

Afrisource Limited

Walfinch Kingston & Weybridge

Inspection report

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20 September 2022
21 September 2022

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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

Walfinch Kingston and Weybridge is a domiciliary care agency providing personal and care. The service provides support to people living in their own homes. Some people were living with dementia. At the time of our inspection there were 25 people using the service.

Not everyone who used the service received personal care. 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 our inspection there were 17 people receiving support with personal care.

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

People were supported by kind and caring staff that treated them with dignity and respect.

There were enough staff to meet people's needs and keep people safe from the risk of harm. Staff had been safely recruited and were competent in their roles. People were also kept safe from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was person-centred and people felt confident to raise any concerns or issues with the management. There were end of life care plans in place for people if they entered this stage of their life.

Quality assurance audits were completed regularly and the registered manager regularly requested feedback from people and relative, where appropriate.

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

Rating at last inspection and update

This service was registered with us on 19 April 2021 and this is the first inspection.

Why we inspected

We undertook this inspection as part of our inspection scheduling for newly registered services.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Walfinch Kingston & Weybridge

Detailed findings

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 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

This inspection was carried out by two inspectors.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 September 2022 and ended on 21 September 2022. We visited the location's office/service on 20 September 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, quality manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe being supported by staff. One person said, "I feel very safe, staff keep me safe."
- Staff were trained in safeguarding and were knowledgeable in how to report any concerns. One staff member said, "If on a call (where there are safeguarding concerns) there is a lot to deal with, I immediately inform (managers) and it is discussed with client and client's family and they would make a decision (of what action to take)."
- There was a safeguarding policy in place for staff to refer to and all staff received regular safeguarding training. The registered manager knew how to deal with any safeguarding concerns correctly, including referring to the local authority if necessary and making CQC aware.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. There were detailed risk assessments in people's care plans. This included falls prevention which detailed the person's individual need and offered guidance for staff to follow.
- Risk assessments in care plans were regularly reviewed. This ensured if any new risks or changes to needs were identified they could be addressed quickly.
- Risks to the environment of each home had also been considered. This included fire assessments to ensure staff were aware of what action to take in the case of an emergency to keep the person safe.

Staffing and recruitment

- There were enough staff to meet people's needs and where staff visited homes there were no delays recorded. One person said, "Yes, they are always on time."
- We were shown details of how cover was arranged for live in carer breaks. This ensured there were enough staff, so all carers received support with adequate breaks. Staff also told us that they had enough time during call times and were not rushed. One staff member said, "Yes I have 100% time (to provide good care and travel)."
- The registered manager followed safe recruitment processes. This included thorough reference checks, interviews and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.

Using medicines safely

- Where people were supported with medicines staff administered them safely. We saw evidence of staff

training which was up to date for all staff who were responsible for administering medicines.

- Where staff supported people with medicines this was recorded on an online system. This ensured that if medicine was not administered an alert would be sent to the management team to address in a timely way.
- Regular medicine audits were completed. This was to ensure that the administration of medicine remained at a good standard.
- Staff were subject to regular competency checks to ensure there were no additional training needs and they were administering medicines safely.
- The registered manager and staffing team had dealt with incidents of people being anxious about a prescription of medicines. We saw evidence of how staff had supported them to obtain a prescription when a normal pharmacist was not available.

Preventing and controlling infection

- Staff told us how they ensured they took action to prevent the spread of infection. One staff member said, "We still wear face masks all the time, gloves, for example when working with food, giving medicines. We sanitise and keep areas clean, we do tidy up, make sure countertops are clean where we prepare food, bathrooms clean as well."
- There was an infection control policy and staff received regular training in this area. This included COVID-19, however, also mentioned other infections staff needed to be aware of.
- The provider had ample supply of Personal Protective Equipment (PPE) in the main office. This meant staff had a constant supply of PPE when they needed it.

Learning lessons when things go wrong

- There was an accidents and incidents procedure in place. This was set up to identify any trends or patterns and take preventative action. There were detailed accounts of any incidents which meant if any concerns were identified they were addressed in a timely way.

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 for this newly registered service. This key question has been rated 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

- Full assessments were completed before the service started supporting people with a package of care. This ensured staff were aware of a person's needs and choices to provide the most effective care.
- We saw care plans detailed people's choices for staff to follow. This included a weekly plan which detailed each visit and what support the person would like.

Staff support: induction, training, skills and experience

- Staff felt supported in their roles. On staff member spoke positively about their induction experience and said, "We went in (to the office), did some training, obviously you need to do Care Certificate, bedrail safety and all of that online. We were shadowed initially, they have been really, really good, if any problems we can phone as well."
- We saw evidence of all staff completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager kept a training matrix. This ensured that all staff remained up to date of all mandatory training and refresher training.

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

- Not all people were supported with food. However, all care plans detailed people's preferences in relation to various foods and mealtimes.
- Where staff did support people with food there was detailed advice in care plans. We also saw clear, thorough notes detailing all support provided with mealtimes in daily notes. This meant that people were supported effectively with a diet they enjoyed.

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

- We saw evidence of information being shared, where appropriate with other professionals. Care plans detailed health professional advice and guidance for staff to follow in relation to different health conditions.
- The registered manager and management team worked closely with other professionals when completing initial assessments. This meant that all available information was included in the care plan.
- Where people needed support with attending health appointments or following up with prescriptions staff supported them to do. The registered manager said, "Wherever we can help people we do."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Each care file contained consent forms for various aspects of people's care. It showed attention to detail that all areas of care had been consented to where possible.
- The registered manager was knowledgeable about their responsibility if a person lacked capacity and what support the person would need, as well as what professionals to liaise with.

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 for this newly registered service. This key question has been rated 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

- People told us staff treated them with respect and kindness. One relative said, "They (staff) are very helpful, good all round, very respectful." Another relative said, "They have been marvellous, held our hands with everything and guided us through it, could not rate them high enough to be honest. They provide a very good service."
- Staff told us how they enjoyed supporting people. One staff member said, "I love caring for people."
- All staff received training in equality and diversity. This ensured that all staff could treat all people with the utmost respect.

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

- People felt involved in making decisions about their care. One person said, "I was asked about everything (choice). I can't speak more highly than I do about them (staff). We have a very good relationship with them (staff). They understand me and I understand them."
- Relatives told us how they were made to feel at ease with staff when identifying tasks they needed support with. One relative said, "They are very nice people and very easy to get on with, very competent, nothing is too much trouble for them."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff were very respectful. One person said, "Staff are always very good and respect my privacy." A relative said, "Staff are very clear that they are visitors in [person's] home and they always treat her with dignity."
- Another relative said, "They are very helpful, and they take their shoes off at the door, come in, very helpful and good to me."
- Relatives told us how staff had made recommendations to promote independence. One relative said, "They suggested disability aids etc in the home which we have purchased and put in place."

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised with individual details. This included a section called 'services I need help with', for example there was a detailed section on grocery shopping, listing favourite items.
- There was also a section on companionship and how people like to have support in this area. We saw from the daily notes section that notes were made about conversations and thoughtful updates regarding people's general wellbeing were being shared between staff.
- Relatives told us how the care was personalised. One relative said, "Whatever we needed they (staff) jumped on it. Staff seem very well trained and experienced on the whole, nothing is too much effort for them."

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.

- Staff told us how they ensure they communicate well with people. One staff member said, "We speak quite loudly as a lot of people are hard of hearing, we repeat and explain what we are going to do."
- There were communication plans in people's care plans. These detailed the best ways for staff to communicate with people. It was personalised for each person and offered guidance for staff to follow if they are struggling to communicate with people.

Improving care quality in response to complaints or concerns

- People told us they felt confident to raise a concern. One person said, "(If any concerns) I would speak with the proprietor. I have the phone number. If I want something extra or we are going away for few days, I could call. We have a very good relationship."
- Relatives told us they were confident the management team and staff would address any concerns and complaints quickly. One relative said, "They are very, very good, yes (would know how to raise any concerns), we have not had to raise complaints, but we could call and they (staff) are also quite happy with email. We could call day or night. They would definitely take action to protect [person]."
- The provider had a complaints policy. The registered manager was clear about the reporting pathway and the best way to deal with a complaint in a timely way. We saw evidence of complaints being addressed in a timely way with lessons learned from each incident.

End of life care and support

- At the time of the inspection staff were not supporting anyone with end of life. However, care plans detailed end of life wishes if a person was to enter this stage of their life.
- The registered manager was knowledgeable about their responsibilities if a person required end of life care and support. For example, what health professionals and hospices they would involve ensuring a person had the most support available to them.

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 for this newly registered service. This key question has been rated 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; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt included in their care and received regular updates. One relative said, "I am in contact with managers and know them. [Registered manager] who runs it mostly with [director] are very hands on. They call me directly and I can speak to them. I have constant updates, we can access online notes on what happened, now we have full time carer [staff name] and do things directly with her. Whatever the stage has been, they (staff) were all over it. So in yourself you feel secure [person] has been well looked after and we know about any issues very rapidly."
- The registered manager regularly requested feedback from people and relatives. One relative said, "[Registered manager] have been around to start with. Then they came after three months again to make sure we were satisfied with everything. [Registered manager] also came in on my husband's birthday, popped in to say hi, very friendly and helpful."
- The registered manager had also designed 'carer profiles'. This was a profile with details about each carer, their interests, hobbies and likes. These profiles were shared with the people that were going to be supported by staff so they would be familiar with the staff member as soon as they met them. This also enhanced the person-centred approach where carers could be 'matched' with people with similar interests and hobbies.
- There was a duty of candour policy to follow and this ensured that if an event did happen, information would be shared, when appropriate in a timely way. There had been no complaints received since registration and no need to use duty of candour.
- The registered manager was aware of specific incidents that required referrals to the local authority and notifications to CQC. The registered manager was knowledgeable about when this was necessary. However, no significant incidents had taken place since registration.
- Staff felt supported and comfortable to raise ideas and concerns whenever appropriate. One staff member said, "We have one (secure social media) group where (managers) give important information for all the carers like policy updates or urgent updates. If we have questions we go onto our own group all carers have individual group with [registered manager] and Team Leaders where you can ask questions specific to yourself/clients, also (managers) are open to phone whenever we need."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The management team completed quality assurance audits. These audits reviewed all areas of the care provided to ensure it met a good level. And if any action needed to be taken, it would be taken in a timely way.
- Members of staff received regular supervision sessions and were subject to competency checks. This gave staff opportunities to raise any concerns and managers opportunities to identify any additional training needs.
- Staff were keen to work with other professionals and evidence of this was seen in care plans. Some people had been supported through a return home from hospital where their needs had dramatically changed. We saw how staff had liaised with health professionals to ensure they could meet the person's needs.
- The registered manager and management team were keen to continue to improve their business and the level of care they provided to people. The registered manager said, "We will only grow as a company if we can be sure we don't sacrifice the good standard of care we provide."