

Care Wish 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 12 and 13 December 2016 and was announced. The service had been registered with us previously and was rated as Good. There has been a change to the provider's legal entity and this was the first inspection since this service was re-registered in July 2015.

Care Wish is a domiciliary care service registered to provide personal care to people within their own homes. They provide support to people on a long term basis and to people who have been discharged from hospital and who receive a re-enablement service. At the time of our inspection 72 people were 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 2008 and associated Regulations about how the service is run.

Staff had received training and were aware of the types of abuse people may be at risk of and knew the actions to take if they suspected someone was at risk of harm. Recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. People were supported with their medication by staff who had received training in how to do this.

Staff received an induction and on-going training to ensure they had the skills and knowledge for their role. People were supported with meals where required and staff had knowledge of people's dietary requirements. People and relatives told us that staff sought consent before providing care. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions. Staff monitored the health and wellbeing of people and knew the action to take if someone became unwell.

People and their relatives told us that staff were kind and treated them with dignity. People and their relatives were involved in planning for their care and were involved in reviews to ensure the support provided continued to meet their needs.

A complaints system was in place and where complaints had been made these had been investigated by the registered manager and action had been taken to make improvements where required.

People, their relatives and staff spoke positively about the registered manager and the leadership of the service. Feedback was sought from people, their relatives and staff and where issues had been raised, these were listened to and action taken to make any required improvements. Systems were in place to monitor the quality of the service provided.

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 felt safe when being supported by staff who knew how to identify and act on concerns of abuse.

Recruitment checks were in place to ensure people were supported by suitable staff.

People were supported with their medication by staff who had received training.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to fulfil their role.

People's consent was sought before their care was provided.

People were supported with their meals where required and their healthcare needs were monitored.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind and treated them with dignity.

People and their relatives were involved in the way their care was provided.

Systems were in place to support people to access advocacy services where required.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and

review of their care.

Staff were knowledgeable about people's needs.

There was a complaints procedure in place and concerns people raised were investigated and action taken based on the findings.

Is the service well-led?

The service was well-led.

Staff told us they were supported by the registered manager who promoted an open and transparent service.

People and staff were encouraged to share their views about using this service.

Systems were in place to monitor the quality of the service provided.

Good 

Care Wish 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 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 inspection took place on 12 and 13 December 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because Care Wish provides a domiciliary care service, and we needed to make arrangements to speak with people using the service, staff and have access to records. The inspection was undertaken by an inspector and an expert by experience who completed telephone calls to people and their relatives to gain feedback about their experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with seven people who used the service and 11 relatives, four care staff, two senior staff, the care co-ordinator and the registered manager. We looked at a sample of records including six people's care records, four staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Is the service safe?

Our findings

People who used the service told us they felt safe when staff supported them in their home. One person said, "I have never felt unsafe with any of the carers". Another person told us, "They [staff] all make sure that I am safe". A relative we spoke with told us, "I have no concerns about my family member's safety with the staff and never have. For example my family member is happy with them and they will ensure things, like when they do the night visit they always lock up properly".

Staff we spoke with told us they had received training in safeguarding people and understood the action to take if they had any concerns that someone was at risk of harm. One staff member told us, "I would report any concerns straight away to the manager and I am aware of the agencies I can report issues to if I need to". Another staff member said, "I would always report my concerns to a senior or to the manager and I know that action would be taken". Records we looked at showed that the registered manager had taken the appropriate action where concerns had been raised.

Staff we spoke with all demonstrated their knowledge of how to respond to any emergencies or untoward events. Some staff provided us with examples of the action they had taken in these situations. This included contacting emergency services for assistance.

People and their relatives told us assessments had been undertaken to ensure any risks associated with their care had been identified and reduced. A person told us, "The staff follow me on the stairs to make sure I'm ok and they put the mat down for the shower and the seat is in place and make sure I am safe in the shower". A relative said, "The staff know how to use the hoist which is a great help for us and makes us feel our family member is safe with them". Staff we spoke with had a good understanding of how to identify and support people to manage risks to them. One staff member said, "There are risk assessments in people's homes which I check and follow, and I always do a visual check to make sure the environment is safe before I support people". Another staff member told us, "If I have to use equipment I always check it first to make sure it is safe to use, like the straps on the slings if I am supporting someone to use the hoist". Records showed that risk assessments had been carried out in areas such as mobility, skin condition, and the home environment. These gave staff information on what risks had been identified and the strategies to manage these. Records showed the assessments were up to date and reviewed on a regular basis or when risks had changed. We saw that a system was in place to record any accidents or incidents that had occurred. The registered manager confirmed that there had not been any incidents reported.

There were effective systems in place to reduce the risk of unsuitable staff being employed by the service. Staff told us they had provided the required recruitment information before they had commenced employment and this included a check with the Disclosure and Barring service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. Records we looked at confirmed that all of the required checks had been completed. We saw that a system was in place to check on an annual basis the on-going suitability of staff to work for this service.

Most of the people we spoke with said there was enough staff to meet their needs. We did receive some

comments from people who said they had received late calls. These people felt the reason for this was due to sickness and staff shortages. One person said, "I think there is enough staff I have had no issues". Another person told us, "I have in the past received late calls, I think this was due to sickness and shortages of staff to cover".

Most of the people and the relatives we spoke with told us that care was provided by a regular team of staff. But we did receive some comments that people had experienced some inconsistencies and changes to the staff providing their support. One person said, "There can be different carers but they are always friendly and kind". A relative told us, "There have been times when there has been lots of different carers as they seemed to come and go a lot. Now my family member has a more regular carer who is absolutely excellent. We do get a rota but it can change. If somebody on the rota is off I think one of the bosses comes out and the call is always covered".

Staff we spoke with told us they had a consistent rota which only changed due to holidays or sickness. The registered manager confirmed this and she acknowledged that the service went through a period where staff were off sick and some staff had left which had impacted on people receiving support from some different staff and the timings of the calls. The service was expanding and the registered manager was recruiting to meet this demand. There was a system in place to ensure that people received their care on time and that staff stayed with people for the allocated amount of time. If a person's call was delayed for any reason the electronic system would alert the office staff to enable them to arrange cover.

Some people who received care from the service required support with their medication. Most of the people and relatives we spoke with told us they received their medication as required. One relative told us, "The staff give my family member their tablets from the blister pack and sign the medication form. There has never been a problem". Another relative told us about when staff had forgotten to administer their family member's medication. Records showed that any incidences with medication were reported and logged. We saw from these records the action the registered manager had taken to address any issues with staff not following procedures. This included retraining of staff and performance issues being addressed.

Medication administration records (MAR) were completed by staff in people's homes and then returned to the office base each month. These were then checked by the senior staff to ensure they had been completed in full. We reviewed a sample of these and saw that where there were gaps, action had been recorded to address this. We saw that the MAR record that staff signed did not reflect the name of the medication the staff administered. We saw that a separate record was kept of this which was not always attached to the completed MAR when it had been checked. We discussed the importance of this with the registered manager who confirmed that she would address this and add this to the audit sheet that was completed. Staff told us and records confirmed that staff had received medication training and had their competency to administer medication checked.

Is the service effective?

Our findings

Most of the people and their relatives told us they felt the staff had the skills and knowledge for their roles. One person told us, "They do use a hoist to get me up. They all seem to know what they are doing and if there is a new carer they always send them with somebody who has been before". Another person said, "The staff know how to support me I feel confident in their skills". We received some comments from relatives about the skills and knowledge of some of the new staff in relation to supporting people who have had a stroke and supporting people who are living with Dementia. This feedback was discussed with the registered manager who advised that she would review the training provided in these areas.

Staff we spoke with told us they had received an induction prior to starting work to prepare them for their role. This induction involved completing training, shadowing more experienced members of staff and observations of staff member's competencies to complete tasks. One staff member said, "The induction was very good I received training and had an opportunity to shadow staff which enabled me to meet the people I would be supporting and to get to know them and read their care plans. A senior observed my work to make sure I completed tasks correctly and then I was signed off". Records we looked at confirmed this and that new staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a set of induction standards designed to assist staff to gain the skills and knowledge they need to provide people's care.

Staff told us they had access to on-going training to support them in their role. One staff member said, "I have had regular training updates and I have completed training which is specific to the needs of the people I support. I can request any further training I feel I need and I am supported to complete this. The training is good and it comes into action when we are supporting people". Records we looked at confirmed that staff had completed training relevant to their role and they were given opportunities to access training to further develop their skills and career development. The registered manager advised that training had been planned for the staff that supported people as part of the re-enablement service they offered.

Staff we spoke with told us they received regular supervision with their manager to discuss their role. One staff member said, "I feel supported and I can go to a senior or to the manager at any time. I have regular supervisions and discuss my performance and any key topics. I have also had an annual appraisal where we set goals for the following year". Records showed that supervisions and appraisals were provided.

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 we found they were.

People and their relatives told us staff sought consent before providing their care. One person said, "They

ask me if it is okay before they provide my support". Staff we spoke with knew about the importance of obtaining people's consent before providing them with support. One staff member said, "I always ask first to make sure people are okay with me undertaking tasks it is important they consent to their care and are happy with me supporting them with tasks". Another staff member told us, "I have had training around MCA and I always explain my actions to people first and ask their permission before providing any support". Records showed that most of the staff had completed training in relation to MCA. The registered manager advised that further training was being planned.

Some people received support with meal preparation. People and their relatives told us they were satisfied with the support staff provided. One person told us, "They look in the fridge and then give me a few choices of things for breakfast". A relative said, "They [staff] get breakfast for our family member and always give them a choice and ask them what they fancy for breakfast. Our family member will say, 'The staff made me a lovely omelette today' which is good to hear". Staff we spoke with had a good understanding of the level of support people needed and about any specific dietary requirements people had. One staff member told us, "I always ask people what they would like to eat or drink and I always leave a drink of their choice and snack for them before I leave". Records we reviewed contained information about people's dietary requirements and the support they required with meals. We saw that staff monitored people's fluid and food intake where this was needed and completed the appropriate records.

People and their relatives told us they had confidence that staff would take the required action if a person was feeling unwell. A relative told us, "The staff would phone me if they thought I needed to get the GP in for anything". Another relative said, "The staff suggested I call the District Nurse after they noticed a couple of red patches on my family member's skin". Staff knew about people's health care needs and described the actions to take if someone became unwell. One staff member said, "A person I was supporting was not feeling well so I gained their permission and contacted the doctor for them as they didn't feel up to making the call themselves. I then reported this to the office and recorded my actions". Records showed that staff sought advice and reported concerns to healthcare professionals where required.

Is the service caring?

Our findings

People and their relatives told us that staff were kind, polite and caring in their approach. One person said, "The staff are all very nice and polite and helpful. We have a nice little chat when they get me up". Another person told us, "They are fine, never any problems. They are like family. We chat about what I've been doing". Comments we received from relatives included, "The carers are caring, thoughtful and they chose good people. They are very personable", and "The staff are friendly and we are getting to know them. Our regular carer is great. She is very attentive and goes beyond the call of duty doing those extra little jobs and taking extra care with my relative and having lovely chats with them".

People told us they were involved in their care. This was also confirmed by the relatives we spoke with who told us that staff kept them up to date with any changes in their family member's wellbeing. One relative told us, "The staff always write in the book and let me know if there is anything concerning". Staff told us how they supported people to make choices with regards to their care. This included talking and asking people about how they would like their care to be delivered. One relative said, "They are always asking our family member if they are comfortable and always give them choices such as asking them what they want to wear". Staff told us that where people could not communicate, they were aware of people's body language and facial expressions to ascertain if they were happy with the support provided. One staff member told us, "I always talk to people and make sure they are involved in what tasks I am undertaking and I ask them if they are happy with the support I am providing". Records showed that people were routinely asked for their feedback through telephone interviews, reviews and questionnaire's that were sent out.

People and their relatives told us the staff treated them with respect and dignity. One relative told us, "They are very professional and just ask me if there is anything we need. They keep our family member warm and cover them with a towel when washing them. They are very respectful of our home and always leave it clean and tidy. We couldn't ask for better". Another relative said, "My family member isn't the easiest person to deal with due to their illness, but they deal with them very well. They are polite and kind and call him Mr (Name) and approach him in a respectful manner".

Staff told us they were careful not to undermine the independence of people. One staff member we spoke with said, "I work with people as part of the re-enablement service we provide. So our aim is to support people to gain their confidence and independence back. I always try and encourage people to do as much for themselves as possible". Another staff member said, "It is important to encourage people to do things for themselves so they gain their confidence back".

The registered manager had a good understanding of when people may require an advocate and knew how to refer people for this service. The registered manager confirmed that a referral had recently been made for a person to receive support from an advocate. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Is the service responsive?

Our findings

People and their relatives told us that prior to receiving a service an assessment was completed to discuss people's care needs and their preferences with regards to their care. One relative said, "The assessment and care plan were done whilst our family member was in the hospital and it all seemed to be done quite efficiently". Records showed that these assessments were completed with the person and their relatives. People that received a re-enablement service received an assessment undertaken by the local authority who then shared this with the service.

People and their relatives told they were involved in reviews of their care. One relative said, "The care plan was reviewed this summer and had been reviewed last summer too". Another relative told us, "We had a review with the staff and the manager. She seems very professional and understanding and fulfilled the care plan". Records showed that people had reviews annually or more frequently depending upon changes to their needs.

People and their relatives told us the staff were responsive to their care needs and if possible adapted the support to meet the person's preferences. One relative told us, "Our family member has a lot health issues and therefore our care package has changed over the years both increasing and decreasing as their needs have changed. The service had to be quite flexible and they have been great". Staff told us about the re-enablement service and how when people's health improved they had reduced the support people received. One staff member told us, "It is really rewarding work. I can see how my support has helped someone improve. When people's needs change and they regain their skills and independence we reduce the time and support we provide. This is all discussed and agreed with people at the review meeting".

Staff we spoke with demonstrated a good knowledge of people's care needs and how people liked their care to be provided. One staff member said, "It is important to get to know the little things that matter to people such as how they like their cup of tea, or which flannel or sponge they use when they have a wash. These things matter to people and make all the difference to them". Care records we reviewed contained personalised information about people to ensure they received care in line with their preferences. Records provided staff with information about people's food and drink preferences, their interests and hobbies and their religious observances. It also included information about the gender of the staff member they preferred to provide their care, and the provider met these preferences.

Some of the people and their relatives that we spoke with were not aware that a complaints procedure was in place. However everyone told us they would be happy and confident to raise any issues they had with staff or with the registered manager. One person told us, "I certainly wouldn't hesitate to complain as necessary and I have contacted the office about some issues and they assured me they would address these and they did". Another relative said, "I would raise any of my concerns and I am confident these would be addressed". Staff we spoke with were clear on the complaints procedure and what action to take if people expressed a wish to raise a concern. A staff member told us, "I would support anyone to raise an issue. There is a complaints form in the files that are given to people when they start receiving a service so I would make them aware of this or I would inform the office of their concern if they asked me to". We reviewed the records

held about complaints and saw that where complaints had been made, these had been investigated by the registered manager and the outcomes recorded and shared with the complainant. The registered manager told us about the improvements that had been made to the service following receipt of the complaints so that lessons could be learnt. This included staff receiving further training, and performance issues being addressed.

We saw that the service had received several compliments from people and their relatives. Comments included thanking the staff for the care provided, the quality and professionalism of the staff, and how staff had preserved the dignity of a person they had supported.

Is the service well-led?

Our findings

People and their relatives told us they knew who the registered manager was and that they were happy with the service provided. One relative told us, "I only have to deal with the office staff occasionally on the phone and they have always been very pleasant. I think the culture is quite good. They are providing a service and helping us to keep our family member at home. I've never seen the need to look for another agency". We received a few comments from relatives about how they had contacted the office due to staff being late and how they would like to be notified about this. Some relatives also raised comments about changes to the staff that provided their family members support and how they wanted to have regular staff. All relatives told us they had received satisfactory responses and assurances from the registered manager that improvements to the way the service was provided would be improved.

We saw that an electronic system was in place which monitored the call times of the staff and which alerted the office if staff were running late. The registered manager advised that each staff member was provided with a work phone which they should use to contact people if they were running late so that people were made aware of this. The registered manager said she would raise this with the staff team to ensure they alerted people if they were going to be late for their call.

Staff spoke positively about the management team and told us they felt supported in their role. One staff member told us, "The seniors and the registered manager are all supportive, open and approachable. I think the service is managed well. We have regular spot checks and constructive feedback which is helpful and ensures I am doing my job properly. There is always someone on call so if I need any advice someone is always on the end of the phone which is reassuring". Another staff member said, "I enjoy my role and working for this company. The manager is approachable and I know I can speak to her whenever I need to. There is a good atmosphere and everyone works well together. We have good communication as we are provided with phones so we receive alerts to make us aware of any changes or important messages". Staff told us that regular meetings took place to discuss the service and staff felt able to raise suggestions and felt listened to. Records we looked at confirmed that staff had regular spot checks which involved observations to ensure staff carried out tasks correctly. Any issues occurring from spot checks were written up and discussions with the staff member recorded. Records of staff meetings were also in place.

Staff all confirmed that a whistleblowing procedure was in place and how they felt confident to raise any issues they had. Where concerns had been raised the registered manager had taken action and reported these appropriately. Whistleblowing is the process for raising concerns about poor practice.

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by two senior staff and a care co-ordinator. Tasks were delegated to ensure that the service was monitored and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities.

We saw that the registered manager had sought feedback from people their relatives and staff. The feedback provided was analysed to identify trends. The feedback from the results in April and November 2016 were

mostly positive. Where improvements had been identified the service had recorded the action they would take to address these. For example providing a regular team of staff to people, and amending the questions on the form to make them easier to answer.

Audits were undertaken to monitor the safety, effectiveness and quality of the service provided. These included audits of the care records, staff files and training and support systems provided to staff. Where shortfalls had been identified action had been recorded to demonstrate how these would be addressed. The registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately.