

Westcountry Home Care Limited

Alexandras Community

Care Truro

## 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

About the service:

Alexandras Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. When we inspected the service was providing the regulated activity, personal care, to approximately 37 people in and around the Truro area in Cornwall.

People's experience of using this service:

- People using the service consistently told us they felt safe and staff treated them in a caring and respectful manner. Comments included, "They are all very capable" and "I feel very comfortable with all my carers, they are all wonderful."
- Staff supported people to make decisions about their care and they were involved in their care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported by a stable staff team who had the skills and knowledge to meet their needs. Staff spoke passionately about the people they supported and were clearly committed to providing a responsive and caring service in line with people's wishes.
- People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.
- Assessments were carried out to identify any risks to the person using the service, the environment and to the staff supporting them. People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.
- Staff told us they were well supported and had a good working relationship with each other and the management team.
- People and staff were asked for their views of the service to help drive improvement. Spot checks of staff working practices were carried out by senior staff.
- The registered manager and management team used various methods to assess and monitor the quality of the service. These included the call monitoring system, staff meetings, spot checks, auditing of the service and surveys to seek people's views about the service provided. All feedback was used to make continuous improvements to the service.

Rating at last inspection: This was the first inspection for the service since it re-registered at a new address in May 2018.

Why we inspected: This inspection was a scheduled comprehensive inspection carried out within the time frame for a newly registered service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The full details can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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** ●

# Alexandras Community Care Truro

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of one adult social care 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 for older people. Their area of expertise was in older people's care. The expert by experience telephoned a sample of people and their relatives to check if people were happy with their care and support.

**Service and service type:** Alexandras Community Care is a domiciliary care service that provides personal care and support to people living in their own homes in the community. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This comprehensive inspection took place on 16 April 2019 and was announced. We gave the service 48 hours notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that we could access the office premises to look at records and arrange to visit people in their own homes.

**What we did:** Before the inspection we reviewed the information we held about the service and notifications of incidents 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 two people in their own homes.
- We met and spoke with six care staff, the registered manager, the responsible individual and the administrator.
- We telephoned five people using the service and five relatives.

information we reviewed:

- Three people's care records.
- Records of accidents, incidents, compliments and complaints.
- Staff recruitment records.
- Audits and quality assurance reports.

After the inspection information we reviewed:

- Staff training matrix.
- Staff supervisions matrix.
- The provider's business continuity plan.
- Medication policy and adverse weather policy.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. Comments included, "I just relax when they are here and there is nothing that makes me feel anxious about it", "It's nice to have the carers coming in and they make me feel safe by being here" and "I feel safe, just the way they are with me and I get on well with them."
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from harm or abuse.
- Safeguarding processes and concerns were discussed at staff meetings.

Assessing risk, safety monitoring and management

- People had agreed the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits.
- There was a rota for management to answer telephone calls when the office was closed. People were given information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.
- There was a positive approach to risk taking to enable people to maintain their independence.
- Assessments were carried out to identify any risks to the person using the service, the environment and to the staff supporting them. Staff were given guidance about any environmental risks in the person's home, directions of how to find people's homes and entry instructions.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. New packages were only taken on where they are enough suitably skilled staff available to cover them.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.
- Staff confirmed their rotas included realistic amounts of travel time, which helped ensure they arrived for visits at the agreed times.

Using medicines safely

- Medicines were well managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Some people needed support or reminding to take their medicines. When staff supported people in this task appropriate medicines records were completed by staff.
- People told us they were happy with the support they received to take their medicines.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff practiced good infection control measures.

#### Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents, so any trends or patterns could be highlighted.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before, or as soon as possible after, they started using the service to help ensure their expectations could be met.
- When it was not possible to complete an assessment before the service started, an experienced worker or manager would carry out the first visit and complete the assessment at the same time.
- Assessments of people's needs detailed the care and support people needed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff felt supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out to check staff competency and practices.
- There was a system in place to monitor training to help ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online and face to face sessions.
- The organisation employed a training manager, who was a moving and handling trainer. In addition, two other staff were moving and handling trainers.
- New staff had completed a comprehensive induction and shadowed experienced staff until they felt confident to work alone. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.

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

- Staff carried out, or supported, some people with meal preparation and this was completed in a satisfactory manner.
- Staff had been provided with training on safe food preparation.
- People's dietary needs and preferences were recorded in their care plans.

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

- If needed staff supported people to see their GP, community nurses, and attend other health

appointments regularly.

- The service worked with other agencies to help ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff were provided with training on the Mental Capacity Act 2005.
- Staff were aware of how to protect people's rights.
- People were asked for their consent before they received any care and support. For example, before assisting a people with personal care and getting dressed.
- Staff involved people in decisions about their care and acted in accordance with their wishes.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with peoples wishes.
- Staff were friendly and caring towards people and knew what mattered to them. People said about staff, "I feel very comfortable with all my carers they are all wonderful", "They are really good, very sociable and chatty" and "I've always been happy with everyone they have sent and I have great trust in my carers, I think they are all brilliant."
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their care package. "They involve me with anything to do with my care" and "If I want something done, I ask them and they will do it for me."
- Where people were unable to communicate their needs and choices, care plans described their individual ways of communicating. Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- People told us they were able to contact the office to discuss aspects of their care and support at any time. A manager visited people regularly to review their care plan and ask about their views of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner.
- Staff supported people to maintain their independence.
- Staff and management were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People told us staff stayed for the full time of their visits and were never rushed.
- People's confidentiality was respected and people's care records were kept securely.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and wishes. People's daily routines were recorded in relation to each visit or activity they received. This helped staff to have a brief overview of the information that related to the visit or activity they were carrying out.
- People's care plans were kept under regular review and updated as people's needs changed. Staff told us they were kept informed of any changes to people's needs as and when these occurred.
- Some people needed support to help them to move around. Their care plans detailed the equipment required and how staff should support them. Equipment to enable staff to support people in their own homes had been provided.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively. This demonstrated the service was identifying, recording, highlighting and sharing information about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.
- People told us about how well the service responded if they needed additional help. This included providing extra visits or increasing visit times, if people were unwell and needed more support, or responding in an emergency situation.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale. Information about the complaints procedure, and who to contact, were in the information packs kept in people's homes.
- People and their families told us they knew how to make a complaint and felt their concerns were listened to and actioned. Comments included, "I've only had a couple of complaints in the past, but they were all resolved" and "The support is always there and I have never had anything that hasn't been resolved. They deal with things at the time that I contact them."

End of life care and support:

- The service was not providing end of life care to anyone at the time of our inspection.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives expressed confidence in the management team. Comments included, "They do an excellent job and we are glad to have them", "We are happy with everything and can't see how anything could be improved", "The manger is very good. She comes to see me as a carer and manager" and "I am happy with everything about the service."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they could talk to management at any time, feeling confident any concerns would be listened to and acted on promptly.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The service was well organised and there was a clear staffing structure. The registered manager was supported by an administrator and senior care workers. All had a clear understanding of their roles and responsibilities.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management.
- The registered manager was in charge of the day to day running of the service including working hands on, alongside staff where required. There was a good communication between the management team and care staff.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive culture in the service and staff made comments like, "Being appreciated makes a massive difference to how you feel", "The manager is really supportive" and "The manager is very visible and hands-on."
- The management team worked to drive improvement across the agency. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- Staff also strived to ensure care and support was delivered in the way people needed and wanted it.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous

inspection were displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff received newsletters each week with their rotas. These were a means of communicating information about any organisational developments as well as news about events.
- Staff meetings were held every month. This gave staff an opportunity to discuss any changes to the organisation and working practices and raise any suggestions.
- Team building exercises were held across the organisation to encourage good team relationships within staff groups.
- People and their relatives were asked for their views of the service through questionnaires and regular visits from management.
- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development.

Continuous learning and improving care

- The registered provider and manager were keen to ensure a culture of continuous learning and improvement.
- Regular audits were carried out by the registered manager and nominated individual.
- A business plan had been developed and there were clear goals for the development of the service.
- The registered manager received regular supervision and support from the nominated individual and director of the organisation.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas.