Westcountry Home Care Limited

Alexandras Community Care Penzance

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

We carried out this announced inspection between the 11 December 2018. At the last inspection, in June 2016, the service was rated Good in all areas. At this inspection we again found the service was Good.

Alexandra's Community Care Penzance is a domiciliary care agency. It provides personal care to predominantly older people living in their own houses in the West of Cornwall. At the time of our inspection the service was providing support to approximately 50 people. The service generally provides short visits at key times of the day to support people with specific tasks to enable people to continue to live in their own homes. The majority of these packages of care were funded privately or via the NHS.

People and their relatives were complimentary of Alexandra's Community Care Penzance which they would be happy to recommend to others, Comments received included, "I absolutely would recommend them, I think they are excellent", "They are very kind and helpful" and "They are very gentle with [My relative] and that's what I like about them, they are very good."

People felt safe whilst receiving support and relatives told us, "I feel that [my relative] is perfectly safe with the carers." Staff knew how to respond to and where to report any safeguarding concerns. They told us they were confident any safety concerns they reported to manager would be dealt with appropriately.

Risk assessments had been completed and staff had sufficient guidance available to enable people's care needs to be met safely. Any accidents or incidents that occurred had been recorded and investigated by the registered manager. This enabled the service to learn from all incident that occurred and prevent similar event from reoccurring. Where people required support to move around their home their care plans included information on how any necessary equipment should be used.

Staff knew people well and people told us they were normally supported by a small group of carers who visited regularly. The service rotas were well organised and included appropriate amounts of travel time between care visits. Records showed carers normally arrived on time and people told us they did not feel rushed whilst receiving support. People's comments included, "The majority of time they arrive on time. When they've been a bit late it is only five or ten minutes" and "They will always stay the correct amount of time and will stay longer if need be."

The service had appropriate procedures in place for the prioritisation of care visit during periods of adverse weather and we found no evidence of planned care visits having been missed during our inspection. People told us, "They always turn up" and "We've never had any missed calls, none at all." While staff said they were not aware of any care visits having been missed.

Staff were trained and sufficiently skilled to meet people's needs. All staff initially completed training in a variety of topics considered mandatory by the service and records showed this training had been regularly updated. All staff new to the care sector were supported to complete nationally recognised induction

training designed to ensure they understood current good practice in care. Staff told us, "The induction was good", "The training is fine, all mine is up to date" and "The training was very good it covered everything it needs to."

The service's recruitment practices were generally safe. Disclosure and Barring Service checks had been completed for all staff. However, we noted two staff had completed shadowing shifts, as part of their induction, before these checks had been completed. We discussed this with the registered manager and new procedures were introduced immediately to prevent this happening in future.

People's care plans were detailed and informative and provided staff with sufficient information to enable them to meet people's needs. People and their relatives had been involved in the process of developing and reviewing these documents. Staff told us people's care plans were accurate and commented, "The care plans really do have lots of information in them", and "The care plans are very detailed, they tell you everything you need to know on each visit."

People's care plans included guidance for staff on their individual communication needs and how to support people to make decisions. This included guidance on people's use of hearing aids and information to help staff understand how people's medical conditions may affect their communication skills. Care plans included guidance on how staff should offer information to enable people to make choices. People's relative told us and we saw staff always involved people in making decision and choices about how their care was provided.

The service acted within the legal framework of the Mental Capacity Act 2005(MCA). Where people's capacity to make decisions was known to fluctuate care plans provided staff with guidance on how to present information and support people to make choices independently. Where this was not possible records showed decisions had been consistently made in the person best interests. We identified some potentially restrictive arrangements in the care plan of one person who did not have full capacity. This issue was discussed with the registered manager who subsequently highlighted these arrangements to the local authority for authorisation by the Court of Protection.

The service was led by a registered manager who was also responsible for overseeing the management of two other registered services. The registered manager was routinely based in the service's office and staff told us, "The registered manager is here two or three days per week" and "The registered manager is very hot on providing support, she probably phones in five times each day when she is not in the office."

Staff were well motivated and the roles and responsibilities of senior staff were well understood. Records showed all staff had received regular supervision and annual performance appraisals. Team meeting were held regularly and staff suggestions had been listened to and acted upon. Staff told us, "The managers are lovely and all the staff are lovely", "[The managers] will do everything they can to help you" and "The [Registered] manager is very fair and approachable. She is very switched on."

The service had effective quality assurance systems in place to drive improvements in performance. The regular audits and spot checks of staff performance were completed to monitor the quality of care provide. In addition the nominated individual visited the service regularly to assess the service's performance. Any issues identified were promptly resolved. People's feedback was regularly requested during care plan reviews and consistently positive. People and their relative's understood how to make complaints and told us, "I would feel confident making a complaint; you don't like doing it of course, but it's only done for good reason. I have made a complaint once and it was resolved" and "I made a complaint only once and they sorted it all out for me very quickly."

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 remains safe.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Alexandras Community Care Penzance

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 checked 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 took place on 11 December 2018 and was announced in accordance with our current methodology for home care services. The inspection team consisted of one Adult social care inspector and one expert by experience who had knowledge and experience of this type of service.

The service was previously inspected on 23 June 2016 when it was found to be fully compliant with the regulations and good in all areas. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited one person at home and spoke with six people and six relatives by telephone. We also spoke with six staff, the deputy manager, the registered manager and the provider's nominated individual. We also inspected a range of records. These included four care plans, three staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People consistently told us they felt safe with their support staff and relatives commented, "I feel that [my relative] is perfectly safe with the carers" and "Yes [my relative] is definitely safe. The way they are with him is really good, they are observant to his movements and I can tell from the way he responds that he feels safe with them."

People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training in safeguarding adults. They understood how to identify different types of abuse and knew how report these issues to ensure people's safety. Staff said they would initially report any concerns to the registered manager who they felt confident would take appropriate action. In addition, staff had a good understanding of local safeguarding arrangements and told us the contact details for the local authorities safeguarding team were included in each person's care plan.

Risk assessments had been completed and were included in each person's care plan. For each identified risk staff were provided with specific guidance on how to protect people and themselves. This included any risks within the environment of people's homes and in relation to people's care and support needs. Where risks had been identified while staff were supporting people to stand up or to move around, their care plans included guidance on how manual handling equipment should be used.

Accidents and incidents which occurred had been recorded within care records and reported to managers. There were systems in place to ensure all such events were investigated to identify any changes that could be made to increase people's safety and prevent similar accidents from reoccurring.

The service had appropriate procedures in place for use during periods of adverse weather or other disruption. Plans were in place about the prioritisation of care visits and these systems had worked well during previous periods of adverse weather.

Records showed care visits were provided as planned and people told us "They always turn up", "We've never had any missed calls, none at all, they have been very good" and "I have never had any completely missed calls." We found no evidence of missed care visits during our inspection and staff comments in relation to missed care visits included, "No missed visits", "None that I am aware of" and "It very rarely happens that visits are missed. They are very strict on that, you can't be missing visits." The provider recognised that the reliability of staff cars could lead to visits being missed. In order to address this issue the service operated a number of company cars and staff told us there was always a spare car available if they needed it.

The service's rota was well organised and there were sufficient numbers of staff available to provide all planned care visits. The rotas included appropriate amounts of travel time between care visits and staff told us, "We have enough time to travel that is not a problem", "I do a lot of the runs and there is enough travel time" and "The rotas are all right. For one or two clients travel time is difficult but they have just been

changed on the rota to sort that out. They always listen to feedback about travel time." The service's team leader, who regularly worked in the community, was responsible for rota planning and told us, "The rota does have travel time. Because I still work in the community I am doing the runs so I know how long the travel takes."

Daily care records showed staff normally arrived on time and stayed for the planned duration of each care visit. People said they never felt rushed and their comments included, "The majority of time they arrive on time. When they've been a bit late it is only five or ten minutes", "If they are ever late, I would say never any more than half hour, but usually only a few minutes; they are very good and always stay the correct amount of time" and "They will always stay the correct amount of time and will stay longer if need be." Staff told us, "Visit lengths are fine. If I finish early I always sit down and have a cup of tea and a laugh and a giggle with people." Where staff were running late they reported this information to managers who took appropriate action to ensure people's visits were not unduly delayed. Staff told us, "I don't rush. If I have to go over, I call the office. They call the next client to say you have been delayed" and "I ring the office if I am running late and they let people know. I was six hours yesterday waiting for an ambulance and they made arrangements to cover my visits."

The service's recruitment practices were generally safe. We saw necessary reference and disclosure and baring service (DBS)checks had been completed for all staff employed by the service. However, we noted that two staff had completed a small number of shadowing shifts during their induction training before the results of their DBS check had been completed. We discussed this with the registered manager. New system were immediately introduced to ensure in future new staff did not complete shadowing shifts until the service had established that they were suitable for employment in the care sector.

People were supported to safely manage their medicines if required. Staff had received appropriate training in this area and care plans included detailed guidance for staff on the level of support people required with their medicines. People told us, "The carers do all of that for me and they write that they've given them to me in the book that's here on the settee" and "The carers help me with the tablets, they are all here and there are no problems with any of it." Where staff had administered people's medicines appropriate records had been completed and regularly audited.

Staff followed good practice regarding infection control. One staff member told us, "I have done infection control training and you can collect gloves and aprons from the office whenever I need them."

The service supported one person with shopping and a held a sum of money on this person's behalf. There were robust systems in place to support this arrangement. Staff made purchases for this person using their own money and were only reimbursed where the person was happy with the goods supplied. We checked the balance of the cash held on the person's behalf and found there was a small positive discrepancy. The manger explained this occurred as staff often declined small change when being reimbursed.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed by managers before they started to use the service. This helped ensure the service could meet people's needs, wishes and expectations. People and their relatives told us they had felt involved in the care plans development process and that these documents accurately reflected their current needs.

When new staff were employed they initially completed a number of training course considered mandatory by the provider. This included moving and handling, safeguarding adults, first aid, fire safety, food hygiene and medicines management training. The provider's training manager told us, "All the mandatory training is done before shadowing." Once this was completed new staff initially shadowed experienced care staff to learn how to put this training into practice. Staff told us, "The induction was good" and that they had been able to shadow and work alongside experienced staff until they felt sufficiently confident to provide care independently. Staff new to the care sector were supported to complete the care certificate within their first twelve weeks of employment. This nationally recognised training package is designed to provide staff with an understanding of current good practice.

Staff were sufficiently skilled to meet people's needs and there were systems in place to ensure all staff received regular training updates. Staff told us, "The training is fine, all mine is up to date", "I have just re-done moving and handling and I know my first aid is due. I have done a lot of online training as well", "The training does get updated quite regularly" and "The training was very good it covered everything it needs to."

There were systems in place to provide staff with regular supervision and to monitor their individual practice. All staff regularly received one to one supervision from their managers and unannounced spot checks of performance during care visit were completed. Staff said they felt well supported by the service's managers and commented, "I get regular supervision", "The supervisions are on your rota. Sometimes they do spot checks. Just appear and watch how you do a visit" and "I get one to ones every six weeks or so and yearly appraisals." Records showed staff had also received annual performance appraisals during which they had been able to request additional training in topics they were particularly interested in and to discuss development goals.

People were supported to maintain a healthy diet where this was part of their support plan. Staff supported people with the preparation and cooking of their meals. People's care plans included details of their individual preferences and guidance on, for example how they like their drinks prepared. People told us, "They cook for me, if I have a fry up or something and beans on toast. They give me breakfast after I have been washed" and "If I need them to, I will ask them to cook a microwave meal or something, they will do it for me." Training records showed staff had completed food hygiene training so they knew how to safely prepare people's meals.

The service worked in collaboration with health professionals including specialist nurses, social workers and general practitioners to ensure people's health needs were met. Where staff had identified changes in

people needs or were concerned about people's welfare, a manager had made appropriate referrals to professionals for additional support.

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. We checked whether the service was working within the principles of the MCA and found the registered manager and staff team had a good understanding of the MCA.

People's care plans included guidance on how to support people to make decisions and where people's capacity was known to fluctuate staff were provided with information on how to support the person to make decisions. For example, one person's care plan provided staff with detailed information on how to support them to choose which clothes to wear each day. It stated, "Whilst we promote and support [Person's names] daily decisions, she has been assessed as lacking capacity around making simple decisions such as these, so care staff may have to discreetly find a choice of two sets of clean clothes, and offer this choice, ensuring that the dirty [clothes] are out of sight. By doing this you are ensuring that [Person's name] maintains her dignity and a good standard of personal care."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The care plan of one person who lacked capacity was potentially restrictive and there were monitoring devices in place to ensure this person's safety. We discussed this person's care and these arrangements with the registered manager. As a result the service contacted the local authority to highlight this situation, request a review of these potentially restrictive practices and if necessary for an application to be submitted to the court of protection for the authorisation of this care plan.

Good

Is the service caring?

Our findings

People told us Alexandra's Community Care Penzance provided a caring service and that their staff were kind and compassionate. People's commented included, "They are very kind and helpful" and "They are very good and always do everything I need." People's relatives were also complimentary and said, "They are very gentle with [My relative] and that's what I like about them, they are very good." Staff said, "I like it here, I enjoy taking care of the people" and told us they took pleasure in supporting people to remain as independent as possible.

Visit schedules and daily care records showed people were normally supported by consistent groups of staff who visited regularly. Staff said, "People normally have the same staff." People told us they enjoyed the company of the care staff and their comments included, "They are very kind, they are very sweet and talk nicely" and "I have a good group of carers and I like them all." Relatives told us, "It's usually the same group of carers and I know the ones that come", "I get different carers, but I know them all now", "The continuity is good" and "I get lots of different ones, about half a dozen, but I don't mind that at all."

People's care plans included information about their background, life history, interests and current hobbies. This information was provided to help staff identify topics of conversation people were likely to enjoy and enable staff to recognise how the person's life experiences may impact on their current needs. Staff told us, "It is nice that [the care plans] have such detailed background information so you can talk with people about things they enjoy." One person relative told us, "One of the ladies has got to know him and knows he likes history and bless her, she brought a book for him to read, which he really enjoyed and when he gave it back, she brought him another one and he was thrilled."

The office communicated well with people about their visits. People told us, "We receive a list of who is coming" and "if they are going to be late someone rings me to let me know." While relatives said, "We have a list of the ladies who are coming. If they have to send a replacement ever, due to unforeseen circumstances, they always ensure that they send someone who [my relative] knows" and "The Rota we get is invaluable, because I can let [my relative] know who will be coming."

People's care plans included guidance for staff on how to communicate, share information and support people to make decisions and choices during care visits. Where people had limited current communication skills, as a result of their care needs, staff were provided with detailed guidance on how to offer choices to enable people to make decisions. People's relatives told us, "They always do [involve my relative], they say, 'Would you like' [for example] a strip wash or a shower and they never push her to do anything at all."

We saw and records showed people were able to decline aspects of their planned care and that staff respected these decisions. They said, "It is entirely up to the client we do what they want. It is entirely their own choice. You try to coax but never force anything" and "We don't force people to do things." Where staff became concerned a person's refusal to accept support was impacting on their wellbeing this was reported to managers. Records showed the service had been successful in meeting the needs of people with tendencies to be self-neglectful.

People and their relative's told us care staff were respectful at all time and took action to ensure people's dignity was protected. Comments we received included, "They always ask me first and ask me if I need anything; they are very respectful and they don't do anything without asking permission first" and "I hear them talking with [My relative] and they all have the right attitude with [Person name] especially when doing [their] private parts." Where people had preferences in relation to the gender of their care staff, these preferences had been recorded and respected.

Care records and other confidential personal information was stored securely and appropriately when not in use, in accordance with data protection guidelines. Where information about people's needs was shared in writing via the service's weekly newsletter the identity of individuals was codified to ensure they could not be identified other than by the staff team.

Good

Is the service responsive?

Our findings

People's needs were assessed by managers before the initial care visit was provided. These assessments were completed either in the person's own home or in hospital before their discharge. Information gathered during the assessment was combined with details from care commissioners and relatives to form the person's initial care plan. Staff told us they always had access to the information they needed before the initial care visit and commented, "When there is a new client, they text and phone to make sure you know what to do" and "The care plan was in place on day two and it was complete with everything you need to do."

People's care plans were detailed, accurate and informative. They provided staff with sufficient instruction and guidance to ensure people's needs were met. Staff told us care plans accurately reflected people's current needs. Their comments included, "The care plans really do have lots of information in them", "The care plans are very detailed, they tell you everything you need to know on each visit" and "You don't have to ask anybody for more information as it is all [the care plan]."

We found the care plan in the home of the person we visited was up to date and matched the information available in the service's office. Everyone we spoke with confirmed there was a copy of the care plan within their home. Care plans had been regularly updated to ensure they accurately reflected people's current needs. People and their relative told us they had been involved in both the development and subsequent review of their care plans. Comments received included, "They involved me in writing it up" and "My [relative] was involved in the care plan."

Where staff or relatives had identified significant changes in people's needs or staff learned new information about people needs or interests this had been reported to managers and their care plans updated. Relative told us staff were "On the ball" and quick to identify and respond to people's changing needs. Staff told us, "[Managers] do call us for extra information on people's lives" and "If you let the office know about any changes they will add it to the care plan."

Staff completed notes of the care and support they had provided during each visit and people told us, "The carers write in a book each day and there is a care plan in that book." These notes included details of the care provided, staff arrival and departure times and any observed changes in the person's mood or support needs. We found these records were sufficiently detailed and had been regularly returned to the service's office. These records were reviewed by managers to ensure people's needs had been met and that any incident or changes in the person's needs had been reported.

Managers had a good understanding of the Accessible Information Standard which sets out guidance on approaches that should be used to share information and communicate effectively with people who have difficulty communicating. People's care plans included detailed guidance for staff on people communication needs including information on their use of hearing aids or other devices to aid communication. Where people's medical condition had impacted on their ability to communicate verbally, staff were provided with detailed guidance on how to recognise and interpret specific gestures and

behaviours. This included details of how information should be presented to people to enable them to make decisions and choices about how their care was provided. One person's relative told us, "Communication is excellent, they are very good. I have all their contact details all in the folder, in nice big print, which is easier for [My relative] if he decides he wants to contact them."

People were aware of the service's complaints procedures and information on how to make a complaint was included within their care plan. Where people had made complaints, or raised minor issues they reported these had been addressed and resolved. People's comments on the complaints procedure included, "I've never really had any reason to make a complaint, but I would if I did have one", "I would feel confident making a complaint; you don't like doing it of course, but it's only done for good reason. I have made a complaint once and it was resolved" and "I made a complaint only once and they sorted it all out for me very quickly." Records showed all complaints had been acknowledged, appropriately investigated and that action had been taken in response to complaints received.

The manager regularly received compliments and thank you cards from people who used the service and their relatives. One recently received card read, "Thank you for all the amazing care and kindness shown to [My relative]. You are all incredibly special people." All compliments received were recorded and shared with the staff team.

The service had recently begun to specialise in supporting people with end of life care needs. Staff had been provided with specific additional training in this role and additional systems introduced to support staff and people's relatives. Where people had made the decision to decline some treatments this was recorded in the person's care plan and information about these decisions was readily available when required.

Good

Is the service well-led?

Our findings

Everyone we spoke with said the service was well managed and that they would be happy to recommend Alexandra's Community Care Penzance. People and their relative's comments included, "I absolutely would recommend them, I think they are excellent" "I would recommend them" and "I would most definitely recommend them. I'm hoping after the review, that the powers to be won't change the care provider for any reason."

The service was led by 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 and associated Regulations about how the service is run.
The registered manager was one of the provider's operations managers and was also responsible for overseeing the performance of two other registered home care services. The registered manager was normally based in this service three days per week and staff told said, "The registered manager is here two or three days per week" and "The registered manager is here very often." Senior staff told us, "The registered manager is very hot on providing support, she probably phones in five times each day when she is not in the office." The provider was in the process of advertising for a new registered manager. The provider's nominated individual told us their intention was for the current registered manager in future to focus on their operations manager role. A number of applications had been received but no appointment yet made. The nominated individual recognised the importance of the registered manager role and told us they would not rush this appointment process to make sure they found the best possible candidate.

The current registered manager was supported by an experienced deputy manager and team leader who was responsible for planning the service's visit schedules. The roles and responsibilities of each member of senior staff were clearly defined and well understood. Staff said they felt well supported and were complimentary of the management team. Their comments included, "The managers are really good", "[The managers] will do everything they can to help you" and "The [Registered] manager is very fair and approachable. She is very switched on."

The registered manager told us they were well supported. We saw the provider's nominated individual hosted weekly management telephone conferences to enable any issues within individual service to be discussed, for good practice and new ideas to be shared. In addition, the registered manager received annual performance appraisals and told us this was due to be held with the provider's director on the day following our inspection.

There was clear mutual respect between staff and managers. Staff consistently said they were well supported and told us, "If you had a problem you come in and see the office staff, they are a nice bunch", "The managers are lovely and all the staff are lovely" and "The managers are good, very approachable." Managers respected and valued their staff team and told us, "I am very lucky we have a very, very good team here" and "I think it is a lovely company to work for, it all works well."

Team meetings were held regularly and staff told us, "We have team meetings every month or so. They have two meetings each time so everyone can attend." The minutes of these meetings showed staff had been updated of planned changes within the service and that the reason why any changes were required had been openly discussed and clearly explained. During these meetings staff were encouraged to make suggestions on how improvements that could be made within the service and action had been taken in response to staff ideas. In addition, various events and social gatherings had been held throughout the year to support team building and arrangements had been made to enable everyone to attend the staff Christmas party.

People told us the service was good at communicating with them and that they knew how to contact managers if necessary. There were appropriate on call system in place to support staff and people who used the service outside of office ours. Staff said these systems worked well and told us, At the weekend you can phone on call and they answer" "On call, you ring and they answer straight away. I definitely feel supported" and "They answer every time. They are like an emergency service for us."

There were appropriate quality assurance systems in place and audits of records and spot check of staff performance were routinely completed to monitor the quality of support the service provided. In addition, the nominated individual completed regular assessments of the service's compliance with the legislation. Where any issues were identified prompt action was taken to improve performance and additional check completed to ensure improvements were sustained. People were asked to provide regular feedback on the service's performance and told us, "They send me a feedback questionnaire every so often and ask me what I think" and "I had a questionnaire yesterday from the carer and she read it through with me. We did it together, I get those three monthly." Records showed people's feedback had been consistently positive and included, "All the girls that visit do a wonderful job" and "All the staff are very caring and have gone above and beyond in helping [my relative]."

People's care records were stored securely and confidentially, in line with legal requirements. The service had submitted appropriate notifications to the CQC in relation to significant incidents and events that had occurred.