

WiCare Services 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

This inspection took place on 11 July 2018 and was announced.

This was the first comprehensive inspection carried out at WiCare Services Ltd.

WiCare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. WiCare Services Ltd provides a service to older adults and younger disabled adults. On the day of our visit, there were two people using the service.

The service had a registered manager. 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 in the Health and Social Care Act and associated Regulations about how the service is run.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risk assessments were in place and were reviewed regularly; people received their care as planned to mitigate their assessed risks.

The registered manager provided nearly all the care, with bank staff for additional occasional support. Safe recruitment processes were in place. People received care from staff that had received training and support to carry out their roles.

People were supported to access relevant health and social care professionals. There were systems in place to manage medicines in a safe way.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care. People were involved in the planning of their care which was person centred and updated regularly.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff. Staff had a good understanding of people's needs and preferences.

People were supported to express themselves, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to

appropriately.

We have made a recommendation about developing the service's quality monitoring.

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.

People received care from staff that knew how to safeguard people from abuse.

People's risks assessments were reviewed regularly and as their needs changed.

There were enough staff deployed to meet people's needs. The provider followed safe recruitment procedures.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good ●

The service was effective.

People's care was delivered in line with current legislation, standards and evidence based guidance.

Staff that received the training and support they required to carry out their roles.

People were supported to eat and drink enough to maintain a balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff.

People were supported to be involved in planning their care.

People's privacy and dignity were maintained and respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures they followed to manage complaints.

The registered manager planned to work with health professionals to help people plan their care and preferences for end of life care.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager who understood their roles and responsibilities.

Quality monitoring of the service was in it's infancy.

People were asked for their feedback regularly.

WiCare Services Ltd

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 checked 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.

This announced comprehensive inspection took place on 11 July 2018 by one inspector. We gave the service four days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This was the service's first comprehensive inspection.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

During this inspection we spoke with one person using the service and one relative. We visited one person in their home. We spoke with the registered manager and a social worker for one person using the service. We also contacted the local authority that commissioned people's care who provided us with a copy of their quality monitoring report.

We looked at the care records for two people who used the service and medication records for a person who no longer used the service. We also examined other records relating to the management and running of the service. These included three staff recruitment files and staff training records. We looked at the staff rotas, complaints, incidents and accident reports and quality monitoring information.

Is the service safe?

Our findings

People told us they felt safe receiving care from WiCare Services Ltd. The registered manager had raised safeguarding alerts promptly and followed their systems and policies to investigate any concerns as required to do so by the local safeguarding authority.

People's risks were assessed and reviewed regularly, for example for their risk of falls. Risk assessments reflected people's current needs and people's care plans provided staff with clear instructions on how to reduce the known risks. For example, one person had experienced falls; staff were vigilant when the person mobilised and provided close supervision in the shower.

The registered manager provided nearly all the care people needed. They had employed bank staff who were experienced in providing care for people with mental health and learning disabilities within the NHS. One relative told us, "[registered manager] comes on time and stays the whole of the planned time." Daily records showed that the registered manager stayed for the planned time, and at times spent longer with people if their needs required.

The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were appropriate arrangements in place for the management of medicines. The records of a person who recently left the service demonstrated how staff managed their medicines in a safe way. The person had received their medicines as prescribed. The registered manager who provided the care had a qualification in prescribing medicines and understood how medicines should be administered and recorded.

People were protected from the risks of infection as the provider had infection control procedures that staff followed. Staff used personal protective equipment such as gloves and aprons when providing personal care and washed their hands before and after providing care. The registered manager recognised when people showed signs of infection and referred people to their GP.

The registered manager strived to make improvements to the service by using lessons learnt from reported events and complaints. For example, the local authority quality monitoring team had provided feedback on how to improve the service which the registered manager had implemented systems and processes to improve the service.

Is the service effective?

Our findings

The provider had systems in place to assess people to identify the support they required before receiving care from WiCare Services Ltd. The registered manager had used the pre-assessments to create a plan of care which was updated as they got to know people or as their needs changed. People's risk assessments were based on best practice and evidence based care. For example, moving and handling risk assessments.

People received care from staff that had the skills and knowledge to meet their needs. The registered manager had employed bank staff who had received training in providing personal care, this included moving and handling, basic life support skills, safeguarding and treating people with dignity and respect. The registered manager told us, "Although all the bank staff are health and social professionals they had the training in care skills to ensure they were up to date with the basics of providing personal care." Records showed that staff had an induction and the registered manager planned to carry out supervision.

Although there were no people receiving support from staff to eat and drink; records showed that the registered manager encouraged people to drink more during the hot weather. They referred people to their GP where people showed evidence of losing weight.

The registered manager liaised with district nurses and GP practices to chase up appointments and medicines. People had access to healthcare services and received on-going healthcare support. They assisted people to attend appointments, the registered manager told us "[Person's relative] does not drive so I take them to the GP."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and found that they were. People's mental capacity had been assessed and people were empowered to be as independent as possible.

The registered manager understood their role in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment. People had given their consent to receiving care from the service.

Is the service caring?

Our findings

People were very happy with the care and support they received. One person told us, "I'm really happy." A relative said, "I am so happy with [registered manager] and the care she gives."

People had formed a good relationship with the registered manager. One relative said, "[Relative] gives a lot of chat and they banter, she [registered manager] has a good sense of humour."

People's privacy and dignity were maintained. One person told us they felt respected, their relative said, "[Registered manager] always treats [Name] with dignity and respect, she understands when [Name] is tired after the day centre."

There was a person-centred approach to the service offered and how the service was run. People's care plans demonstrated how the registered manager had taken time to get to know them and involved them and their families in planning their care. This included their interests and their needs; the care plans were adapted to meet people's individual needs.

People had varying levels of communication skills and abilities which the registered manager understood; they had taken time to get to know one person to enable them to understand their unclear speech and hand gestures.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act.

Is the service responsive?

Our findings

People's assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals for the future. People, and where appropriate their relatives were involved in developing their care plans. The care plans were person centred, identifying people's background, preferences, communication and support needs.

People's care plans had been reviewed regularly or as their needs changed. Daily records were maintained to demonstrate the care provided to people. People told us they received their care as planned.

People had been supported to transfer their care to residential care. Staff had provided the family with support and liaised with the care home about the person's on-going needs.

The registered manager was aware they could take action to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People felt confident that they could make a complaint. One relative told us "I bring things up as they occur, we [the registered manager and Relative] work together and discuss things all the time and work out what is best." There was information available to people in the care folder in their homes. There had not been any complaints in the last year; the provider had procedures in place to respond to people's concerns.

People had not had the opportunity to discuss what it meant to be at the end of life or make their preferences known in an advanced care plan. The registered manager planned to work with health professionals to understand whether people wished to remain in their homes or receive care in a hospital. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Is the service well-led?

Our findings

There was a registered manager who had managed the service since it registered with the Care Quality Commission on 16 September 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood and carried out their role of reporting incidents to CQC.

The service had not provided any personal care until December 2017. Since providing care they had sought feedback from people using the service and their relatives. The feedback had been positive, one person had written in April 2018, "I receive excellent service and the care staff is always here to help. I am very satisfied, I can't ask for more."

The registered manager was highly regarded by people using the service and their relatives. The registered manager was an experienced mental health nurse and health visitor, they held additional qualifications in community practitioner nurse prescribing.

The registered manager had not formally monitored the quality of the service through audits, such as care plans, daily notes and training. However, changes had been made to improve the service where issues had been identified when the registered manager had liaised with the local authority and sought peer support from domiciliary care networks. For example, improvements had been made to the employment records.

We recommend that formal systems and processes be implemented to assess, monitor and evaluate the service provided.

The registered manager understood the steps that were required to grow the service slowly, implementing systems to continue monitoring the service. For example, setting up an on-call system and responding in a timely way.