Windrush Care Ltd

Windrush Care

Inspection report

Normandy House
305-309 High Street
Cheltenham
Gloucestershire
GL50 3HW

Tel: 01242226020
Website: www.windrushcare.co.uk

Date of inspection visit:
21 June 2018

Date of publication:
07 August 2018

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 inspection was completed on 21 June 2018 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

Windrush Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using Windrush Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene, medicines and eating. Where they do we also take into account any wider social care provided
There were 9 people receiving the regulated activity of 'personal care' from Windrush Care at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous comprehensive inspection was completed in April 2017 and the service was rated 'Requires Improvement' overall. At the inspection in April 2017 we found one breach of the regulations. The registered person was not operating effective recruitment procedures. We also found that improvements were needed to the support staff received and the effectiveness of the quality assurance processes in driving improvement.

We carried out a focussed inspection in September 2017 to check whether the service had made improvements to their recruitment practices and we found they met the requirements of this regulation. We did not change the overall rating of 'Requires Improvement' for this service following our focused inspection because we only looked at improvements relating to this breach.

At this inspection we looked at all the key questions. We found improvements had been made and sustained and the service has been rated 'Good' overall.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited.

Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities.

People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe around the staff. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and could describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

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.

There were sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

All staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People could express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to make decision about end of life care which met their individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

Windrush Care

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.

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 21 June 2018 and was announced. The provider was given 48 hours' notice of the inspection because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people.

The inspection included looking at records relating to people's care and the management of the service, speaking with people who used the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector.

We spoke with the owner of the service, the registered manager of the service and four members of care staff. We spoke with three people who used the service. We also spoke with three relatives of people receiving a service and two health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "They take very good care of me. I feel very safe." Another person said "I feel really safe. The staff look after me really well ". One relative said, "I have confidence (name of person receiving service) is safe. The carers are all very good".

Since our inspection in September 2017 the service had maintained safe practices in relation to the recruitment of staff. We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe. We saw from the staff records that where required, appropriate disciplinary action had been taken.

People were supported to take risks to retain their independence. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. For example, one person was at risk of choking and therefore received a pureed diet. The risk assessment clearly instructed staff to only give one spoon of food at a time. The risk assessment also contained details of how much food should be on the spoon and for staff to ensure the person had fully swallowed their food before offering more. The risk assessment also contained instructions for staff to check to ensure no food was left in the person's mouth. In addition to risk related to people's care, each care file also contained risk assessments related to environmental risk in people's homes and instructions for staff on how to access people's properties safely.

Staff had been provided with safeguarding training and understood how to recognise abuse and report allegations and incidents of abuse. Staff notified relevant agencies when they suspected that an incident or event may constitute abuse. This included the local authority, CQC and the police. One staff member said, "We are encouraged to be open and honest and raise any concerns we have. The manager and directors take all concerns very seriously." People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals, not associated with the service, who provide support and who can represent people if required.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. Staff told us they had confidence in the registered manager's ability to investigate and respond appropriately to safety concerns. The service had a central log for detailing any concerns and there was a system to deal with each one appropriately. The service could identify areas for improvement and lessons were learnt from each investigation.

There were clear policies and procedures for the safe handling and administration of medicines. Staff administering medicines had been trained to do so. Some people required assistance to take prescribed medicines. Where this was the case, the support the person required was clearly documented in their care plan, with medication administration records maintained and completed. Where people were prescribed medicines 'as required', to help with certain health conditions, clear guidance on the use of these was in place for staff to follow. Where staff administered medicines to people, they had signed to record the medicines had been given. Staff had their competence reviewed annually to check they were still managing medicines safely.

People were supported by sufficient numbers of staff who had the appropriate skills, experience and knowledge to meet their needs. Care records detailed when people needed care and support. This had been agreed with people, their families and other health and social care professionals. The registered manager monitored the care calls and their duration through a call monitoring system. We saw people were provided with the call and the time identified in their care plans. The registered manager told us they endeavoured to ensure people always received their care calls. and If they were short staffed, an on-call system was used where the registered manager or other staff would cover the shift and care calls. People we spoke with confirmed they received their support as had been agreed in their contract.

Staff told us they had access to the equipment they needed to prevent and control infection. They said this included a uniform, protective gloves and aprons. This equipment was stored in the agency office and was easily accessible to staff. Staff had been trained in the prevention and control of infection.

Good

Is the service effective?

Our findings

People said their needs were met. One person said, "The staff know what they are doing. I have no complaints." Another person said, "The staff have been trained to support me." Relatives also said the service met people's needs. One relative commented, "The staff are well trained and know what they are doing."

At our comprehensive inspection in April 2017 we found improvements were needed around the supervision of staff. Supervisions are one to one meetings a staff member has with their supervisor to discuss learning needs and their progress. At this inspection, we found all staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with told us they were well supported and they could discuss any issues with the management who were always available.

Staff had been trained to meet people's care and support needs. Staff received a mixture of in-house training and training from external providers such as the local authority. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, safe moving and handling, first aid, food hygiene and fire safety. We saw evidence that where staff training was due, they had been booked to attend the next available course. New staff were supported to complete the Care Certificate. The Care Certificate is a set of nationally recognised standards to ensure staff new to care develop the skills, knowledge and behaviours to provide compassionate, safe and high-quality care.

All the staff we spoke with told us they had received good levels of training to enable them to do their job effectively. One person said, "Training is brilliant. It really makes you understand what the various aspects of the job are about. It prepares you really well for the role." Staff told us they were constantly encouraged to develop through further training. For example, one member of staff told us they had been supported to enrol on Makaton training to support people with communication needs.

The provider told us staff received an induction when they first started working for the service. The registered manager told us staff would be required to read the relevant policies and procedures before they worked any shifts. The registered manager told us new staff were required to work alongside experienced staff whilst they were new to their role. The registered manager told us staff competencies were assessed before they could work alone. The staff we spoke with all confirmed that they had received a good induction.

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. For people living in their own home or in shared domestic settings, this would be authorised via an application to the Court of Protection (COP). We checked whether the service was working within these principles.

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the MCA. Staff we spoke with demonstrated a good understanding of the principles of the MCA and were confident to carry out assessments of people's capacity. Where required, people had assessments regarding their capacity to make decisions and these were clearly recorded in their care files. For example, where people lacked capacity, there was evidence of meetings having taken place with their representatives to determine a care plan that was in the person's best interests. Care records clearly detailed consent had been sought from people when developing their care plan. Relatives we spoke with informed us that they were consulted in relation to their relative's care planning.

Where required, care records included information about any special arrangements for meal times. People who had special dietary requirements had their specific needs clearly detailed in their care plans. For example, where people required a soft diet, the arrangements for this was clearly documented in their care file.

The registered manager told us they had guidance from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, where people needed specific equipment to support them with safe moving and handling, there was evidence of involvement from occupational therapists. Where required, people were supported to arrange and attend appointments with other healthcare professionals such as a GP or dentist. Health professionals we spoke with provided positive feedback about the service stating staff listened to advice and were proactive in seeking guidance.

Good

Is the service caring?

Our findings

It was evident that people were cared for with compassion and kindness. All the people we spoke with provided positive feedback about the caring nature of the staff. One person said "My carers are very kind and caring. They are very respectful towards me." Another person said "They (carers) are always polite." Relatives we spoke with also provided positive feedback about the staff. One relative said "The carers are good. They are caring."

People told us that staff went over and above what was required of them. For example, one person told us how staff would spend extra time with them so they could have coffee at a local garden centre. Another person told us how staff had prepared a fruit basket and a 'get well soon' card for them and had delivered it to them. The person said, "It was a great gesture ."

The caring nature of staff was evident during the conversations we had with members of staff. Staff spoke passionately about their role and the people they supported. One member of staff said, "It has been great. It is so rewarding to see the positive impact you have on people's lives." People told us they received a caring service and would recommend it to others.

We saw that many compliments had been sent to the service by letter, email and cards. One person had written, "Thank you for all your efficiency and support over the past week or so. It is much appreciated by myself and I am very happy to say it has assured my dad that care in the future is nothing to worry about." Another person had written, "The service has been exceptional, the people attentive and effective. We couldn't be happier with the service. Above all, mum is happy too, which is the most important part." One member of staff told us the positive feedback was appreciated by the staff team as it recognised the good work they were doing.

The service promoted people's independence. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. Care files identified areas of independence and encouraged staff to promote this. All the staff we spoke with could tell us how they would support people in a way which maintained their independence as much as possible.

Staff treated people with understanding, respect and dignity. Staff demonstrated a good understanding of dignity and respect. Staff told us how they would seek consent from people before they commenced any care tasks and demonstrated how they would ensure people's privacy was always maintained when supporting them with personal care. Staff told us it was very important to listen to people and respect their choices. This was also evident in care files. For example, there was an emphasis throughout people's care files for staff to give choice to people during each care call.

It was evident from talking with people; the staff had listened to them and had worked hard to provide the level of support required. People told us staff would discuss their care with them when initially planning this and checked if they wanted something to be done differently on any particular day. People told us this

made them confident their care needs would be met according to their daily preferences. Relatives confirmed their family members were given choices by staff. Where it was appropriate for them to be involved, relatives also confirmed they were consulted about their relative's care.

We were told this was done during the initial assessment, prior to a person receiving any care calls, and then through regular meetings with the person and their families once their service had commenced. We saw information about personal preferences, and people's likes and dislikes in their care plans.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us there was good communication from care staff and management who provided regular updates regarding their relative's' care.

Staff knew, understood and responded to each person's cultural and spiritual needs and gender preferences in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. There was an up to date equality and diversity policy in place, which clearly detailed how the service would treat people and staff equally regardless of personal beliefs or backgrounds.

Good

Is the service responsive?

Our findings

Each person had a care plan and there were arrangements in place to record and review information in these. Care records were held at the agency office with a copy available in people's homes. Care plans contained good levels of detail and were personalised. For example, each care plan detailed individual likes, dislikes and preferences in relation to the person's care. We found the care plans contained clear guidelines for staff to follow. For example, where people were supported with a hoist to move safely, their care plan included clear guidelines around how to attach the sling to the hoist, how to position people's limbs and position the hoist. Their care plans contained instructions on how to position people's limbs and body, and the tightening of the sling straps. Staff could describe how they provided people's care in accordance with their care plans.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care staff also told us they would be supported by office staff to remain longer with people to ensure they were not left alone in the case of an emergency.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately. The people we spoke with indicated they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "I will tell the carers if I have any concerns or will call the office." Another person said, "I don't have any complaints but I know if I made a complaint, it would be taken seriously."

When required staff provided end of life care. Training records showed that all the staff working at Windrush Care had received training around end of life care. Where required, the service had worked closely with people and their relatives to develop end of life care plans. The end of life care plans that we looked at contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open, inclusive and empowering. Staff had a well-developed understanding of equality, diversity and human rights and put these into practice. Throughout our inspection, we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided. The care staff were well supported and managed.

The registered manager and staff had a good understanding of the principles underpinning providing care in people's own homes. They explained to us their role in managing the personal care provided to people. They said this required an approach from staff that recognised and promoted the fact they were working in people's own homes. Care staff were clear regarding their roles and responsibilities.

We discussed with the registered manager and staff what their visions and values were. The registered manager and staff told us Windrush Care was based around providing person personalised care to people and, supporting them to remain safe and well cared for in their own home. People told us they received good care and support when they wanted it and were encouraged to be as independent as possible. This feedback showed these visions and values were being achieved.

People and relatives spoke positively about the leadership and management of the service. Comments included; "The manager is fantastic. I can speak to them whenever I need to." Staff also spoke positively about the leadership and management of the service. The staff described the registered manager as 'being a part of the team' and 'very hands on'. One member of staff said, "I have only been here five months but the support from (name of manager) has been excellent. I have been encouraged to ask questions and have been very well supported."

The registered manager told us it was important to recognise the good practice of staff. They told us this showed staff they were appreciated and helped boost morale. For example, when three members of staff went over and above what was required of them, they all received a bottle of champagne to recognise their hard work. The registered manager told us they had arranged for a staff Christmas meal, which was paid for by the service, to reward staff for their hard work throughout the year.

The registered manager told us that in addition to regular staff team meetings, they had developed the 'Three C's (Coffee, cake and chat)' concept. The registered manager told us staff would have free time scheduled in their rota when they could visit the office and spend time with office staff. The registered manager told us this was done to develop a stronger team ethos and better comradery amongst the staff. One member of staff who had recently started working for the service told us, "The coffee mornings have really helped me to get to know other staff very quickly. I have developed some really good friendships." All the staff we spoke with told us morale was high. They told us the approach of management, the staff recognition scheme and 'Three C's' concept had contributed greatly to this.

Quality assurance systems had improved since our previous comprehensive inspection in April 2017. We

found effective monitoring took place of the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. The registered manager told us they had commissioned an external auditor to carry out audits of the service on an annual basis. In addition to this, the registered manager carried out monthly audits of for example, care plans and medicine records. These audits were carried out as scheduled and corrective action had been taken when identified as needed. Effective systems were in place to monitor whether people had received their calls so that prompt action could be taken if people's calls were late or missed to ensure they remained safe.

Surveys had been completed to seek the views and opinions of people using the service. The registered manager told us surveys with people using the service would be done in person in their own homes to maximise the number of responses received from people and provide people an opportunity to discuss their care directly with the registered manager. The registered manager told us the feedback would be incorporated into the annual action plan.

The registered manager told us that in order to ensure the staff were providing good quality care; they would carry out random spot checks on staff. The registered manager would also take some time during these visits to talk with people receiving care to obtain their views about the care staff. The registered manager told us each member of staff would receive at least three checks a year. The staff we spoke with told us they found this beneficial as it meant the registered manager could identify areas for development and these could then be explored during formal supervision.

The registered manager had a clear contingency plan to manage the home in emergency situations. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. For example, we were shown the action taken by the owners during the poor weather in the winter. This included multiple conference calls between the owner, manager and care co-ordinators. In addition to this, there were frequent calls with staff and people using the service which ensured all the people received their care calls as agreed.

The registered manager knew when notification forms had to be submitted to the CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service and investigated where appropriate and required. This meant the service learnt from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

We checked whether the rating from the last inspection had been displayed. We found the rating had been displayed prominently at the service office and on their website.