

Well Care Cornwall Ltd

Well Care Cornwall

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

About the service

Well Care is a domiciliary care agency. The service provides personal care to people living in their own houses or flats. At the time of our inspection there were 13 people using the service.

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

People we spoke with were positive about the agency and the support provided. People told us, "Very happy. They [staff] always have a smile and time for a chat," "Yes, they [staff] are all very patient and know what needs to be done" and "[Relative] has dementia and the staff really understand how to approach [the person] depending on their mood".

Staff were recruited safely and were deployed to suit the specific needs of people. Managers recognised where some people responded more positively to some staff. Where staff found difficulties, managers understood this and adapted rotas where possible.

Staff demonstrated a good understanding about safeguarding people from the risk of abuse. Training was provided and regularly updated. Staff were reminded of safeguarding issues and practices in meetings to ensure information was up to date.

Staff managed medicines according to national guidelines. Support for people was planned to ensure the persons needs and wishes were considered. We did advise of a change in administering medicines which were set up by another person. Immediate action was taken to address this.

There were individual risk assessments which were person centred to ensure people were protected and could be supported safely.

There was a strong person-centred culture within the staff team. Care and support plans had been developed for people, to understand the reasons for some people's behaviours and actions. They provided guidance for staff to ensure consistent approaches were used when supporting those people.

Staff knew clients well and demonstrated an understanding of their individual care, behavioural and communication needs. This helped ensure people people's views were heard and their diverse needs met.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

Staff were supported by a system of induction, training, supervisions, appraisals and staff meetings. Staff were appropriately trained, and their competency regularly checked, to ensure people's complex needs were met.

People's relatives and staff told us management were approachable and they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 26 February 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Well Care Cornwall

Detailed findings

Background to this inspection

Inspection team

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 looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection. Inspection activity started on 23 May 2022 and ended on 25 May 2022. We visited the location's office on 24 May 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. In addition, we received feedback from four members of staff, and the registered manager. We received feedback from four professionals. We looked at a range of records. This included two people's care records, two recruitment files, training records, medication records and audits of the service.

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 of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to report and escalate any safeguarding concerns. Safeguarding processes and concerns were discussed at staff meetings and through staff development meetings. All staff confirmed they had received training and they had regular updates.
- Relatives told us they felt people were safe using the service. Comments included, "I have no concerns at all. [Relatives name] is very safe with the staff. I have seen them working together. All very professional" and "I feel very safe with the staff."
- The registered manager had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and support, medicines and any other factors.
- The manager reviewed incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified as necessary for mitigating the risk. Regular audits were completed, and lessons learned were shared with staff to improve the service. For example, where concerns were raised regarding support for a person a full review was carried out and some adjustments made. The registered manager told us, "We are always looking at ways to improve".
- Risks were discussed with the person, their family and health and social care professionals. A professional told us, "The team are always willing to listen to the advice and support from us and they will always make the changes we ask to happen to the patients care and they do this immediately".
- Staff understood people's individual risks and what actions were needed to reduce or manage risks. For example, regular carers were deployed to the same people to build relationships and provide stability. A relative said, "It's a small staff team and we know everybody now."

Staffing and recruitment

- The provider's recruitment practices were robust and staff records confirmed appropriate checks were undertaken before they supported people in the service.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.
- The registered manager ensured appropriate staffing arrangements were in place to meet the assessed

needs of the people in a person-centred and timely way. Staff confirmed the office were supportive and had no issues with the staffing arrangements at Well Care. They told us, "The managers are always available and even come and support us on visits" and "No problems with staffing. If we are short, we are offered overtime".

Using medicines safely

- A relative told us they set medicines up for staff to then administer to their family member. We advised this was not good practice and there was risk, as the staff administered medicines which they had not set up. The registered manager told us that staff always followed the Medicines Administration Record [MAR]. However, they took immediate action to ensure that where staff were administering medicines they took full responsibility for the process.
- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- Regular competency checks were made by managers to ensure medicines were being administered and recorded safely.
- Staff told us training in medicines was good and that regular checks supported them and gave them confidence. They said, "I have a medicines training booklet, periods of observation and then shadowing to make sure I was competent" and "I am really well supported, and we get updates if there are any changes in medicines. It is made clear to us not to administer anything if we have any doubt whatsoever".

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. Their practice reflected current guidance.
- Protocols and PPE were in place and available for people visiting the agency office.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service ensured there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender, race etc.
- Information gathered during the assessment process helped to form care plans, with involvement from family and health and social care professionals to ensure an efficient service was delivered. Health and social care professionals confirmed this process had been well managed and comments included, "They work well with our team and do take on what is discussed" and "I have contacted Management at 9pm at night and they were available to talk to and put a different plan in place with my patient who they support. They then feed this back to their support workers".
- The registered manager told us of the importance of ensuring all the initial assessment information was scrutinised to ensure the service would be able to respond effectively to the person's needs. There were some examples of where packages of care could not be accepted due to the level of support required. The registered manager told us, "We need to be able to assure ourselves that we can take on a package of care. It would not be fair on anyone if we didn't have the resources available". Professionals confirmed this to be the case.

Staff support, training, skills and experience

- Staff received training which supported them to care for people. Staff told us they received an induction at the start of their employment with the service. Staff had access to regular supervision and refresher training whenever they needed it. Staff told us, "Amazing support, full induction" and "Recent training on new ceiling hoist, manual refresher next month".
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff had access to training for specific areas when necessary to support clients. For example, the registered manager told us, "We have worked closely with our local Parkinson's Disease charity in order to enable us to access specific care and support for individuals with this disability. We have adapted communication methods to meet the needs of those with specific disabilities who would benefit from easy read or picture communication."
- Staff were skilled and experienced. There was a good retention of staff. This meant staff were experienced and knew the needs of people who used the service and how to meet individual needs.

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-

balanced diet and make healthy eating choices.

- Records documented people's likes and dislikes and identified any associated risks with eating and drinking. One person said, "They cook lovely meals for me, no complaints."
- Where required, staff supported people to purchase their food and with preparing their meals.

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

- Staff promptly referred people to other professionals when their needs changed. This ensured people could get support required from health or social care professionals. A professional told us, "If there are concerns regarding a patient, they will address these with our team in a satisfactory timescale".
- Relatives felt that the provider was quick to identify any health issues and act appropriately. Comments included, "There have been a couple of occasions when [person's name] has become unwell and they [staff] are straight on the phone. They got hold of the GP and it got sorted out quickly" and "[Person's name] does have times when they can be off colour. The staff always let me know so I can pop round and just make some more checks. It gives me piece of mind."
- Managers and senior staff monitored calls and informed people if calls would be late. A relative told us, "They [staff] always let us know if there is a lag. It doesn't happen very often."
- Health and social care professionals were positive about the way the agency engaged with them in order to improve outcomes for people. Commenting, "Well Care attend the patients' meetings and will change the support where needed that is asked by the MDT (multi-disciplinary team), they will contact the team with any concerns or just needing some advice from the team".
- Staff supported people to effectively manage their health and wellbeing. They supported them to make and attend medical appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported in accordance with the requirements of the MCA. Staff consistently took the least restrictive option when supporting people to stay safe and independent. They sought people's consent before they delivered care and support to them.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service helped ensure decisions made on people's behalf would be in a person's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff respected people's individuality and supported them in a non-discriminatory way. All staff had received training in equality and diversity and knew how to support people in a way that took account of their abilities and lifestyle choices.
- The registered manager talked of protecting and respecting people's rights. They talked with us about the importance of supporting people's different and diverse needs. For example, the service had experience of providing care and support to individuals who identified as non-binary and transgender. The registered manager told us, "We took steps as an organisation to undergo further training, in order to provide effective care. We now have a resource folder available for colleagues to support them in delivering quality care".
- People were supported to maintain their independence. The management team completed environmental risk assessments to ensure people's homes were suitable to meet people's needs. Where specialist equipment was required to help people maintain their independence the service worked with professionals to ensure they could operate it effectively and safely.
- One client shared a fish and chip supper with their spouse every week but had been forced to give this up due to declining health. The staff team had arranged to collect the fish and chips for them each week to enable them to continue with their routine.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people were unable to share their opinions verbally and different methods of communication had been developed. Staff had a comprehensive understanding of these methods which included signs, pictures and objects of reference.
- Care plans also contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.
- People and their relatives or representatives were involved in care planning and reviews. Staff supported people to make as many decisions for themselves as possible. For example, one person frequently made changes to initial decisions and agreements. Staff respected this and understood how important it was for the person. They always agreed with the person's decision on the day to ensure it was the right outcome for them at that time.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when someone was becoming distressed or feeling anxious. They consistently followed the

guidance in place to help the person feel calm and reassured. The registered manager told us they supported staff and recognised some staff struggled to manage in these situations. In these instances, managers always ensured those staff only worked with clients who they felt comfortable with.

- People told us they were treated with respect, compassion and kindness by caring and competent staff. Comments included, "They [staff] are just so kind and very patient." Also, "[Name] can have various moods and the staff are excellent at knowing how to go about [Name's] routine when they are in one of those moods."
- People were supported to retain their independence. The systems within the service supported them to maintain the life skills they had and promoted their independence.
- People's confidential information was kept securely. Information held on electronic recording systems required pin code access for security.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their carers. Care records were regularly reviewed and showed changes were inputted where necessary.
- There was good communication within the staff team and staff shared information appropriately, about people's needs through the electronic care system. The electronic system logged all inputted information in 'real time'. This further supported staff to have access to current and updated information about the persons' needs and how they spent their time.
- Relatives were complimentary about the on-line electronic recording system which enabled them to keep up to date with how their family member had spent their day. A relative told us, "We are kept up to date with all the information because we have access to it". The registered manager told us access was only agreed with consent and could be restricted if necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where a person struggled to express their views in words, staff had detailed understanding and knowledge of the indicators that alerted them to signs of agitation and unhappiness or other emotions. Training was provided for staff to enhance their communication skills in order to provide a better service. We observed a range of communication aids including, flash cards [a pictorial support in communication].
- There were a number of different methods the agency used to provide accessible information and communication. This included text messaging, emails and easy read formats. For people with dyslexia, the service could use different coloured paper which can make information easier to read: For example, when issuing invoices. For staff with dyslexia the service had recognised the importance of using face to face training rather than online.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- Staff were committed to supporting people to live as full a life as possible by helping people to fulfil their wishes and aspirations. A staff member told us, "Just helping clients with skills like cooking is an achievement for them."
- Support plans recorded information about people's interests, past hobbies and what they enjoyed doing

with their time.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A relative confirmed they had received this and would be confident to make any issues or concerns known if they had any.
- People had the opportunity to raise concerns during their care plan reviews
- If necessary the complaints procedure was also presented in easy read format so that they were accessible to all.

End of life care and support

- The service supported people reaching the end of their lives. Staff received training and ongoing support for delivering end of life care and support.
- The service worked closely with the Marie Curie palliative care charity. This included staff training and working with the Marie Curie care team.
- End of life care planning records were in place. Staff delivered end of life care and support and had access to a palliative care line for escalation of clinical needs.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the service was open and centred on the people who used the service. People and staff had easy access to the registered manager or other senior support staff when needed. A relative told us, "The managers are always available if I need to speak with them," "They just do a really good job. I think because it's a small agency and the managers and staff are a passionate about that they do" and "The boss's work as well with the care staff. All very good. He visited last night.
- People and staff felt the service was consistently well-led. Comments included, "Well Care team are responsive they take on guidance from our team. The team and I can contact both managers any time of day and if they are unable to answer they will call back, they are also contactable by email or text," "The managers are fair and approachable" and "We are a happy and dedicated team.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were passionate about developing the service for the benefit of people using it.
- The provider had notified CQC of any incidents in line with the regulations.
- The registered manager actively sought ways of enhancing peoples experience of using the service. For example, they had been part of a project linked to the development of assistive technology.
- The management team had auditing systems to maintain ongoing oversight and continued development of the service. Completed audits had highlighted areas for improvement and action plans had been devised to ensure improvement would be made.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. For example, people were encouraged to be involved in the development of the service and feedback was sought from people who used the agency. This was confirmed by people we spoke with. One person told us, "We are frequently asked for our opinions of the service [relative] receives. We are encouraged to speak up. It's all very positive."
- The service had introduced a domestic violence and abuse, lesbian, gay bisexual and transgender [LGBT] communities policy guidance. This was used to inform staff and breakdown barriers. In addition to this staff received training in this area to help them better understand equality and people's rights.
- Engagement with all stakeholders was seen as important in measuring the agencies performance to develop the service further. Surveys were undertaken to gain the views of people using the service. The most recent were all positive and people were satisfied with their service.

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals. A professional told us, "I was also particularly impressed that [registered manager] identified that the staff would benefit from some basic training to deepen their understanding of caring for a patient group. [Registered manager] made efforts to reach out to us for this ."
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.
- The registered manager was open and honest about what achievements had been accomplished, and what had not worked so well and where improvements might be needed. For example, where a medicines audit had found errors the registered manager had reviewed the system immediately. They had subsequently updated guidance including instructions for the administration of different types of medicines and cream. Staff told us this had helped them and had reduced the number of errors.

Working in partnership with others

- The registered manager and staff worked closely with health and social care agencies to share good practice and enhance care delivery. A professional told us, "They [managers] are always open to ideas for the benefit of clients."
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.