

# Christies Care - Mid & South Buckinghamshire Ltd

## Walfinch Mid & South Buckinghamshire

### Inspection report

Devonshire House  
1 Cliveden Office Village, Lancaster Road  
High Wycombe  
HP12 3YZ

Tel: 01494506300  
Website: [www.walfinch.com/hourly-care/mid-and-south-buckinghamshire](http://www.walfinch.com/hourly-care/mid-and-south-buckinghamshire)

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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 Mid & South Buckinghamshire is a domiciliary care service providing support to people in their own homes. The service was providing support to 31 people at the time of our inspection, in the High Wycombe and surrounding areas.

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.

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

People spoke positively about the service and told us it met their or their relatives' care needs. Comments included "They are kind, compassionate and caring. Various ones come and they all get on very well," "They are very patient with my husband and understand why he is sometimes very awkward with them. It is usually the same carer which helps. She is very kind." Another person told us "I cannot fault them." Community professionals were also complimentary of the service.

People received safe care. Staff understood about protecting people from abuse and knew how to report it. Medicines were handled safely. Risk assessments had been written to reduce the likelihood of injury or harm to people. There were procedures for preventing the spread of infection and staff had access to personal protective equipment. We have made a recommendation about hand hygiene as some staff were seen wearing nail varnish and acrylic nails. Recruitment checks were carried out before staff started work. We have made a recommendation to improve the quality of references.

People received effective care. People's privacy, dignity and independence were promoted and they told us the service met their needs. Care plans were in place to record the support people needed. Staff received an induction and there was a comprehensive training programme to equip care workers with the skills they needed to meet people's needs and support them safely. There were checks to make sure care workers applied their training when they supported people.

The service was managed effectively. Staff said they felt supported and had good training opportunities. Audits were carried out to check the quality of people's care and make improvements where necessary. The provider and registered manager kept up to date with care practice. They worked well with other agencies and understood their responsibilities towards acting in an open and transparent way (duty of candour) and to inform relevant authorities of incidents. People told us there was effective communication at the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people

and providers must have regard to it.

Right Support: The model of care maximised people's choice, control and independence.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the services lead confident, inclusive and empowered lives.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 5 November 2020 and this is 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 ●

# Walfinch Mid & South Buckinghamshire

## **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

The inspection was carried out 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. They made telephone calls to people who use the service and relatives.

#### Service and service type

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

#### 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

This inspection was announced.

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 10 January 2023 when we requested initial information from the service. We visited the location's office on 24 January 2023. We continued to review evidence until 3 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used this information to plan our inspection.

#### During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked a range of required records. These included care plans, staff personnel and training records, a sample of policies, procedures and other guidance, audits, observations of staff practice and medicines administration records.

We spoke with 10 relatives and 4 people who use the service. Emails were sent to all staff inviting them to provide feedback to us. We contacted community professionals who are involved in the care of people who use this service.

#### After the inspection

We reviewed information sent to us by the registered manager and sought clarification about some of the evidence. We reviewed feedback sent to us by interested parties such as staff and community professionals.

# 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 told us they felt they received a safe service. Comments included "I feel safe and supported," "I am very happy with the carers. They are very good. They complete all tasks." "Mum feels safe in their care. They try very hard to complete all the tasks and I would say they achieve that 99% of the time. They always ask if there is anything else we want."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- The service had enough staff to support people's needs.
- The numbers and skills of staff matched the needs of people who used the service.
- Staff recruitment checks included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some references for perspective employees provided insufficient information. For example, some were short emails with very basic information, one had no date and was written 'to whom it may concern' by what appeared to be a colleague and friend commenting on work performance. Some other references were also written by colleagues within the current workplace. These were not robust enough to demonstrate staff had the necessary qualities and aptitudes.

We recommend the provider contacts a reputable source to improve recruitment procedures.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed and managed safety well.
- Risk assessments were in place to reduce the likelihood of injury or harm associated with moving and handling, falls prevention, home environment, and medical conditions, where applicable, as examples.
- People's care records helped them get the support they needed because it was easy for staff to access and keep care records.
- Staff assessed people's sensory needs and did their best to meet them. One community professional commented about how a care worker supported a person with a sensory impairment. They told us "I was impressed with the excellent verbal guidance given by the carer when transferring the client from a wheelchair to an armchair and then give a clear description and location of everything in the client's reach."

### Using medicines safely

- There were procedures in place to provide guidance for staff on safe handling of medicines, where this was part of people's care package.
- Staff undertook training on medicines practice and were assessed to check they administered medicines safely.
- Staff maintained records of when they had given people their medicines.

### Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they supported them.
- The provider had supplies of PPE available to staff. There had not been any difficulties obtaining these during the COVID-19 pandemic.
- Training on infection prevention and control was included in the provider's mandatory course requirements.
- We observed two staff who came in to the office were wearing nail varnish or had acrylic nails fitted. These prevent effective handwashing.

We recommend staff receive training on effective hand hygiene to ensure proper infection prevention measures are in place.

### Learning lessons when things go wrong

- People received safe care because staff were aware of local and national safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. We saw evidence that the registered manager investigated incidents.



# 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

- People told us they received effective care from the service. A typical comment was "The carers are effective in the care they provide and we are very pleased with them."
- Staff completed a comprehensive assessment of each person's physical and mental health needs and how these were to be met.
- People had care and support plans that were personalised and kept under review.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- We received positive feedback about the skills and abilities of staff members. People's comments included "They are well trained and experienced and complete the tasks effectively according to the care plan." "They are well trained and complete all tasks." "My husband's care needs are complex and the carers are well trained to meet all his care needs...they are really helpful and effective in what they do."
- There was a comprehensive training programme and refresher courses, which helped staff continuously apply best practice.
- The service had received a best training award from the Walfinch franchise of 40 branches.
- The service checked staff competency to ensure they understood and applied training and best practice.
- Staff received support in the form of supervision.
- Staff told us there was good team work at the service and they were able to speak with managers if they needed support or there were emergencies.
- Feedback from staff included "They are continuously supporting me with my (training)... (the registered manager) guides me and is always there for support," "The senior team work well together and our communication is what aids us in running as smoothly as possible," "There is an office number that is always picked up by someone" and "Training for the staff is spot on; we have done various online training that we need to do every year and also face to face training, including medication and moving and handling. There is also someone at the end of the telephone to answer any queries that may occur."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well in partnership with advocacy organisations and community professionals. This ensured people's well-being was promoted.
- Feedback from community professionals included "In some cases, the care company have gone beyond the call of duty, raising concerns about various matters that do not fall within their remit but may have impacted on a client's welfare." Another described how the service had put evidence and a care plan in

place to provide justification for increased support hours. The community professional said this was "So good."

Supporting people to live healthier lives, access healthcare services and support

- The service liaised with healthcare professionals, where appropriate and necessary, to keep people healthy and well. For example, we read an email sent by the registered manager to request a district nurse visit a person and asking for a specialist mattress to be ordered.
- There was information in people's care plans to provide guidance for staff on actions they may need to take in response to people's physical and mental health conditions.

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.

- We saw copies of lasting power of attorney documents were contained on people's files. These indicated who could lawfully act on behalf of people who lacked capacity (their attorney).
- We saw care plans had been signed by people's appointed attorney, to agree the support was in their best interests.

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

- Care plans recorded any support people needed with eating and drinking and any adapted equipment they may need to manage independently.
- Notes maintained by care workers showed food and drinks they had provided for people, where this was part of their care package, and whether these had been consumed.

# 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; Respecting and promoting people's privacy, dignity and independence

- People provided positive feedback about how they were treated and supported. Comments included "The carers are really kind and compassionate, friendly and helpful," "They are very kind and compassionate, providing personal care, observing mum's dignity and privacy" and "They are kind, caring and very good at their jobs...they tick every box."
- Care plans were written in a way which promoted people doing as much for themselves as possible and being offered choice.
- Notes made by care workers had been written using respectful language and appropriate terminology.
- Staff provided positive feedback about how they as a team supported people. An example included "They (care workers) take the time to get to know the clients and their families. They do the kindest things for the clients, that make the biggest difference."
- Another member of staff told us" (Name of nominated individual) and (name of registered manager) are absolutely great, they go above and beyond for our services users. For example, last Christmas they sent each and every service user that have no family or was spending Christmas on their own a lovely hamper containing various goodies."

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, such as cultural or religious preferences.
- People were supported to access independent, good quality advocacy.
- People were empowered to make decisions about the service when appropriate and felt confident to feedback on their care and support through, for example, user surveys.

# 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

- People told us the service was responsive to their needs. Comments included "The carers accommodate and respond well to his various needs" and "They are always responsive to her care needs."
- People said the service helped them to remain independent.
- Care plans had been written for each person. These included information about their backgrounds and anyone else who provided support to them.
- Care plans provided information about tasks care workers needed to perform and how the person liked them carried out.
- A member of staff told us "Any changes to the clients' care needs or medications are added to the care plans and medicine administration charts and staff are informed straight away. Carers and staff work so well together ensuring each service user has the best care."

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.

- Some information about people's communication needs was recorded in their care plans. Care plans stated what people's first language was and how to address them so they could understand.
- The registered manager gave an example of where they had arranged for information to be translated into another language, to help the person understand it.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place.
- People knew how to raise any concerns, if they needed to. No one who we spoke with had any concerns about care provision.
- We saw a complaint had been handled appropriately and a written response was sent to the person with actions taken.
- We were shown numerous compliments from people who praised the service for support given to them.

End of life care and support

- The service did not provide end of life support to people.
- Information was recorded in people's records about whether any living will or do not attempt

cardiopulmonary resuscitation order (DNACPR) was in place.

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

- People told us they felt their care was safe and met their needs. Comments included "Mum is happy with her carers. No issues or complaints. The company is good," "Because they are patient and understanding they respond well to him" and "It is our opinion that they are very sensitive and responsive to mum's care needs."
- People were sent surveys by the provider to give feedback about the quality of their care. Results of a recent survey exercise were positive, most people rated the service "very good" and 4 out of 15 respondents rated it "excellent".
- Staff spoke highly of the support they received and training opportunities.
- There was recognition of good feedback about staff from people who used the service. The provider gave staff a voucher to spend with well-known companies in response to this.
- The service had a whistle blowing policy in case staff needed to raise concerns about the workplace.

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

- We received positive feedback from people who used the service and their relatives.
- Comments included "The company is well organised and approachable. I would recommend them," "This service is very well managed and organised. They go out of their way to help on every level. I would recommend them" and "The whole agency is well organised and I have no complaints or concerns." Another person told us "I always contact (the registered manager) if I have any queries and she is very responsive and all my queries are answered to my satisfaction. Communication is very good regarding the office also."
- A community professional told us "(The registered manager) is the star of the show" and said they had done a "Superb job" in managing a complex case.
- We read a report of an audit carried out in October 2022. This reflected the service was working well and achieved good outcomes for people.
- Observations of care worker practice, or "spot checks", were carried out. These included checks of safe moving and handling practice, medicines administration and interactions with people.
- We saw action was taken to improve care where staff had not carried out their duties to expected standards.

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 duty of candour requirement sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- There was a duty of candour policy in place. We were shown an example where the service had notified a relative that a notifiable safety incident has occurred. This included offering an apology, keeping a written record and saying what the provider would do to prevent recurrence.

Continuous learning and improving care: Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The registered manager attended forums run by the provider to share practice amongst services and subscribed to email updates from various organisations connected with care provision.
- There were good working relationships with other agencies. One community professional told us "Their communication is excellent."