's care and support plan who had mental health issues and had to have things done in a very specific way. This included tasks such as making their bed. We saw this person had step-by-step instruction on how to make their bed, this was really important for the person's well-being.

Where people had specific conditions such as multiple sclerosis, schizoaffective disorder or specific dementias they had additional information in the care and support plan. The information had been resourced off the internet and from healthcare professionals and stored as additional guidance for staff.

Communication needs were also recorded and supported. One lady had issues with reading and required coloured sheets to support her, the service had sourced coloured transparent sheets to place over anything needing to be read. Staff told us they supported a person who communicated using specific noises. This is recorded in their care plan. As part of their care package, they supported this person to access a specialist sensory room every week. This person would not be able to do this activity without support.

Care records were reviewed regularly by senior staff. The head of care told us they liked to go and visit people regularly and support visits where they could. This gave them the opportunity to involve people in their review and see for themselves if needs had changed. Care workers recorded their visits in daily notes, these were collected in by the head of care and reviewed to make sure recording was of a high standard and

needs had not changed.

The service made sure all of its information to be shared with people was jargon free and available in larger font if needed. The service also accessed a company who would provide any documents in braille if this was needed.

There was a complaints procedure in place. This was available to people and their families in their individual care and support plans. People were also given a copy when they first start their care package. There had been two complaints in the previous year. These were unrelated to care delivery and dealt with within the organisations timescales. The complaints had been resolved to the complainant's satisfaction.

The service had supported people who were at the end of their lives. Training had been sourced at the local hospice and all of the staff had been able to access this. People and their families had given feedback on the end of life care given. We saw that people had written, 'My father died in September this year and the love offered by [Name of head of care] and her team was instrumental in improving his quality of life, indeed it may even have extended his time somewhat'. Another person had written, 'My mother was treated with such compassion and dignity, this helped not only myself, but also my family, during such a difficult period'.

Outstanding ☆

Is the service well-led?

Our findings

Wessex Care Community Services was exceptionally well-led.

Without exception people, their relatives and staff spoke with high praise about the management of this service. One relative told us, "They mean the world to us and our family, for the first time in seven years I feel able to leave my husband knowing he will be cared for. I have every confidence in them." Another told us, "I have absolute confidence in them, they are a small team and excel in the care they provide." Another said, "I can't fault them, they know what they are doing." One person told us, "I have recommended them to my friends as I am so happy."

If people's needs changed in the short term, an extra visit was often put in to support this at no extra charge to the person. An example of this is where a person may need support to take an anti-biotic medicine for a few days; a care worker would visit the person to support them to take the medicine. As the visit would be for a short period over a specific duration, there would be no charge. The head of care told us the service could be flexible as all care workers were recruited on contracted hours. Staff had part time or full time contracts. This meant that workers were paid for their travel time between visits and if any visits were cancelled. Staff told us this gave them job confidence, they knew how many hours each week they would be working and paid for. Rotas were produced with staff so their needs were considered in the planning. One worker told us, "they [head of care] listened to me, helped me sort out a rota that suits me so that I do not get too tired."

Wessex Care Community Services is a small, family run service, which had been a factor for some people when making a choice about which care company they wanted. One person told us, "It is a great local company which I find easier to deal with." People who used the service had access to all the phone numbers for all of the Directors. These were available in people's care and support plans. All staff had access to these numbers and were encouraged to ring anyone if they had any issues, concerns or feedback. The Operations Director told us that they tried to be as transparent as possible which is why people, their family members and all staff had all the Directors numbers. The nominated individual was available during the inspection and told us all senior management had extensive management experience and were all dedicated to providing a high quality service which was responsive to people's needs.

Care workers we spoke to were all clear about the company values and how they influenced the work they did. The head of care told us they discussed values during the recruitment stage to make sure workers they recruited had values that aligned with theirs. Some people who used the service had been given the opportunity to be involved in the recruitment process. Where people could not attend interviews, questions they would like asked were used in the interview process.

The head of care had developed a comprehensive induction programme, which was for at least one month. Newly recruited workers had an induction, which was a blend of learning and shadowing a senior member of the team. We saw that a care worker had transferred from residential care to this service, the head of care made sure this worker still had a thorough induction. They explained working in the community was very

different from working in a residential home so the service wanted to be sure they were sufficiently trained and supported. All care workers told us their induction was thorough and felt at any time they could ask for more training or support. They gave us an example of the end of life training provided by the service. In order to support staff with end of life care the head of care accompanied them on any visit and continued to do so until the care worker felt comfortable. The head of care told us that they personally liked to show staff what might be needed and how best to support the person at the end of their life.

Staff were very complimentary about their jobs and the work they did. They told us they felt listened to and valued. One worker told us, "Everyone is so friendly here and approachable." Another said, "I love coming to work, my colleagues are lovely." A care worker told us they had recently requested a kettle so they could make drinks in their out of hours office, the management team had listened and bought one. Senior management told us well-being of their workers was important to the company. The team leader told us that visits were planned so the worker had plenty of time to travel between visits. Where travel time might be five minutes, they allocated 15 minutes so the care workers did not need to rush. Staff told us they believed the management team was 'considerate' about them. One care worker told us," There is good morale amongst the team."

The head of care and team leader told us they felt supported by the Directors. A team leader told us, "I feel so supported and have done for 10 years working for this company, they are an amazing team so supportive of each other." Training for the management of this service had been sourced from the local authority and developed bespoke to meet the needs of the service. The head of care and team leader had completed an 'Inspirational Leadership' programme, which was one full day a week for seven weeks. The head of care told us this was useful for their managerial role. They covered topics such as management styles, conflict resolution and self-reflection.

There was a clear management structure, which all staff were aware of. The Directors attended weekly HR meetings to discuss each service and staffing. Any operational concerns could be discussed and strategies put in place to ensure smooth day-to-day operation. This meant that staff issues could be resolved at the earliest possible opportunity. The management team promoted equality and inclusion within its workforce. Two care workers told us they felt valued, as they were able to work hours that supported their need to balance work within school hours. One care worker told us that they had struggled to find work in the care sector that fitted in with their availability. The service had leased a fleet of cars in response to staff feedback. Staff told us they had requested that management considered their views about provision of company cars. As a direct result of discussion with staff, the cars were provided for all workers.

There were strong links with the local community. Wessex Care Community Services had supported local charities and the nominated individual was the elected chair of a local initiative called the Wiltshire Care Partnership (WCP). This initiative had been set up to support local providers of adult social care services by being a channel of communication. This enabled all members to share information and best practice and support each other in the sector at a local level. WCP had held conferences and workshops for registered managers and other staff to attend to support their knowledge and skills. The service provided care to people who lived in rural areas around the city of Salisbury. Care workers supported people to attend local community groups such as Singing for the brain and community farms. The service produced a newsletter, which informed people what was happening in the local area.

Whilst there was a senior management team with oversight of the service the head of care managed the service day to day. The comments received about the head of care were exceptional. People we spoke to and their relatives had high praise for the head of care and their approach. Without exception, people felt confident that the head of care would organise solutions to any concerns they had without delay. "They

[head of care] have been great, so re-assuring." "She is so professional and accommodating." "She [head of care] is absolutely amazing." One relative told us, "She [head of care] often visits us; she is incredible, one in a million." On feedback forms people and their families had written,'[Name of head of care] was exemplary when my father had a fall this year', The staff team all told us they would go to the head of care if they had any issues, questions or concerns. Staff were also confident that the head of care would support them in any way.

Records relating to the management of the service were up to date, readily available and comprehensive. There was a detailed and clear training matrix in place, which not only recorded dates of training but highlighted when training required an update. There was also a supervision and staff support matrix which was clear about who had received supervision and when. This matrix also recorded all the team meetings and who had attended. These tools were updated regularly and easy to see at a glance what support staff had received. Staff files were organised and in order, people's support plans were up to date with all documentation needed in place. We noted whatever records we asked to see were quickly made available or already available for us.

The service had a robust quality assurance process, which included audits, reviews and unannounced spot checks on staff. The service commissioned an external company to complete customer feedback and had used a local consultant who completed full quality reviews. They had completed a quality review in November 2017, which was available for us to see. The registered manager completed audits and quality assurance observations of practice. We saw their recent report, which was November 2017, it documented that they had observed staff practice; they had produced an action plan which was attached to their report. The head of care told us they were always trying to improve the service, always looking for ways in which they could strive to provide higher quality care. One improvement being considered was an electronic care plan system. Whilst the organisation could see the benefits of this type of system, the head of care wanted to make sure that people were happy with this type of record. Feedback had been sought from people and was being considered as part of the impact assessment.

An annual survey had been completed. Questionnaires had been sent out to people and relatives where appropriate with a high return. Questions asked included how people rated staff, how people rated the quality of their care, and how people rated their care visits. Comments included, 'A very professional care team led by [Name of head of care], who is always approachable and very helpful', 'Overall very pleased with the service', 'All communication is excellent', 'My mother's care is person-centred', 'I am very happy with [Name of person] care and the attention he receives'; 'Thank you for the excellent care'. We saw that people and their families had consistently scored the service as excellent or good.