

Warwick Care Services For You Ltd.

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Warwick Care Services For You Limited is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, older people, people with dementia, people living with physical disabilities, people living with sensory disabilities, people with mental health support needs and people with a learning disability and autistic people. At the time of our inspection the service was supporting two people. One of whom was receiving the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Positive feedback was shared with us from the person supported and their relative. They were supported by consistent care staff who knew them very well and understood how to keep them safe from risks of abuse, harm or injury.

Needs were assessed before the person started using the service. The person and relative were involved in the initial assessment and plan of care. This was reviewed and updated when needed, so staff had the information they needed.

Risks were identified and risk management was included in the plan of care.

Staff were safely recruited and were trained before undertaking care calls in the person's home.

Staff were described as kind and caring and worked in collaboration with other healthcare professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Quality checks and detailed audits took place on records and no shortfalls were identified. There had been no missed care calls. People had no complaints about the service.

Rating at last inspection

This service was registered with us on 04 October 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Warwick Care Services For You Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Inspection team

The performance review and assessment was completed by one inspector.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses.

Notice of inspection

This inspection was announced.

We gave short notice on 29 April 2022 to the provider so they would be available to support the performance review and assessment, and a video meeting was scheduled for 4 May 2022.

Inspection activity started on 29 April 2022 and ended on 11 May 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local

Authority and asked for feedback from them. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with the two directors – who are the providers of the business. One director is also the nominated individual and the other director is the also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this report, we refer to the two directors as the nominated individual and the registered manager. We also spoke with one person and one relative who gave feedback on the service and two care staff to gain their feedback.

We reviewed a range of records. This included one care plan including risk management records and daily notes. We reviewed policies and procedures and quality monitoring records the Nominated Individual and Registered Manager used to assure themselves people received a safe service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person felt safe and protected from the risks of abuse when their care calls took place. They, and their relative, commented they knew the staff who were coming and felt safe with them in their home.
- The registered manager, who undertook all the care calls to people, and staff were able to tell us what constituted abuse and the actions they would take if they suspected abuse had, or was, taking place.
- The provider had a safeguarding people from abuse policy which informed what actions they should take if abuse was suspected.

Assessing risk, safety monitoring and management

- Risks had been assessed and care plans contained risk management information to inform staff how to keep the person safe.
- Equipment was available to support the person's care needs. Staff spoken with told us they had been trained to use mobility equipment. They confirmed there were always two staff on the care call so transfers could be safely undertaken in line with the person's risk management plan.
- Consistent staff undertook care calls to the person and knew them well. There had been no missed or late care calls.

Staffing and recruitment

- Safe recruitment processes were followed by the nominated individual and registered manager. We reviewed two care staff files, and these contained pre-employment checks. These included references and Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held of the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us, "As we grow our business and recruit staff we will ensure they have the same values around caring as we do. I would work alongside any new staff to not only role-model but also to ensure they put into practice caring values."

Using medicines safely

- The nominated individual, registered manager and staff had completed training in the safe handling of medicines so they would be able to support people, if needed, to take their prescribed medicines. However, at the time of this performance review and assessment no one was supported with their medicines and therefore this area is not reported on.
- Body maps were in place to guide staff where to apply an 'over the counter' topical cream to the person's skin. Applications of the cream were recorded by staff.

Preventing and controlling infection

- The nominated individual and registered manager had engaged with Leicestershire County Council during the COVID-19 pandemic to ensure they complied with government guidance and used personal protective equipment (PPE) effectively.
- The registered manager told us they continued to have adequate stocks of PPE and staff always wore face masks as part of their PPE during care calls. A relative told us, "The staff wear face masks and wash their hands when they arrive as well, I have no concerns about their hygiene and infection control."

Learning lessons when things go wrong

- The nominated individual and registered manager told us nothing had gone wrong to date, but if it did lessons would be learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- The person was supported in their own home and was not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent before personal care. One staff member told us, "We always slowly explain what is happening and make sure [name] is happy with what we are doing."
- The registered manager's initial assessment of care needs included a 'consent form' which the person had signed and dated. This detailed what care and support the person had consented to.

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

- The registered manager explained the person supported also had health care need and was supported by a visiting district nurse. They told us any concerns staff had would be escalated immediately to the community district nurse team.
- Staff understood their role in supporting the continence care of the person and what to observe for and actions they should take if they found a problem. Detailed guidance was also in the person's care plan for staff to refer to.
- Staff understood the importance of supporting the person with their exercises directed by their physiotherapist. This reduced the risk of painful limbs and staff told us they wished to reduce the person's experience of pain through supporting them with exercises.

Staff support: induction, training, skills and experience

- The nominated individual and registered manager had completed training and attended various online events offered by commissioning organisations such as local authorities. The registered manager told us, "It is important we refresh our own knowledge and keep up to date."

- Staff completed an induction and training before supporting people on care calls. One staff member told us, "I completed training courses and also shadowing shifts with the manager."
- The provider's induction and training was in line with the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care.
- The registered manager carried out 'spot checks' on staff to assess their skills and competency.

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

- A nutrition and hydration care plan guided staff on what support was needed by the person. One staff member told us, "We need to encourage [name] to drink and always do this on every care call visit." The person confirmed to us staff always encouraged them to drink often.
- At the time of this performance review and assessment the person's relative met their nutritional needs and staff support in this area is therefore not reported on.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person and their relative were happy with their care. The person told us, "Staff are kind and caring." Their relative added, "We are very satisfied, we have no concerns or complaints at all."
- The registered manager was passionate about embedding a caring approach within the values of their business. They told us, "Getting the right staff is very important to us so we truly demonstrate a caring approach. This is not just a job to us, but an aim to really give the best care to people."
- The person and their relative felt fully involved in their care and support. A relative told us, "The manager asks us if we are happy with the services and staff, and we are."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. A staff member told us, "[Name] needs a lot of support, but we still give choices and promote independence where possible. Most importantly is not taking over, giving [name] time to respond and communicate with us, even if it takes time. We must have patience."
- Privacy and dignity was promoted. A staff member gave examples of how they maintained the person's dignity telling us, "I ensure doors are closed and always carry out any personal care in private."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Prior to care calls commencing, an initial assessment of needs was completed by the registered manager to identify if people's needs could be met in a way they wanted.
- The person and their relative were involved in the care planning process. Care and support was tailored to meet their individual needs and preferences.
- Reviews of care and support needs took place and were documented. Changes were made to risk management and support plans when needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs had been assessed and were documented in their plans of care.
- Guidance was available to staff to inform them of a health condition that impacted the person's speech and the need, therefore, to allow time for them to respond. Staff understood this and also the importance to turn off background noise that may hinder effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered social visits to people as well as care and support. People, or their relatives, could purchase these if they wished to.
- The person's plan of care gave details about their hobbies and interests. Staff knew what these were and used these to engage in meaningful conversations with the person.

Improving care quality in response to complaints or concerns

- The registered manager had shared their complaints policy with the person and their relative so they had the information they needed should they need to make a complaint. No complaints had been received by the registered manager.
- The person and their relative had no complaints or concerns, about the services they received. They were complimentary about staff.

End of life care and support

- The registered manager was not currently supporting anyone with end of life care at the time of this performance review and assessment inspection. Therefore, end of life care and support is not reported on.
- The registered manager had discussed important wishes with the person and their relative and included information in an 'advance care plan' that directed staff about future treatment and care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback to us about the nominated individual and registered manager from the person supported, their relative and care staff was consistently positive.
- Quality checks and audits took place so the nominated individual and registered manager could assure themselves that a safe and quality service was given to people. No shortfalls in safety, quality or in record keeping had been identified by them or us.
- The robust audits provided processes where the need for improvement, where needed, could be identified by the nominated individual or registered manager. For example, the infection prevention and control audit was self-scored and covered training, staff knowledge and practices.
- There had been no missed or late care calls to people. The nominated individual and registered manager recognised the importance of care call monitoring and told us as their business developed and grew such a system would be implemented.

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

- The nominated individual and registered manager were aware of their legal responsibilities under the duty of candour.
- The nominated individual and registered manager understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events and their legal obligation of being open and honest with people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were verbally asked for feedback and shared only positive feedback with us about the service they received.

Continuous learning and improving care; Working in partnership with others

- The registered manager undertook care calls themselves and knew the person and their relative well. This provided opportunities to ensure the service they were providing was meeting the person's needs.
- The nominated individual and registered manager attended learning events provided by local authorities so they could build on good practices.

