

Knight Home Care Limited

Walfinch Greater Manchester South

Inspection report

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17 December 2021
20 December 2021
22 December 2021
23 December 2021

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Walfinch Greater Manchester South is a domiciliary care service providing a service to two people, however only one person was receiving a regulated activity at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Safeguarding policies and procedures were in place and being followed. Appropriate risk assessments were in place and medicines were managed safely. Lessons learned and medication policies required updating, and this was done during the inspection. Infection prevention control (IPC) practices were being followed and the service had a good stock of personal protective equipment (PPE). The service was adequately staffed, though safe recruitment procedures had not always been followed. We made a recommendation the service reviews their recruitment procedure.

People were supported to be as independent as possible and their needs were considered. Staff received supervisions, but these were not happening in line with their policy. We made a recommendation for the service to review their supervision policy.

The service worked closely with a variety of professionals. Staff received training and worked towards obtaining a care certificate. People were supported to have maximum choice and control of their life, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, staff lacked some understanding of the principles of MCA. The registered manager had not gained clarity about the capacity of the person. We made a recommendation to ensure MCA guidance and principles are being followed. Necessary consent forms were in place, but a pre assessment form had not been completed.

People's equality and diversity needs were respected, and staff supported the person to be as independent as possible. Family members spoke positively about the service and were regularly in touch with the registered manager to discuss their relatives' care package.

The service provided person centred care and a detailed care plan was in place, which was regularly reviewed. People's communication needs were being met and the service had a policy in place to support this. Complaints were recorded and handled in line with their policy, though the policy required updating and this was done during our inspection. Although no one was in receipt of end of life care, the service had an end of life policy in place.

Some concerns were identified around the governance of the service, the audits in place did not identify the issues mentioned above. We made a recommendation to ensure audits are robust and policies are regularly reviewed. Confidential information was stored securely. Regular meetings were taking place with relatives.

We reviewed several examples of positive feedback. Feedback surveys had been sent out and their responses had not yet been received. Staff and family members spoke positively about the management, a whistle-blowing policy and a lessons-learned policy was in place.

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

Why we inspected

This service was registered with us on 25/11/2020 and this is the first inspection.

Follow up

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

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walfinch Greater Manchester South

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. They provide personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17/12/2021 and ended on 23/12/2021. We visited the office location on 17/12/2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and clinical commissioning group. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives and a live-in carer (who was employed by another agency) about their experience of the care provided. We spoke with four members of staff including the registered manager, care manager and care workers. We reviewed a range of records. This included one person's care record and medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were adequate, however, recruitment processes were not always safe.
- Systems and processes were not always robust when the service recruited staff. The service had not completed all necessary recruitment checks before some staff's employment had started. We received assurances the service had addressed this.

We recommend the provider reviews their process for recruitment and reviews schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure they are working within the framework set out.

- We reviewed a sample of staffing rotas and sufficient staffing levels were in place. Staff told us the service had enough staff. Comments included, "Yes I think there is enough (staff)" and "There are enough staff for now, yes."

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- A lessons-learned policy was in place, but required some information updating and this was done during the inspection.
- Although there had been no accidents or incidents to report, the registered manager was able to show us how they would log these and how they would action any lessons learned.
- Risks were appropriately assessed and identified, and any emerging risks were acted upon.

Using medicines safely

- Medicines were safely managed.
- Medicines administration records (MAR's) were in place and were being regularly audited. A clear process was in place for both agencies to understand if medicines were required to be administered.
- Medicines policies and procedures were in place; these required reviewing and the provider made the necessary amendments after our inspection.
- Staff were up to date with their medicines training.

Preventing and controlling infection

- The service ensured safe IPC procedures were being followed.
- The provider's infection prevention and control policy was up to date and had been reviewed since the COVID-19 pandemic.
- Staff told us they used appropriate PPE.
- Staff were up to date with their infection prevention control training.
- The service had good stocks of personal protective equipment which was suitable for the setting.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- A MCA policy and procedure was in place to help guide staff.
- Staff had completed MCA training, however, they lacked some knowledge in this area. Additional training had been planned for all staff in January 2022.
- The service had not ensured when there was doubt over a person's capacity, the necessary assessments had been undertaken.

We recommend the service considers MCA guidance and legislation to ensure they are following all principles.

- Appropriate consent forms were in place.

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

- People's needs and choices were assessed once the care package commenced, and the care plan clearly detailed this.
- The service did have a pre-assessment form in place, but one had not been completed for the care package we reviewed.

Staff support: induction, training, skills and experience

- Staff received support and appropriate training.
- An induction programme was provided when staff first commenced employment which helped ensure

ensure they had a thorough understanding of what was required within their role.

- Staff supervisions and appraisals were taking place, but not in line with policy.

We recommend the service and works in line with their supervision and appraisal policy.

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

- Staff worked alongside other agencies to provide joined up care and promote good outcomes.
- Information was shared with the primary live-in care worker and family members to ensure any required referrals or actions were made.
- Oral healthcare plans were in place, but these lacked some detail. The registered manager said they would ensure more detail was added.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; Respecting and promoting people's privacy, dignity and independence

- People's Equality and diversity needs were respected.
- The service had an equality and diversity policy in place.
- Staff we spoke with told us they would be happy for their relative to be supported by Walfinch Greater Manchester South.
- The service worked with a dignity charity to access support and guidance when needed.
- Staff supported people to be as independent as possible and respected their privacy and dignity. A family member told us, "They do, they are better than me at this, they give them space to try and do things themselves more than I would, they encourage them to try and eat and encourage them to weight bear."

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

- People and their relatives were able to express their views.
- Surveys had been recently sent out and were in the process of being returned.
- Regular meetings and conversations took place, to ensure the people and their relatives were happy with the service being provided.
- People and their family were involved in the planning of care.
- Family members told us staff were caring and treated their family member well. One family member told us "I think they (staff) are exceptional."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence 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

- People received person centred care which met their preferences, and these were identified in their care records.
- Care plans were in place containing information to guide staff about people's health conditions and background. Access to care plans was granted via an app.
- Care plans were regularly reviewed and updated to reflect any changes, this helped ensure staff provided appropriate care.
- Staff were aware of the persons choices and preferences.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations which provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were being met.
- The service had an AIS policy in place, though at the time of the inspection staff were not supporting anyone with specific communication requirements. The registered manager explained how they could gain access to copies of documents in various formats through their head office/franchisors.
- A complaints policy and procedure was available, and this explained the process people could follow if they were unhappy with the service they received. This policy required reviewing and updating and this was done shortly after our site visit.
- A complaints log was maintained, along with details of the responses provided.

End of life care and support

- The service had an end of life policy in place, although nobody was in receipt of end of life care at the time of the inspection.
- Staff had completed training in end of life 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 for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified some concerns around the governance of the service. The audits in place had not identified the issues we found.
- Recruitment processes were not always followed. Staff supervisions and training was not up to date. These issues have been addressed in the safe and effective key questions above.
- Some policies required updating.
- The service had moved address and the provider had failed to complete the correct paperwork to notify CQC of this change. Whilst on site the care manager completed forms to change the address and sent these into our head office.

We recommend the provider reviews the quality monitoring systems they have in place to ensure audits are robust and policies are being regularly reviewed and adhered to.

- Confidential information was stored securely.

Promoting a positive culture which is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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: Continuous learning and improving care

- The service promoted a positive culture.
- Staff told us they enjoyed their roles. Feedback about management and leadership was positive. Comments included, "I like the manager, she is always ready to help." And "I love everything about my job, I don't have any dislikes to be honest."
- The provider had a process for reporting accidents, incidents and concerns, however, there had not yet been anything to report.
- A lessons-learned policy was in place, though this required updating and this was done during our inspection.
- A policy was in place to encourage staff to be open and honest when things go wrong, a whistleblowing policy was also in place.
- Relatives and staff knew who the registered manager was and was able to contact them when needed.

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

- The service engaged regularly with staff to ensure they were up to date with important changes. One staff member told us, "Staff meetings have not happened because of COVID. Email and texts are sent if we need updates."
- Whilst on site we reviewed some positive feedback provided from relatives, and after leaving site we reviewed online feedback. One family member said, "A great service and with quality carers."
- The service had recently conducted surveys. However, it was too early for the service to have received the responses and taken any possible action.
- Although the service did not support anyone whose care package was funded by the local authority, they worked alongside various local authorities to try and build relationships. They also worked with various health teams and safeguarding teams.