

Partners4Care Limited Winford House

Inspection report

The Causeway Billingham TS23 2HF

Tel: 01642644777

Date of inspection visit: 19 August 2020

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Winford House is a Domiciliary Care Service providing personal care to people in their own homes. Not everyone who used the service received personal care. Care Quality Commission (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. At the time of the inspection personal care was provided to 114 people.

People's experience of using this service and what we found

People and their relatives spoke positively about the personal care they received. People told us they received their care and support from regular staff who understood their needs. Care calls were managed electronically, and associated records were up to date.

Staff discussed how they had received safeguarding training and were clear on how and when to raise their concerns. The provider had embedded systems and processes which were followed to investigate any concerns. Where appropriate, actions were implemented to keep people safe.

There were enough appropriately skilled staff to meet people's assessed needs. Staff training was managed electronically and was up to date. Where assessed, people received support from skilled staff to take their medicines safely as prescribed.

The provider had implemented a range of checks to maintain and improve standards of service. Where areas of improvement were identified, action plans were in place and reviewed for their effectiveness. The registered manager discussed how the service would benefit from further evaluation of performance as it continues to evolve.

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

Rating at last inspection

This service was registered with us on 18/03/2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published on 28/11/2018.

Why we inspected

We undertook this targeted inspection to check on specific concerns we had received about skilled staffing levels, medicines management, and service management. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We will assess all of the key questions at the next comprehensive inspection of the service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, and Well- led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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?	Inspected but not rated
This is the first inspection for this service. We have not applied a rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.	
Is the service effective?	Inspected but not rated
This is the first inspection for this service. We have not applied a rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.	
Is the service well-led?	Inspected but not rated
This is the first inspection for this service. We have not applied a rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.	



Winford House

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We undertook this targeted inspection to check on specific concerns we had received about skilled staffing levels, medicines management, and service management.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Winford House service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 August 2020 and ended on 24 August 2020. We visited the office location on 19 August 2020.

Before the inspection

We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, acting registered manager, senior care workers, and care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at electronic staff training records, call monitoring logs, rotas and four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and actions taken where concerns had been raised.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. We have not applied a rating of this key question, as we have only looked at the part of the key question, we had specific concerns about. The purpose of this inspection was to explore the specific concerns we had about Winford House. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

• We received concerns that systems and processes in place to report abuse were not always effective. During this inspection we checked and found systems and processes were in place to ensure people were safeguarded from avoidable harm and abuse.

- Robust systems and processes were in place and used by staff to raise any concerns.
- Staff had completed training in safeguarding adults from abuse and demonstrated a clear understanding of the required actions to raise any concerns for further investigation.

• Staff were able to raise concerns verbally and electronically. All concerns were investigated and where required actions were implemented to keep people safe from harm. One person told us, "I am happy with the service, they (staff) come to see me every morning, they are very good."

Using medicines safely.

• We received concerns people were not always supported to take their medicines as prescribed, at the right time, and that staff providing this support were not always suitably trained. During this inspection we checked and found people received their medicines safely as prescribed.

- Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way.
- Training records and discussions with staff confirmed they were suitably skilled and qualified to assist with people medicines. Staff received on-going observations on their medicines practice and competencies to ensure they followed best practice guidance.
- Staff rotas were updated where medicines were time critical. People we spoke with confirmed they received their medicines as prescribed.

Staffing and recruitment

• We received concerns people received care and support from different staff who they did not know, and that there were not always enough staff on duty to meet people's needs as assessed. During this inspection we checked and found there enough staff were available to provide care to meet people's needs safely.

• People told us, and rotas confirmed they received consistent support from regular staff who knew their needs.

• Where staff were unable to attend a call, for example due to sickness, cover was provided. Wherever possible and with exception of last-minute emergencies people were advised of the changes and who would be providing care.

• Staff records we looked at, confirmed all employees completed a robust recruitment exercise which

recognised the importance of employing a diverse workforce and were checked to ensure their suitability.

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.

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Staff support: induction, training, skills and experience

• We received concerns there were not always enough suitably trained staff to meet peoples assessed needs. For example, to provide people with support to take their medicines as prescribed and to assist people with mobilising in their homes. During this inspection we checked and found there were sufficient staff, trained and competent to carry out their role.

• Staff records confirmed all staff employed at Winford House had received an induction to the service. This included the Care Certificate, orientation, responsibilities, and training deemed to be mandatory. For example, safeguarding adults from abuse, medicines administration, and the theory and practice of moving and handling of people.

• Staff training was managed electronically. Staff received prompts where training was outstanding. Mandatory training had to be completed prior to staff continuing their roles. People told us they felt staff had the required skills to meet their needs.

• Senior staff completed supervisions and observations of staff carrying out their duties. Recorded competencies maintained best practice and further training was provided where required. Staff told us there was, 'a training course for every event' and that, 'training was appropriate to the subject; completed on a computer or in a practical scenario'.

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.

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

• The CQC received concerns the service was not always safe or well managed. During this inspection we checked and found the provider was compliant and the service was well led.

• Members of the management team who we spoke with were passionate about supporting staff in their roles and were clear about their own roles and responsibilities. Staff understood their roles and responsibilities and confirmed their feedback was used to help develop the service.

• A range of audits and checks had been implemented and were completed to maintain and improve the service people received. For example, systems and processes ensured staff training remined up to date, tracked medicines administration for accuracy, and ensured electronic care records remained current.

• People received care and support to meet their assessed needs. The provider used an electronic call monitoring system to ensure staff had access to person-centred information to provide care calls at the right time and for the right duration. Staff spoke positively about the system in place and how it helped them to stay safe and ensured calls were not missed. A relative told us, "Staff come when they're told to, most of them are fine, no concerns about the carers; the new care people are lovely."

• We received positive feedback from people, their relatives and staff about the management of the service. Staff told us communication was good and pro-active. People told us they were kept up to date with changes in their care.