

Walnut Care Limited

Walnut Care at Home

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 |  |

Overall summary

This was an announced inspection carried out on 7 May 2015.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Walnut Care at Home provides care for people in their own homes. At the time of our inspection the service was providing care for 450 people. The service covered a large geographical area including Lincoln, Sleaford, Boston and Skegness.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff available and background checks had been completed before new staff were appointed.

Summary of findings

Staff had received the training and guidance they needed to assist people in the right way including helping them to eat and drink enough. People had been assisted to receive all of the healthcare assistance they needed. Staff had ensured that people's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who had special communication needs and were

at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people opportunities to maintain their independence and to pursue their interests. There was a system for resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way and people had benefited from staff being involved in good-practice initiatives.

Summary of findings

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff available to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well.

People had been supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice was followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who had special communication needs or who could become distressed.

People were assisted to celebrate their diversity.

People were supported to make choices about their lives including maintaining their independence and pursuing their interests.

There was a system to resolve concerns and complaints.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered persons and senior staff had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions about the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

People had benefited from staff being involved in good-practice initiatives.

Walnut Care at Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons are meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before our inspection visit to the service we reviewed notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local commissioners of the service who pay for some people to use the service. We did this to obtain their views about how well the service was meeting people's needs. In addition to this, we spoke by telephone with 47 people who use the service and with three of their relatives. We also spoke by telephone with 12 members of staff who provided care for people.

We visited the administrative office of the service on 7 May 2015 and the inspection team consisted of one inspector. The inspection was announced. The registered persons were given 48 hours notice because they are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

During the inspection visit we spoke with one of the community development managers and with a team leader. We also met with two administrative staff who were responsible for organising care workers' visits. In addition, we met with someone who represented the limited company that is registered to run the service. We looked at records that related to how the service was managed including work rosters, lists of visit time, staffing, training and health and safety.

Is the service safe?

Our findings

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that the registered persons had taken appropriate action when there had been concerns that someone might be at risk of harm. For example, they had alerted the local authority when a person who used the service had become distressed by some of the actions of a neighbour.

People said that they felt safe receiving the service in their own homes. A person said, "I really can't praise the staff enough because they're almost like family to me." Relatives were reassured that their family members were safe. One of them said, "I'm sure that my family member is very pleased with the service because believe me they would soon say if they weren't."

Staff had identified possible risks to each person's safety and had taken action in conjunction with other health and social care professionals to promote their wellbeing. For example, people had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, staff had helped to ensure that people had been provided with equipment to help prevent them having falls. This included people benefiting from correctly using walking frames and raised toilet seats.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been

taken to help prevent them from happening again. For example, when a person had been placed at risk by experiencing a loss of electricity in their home staff had urgently contacted the supplier and had arranged for interim lighting and heating to be made available.

There were reliable arrangements for assisting people to order, store, administer and dispose of medicines. Staff who reminded people to take their medicines or who administered it had received training and knew how to provide this assistance in the right way. Records showed that people had received the right medicines at the right times and people told us they were confident in the assistance staff provided. A person said, "The staff help me with my medicines so I don't get them all mixed up. They take the tablets out of the blister packs they come in and give me them with a glass of water."

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had established teams of staff in each of the main geographical areas covered by the service. Records showed that there were enough staff in each team to ensure that people reliably received all of the visits they needed and wanted to receive. Staff said that there were enough of them to reliably complete all of the 'rounds' that listed each of the visits that had to be completed in a particular local area. People who used the service and their relatives said that staffing arrangements were generally well managed. A person said, "I haven't experienced any missed visits and when my main care worker is off on holiday there always seems to be someone else to stand in for her."

Is the service effective?

Our findings

Staff had regularly met with a senior member of staff to review their work and to plan for their professional development. We saw that most staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to assist people who experienced reduced mobility, who lived with dementia or who needed extra help to eat and drink enough. The provider said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

People were confident that staff knew what they were doing, were reliable and had people's best interests at heart. A person said, "I have my own regular care worker but all of them seem to be okay. I don't mind any of them coming to see me."

When necessary, people were provided with help to ensure that they had enough to eat and drink. Staff had arranged for some people to have meals delivered to their home because they were having difficulty catering for themselves. Some people were being given gentle encouragement to eat and drink regularly. Records showed that healthcare professionals had been consulted when people had not been eating well and appeared to be losing weight. This had resulted in them being given food supplements that increased their calorie intake.

People said and records confirmed that they had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted in order to promote people's good health.

The registered persons and senior staff were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that staff support people to make important decisions for themselves. For example, these decisions could refer to the management of someone's finances or significant medical treatment. This involves helping people by providing them with information that is easy to understand. For example, this might include presenting complicated information in smaller pieces and using diagrams to explain particular points. When people are not able to make decisions at a particular point in time, staff are expected to regularly check that this remains the case.

We found that staff had worked in conjunction with relatives and other health and social care agencies to support people to make important decisions for themselves. They had consulted with people, explained information to them and sought their informed consent. For example, when a person who lived with dementia had been undecided about their need to receive assistance at home, staff had contacted the relevant care manager (social worker) to inform them about the issue. In addition, they had explained to the person the various options they had to obtain the assistance they needed in order to stay safe.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. A person said, "I certainly get all the help I need and wouldn't want to change my care worker at all." Another person said, "I sometimes watch the clock because I look forward to seeing my care worker because she takes the time to sit down with me and we have a jolly good chat. I love that."

People said they were treated with respect and with kindness. A person said, "The care workers I see are all very kind. They do little extras for me in their own time like getting me some shopping in. They do it because they care and it's not just a job for them." Another person said, "It's the little things that count. My care worker knows that I like Coronation Street and so she always reminds me the days when it's on. She doesn't have to but it's a kindness and I appreciate it."

Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I like the way the staff get on with my mother. I am always confident that mother can rely on being treated with kindness."

We noted that staff had a detailed knowledge about things that were important to people. This included staff knowing which relatives were involved in a person's care so that they could coordinate and complement each other's contribution. Staff also gave people the time to express their wishes and respected the decisions they made. For example, a person described how staff knew that she liked to buy particular brands and tried their best to shop for these items.

Most people could express their wishes or had family and friends to support them. However, for other people the service had developed links with local advocacy services which could provide guidance and assistance. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Staff recognised the importance of not intruding into people's private space. When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while ensuring that people were safe and secure in their homes.

Staff had received training and guidance about how to correctly manage confidential information. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need to know basis. We noted that staff were aware of the need to only use secure communication routes when discussing confidential matters with colleagues. For example, staff said that they never used social media applications for these conversations because anyone would be able to access them.

Records that contained private information were stored securely in the service's computer system. This system could only be accessed by authorised staff by using their own unique password.

Is the service responsive?

Our findings

Each person had a written care plan. People had been invited to meet with senior staff to review the care they received to make sure that it continued to meet their needs and wishes. A person said, "I see the senior care person about once a month when they come to check up on things. They ask me how I'm doing and if I'm happy with my care, which I am."

People said and records confirmed that nearly all visits had been completed at the correct time and had lasted for right amount of time. There was a system for letting people know if staff were running late. This involved administrative staff in the main office telephoning people to advise them when their care worker would be calling. Most people said that in general this system worked well. One of them said, "The visits are mostly on time and when staff are going to be late someone 'phones me. There has been the odd occasion when this hasn't been done and then you're left wondering."

People said and records confirmed that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. A person said, "I like to be as independent as I can be and the care workers don't try to take over."

Staff were confident that they could support people who had special communication needs. We noted that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, staff described how some people pointed to objects or rooms to indicate something they wanted to receive or somewhere they wanted to go. In addition, they knew how to effectively support people who could become distressed. For example, a member of staff described how when a person became upset they reassured them by having a cup of tea with them and browsing through the person's favourite shopping catalogue.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that individual arrangements had been made so that people could attend church services for their chosen denomination. We saw that the registered manager was aware of how to support people who used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. For example, we noted that a person had been accompanied on trips to London. Another example involved arrangements being made so that a keen rugby supporter who used a wheelchair could be supported to attend a major match.

People said that they would be confident speaking to the registered persons or a member of staff if they had any complaints or concerns about the support provided. A person said, "I've never really had anything to complain about but if there was I'd just have a word with the staff and they'd be fine about it."

Each person who used the service had received a document that explained how they could make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had quickly and effectively resolved all of the limited number of complaints they had received since our last inspection. For example, when someone had not received a planned visit the registered persons found that this had been caused by staff not correctly operating an administrative system. The registered persons had then taken the necessary steps to ensure that the system would be used in the right way in the future.

Is the service well-led?

Our findings

People who used the service told us that they were asked for their views about their care. They said and records confirmed that someone senior called to see them each month and that once a year there was a more detailed meeting to review all aspects of the assistance they received. A person said, “I have a chat with my care worker every day of course. Also, I see another senior lady who asks me how things are going and checks that I’m getting the help I signed up for.” We saw that action had been taken when parts of the service needed to be changed. For example, when a person did not need to have as much assistance as originally thought the registered persons had reduced the length of the visits. This action had then enabled them to reduce the charge the person was asked to pay.

The registered persons had regularly completed quality checks to make sure that people reliably received the care they needed at home. This included examining the records completed by staff each time they called to someone’s home. We saw that the checks involved ensuring that visits had been undertaken at the right time and that all of the care services described in the person’s care plan had been delivered.

People said that they knew who the registered persons were and that they were helpful. During our inspection visit we saw the registered persons speaking by telephone with people who used the service, staff and care managers. They knew about points of detail such as which members of staff were based in which local teams and how each team worked in practice. This level of knowledge helped them to effectively manage the service.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each team. During the evenings, nights and weekends

there was always a senior manager on call if staff needed advice. Staff kept a record of what care had been provided during each visit so that the next care worker could be alerted to anything new. In addition, staff telephoned each other and their team leader if there was a more significant problem that needed to be addressed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, “I do think that in general the service is well run. There will be the occasional hiccup when someone is late or not very helpful but these events are very much the exception to the rule.”

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A member of staff said, “It’s been made clear from the start that our allegiance is to the people we care for and that we have to tell someone senior if we have any concerns at all. To date, I’ve never had any.”

In addition, the registered persons had provided the leadership necessary to enable the service to contribute to the development of a scheme designed to improve the standard of the introductory training provided for staff. As part of this new staff in the service had received introductory training that was in line with new national guidance. The registered persons had also introduced a new system to recruit staff that focused directly on their commitment to the values of caring and respecting people who use social care services. These developments had helped to ensure that people who used the service benefited from staff who knew how to provide care and were committed to meeting people’s needs.