

Wright Care 2012 Limited

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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

Wright Care 2012 Limited is a domiciliary care service which provides personal care to people who live in their own homes in Carlisle. There were 50 people using the service, of whom 44 were receiving personal care and support.

This comprehensive inspection was carried out between 5 and 12 February 2019.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People said the service was safe and the staff were helpful. Staff understood how to report any concerns. People said there were enough staff employed to assist them with their agreed care packages and there was good continuity of care. The provider carried out recruitment checks to make sure only suitable staff were employed.

People's needs were assessed before they began using the service to make sure the right care could be provided for them. Some people were assisted with their medicines where assessments and agreements were in place. The wording on medicines assessments did not always make it clear what level of support people required, so the registered manager agreed to change this.

Staff said they had enough training to carry out their roles. This included training in managing medicines although their competency had not been periodically checked. During the inspection the registered manager arranged a system of competency checks to be carried out. Staff did not have formally recorded supervision sessions but said they were supported by the management team and could discuss their professional development at any time.

Staff assisted people with their nutritional well-being if this was part of their care package agreement. The service worked with other health agencies where relevant.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said staff were caring, kind and friendly. There were good relationships between people and their small teams of staff.

Staff treated people with dignity and respect. They helped people to maintain as much independence as possible.

People received care that was based on their individual preferences and needs. They were fully involved in agreeing the plan of their support.

People and staff said the management team were open, approachable and always contactable. People had opportunities to give their views about the service. The provider gave information to people about what to expect from the service, their rights and the complaints procedure.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |               |
|--|---------------|
| <b>Is the service safe?</b><br>The service remains good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains good.     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains good.   | <b>Good</b> ● |

# Wright care 2012 Limited

## 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.

This comprehensive inspection was carried out between 5 and 12 February 2019. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to make sure the registered manager would be available.

Before we visited the service, we checked the information we held about this location and the service provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted professionals involved in caring for people who used the service, including commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people who used the service about the care they received. We also spoke with the registered manager, a director, a senior care worker and a moving and handling trainer. We contacted 16 staff and received 13 responses.

We looked at the care records of five people who used the service and the personnel files of three members of staff. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

People told us the service was "safe" and that they felt comfortable with the staff who visited them. Their comments included, "I feel safe with them all" and "I have a small staff team and I trust them."

Staff had annual training in safeguarding people and knew how to report any concerns. The provider understood their responsibility to protect the people who used the service. There had been no safeguarding concerns since the last inspection.

People said there were enough staff employed to provide safe care and support. They told us they were assisted by a small number of regular staff who they were familiar with. Their comments included, "It's always the same ones so they know what I need" and "I have the same girls so it's good continuity."

The registered manager showed us the electronic rota which highlighted any gaps so they could make sure all visits were covered. They tried to arrange for people to have between three to five staff on their teams. The service only provided support to people in two specific areas of the city so travel time between visits was minimal.

Some people needed two staff to assist them (called double-up visits) with their mobility. The provider had learnt lessons from a situation last year when the first staff member had begun to assist a person before the second staff member had arrived. The provider had used reflective discussions with staff to make sure assistance was only provided once both staff were present.

The provider carried out relevant security and identification checks when they employed new staff to make sure they were suitable to work with people. These included checks with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Before people started using the service risk assessments were carried out to check their care could be provided in a safe way. For example, the person's home and if they needed support with their mobility. Staff had access to personal protective equipment and had training in infection control to make sure they supported people in a hygienic way.

Staff had annual training in medicines management but there had been no regular reviews of staff's competency in handling medicines. During the inspection the registered manager set up a system of competency checks.

There were assessments in place about what level of assistance people needed with their medicines. In some cases the assessed levels did not always correspond to people's actual needs. For example, some people needed staff to give them the medicines then record it on the medicines records as taken. But the assessment stated those people 'self-administer' their medicines. The registered manager agreed this was confusing and during the inspection they revised the assessments to make it clearer.

# Is the service effective?

## Our findings

People's needs were assessed before they started to use the service. This meant the service checked whether the personal care needs and circumstances of the person could be met and managed.

People said the service provided them with the right support for their needs and that staff assisted them in the correct way. Their comments included, "They are trained and they know what to do" and "They seem well-trained enough and they know exactly how I need to be moved using my (mobility equipment)."

Staff received training in essential health and safety topics including food safety. One staff member was a trained trainer in moving and assisting so all staff were trained in this. Other relevant training was sourced for specific individual needs of the people they supported. For example, an occupational therapist had trained staff in the specialist mobility equipment for one person.

New staff had induction training and shadowed experienced staff before working alone. During their probationary period they were supported to complete the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours of a staff who is new to care.

Staff told us they had sufficient support to carry out their roles. Their comments included, "We get enough training and know that if we are unsure of anything we can contact (the office)" and "I get good training and support." The provider carried out annual appraisals with staff but did not hold formal supervision sessions. The registered manager stated 'spot checks' were used to monitor their practices and staff frequently visited the office to discuss any issues. The registered manager stated they would start to keep a record of discussions with individual staff members to demonstrate the support they provided towards staffs' professional development.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The management team had a good understanding of their responsibilities with regard to the MCA and staff had received training in this.

The care records we looked at contained evidence of people's consent to their care package. Some people did not have capacity to consent to care so the details of who had power of attorney to make decisions on their behalf was recorded. The provider was arranging to check copies of the power of attorney arrangements to make sure those representatives had the legal right to make decisions for people about their care.

Staff assisted people with eating and drinking if this was part of their care package agreement. If there were risks to people's nutritional well-being, staff recorded a food diary to check the amounts they were eating. This information was then shared with the relevant health professionals.

The registered manager said the service worked well with other health agencies and, where appropriate,

supported people to access health services. For example, the service had sought advice from speech and language therapists for one person who had difficulty swallowing.



## Is the service caring?

### Our findings

People had many positive comments to make about the caring attitude of the care staff and management team. They told us, "They're wonderful", "They are all lovely girls", "The carers and [registered manager] are very nice" and "They've become more like friends than carers."

The service provided support to people with a range of needs. The service's values were focused on respect, dignity, choice and autonomy of the people who used it and these were referenced throughout its policies and procedures.

People told us care staff were respectful and they had a good relationship with them. They commented, "They are very pleasant and very polite", "I'm pleased with the treatment of all of them – the young ones are just as nice" and "They are very respectful but I can have a joke and laugh with them as well."

People said they were assisted with the daily living tasks they needed but their continuing independence was also respected. For example, one person described how staff helped them with washing and toileting, but they continued to manage their own medicines. Their comments included, "I can live in my own house with all my lovely memories because they come and help me" and "Their support means I can still live at home."

Staff said the service was caring and they were proud to be part of it. For example, staff told us, "What I think we do really well is going above and beyond for our clients. I think we are a pretty good bunch. I can't think of anything that can make the service better off the top of my head. I feel very appreciated."

People were provided with an information booklet about the service. A copy of their care plans and agreements were kept in a file in their own homes so they had access to these at any time. This information was printed in plain English, but people's alternative communication methods were also respected. For example, staff liaised with the relative of one person's whose first language was not English to make sure they were involved in discussions about their care.

The registered manager described how they had supported people to access local advocacy services where necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

## Is the service responsive?

### Our findings

People told us the care staff were familiar with their needs so provided personalised support. For example, one person commented, "I have very specific needs. They must have researched it because they are knowledgeable about my condition so they are able to discuss it with me."

Staff were arranged into small regular teams for each person to provide good continuity and communication about any changes in needs. One person was no longer able to communicate verbally. The registered manager described how staff recognised their non-verbal communication through body language and facial expressions. Staff acted on the person's choices, for example if they shut their mouth during a meal it meant they no longer wanted to eat.

People were asked for their preferences of who supported them and their views were considered. For example, whether they would not want to be cared for by a male staff member.

Care records were individualised for each person. The care and support plans included personalised information about each task, routine and support the person wanted at each visit. For example, one person's care plan included, "I would like the carers to take my medication out of the blister pack and put it in my egg cup, I would then like the carers to prompt me to take my medication and ensure that I do. I would like the carers to sit and have a chat with me."

People were given an information booklet which included clear details of how to make a complaint. All the people we spoke with had confidence in the registered manager and said they would be comfortable about raising any issues if necessary. They told us, "I can get in touch with [registered manager] at any time and she listens to me" and "I've had no problems with them but I could ring [registered manager] if I needed to." There had been no complaints logged with the service in the past year.

The registered manager described how the service supported people to remain in their own homes for as long as possible, including at the end stages of their lives. Staff worked alongside other care professionals, such as palliative care nurses, to provide support for people and their families at that time.

## Is the service well-led?

### Our findings

People said the service was managed in an open and friendly way. People's comments included, "It's well-run and I know I can ring [registered manager] anytime about anything" and "I see [registered manager] when she comes to spot check the girls and it's always good to talk with her (about the service)."

The service had a registered manager in place. 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.

Staff said the registered manager was approachable and helpful. Their comments included, "We have a great team and bosses are good, caring individuals and do their best by clients and staff alike" and "They look after their staff and even better with the clients. I'd use the service if I needed to."

People said they were asked for their views of the service they received and that these were listened to. The management team carried out regular spot checks of staff whilst they were carrying out the care to people in their homes. These checks were used to make sure staff practices were supportive and safe. Spot checks and six-monthly reviews were also used check people's views about the service they received.

The provider also used a questionnaire to gain the views of people and staff of the service and any areas that could be improved. The last questionnaire had been 18 months ago and the responses were largely positive. The provider had developed a new questionnaire which was about to be sent out to people.

Staff told us they were well-supported and said the provider operated at good standards of care. Most staff also commented they felt valued by the provider. They told us, "I feel very respected and valued as a member off staff", "[Registered manager] is very understanding when it comes to which days we can work", "I couldn't fault this company they do a good job", and "I would use our company and recommend them to anyone."

The management team carried out audits of completed care and medicine records which were returned to the office. The time and length of calls were checked to make sure these were in line with people's agreements. Any gaps in records were addressed with the relevant staff to support improved practices.