

Winspear Garth Senior Care Limited

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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

This was an announced inspection, carried out on 21 June 2016. We gave 48 hours' notice of the inspection because the manager is often out of the office supporting staff or providing care. We needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Winspear Garth Senior Care Limited is a domiciliary care agency that is registered to provide personal care to people living in the St Helens area. The provider trades under the name of Home Instead Senior Care. 19 people were using the service at the time of the inspection.

The service has a manager who was registered with CQC in July 2013. 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.

The last inspection of the service was carried out in June 2014 and we found that the service was meeting all the regulations that were assessed.

People were safeguarded from avoidable harm and potential abuse. People felt safe using the service and they were confident about what to do if they came to any harm or felt unsafe whilst using the service. Staff had completed safeguarding training and they had access to information about preventing abuse and about how to respond to an allegation of abuse. Staff were confident about recognising and reporting suspected abuse and the registered manager was aware of their responsibilities to report abuse to relevant agencies.

Procedures were in place to protect people from hazards and to respond to emergencies. Risks people faced and how staff were to manage them were factored into care plans to help keep people safe. Staff were confident about dealing with an emergency situation should one arise.

People's needs were met by the right number of suitably qualified and experienced staff. Recruitment checks were thorough and staff were only employed to work at the service following the receipt of satisfactory checks on their suitability.

The registered manager and staff had a good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. People's consent was obtained prior to them receiving any care and support.

People were provided with person centred care and support that was tailored to meet their individual needs. Changes in people's needs were recognised and responded to in a timely way.

People's needs were continually assessed and they had a care plan which detailed how their needs were to be met. Care plans were personalised and took account of people's choices and preferences.

People received the support they needed with their healthcare needs. Staff recognised changes in people's health and they took appropriate action in response to any concerns noted.

Medication was managed appropriately and people received their medication as prescribed. There were processes in place to ensure medication was managed safely. Staff had access to guidance about how to support people with their medicines.

People described staff as kind and caring and they said staff always respected their privacy and dignity. Staff knew people well, including their likes, dislikes and preferred routines. People were supported and encouraged to be as independent as possible.

Staff were well supported in their roles and responsibilities. Staff received ongoing training relevant to their roles and responsibilities and people's needs. Staff were regularly supervised and attended team meetings which enabled them to discuss their work, training and development needs and updates regarding the service.

Staff were aware of their roles and responsibilities and the lines of accountability within the service. Staff told us there was an open culture at the service and that they felt valued as workers. They said they would not hesitate to raise concerns if they had any and felt that any concerns they did raise would be dealt with appropriately.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. These included regular checks on staff practice and seeking people's views about the quality of the service. Improvements were made to the service in response to people's views and in line with good practice guidance.

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.

People felt safe and staff knew how to recognise and respond to abuse.

The recruitment of staff was thorough and safe.

Risks to people's safety were identified and managed and procedures were in place for responding to emergencies.

Is the service effective?

Good ●

The service was effective.

Staff were provided with the training and support they needed to support people effectively.

Staff understood the legal process which they needed to follow when a person lacked capacity to make their own decisions.

People's needs were understood and met by staff.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

Staff encouraged and promoted people's independence.

A person centred approach ensured people's wishes and preferences were taken account of.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and support.

Staff listened to people and responded to changes in their needs.

People had access to a complaints procedure and they were confident about complaining if they needed to.

Is the service well-led?

The service was well led.

The service was well managed and staff were clear about their roles and responsibilities and the lines of accountability.

Systems were in place to regularly check on the quality of the service and ensure improvements were made.

The culture within the service was open and transparent.

Good ●

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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 provider is 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.

This inspection was carried out by one adult social care inspector. The inspection was announced. The registered provider was given 48 hours' notice because we needed to be sure that someone would be at the office.

We visited the office and held discussions with the registered manager, the registered provider and operations director. We checked a selection of records held at the office, including care records for five people who used the service, recruitment and training records for four staff, policies and procedures and other records relating to the management of the service.

With their prior consent we visited one person and a family member at their home. We spoke over the telephone with two people who used the service and family members of four other people. We held telephone interviews with four members of staff.

Before our inspection we reviewed the information we held about the service.

Is the service safe?

Our findings

People told us they trusted the staff and that they felt safe with them. People's comments included, "They [staff] are very careful, I feel very safe with them" and "The girls [staff] know how to do things properly and safely. Yes I feel safe with all of them". Family members raised no concerns about the safety of their relatives. Their comments included, "Mum has raised no concerns and she would if she had any", "I trust them one hundred per cent to keep her [relative] safe" and "If I thought she was unsafe she wouldn't be with them".

Recruitment procedures were followed to ensure only suitable staff were recruited. Applicants completed an application form which required them to provide details of their previous employment history, skills, experience and qualifications. The application was assessed by the registered manager and suitable candidates were invited to the office for an interview. A minimum of four references, including one from the applicant's most recent employer was obtained in addition to a check carried out by the Disclosure and Barring Service (DBS). A DBS check consists of a check on people's criminal record and to see if they have been placed on a list for people who are barred from working with vulnerable adults. Confirmation was also obtained on the applicant's identity. Records showed that the checks were completed before staff started working for the service, this was also confirmed by staff.

Procedures which were in place instructed staff on how to protect people from abuse and keep them free from harm. There was also a range of information available to staff in the office about safeguarding people, including a step by step guide of the actions staff were required to take if they became aware of a safeguarding concern. Staff told us they had been provided with this information and that they had completed safeguarding training, records also confirmed this. Staff knew about the different types and indicators of abuse and they had a good awareness of safeguarding procedures. They said they would not hesitate to report any concerns right away. Staff comments included, "If I came across a concern I would reassure the person and call the on call manager right away. If I needed to I would call social services myself and report it to them" and "I would definitely report any type of abuse".

Identification (ID) badges which were issued to staff displayed a recent photograph of them and on the reverse side of the badge was the contact number of St Helens safeguarding team. Staff were required to wear their ID badge at all time when providing a service to people.

Risk assessments were carried out and identified any risks people faced in relation to the care and support they received from the service. This included risks associated with things such as the environment, mobility, equipment, falls and mental and physical health. Where a risk was identified a clear management plan was put in place for staff to follow to help keep people safe. Staff had a good awareness about managing risk and they were aware of their responsibilities to keep people safe, whilst promoting their choice and independence.

There was training equipment for the staff at the office, which included a bed and hoist. The equipment had been checked and regularly serviced to ensure it was safe to use.

Each member of staff was issued with a handbook which provided information and guidance in relation to various aspects of health and safety and employment law relevant to their work. For example, assessment of risk, security, accident and incidents, entering and leaving people's homes, safe working practices and lone working. The purpose of the handbook was to help staff understand basic health and safety requirements, how they affect their job and how they can contribute to ensuring they maintain people's safety and their own. Staff confirmed that they were given a handbook when they first started work at the service.

Staff had received training in infection control and they had a good understanding of their responsibilities in relation to this. There was a good supply of personal protective equipment (PPE) at the office, including disposable gloves and aprons and staff accessed them as required. People confirmed to us that staff used PPE for example when providing them with personal care. Staff told us they had never had any difficulties obtaining PPE.

The service operated an on call system and people who used the service, family members and staff had a 24 hour on call telephone number which they could contact if needed. There were contingency plans in place detailing the arrangements for providing care to people in event of adverse weather and other emergency events.

Staff had received training in emergency procedures such as fire and first aid and they had access to the registered providers policies and procedures to be followed in event of an emergency. Staff had a good understanding of the procedures and they were confident about dealing with an emergency situation should one arise.

People were supported to receive their medicines as prescribed. People said they got all the help they needed with their medication at the right time. The registered provider had a medication procedure for staff to follow and staff confirmed that they had access to it. Records and discussions with staff showed they had received training in this area. Care plans and assessments included information about people's prescribed medication. The staff recorded when they administered medication and the records were checked regularly by a member of the management team.

There were sufficient staff employed to meet people's needs and keep them safe. People told us they were visited by the right amount of staff and they told us that staff mostly arrived on time. One person said there had been occasions when staff had been a little late arriving however the person said they were contacted and informed of this. People said staff always stayed the agreed length of time. A member of staff who worked in the office developed rotas to make sure all visits were attended to as needed. People who used the service knew the times of their visits. There was a system in place at the office which enabled the registered manager to access live information about where each member of staff was, when they were on duty and if they were running late for a call.

Is the service effective?

Our findings

People told us that the staff were good at their job and that they provided them with all the care and support they needed. Their comments included, "They [staff] are so conscientious and know if I am unwell or not myself", "They look after me very well and know if I'm under the weather and they do what they have got to do" and "I couldn't ask for better care from them [staff]. Family members said their relatives received good care. Their comments included, "They [staff] seem to be well trained, they do a good job", "They do everything they are supposed to do" and "They are reliable and provide a good service to mum".

People received care and support from staff that received the training they needed for their role. All new staff commenced an induction programme when they first started work at the service. As part of their induction staff attended the office where they completed a range of training including practical training, the completion of workbooks and on line training. Induction training covered things such as, duty of care, the mental capacity Act 2005, emergency procedures, communication, safeguarding and dignity and respect. New staff were given information about the service, told about the expectations of their role and introduced to the registered providers policies and procedures. Staff also shadowed more experienced staff on at least four occasions before they worked alone. Staff confirmed that they had completed an induction when they started work at the service and they said it was thorough and interesting. There were records of staff induction and how they performed during this, including assessments of their competency.

A continuous programme of training was provided to all staff throughout their employment. Training was provided to staff by qualified trainers including a director of the service, in a fully equipped training room at the office. This included training in safe people handling, emergency first aid, medicines awareness, food hygiene, safeguarding, infection control, dementia awareness and the Mental Capacity Act 2005. Staff had access to information held at the office about different areas of training in the form of booklets, posters and on line. All staff were provided with a booklet titled 'how to' guides. The booklet contained guidance in relation to practices and procedures staff were required to follow.

Staff received a good level of support and advice relevant to their roles and people's needs. Staff told us that they were well supported. They said they attended regular team meetings and had regular formal one to one supervision sessions and an annual appraisal of their work, which they found useful. Staff comments included, "I feel very well supported. I have as much contact as I need with management" and "Meetings are a good way of catching up with other staff and learning new things". Records showed that the staff member's skills, training needs and knowledge were discussed during one to one and group meetings. The records also showed that staff were praised for good work and areas for improvement were identified and agreed. The team meetings included training updates, discussions about legislation, guidance and good practice.

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 Act 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. In community services, where people do not have the mental capacity to make decisions on their own behalf, an authorisation must be sought from the Court of Protection (CoP) to ensure that decisions made in their best interests are legally authorised. The registered manager told us that there was currently no one who used the service subject to an authorisation made by the CoP, however there was an up-to-date policy and procedure in place in relation to this. Records showed that staff had undertaken training in the MCA, and discussions held with staff showed they were aware of their roles and responsibilities in relation to the act. They knew the main principles of the act and the need to respect people's decisions.

People's nutritional needs were assessed and planned for. A care plan was in place for people who required assistance to eat and drink and help with preparing meals. The plans also recorded people's food preferences, likes and dislikes and any aids they needed to help with their independence. One person's care plan stated that they were able to eat and drink independently but needed assistance with the preparation of meals. People told us they got all the help they needed with preparing meals. One person told us that the staff always made sure they had plenty of drinks in reach of them before they left their house. A family member told us the staff knew what their relative liked to eat and ensured their relative ate well.

Is the service caring?

Our findings

People told us that they received care and support from staff who were polite, kind, considerate and respectful towards them. People's comments included, "They [staff] take their time and are very professional" and "My carer knows my routine and how I like things done and they always stick to it". Family members were complimentary about how staff approached their relative. Their comments included, "They are very polite and respectful. The girls [staff] always say good morning to mum and spend time chatting with her", "They [staff] are thoughtful and conscientious" and "They [staff] understand my [relative]."

Wherever possible people received care and support from the same staff that they were familiar with. People confirmed this and told us that having the same staff meant they received consistent care from staff who knew them well and whom they had built up trusting relationships with. Two people did however tell us that they were not always told who would be visiting to provide their care when their regular staff were off on planned leave. One person said "I understand that it's not always possible to have the same staff but I would like to be told in advance who is calling". We discussed this with the registered manager who said people are usually notified of a change in staff and that they would ensure this was consistent for all people.

People told us that staff were reliable, arrived at their homes at the agreed time and remained there for the full duration of the agreed call. People and family members said there had been occasions when staff were late but they had been contacted by the office with an explanation and assurances that staff would arrive as soon as possible.

People's privacy and dignity was respected. People told us that staff showed a lot of respect when helping them with personal care and that staff respected their privacy. They said before carrying out personal care staff always explained what they were going to do and made sure they were comfortable. One person said "They help me into the bathroom and give me time alone and I know they are close by in case I need them". People and their family members told us that staff respected their homes and always left them clean and tidy before leaving. They also told us that staff never entered their homes without knocking first even if they had agreed for staff to access using a key. One person said "They knock, come in and announce themselves from the hallway" and another person said, "I am usually in bed when they arrive and they knock pop their head around my door and say good morning, would you like a cup of tea". Staff described ways in which they ensured people's privacy and dignity including, greeting people on arrival to their homes, closing doors and curtains when assisting people with personal care, involving people in their care and encouraging people to do as much as they can for themselves.

The culture within the service was person centred. This meant that people's individual needs, wishes and preferences were at the centre of how the service was delivered. Care plans were person centred. They emphasised the importance of involving people in all aspects of their care and support, including people's personal preferences and choices such as their preferred routines. Care plans included terms such as, 'likes to be independent' 'give as much choice as possible' and 'respect', when describing how people should be supported. These terms were also used by staff when describing how they supported people. For example a member of staff said "I'm not there to take over I am there to assist. I take the lead from the person and let

them tell me what they want me to do". Although people confirmed they had received personal care from their preferred gender of carer this preference was not recorded in their care plan. We discussed this with the registered manager who confirmed that although not recorded, people's preferred gender of carer had been discussed with them as part of their initial needs assessment. During the inspection the registered manager provided confirmation which showed that they had added a section to people's care records to include this information.

Positive relationships had been formed between people who used the service, staff and family members. People and family members told us that although it was a priority for staff to carry out certain tasks they also took time to chat with people and took a genuine interest in them. People told us that they enjoyed sharing their memories with staff and showing them their family photographs. People and family members said things such as, "We always have a little chat about what's going on in the world", "We talk about our families sometimes over a cuppa". "I look forward to their visits because we have a good laugh and a joke" "Mum really appreciates their visits and they cheer her up".

People were given information about the service. People were given a copy of the registered provider's statement of purpose (SOP) which included information such as what the service provided to people and the standards they should expect. Other information included the names of the registered manager and registered provider and details of their qualifications, how to complain and emergency contact numbers.

The registered manager was aware of the circumstances of when a person may need the help of an advocate and they held details of services which they would share with people who may require assistance from an independent advocate. An advocate acts as an independent person to help people express their needs and wishes, as well as assisting people to make decisions which are in their best interests.

People's right to confidentiality was understood and maintained. Staff were trained to keep documents confidential and how to safely share information. Care files and other documents were stored securely at the office and staff ensured care records held in people's homes were put away in a safe place before they left people's homes. Staff understood their responsibilities for ensuring all information about people was kept confidential. Their comments included, "People's records are private and they should always be put away so others can't see them" and "I would never discuss anything with anyone else about the people I visit, other than my manager".

Is the service responsive?

Our findings

People who used the service told us they received all the care and support that they needed. Their comments included; "I've everything I need" "I'm very happy because they [staff] help me a lot and do everything right for me" and "You only have to ask and they [staff] will help you with anything".

Each person who used the service had an individual care plan which was based on an initial assessment of their needs. People's needs were assessed on an ongoing basis and took account of all aspects of their lives including daily routines, meal preferences, dietary needs, mobility, health and medication. Care plans provided staff with instructions and guidance on how to meet people's needs and how to manage any associated risks. Care plans also included information about people's likes, dislikes and preferences and they identified the expected outcome for the person. What is important to the person and how people communicated their needs, wishes and choices were well documented.

Staff had a good understanding of people's needs and how to meet them. Staff told us they had access to care plans which were held in people's homes and that they read them regularly as a way of keeping up to date with people's needs.

People's care plans were reviewed regularly with their involvement and relevant others such as family members. This enabled people to have a say about how their care and support was to be provided and to make sure their needs were being met. It also gave people an opportunity to discuss any changes they wished to be made to their care plan or which needed to be made following a change in their needs. People told us that they were involved in reviewing their plans and that their views and opinions were listened to. Review records also showed this. The records included people's views about the service they received, such as what they thought of the staff and what they thought about the service they received from the office staff. During each review a needs assessment was completed as a way of ensuring that people continued to receive the care and support they needed.

People were given the support they needed with their health. People's healthcare needs had been assessed and any support they needed to manage and maintain their health was recorded in their care plans. Staff had completed training and were given information about various health conditions, such as diabetes, the different types of dementia and natural aging and chronic conditions. Care plans detailed any healthcare professionals who were involved in people's care so that staff could contact them if they had any concerns about a person's health. Staff monitored and recorded any changes which they noted in people's health and they responded appropriately when they noted people had become unwell. One person told us that a member of staff had called their GP when they were unwell. A member of staff gave an example of when they had called an ambulance because they were concerned about a person's health.

The registered provider had a complaints procedure which was given to people when they first started to use the service. People confirmed that they had a copy of a complaints procedure in their home. People and their family members said they would tell someone if they were unhappy with any aspect of the service they received. Their comments included, "I would call the office if I had a concern", "I have no worries at the

moment but if I did I would tell someone at the office" and "Yes, I would complain if I needed to". People said they were confident that any complaint they made would be dealt with quickly and to their satisfaction.

The registered provider had a system in place to gather people's views about the service they received. A satisfaction survey which was carried out annually enabled people to comment about the service they had received and put forward ideas for improvement. The survey invited people to answer questions about things such as the punctuality of staff and the overall quality of the service. We saw the results of the last survey which took place in April 2016 and found that the results and feedback provided were all positive. We viewed seven completed surveys, six of the respondents rated the overall quality of the service as excellent and one rated it as very good. Comments people made within the surveys included, "All my carers are lovely and so helpful", "Having the same carers means a lot to us and Dad looks forward to the visits" and "Very satisfied with the attention. Everybody is very kind".

Is the service well-led?

Our findings

People and their family members made positive comments about the registered manager and other members of the management team. They told us that they had no concerns about approaching any of the managers. Their comments included, "They are all very nice and easy to talk to", "Charlotte [registered manager] is very helpful and kind" and "I know I can call the office at any time and they are always happy to help".

There was a clear management structure operated within the service which people, family members and staff were familiar with it. The management structure and the roles and responsibilities of each member of the management team were clearly described in a document which was made available to people, their family members and staff. The registered manager had overall responsibility for the day to day management of the service and had the support of a managing director (registered provider) and an operations director. There were also two senior staff with responsibilities for checking on staff performance, quality of the service and monitoring and reviewing people's care and support. All staff reported directly to the registered manager. Managers and staff understood their roles and responsibilities and the lines of accountability within the service.

Staff told us that they thought the service was managed well by a team who were approachable and easy to talk to. They told us that the lines of communication were very good and that they received good support from the management team. Staff comments included, "I get on very well with all the managers, if I have a problem I know I can just call one of them", "I never feel alone there is always someone available to talk to. I have never had a problem getting hold of a manager" and "They listen and are very helpful".

Staff told us they felt there was an open culture within the service. They said they had no concerns about approaching the management team and felt able to openly discuss their work or any issues they had. The registered provider had a whistleblowing policy which staff had access to and were familiar with. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff told us that they were confident that if ever they witnessed or suspected poor care or harm they would have no hesitation in whistle blowing. Staff felt confident that they would be supported by the registered manager and other senior managers in raising any concerns they had in confidence.

Staff spoke about their work with enthusiasm; they said they felt valued and that they enjoyed their job. Their comments included "I really enjoy my work, I find it very satisfying", "They appreciate and value their workers", "It's a good company to work for" and "It's well organised and there's a good team spirit". The registered provider awarded staff as a way of acknowledging them for their commitment and hard work.

The registered provider had a system in place for assessing and monitoring the quality of the service. The management team and senior staff carried out a range of checks across the service to ensure people received safe and effective care. This included spot visits to people's homes to checks on things such as staff performance, medication and care documentation. As part of the quality monitoring process people who used the service were invited to complete a 'Client quality monitoring form'. The form which covered things

such as the office staff, care staff and the services provided.

The registered provider had a system in place for reporting and recording accidents and incidents which occurred. Staff knew what their responsibilities were for these, were reported upon and recorded appropriately and lessons were learnt. This information was audited by management in order to monitor such incidents and ensure improvements were made.

The registered provider had a range of policies and procedures for the service which were made available to people who used the service and staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do, what decisions they can make and what activities are appropriate. Policies and procedures were reviewed on a regular basis and updated when there were any changes in legislation or best practice. Any updates or new information which impacted on the service delivery was shared with managers and staff in a timely way through newsletters and team meetings. This included changes to policies and procedures, legislation and good working practices. Staff told us they had been informed about the Care Quality Commission's new way of inspecting and the changes made to the associated legislation.

We had received no statutory notifications from the registered provider about the service. However the registered manager had a good understanding of incidents and events which they were required by law to notify CQC about and they knew the process for sending notifications to us.