Westcountry Home Care Limited

A&D Community Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

A&D Community care provides care and support for approximately 75 people living in their own homes in the areas around Falmouth and Truro in Cornwall. At the time of this inspection the service employed 34 care staff.

At the last inspection in April 2015, the service was rated Good for all five of our key questions. At this inspection we found the service remained Good.

The service followed safe and robust recruitment procedures. Staff had received safeguarding training and understood their role in protecting people from avoidable harm.

People told us they were safe and cared for by staff who they knew and got on with well. People's comments about their care staff included, "They are very good, very helpful" and "I do get on well with every one of them." While relatives said, "The staff are very good, I think they are excellent" and "I have been very impressed with them." Staff were well motivated and told us they found their role "very fulfilling."

There were sufficient staff available to provide all of the service's planned care visits. Records showed that care visits were normally provided on time and that staff stayed for the allocated time.. People told us, They are pretty well on time. Sometimes five minutes late but never more than that" and "They do have enough time, they don't rush." The service's visit schedules were well organised and staff and people who used the service were provided with copies of their visit schedules each Friday. Staff told us the schedules were accurate and that they had enough time to travel between calls. People told us they had not experienced missed care visits and records showed the service had acted appropriately to ensure people's safety when a planned care visit had been missed.

Managers visited people at home either prior to the first care visit or during the first week of care provision, to assess risks and identify the individual's specific needs. This information was used to develop people's care plans. These documents were accurate, informative and provided staff with enough detailed guidance to enable them to meet people's care needs. The documents were regularly reviewed by managers who visited people at home to discuss their experience and identify any areas of improvement.

Staff were well trained. There were systems in place to manage staff training needs. All new staff completed formal training and shadowed experienced carers before being permitted to provide care independently. Staff told us, "I had a lot of training at the beginning before I started", "I did I think nine courses before I started work" and We are always training." Relative told us, "They do come and shadow before they do the visit on their own."

Managers and staff understood the requirements of the Mental Capacity Act and recognised the importance of supporting people to make decisions. Care plans included guidance for staff on how to support people to make decisions and people said staff respected their choices. People told us, "They do what I want them to

do" and "Certainly yes, they do treat me with respect."

The service had experienced significant management changes since our last inspection. Although there was a registered manager in place this staff member had other responsibilities that meant they were not routinely present in the office. A new manager had recently been appointed and was leading the service effectively. This manager was based in the service full time and staff told us, "I have noticed a big change, it has improved since the change of manager" and "The new manager is lovely and communicates well." Records showed staff meetings were held regularly and that staff had received formal supervision.

The service had appropriate quality assurance systems in place and was proactive in seeking people's feedback about it's performance. Where issues had been identified managers had worked collaboratively with staff to ensure these were addressed and resolved. People understood the service complaints procedure and one person told us, "I have no problems, if you speak up and ask them something they will sort it 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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

A&D Community Care

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 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.

This inspection took place on 1 and 3 February 2017 and was announced in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one Adult social care inspector.

The service was previously inspected in April 2014 when it was rated as 'Good'. 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 visited two people at home and spoke with Seven people who used the service, three relatives, seven care staff, the service manager and the provider's nominated individual. We also inspected a range of records. These included five care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives consistently told us they felt the service was safe. Staff told us the people they supported were safe and well cared for. Their comments included, "People are safe I have no concerns."

The service had appropriate policies and procedures in place for the safeguarding of adults and to support whistle-blowers. Information about local safeguarding procedures was included in each person's care documents and safeguarding posters in the services office ensured staff had immediate access to necessary contact details. Staff had received regular safeguarding training and when asked were able to explain how they would report any concerns they had about an individual's safety.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. This included disclosure and barring service checks (DBS) and reference checks designed to ensure prospective staff members were suitable for work with vulnerable people. Relatives told us, "They have obviously been good at selecting the right people to be carers."

During the initial care visit made by a senior member of staff a detailed risk assessment were completed. Each identified area of risk was described and staff were provided with guidance on the action they must take to protect both the person and themselves from risk. This included guidance on the safe operation of any necessary manual handling equipment. In addition staff were encouraged to immediately report any issues or failures of equipment. During the inspection a concern was reported by staff as an arm rest had become loose on a chair. Office staff immediately reported this issue to the equipment's provider and made arrangement for it's prompt repair. This combined with feedback from relatives who told us, "They are very proactive which is good, they took the initiative to address the issue" demonstrated the service's commitment to ensuring people's safety.

Where accidents or incidents occurred these were fully documented. Office staff reviewed all accident reports and where necessary complete further investigations to identify how systems or procedures could be improved to prevent similar incidents re-occurring. On the day of the inspection office staff became aware of significant safety concern highlighted via local media in relation to lone workers. This information was immediately shared with all staff to ensure they were aware of this increased risk.

The service had developed a detailed, "Failure to gain access" policy which provided staff and managers with guidance on the action to take in the event staff were unable to access a person's property to provide a planned care visit. Records showed this policy had worked effectively during a number of recent incidents and helped to ensure people's safety.

The service supported people with medicines by reminding people to take their medicines. Staff told us, "We don't administer medicines, only help with blister packs." Details of the support staff had provided with medicines were included in each person daily care records.

We reviewed the service's visit schedules, staff availability and daily care records. There were enough staff

available to provide all of the service's scheduled care visits and we found that appropriate amounts of travel time had been provided between consecutive care visits. During the week following our inspection three staff were due to be on annual leave, these visits had been allocated to other staff without causing significant disruption to other staff or people who used the service.

On Fridays copies of the visit schedule for the following week were sent out to each person who used the service. This meant people were aware of both the timings of care visit and the staff due to provide them. People told us, "I get a list each week of who is coming" and "They give me a list of Friday so I know who is coming each day. One relative commented, "[My relative] has a list of all the times and the names of the carers. It is little things like that that make this agency very good." Staff told us, "We get a whole weeks rota on Friday for Saturday to Friday. It does not change much" and "There is enough travel time."

Daily care records both within the service and in people's homes showed that visits were routinely provided on time and for the full duration. People told us, "They are pretty well on time. Sometimes five minutes late but never more than that", "They do have enough time, they don't rush" and "They stay the whole [time] and ask if there are any other odd jobs they could do to help." Staff told us they did not feel rushed during care visit and we observed staff providing support when we visited one person at home. Staff comments included, "I usually have plenty of time", "Most of the time you get enough travel time" and "I have enough time."

People said they had not experienced missed care visits and commented, "They have never missed a visit." Mangers told us the service had missed one planned care visit in the month prior to our inspection. This had occurred as the person routinely cancelled evening visits and a staff member had become confused. This incident had been quickly identified and appropriate action taken by managers to ensure the person's needs were met.

The service had appropriate infection control procedures and the provider had a designated infection control lead who was able to provide the service with additional guidance and support if required. Personal protective equipment was freely available from the service's office and staff told us they normally collected these items when the visited the office each Friday to collect their rotas.

Good

Is the service effective?

Our findings

All staff received regular training to ensure they were sufficiently skilled to meet people's needs. A training matrix was used to record details of the training each member of staff had completed and to identify when staff required training updates. Staff told us "The training is all right", "I've done all the mandatory training and we did convene and catheter care not that long ago" and "We are always training."

When staff joined the service they initially received training on subjects including, Safeguarding adults, First aid, food hygiene, infection control and manual handling technics over a two week period. Recently recruited staff told us, "I did two weeks training on the job and one week on English," "I had a lot of training at the beginning before I started" and "I did I think nine courses before I started work." In addition, all staff new to the care sector were supported to complete training in accordance with the requirement of the care certificate during their first three months of employment. This training had been developed to give staff new to the care sector a wide theoretical knowledge of good working practices.

Once new staff had completed this training they began to shadow and observe experienced staff providing care and support. When they felt sufficiently confident staff then began providing care independently to people they had met while shadowing. People told us, "The first time, they come with somebody I know" and relatives said, "They do come and shadow before they do the visit on their own."

Care staff were well supported and encouraged to visit the service's office each week to keep in touch with office based staff. Records showed staff had received regular formal supervision and that annual performance appraisals had been completed for some staff. One staff member told us, "I have been evaluated on the job" and records demonstrated managers had completed regular spot check to monitor staff performance during care visits.

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. Managers and care staff understood the requirement of the act and the service had developed appropriate system in accordance with current best practice to assess each person's ability to make specific decisions. One person had been assessed by professionals as lacking the capacity to make any decisions. The service had found through their experience and knowledge of the individual, that with support they were sometimes able to make day to day decisions and choices. Staff had been provided with clear guidance on how to support this person to make choices during care visits.

Where people had they had been invited to sign care plans and review to formally recorded there consent to the planned care.

Records showed the service worked collaboratively with health and social care professionals to ensure people's care needs were met. We heard office staff making prompt referrals to health professionals during

the inspection in response to observed changes in needs reported by care staff. In addition, the service had provided staff to support people during medical appointments and one person told us, "They took me to a hospital appointment and they stayed with me it was lovely."

People's care plans provided staff with guidance on how to support people to meet their dietary needs. This included information about people's food preference and guidance on how to ensure people were able to access adequate levels of fluids between care visit.

Good

Is the service caring?

Our findings

People told us they got on well with their care staff and commented, "They are very good, very helpful", "I do get on well with every one of them, "The carers who come are lovely and look after me very well" and "They are nice bunch." Relative were also complimentary of care staff. They told us, "The staff are very good, I think they are excellent", "I have been very impressed with them" and "We try not to interfere when we are visiting and we are very reassured by what we have seen."

Care rotas showed people were normally supported by small staff teams who visited regularly. Staff told us, "You get to know your clients really well as you see them so regularly" and "I know my client's for a while and we get on very well." During a home visit we observed that staff interacted with people in a friendly, informal and supportive manner. Staff were not rushed during the visit and spent time chatting with the person. It was clear each enjoyed the others company. Staff spoke of the people they supported with kindness, compassion and a detailed understanding of individual needs. They told us they enjoyed their role and found it, "Very fulfilling, helping people."

People told us they were able to make decision and choices about how there care was provided and that staff respected these choices. People comments included, "They do what I want them to do" and "They do anything I ask" and "They ask is there anything else they can do."

Staff told us they respected people's choices and decisions and described how they would respond in the event that someone declined planned care. Staff comments included, "I write it down in the visit sheet and then tell the office", "I would try to convince them and explain why or offer other options" and "I don't push people to do anything they don't want to do." One staff member said, "This morning one person did not want to get up. So I offered support and left as [they] wished. I checked later with the staff who did the next visit and they had helped [the person] up for lunch."

People said their care staff always ensured that their dignity and privacy was respected. One person commented, "Certainly yes, they do treat me with respect." Staff told us they always closed curtains while providing care and described how important it was to respect people's privacy and values. Managers regularly reminded staff of the importance of the issue and a recent staff newsletter had stated, "We must all remember the importance of professional boundaries we cannot impose our own religious/political/cultural beliefs on service users. We are all different and everybody's views should be respected." Where people had expressed preferences in relation to the gender of their care staff this information was used during the care planning process to ensure people preferences were respected.

Good

Is the service responsive?

Our findings

Detailed assessments of people's care needs were completed either prior to or during the first week of care provision. These assessments were completed by a senior member of staff who met with the person in their own home to discuss the person specific needs, complete necessary risk assessments and draft an initial care plan. People told us "The manager came to visit to get to know me" and "We discussed the care plan at the initial meeting." Staff said, "The managers do the assessments and find out exactly what people want."

Each person's care plan was developed by combining information provided by care commissioners, with details gathered during the assessment process and staff experiences during the first weeks of care provision. These detailed care plans were then discussed with the person to ensure they were happy with the instructions to be given to staff. People recognised the importance of their care plans and told us, "It tells them (staff) what to do, I read it and signed to say I was happy with it."

We found people's care plans were detailed and informative. They provided staff with sufficient guidance on the support required during each care visit to ensure people's care needs were met. For example, where staff were tasked to provide support with washing they were given details of the tasks the person was normally able to complete independently and guidance on the level of support usually requested. This helped staff who did not know the person well, to understand their specific needs and identify any changes in the level of support the person required. Staff comments in relation to care plans included, "They are good, so much detail has been written down" and "They are very good, if we pass info on they are updated very quickly."

Each person's care plan included an aim that had been agreed with the person for the planned support. This combined with details of each person's life history, hobbies and interest also included within the care plan helped staff to see people as individuals and thus provide care in accordance with their specific wishes.

Managers regularly visited people at home to discuss their experiences of care and to review and update care plans. During one of our home visits we found that the care plan available in the person's was not up to date. We discussed this with the manager and action was taken to ensure that up to date care plans were available in each person home.

Staff completed detailed records of the care they provided during each visit. This included their arrival and departure times, details of the care and support provided and information about the person mood and any observed changes in the person's care needs. People and relatives told us, "They write in it (the care plan) every time" and "Every time they visit they record the visit times and notes." Staff said, "We return the records to the office every week" and we found these records had been reviewed by managers to identify any changes in people care needs and to ensure any issues recorded in the daily records had been appropriately resolved.

Where the service provided people with supported to access the local community. Staff had been provided with details of the types of activity the person enjoyed and guidance on how to ensure the person's needs

were met while being supported to engage with activities.

The service had procedures in place to ensure any complaints received were fully investigated and details of the complaints policy had been provided to everyone who used the service. People and their relative's knew how to raise complaints but told us this had not been necessary as the service always addressed any minor concern they reported. People's comments included, "I have no problems, if you speak up and ask them something they will sort it out", "I have no complaints, they are very contentious" and "if there is anything I want I just have to ring the office." Records showed the service had fully investigated all complaints received and where necessary staff disciplinary processes had been instigated as a result of these investigations. The service regularly received compliments and positive feedback on the performance of individual staff members. Details of all complaints and compliments received were shared with staff via the weekly newsletter to recognise examples of good practice and share information with staff on the action to be taken in order to address and resolve complaints.

Good

Is the service well-led?

Our findings

People and their relative's spoke highly of the service and support provided by A&D Community Care. They told us "It's first class, that's my view", "They are very good", "It is a quality service" and "I wish all agencies could be like this one."

The service had experienced significant management changes since our previous inspection. Although there was a registered manager in post at the time of our inspection this staff member was one of the provider's area managers who duties meant they were not routinely present in the office. A new manager had been recently been appointed to lead the service on a full time basis. The new manager was currently leading the service effectively and staff told us, "The office is more organised now. Flexible and supportive", "I have noticed a big change, it has improved since the change of manager" and "The new manager is lovely and communicates well." The new manager said, "I am really enjoying the new role."

People told us they met with managers regularly and felt able to raise issue with them directly. People's comments about the service's current manager included, "They come and do a review every few weeks", "She was here recently to review the care plans and talk about how things are going" and "I get on well with the deputy manager I can just phone the office if I want to know anything."

The staff team were well motivated. Team meetings were held regularly and weekly newsletter used to share information with staff about changes to people's care needs and details of any compliments received. A star covered box was used to record details of all compliments received and staff achievements identified by managers. Each month a prize draw was held with gift vouchers awarded to staff whose names were drawn from the box. In addition, the provider supported and encouraged team building events. At the time of our inspection arrangements were being made for a staff cinema trip.

Staff told us they felt well supported by the current management team and that on-call arrangements were effective. Staff comments included, "They are easy to get hold of", "They are really friendly and helpful, you feel like you are part of a team" and "Any questions I always phone the office and they always answer." There were appropriate systems in place to monitor staff training needs and ensure staff received regular formal supervision.

The service's quality assurance systems were appropriate. People's feedback was valued and acted upon. During the morning of our inspection the manager phoned one person who had recently joined the service to check on their experience of care over the weekend and to ask if the required any changes to their care. Managers called another person to wish them well on their birthday and to check if they were happy with changes that had been made to care pan during the previous week. People told us, "Now and again they come to see me to check everything is all right" and "They come round sometimes to check we are happy."

The provider's nominated individual regularly visited the service to complete inspections and assessments of its performance. During these reviews the quality of care planning documents was assessed and checks completed to ensure staff received regular supervision. Where any issues were identified during these

inspection managers developed action plans to ensure each issue was addressed and resolved. In addition records showed a staff meeting had been recently been held to address and resolve a number of issues identified by the service's quality assurance processes. The minutes of the meeting showed the concerns had been shared with staff and that the nominated individual, managers and staff team had worked together to identify how best to address and resolve the identified concerns.

The service's records were well organised. All information passed to office staff was documented on the service's IT systems along with details of the action taken by staff in response to each piece of information. Managers were able to use these systems effectively and were quickly able to locate information when requested.