

Wickham Care Company Ltd

Walfinch Suffolk Coastal

Inspection report

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05 April 2022

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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

Walfinch Suffolk Coastal is a domiciliary care service providing care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

Where they do receive personal care, we also consider any wider social care provided. At the time of inspection, Walfinch Suffolk Coastal provided a service to 41 people of which 39 people received personal care.

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

People and their relatives were complimentary about the service Walfinch Suffolk Coastal provided and would recommend the service. The management worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

Staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

Medicines and risks associated with people's care was well managed, and in line with legislative requirements and recognised best practice guidelines. Staff followed good infection prevention and control practices to keep people and themselves safe.

People were supported by a safely recruited staff team who had the relevant training and qualifications to safely meet their needs. However, staffing and recruitment was a challenge, particularly considering the impact of the COVID-19 pandemic. Despite this staff and the management team worked hard to ensure that people received their care calls as planned. Overall, people received their care calls at the times they expected, for the length of time agreed and from staff they knew.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans were person-centred, they promoted choice and guided staff on how to support people safely and encourage their independence. They included information on what was important to people including their preferences and interests.

The management worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

People and relatives felt able to raise any issues with the staff and management team and were confident

these would be addressed. Staff felt supported and valued in their role by the management team.

Effective systems to monitor the quality and safety of the service were in place.

Rating at last inspection

The service was registered with us on 21 April 2020. This is their first inspection.

Why we inspected

This was a planned comprehensive 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.

For more details, please see the full report which is on the CQC website at 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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Walfinch Suffolk Coastal

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an 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. The Expert by Experience made telephone calls, off site, to obtain feedback from people who used the service and their relatives.

Service and service type

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided. A general manager had been appointed and was overseeing the day to day running of the service. They were in the process of applying to be the registered manager.

Inspection activity started on 24 March 2022 when we visited the office location and ended on 5 April 2022

when we gave feedback.

What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report.

During the inspection

We visited the office location on 24 March 2022. We spoke with the registered manager, the general manager, a compliance and quality assurance officer and a field care supervisor. We determined which three staff files we would look at and the care records we would review for four people. This included their risk assessments, support plans, daily records and medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, accident and incident records and management monitoring and oversight records.

We had contact with six people who receive care and support from Walfinch Suffolk Coastal, six relatives and one person's representative. We spoke with three members of staff and received electronic feedback from six members of staff and the local commissioning team who work with the 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 for 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

- People told us they felt safe and comfortable with staff and there were no quality care issues reported. One person commented, "I like my carers very much and feel safe and at ease with them." Another person said, "The [staff] help me to move using [specialist equipment], I feel very safe when they are using it and they manage it well."
- Staff had received safeguarding training and knew how to keep people safe from the risk of harm or abuse. One member of staff said, "I am aware of the signs of different forms of harm and abuse, luckily I've never had to use this knowledge, and would immediately report any suspicions to the office to investigate. I am aware of the whistle blowing procedure and, again, have thank fully never used it but would if I needed to."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Staff were aware of the risks to people and how to mitigate these without restricting people's independence.
- Accidents and incidents were recorded. Analysis of these records enabled management to identify patterns and trends and to take action to reduce the likelihood of them happening again.
- At the time of the inspection, there had been one missed visit. Records showed management investigated this, took appropriate action and carried out a review of lessons learnt to reduce the risk of reoccurrence.

Staffing and recruitment

- Overall, people received consistency of care with their care calls at the times they expected, for the length of time agreed and from staff they knew. However, there was some mixed feedback where there had been some changes in staff, times and communication around this. The management team were addressing this through the improvement of a new electronic system and rota which they were confident would resolve the issues.
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

Using medicines safely

- People were safely supported with their medicines where required. One person told us, "I have some help with my medication so I don't forget to take it."

- Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.
- Records showed people had received their medicines as prescribed and regular audits took place.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One person said the staff, "The staff always wear PPE; aprons, gloves and masks and have them on when arrive at the door."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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.

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

- The management carried out assessments of people's needs prior to them starting to provide care to the person. This included discussions with the person regarding their preferences and what they would like help with.
- Records showed the assessment process covered areas such as general health, mobility and nutrition and had been completed in line with current legislation and recognised best practice guidance. The information was used to create a person-centred care and support plan to help people achieve good outcomes.

Staff support: induction, training, skills and experience

- People told us they felt the staff had the skills and knowledge to meet their needs. One person said, "The staff all seem to know what they are doing, I don't have to ask them, they just get on with things." Another person told us, "The [staff] seem good and very efficient; they seem very well trained to be with their clients and seem to pick things up very quickly. The [staff] were telling me that they recently attended a moving and handling course."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available.
- Staff told us they felt valued and supported at work. One member of staff said, "They [management] recognise the work we do, regularly say thank you and check in to see how you are, if you need any help or support. It is a great place to work." I love my role and feel I am able to work with [people] and [colleagues] holistically to give the best care we can. I feel very supported by the management team and feel I am able to use my skills and experience to better the services we provide as well as encouraged to meet my potential." A second member of staff shared, "I feel supported at work and feel if there ever were any issues at all then I would happily approach the appropriate person to discuss any issues. [Management] make sure we have all the training and support we need."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this. This was documented in their care records and provided guidance for staff on how to meet these needs. One person said the staff, "Make sure before they go I have access to something to eat and drink."

- People received the care and support they needed. People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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

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.

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.

- The registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented, "The staff always check and ask me what I want, what I need, what can they help me with so it's me who decides; I am in control."
- People's care records documented staff sought consent from people before providing their care and where people had declined this was also recorded and respected.

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

- People we spoke with told us they were supported and treated well by staff. One person told us, "The [staff] are really nice people and I admire them totally. They will do whatever is asked, there is a lot of humour and I look forward to them coming." Another person commented on their relationship with the staff, "I really feel that I do connect with them."
- People's relatives were complimentary about the support and care provided. One relative said, "The care my [family member] receives is the best we could hope for. [Family member's] needs always come first, staff are professional but are friendly at the same time." Another relative commented the staff were, "Kind, considerate and professional."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "The field care supervisor came out to see me the day that the [agency took the care package] on. We went through how my disability affects me and I worked with them to put a plan of care together."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "They [management] visited me and wrote the care plan with my input."
- People's care records were person-centred and reflected their individual needs, their history and background. They also included the person's choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "The staff are very polite; they always say please and thank you and if I ask them to do something they will reply and say not a problem and of course. They are willing to help me with anything."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. Their care records included the areas of their care people could attend to independently and where they required support and how staff could best encourage this. One person said about the staff, "They are very understanding, they know what I can do and where I need assistance." Another person shared, "The staff support me to have a shower. They stand outside so I feel safe and confident to do it myself."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked that people's independence, dignity and privacy was promoted and respected.

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

- People and their relatives told us that staff were considerate of individual preferences, taking account of what was important to the person. One person said about the staff, "They support me with my medication, household duties, meals and care. They know how I like everything done, paid attention to me; I don't have to keep telling them." A relative described how intuitive the staff were and able to respond appropriately to different situations, "They come and help [family member] with personal care and are very good at cheering [family member] up, they are very friendly and are always chatting and laughing with [family member]."
- People's care plans were developed with the person and/or their relatives. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that 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.

- People had information provided that was accessible to them and their communication needs. The registered manager told us any information could be provided in other languages and/or in alternative formats such as audio recordings, braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or make a formal complaint. One person said, "I have never had to complain, but I am sure that if I did the office staff would listen and act upon my concerns."
- A complaints policy and procedure were in place. Records showed all complaints received had been responded to in a timely manner.

End of life care and support

- People's end of life wishes had been sought and where they had wished to give these, they were documented within their care records.
- The management team told us they worked with various professional at this time, such as specialist nurses and other professionals to ensure people had a comfortable death. The service provided waking nights staff and on occasions live in care staff when people required palliative 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive culture within the service, based on openness, inclusiveness and respect for people, their relatives and staff. They worked closely with staff and listened to feedback from people and their relatives to ensure staff were working in line with expectations.
- Overall feedback from people and their relatives was complimentary about Walfinch Suffolk Coastal. They told us they were happy with the care they received and would endorse the service to others. One person told us, "I would recommend the agency as the staff just go above and beyond. I recently moved and the [staff] have helped me register with the doctor. All the staff seem to have big hearts and are not in the job to go through the mechanics of it."
- However, there was some mixed feedback from people and relatives regarding missing rotas and communication regarding changes to visits and staff. The management team were aware of these issues and advised they were taking action to address this by making improvements to their electronic system and would provide people with rotas.
- Planned assessments checked the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Staff were positive about working at the service. One member of staff said, "We have a lovely team here. I do think the service is well led, I feel supported if I have any issues and I feel like management are approachable."
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views their comments were followed up, acted on accordingly and used to develop the service. A relative commented, "I have contacted the office staff on occasions for some clarification and I find they do respond well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was also the provider and recognised that this dual role was at times challenging.

They were supported by the general manager to ensure the service ran smoothly. They advised that the general manager would be applying to be the registered manager and would be in charge of the day to day running of the service enabling them as the provider to develop the service further.

- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine administration, care plans, daily records, incidents and accidents and complaints.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The management team worked with organisations within the local community to share information and learning around local issues and recognised best practice in care delivery.
- The management team worked with a wide range of stakeholders involved in people's care. These included occupational therapists, safeguarding authorities and various health professionals. The local commissioning team informed us they had no concerns with the service.