

Warren Homecare Ltd

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Inspection report

26 Marigold Drive
Red Lodge
Bury St. Edmunds
IP28 8TL

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14 April 2023
21 April 2023
02 May 2023

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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

Warren Homecare is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection there were 13 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.

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.

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

People and relatives were complimentary about their experience with Warren Homecare and would recommend using the service. One person shared, "The care staff have been really lovely and those who visit are kind hearted."

The provider had processes in place to keep people safe and manage risks, including risks around infection prevention and control. There were sufficient suitably skilled staff to support people safely. There were processes to manage people's medicines, and to protect people from the risk of abuse or poor care.

The management team and staff worked with people, relatives, and other professionals to achieve person centred care and good outcomes for people.

Staff understood the importance of gaining consent from people and ensured people's privacy and dignity was respected. 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 workers respected people's rights to privacy, dignity, and independence. They knew the person they were supporting well and described care that was person centred and very much led by the individual. People told us the care workers were caring, kind and respectful.

Whilst the registered managers delivered care and maintained an overview of activities, we have made a recommendation they review and strengthen their systems for monitoring the quality and safety of the service to ensure they are robust.

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

Rating at last inspection

This service was registered with us on 27 January 2022 and this is the first inspection.

Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

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 

Warren Homecare Ltd

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 undertaken by an 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.

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. This person was also the provider of the service. We have referred to them as 'the provider' throughout this report.

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 14 April 2023 when we visited the office. Telephone calls were made offsite to people who used the service and their relatives. Inspection activity ended when we had a face to face meeting via video call with provider on 2 May 2023 to give feedback.

What we did before the inspection

We reviewed our systems and information we held about 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 took this into account when we inspected the service and made judgements in this report.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We also had contact with 5 members of staff including care staff and the registered manager. We reviewed a range of records. This included care plans and a variety of other records relating to the management of the service. These were all considered as part of the inspectio

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's relatives told us their loved ones felt safe with the staff who supported them. A relative said, "My [family member] is safe with the carers. I have every confidence with the care provided."
- Staff had been trained to recognise and report any signs of abuse and were confident action would be taken to protect people from harm. A member of staff told us, "If I ever came across any signs of abuse, I would report this to management and I know all the procedures are in the office and it would be dealt with efficiently."
- There were policies and systems in place to keep people safe. The provider understood their legal responsibilities to protect people and share important information with the local authority and the CQC.

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

- Risk assessments were in place, and these provided staff with the information they needed to support people in a safe manner.
- People's risk assessments were regularly reviewed and updated. This was carried out annually or sooner if a person's care needs had changed.
- The registered manager was developing governance systems to ensure they had better oversight of risk assessments.

Staffing and recruitment

- People were supported by a regular team of staff who knew them well. One person told us, "It is a pleasure to see them [care staff] each day. They are very good on timing and the early morning care visits suit my requirements."
- There were sufficient staff employed to undertake agreed care calls, however the provider told us recruitment was an ongoing challenge. The provider told us they were taking a pragmatic approach to growing the service further and they would not grow and expand the service if the existing care calls could not be covered.
- Staff confirmed they had breaks and sufficient travel time to get to people whom they regularly saw which supported consistency of care and understanding of needs. One member of staff told us, "I do feel there are enough staff to deliver care and as far as I'm aware, there are never any missed or late calls."
- Staff were recruited to the service following safe recruitment procedures. Staff had completed an application form, provided reference, and completed a Disclosure and Barring Service (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people were supported with their medicines this was done safely. One person's relative told us, "My family member's medications are kept in a locked cabinet and the carers administer them. At each visit the carers tick a box and write notes up of what medicines had been given."
- Medicine administration records showed people received their medicines as prescribed.
- Checks were carried out on staff competence in administering medicines safely.

Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable. One person's relative told us, "I have witnessed care staff wearing disposable gloves and changing them from personal care to new gloves when preparing sandwiches for lunch."
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of PPE.

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

- Assessments of people's needs were in place. This enabled people to have choice and ensured the service was able to meet their needs and preferences.
- Records showed that the initial assessments had considered the person's care needs. This ensured that the service was able to meet people's needs fully.

Staff support: induction, training, skills and experience

- Staff were provided with a structured induction and training programme. The staff we spoke with told us the training they completed was useful and effective to support them in their role. One member of staff said, "I feel really well supported regardless of the situation. We are always on top of our e-learning modules. Training, I feel, is a key part of this role as a [care] worker and support for learning is always there."
- Staff completed 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.
- New care staff completed a shadow visit with an experienced care worker to familiarise themselves with the person's care requirements.
- Staff were not receiving one to one supervisions. The provider told us that despite this, because the service and team was small, staff communication and support was effective.

We recommend that as the service grows, and there are more staff employed, that a programme of regular staff supervision is introduced in order that effective monitoring and reviewing of staff performance take place whilst setting the expected standards and identifying learning and development opportunities.

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

- People's dietary needs and preferences were known, recorded in their care plans and met. This included their likes, dislikes and any known food intolerances or allergies.
- Where people required support with their meals, this was clearly recorded, including what level of support was needed.

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

- People's care records contained detailed information about their health conditions and any health and social care professionals involved with them.
- People had hospital passports to ensure they received appropriate care when using health services. A

hospital passport tells the hospital about people's healthcare, how people like to communicate and how to make things easier. People can carry their hospital passport and show it to healthcare staff at the hospital. It can help people get the care they need in an easier to understand way.

- As part of the initial assessment oral care was addressed. The assessment guided staff on how to meet people's oral care needs.

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.

- The provider was working in accordance with the MCA.
- All staff had been trained in the MCA and people confirmed that staff always sought consent from them.

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 and their relatives told us how the staff were caring and supportive. One person said, "You can see that the care staff are in the right profession, they are caring." Another person's relative commented, "It all works very well and they [care staff] are all very nice people, very kind and helpful."
- Staff told us they enjoyed their work with Warren Homecare. They spoke fondly of people they supported. A staff member said, "People [tell us they] feel happy with our service. It is always nice to support people and the care given is always to the best standard."

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

- People and their relatives all told us they were involved in developing their care plan and how they wished to be supported.
- The registered manager met with people and their relatives during care visits and sought their feedback. Recent reviews included comments such as, "I couldn't wish for a more friendly and professional team" and, "I find all members of staff at this company are both efficient and trustworthy".

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people were fully involved with their care, promoting dignity and respect.
- People were supported to remain as independent as possible. One person told us, "They are lovely [care staff]. I receive help with getting up and showering. I have no concerns regarding the care staff respecting my privacy."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

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

- Initial assessments took place before people's care service began. This ensured the service could meet people's needs and enabled people and their families the opportunity to discuss what was important to them.
- The service was flexible when providing care, considering people's requests and working with them to provide a service which met their needs and preferences.
- The provider and senior carer reviewed people's care plans periodically to take account of any changed needs and to ensure they were accurate and reflected people's individual needs and preferences.

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.

- People's communication needs were being met. Care plans detailed preferred communication method to help inform staff.
- Where necessary, information could be provided in alternative formats to meet people's requirements.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and were confident the management team would resolve any issues. One person said, "I've had a prompt response to problems in the past – I'm really impressed."
- Systems were in place to record and investigate any complaints, however, there were no formal complaints recorded since the service commenced.

End of life care and support

- Some people had end of life care plans in place. However, at the time of the inspection no one using the service needed end of life care and support. The registered manager knew where to seek guidance and support should anyone using their service require this type of support.

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.

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

- Systems and processes to monitor the safety and quality of the service were in place. However, these needed further developing to drive continual improvement. The management team were aware of shortfalls in their formal oversight arrangements as they had been focusing on ensuring care visits were met. We signposted them to seek further support to develop their auditing systems.
- We found no impact of the lack of auditing as the service is small and the provider was able to maintain adequate oversight, in order that the provider could maintain oversight particularly as the service grows. This will enable the provider to take action in a timely manner should any challenges occur.
- Policies and procedures were in place to ensure the smooth running of the service. These were shared with care staff to ensure they were working consistently and to the expectations of Warren Homecare.

We recommend the provider undertakes a full review of their quality monitoring and assurance systems.

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 were positive about their experience of the service and said they would recommend the service. One person shared, "I always get a prompt response to anything I raise. I'm really impressed."
- Staff spoke positively about the leadership and support they received. A member of staff told us, "This is by far the best care company I have worked for [time duration] of being a carer."
- The service worked collaboratively with a range of different stakeholders and had effective systems in place to share information. This supported people to achieve good outcomes.
- Staff felt listened to by the registered manager and the management team.
- The provider involved staff through regular communication. Staff stayed in touch with the provider through individual supervision meetings.
- The service carried out surveys for staff and for people who use the service in order to obtain their feedback and ensure they had the opportunity to make any suggestions for improvements.

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

- The registered manager understood and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong.

- The provider understood their regulatory responsibilities to submit notifications to CQC when significant events occurred within the service.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. One person told us, "When my family member had accident this was followed up with a phone call from the [provider] to check to see how things were."
- The provider worked well with other agencies and bodies. The provider worked in partnership with various community health and social care professionals and external agencies.