

Wellbeing Teams Ltd

# Wellbeing Teams - Greater Manchester

## Inspection report

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## Ratings

Overall rating for this service	Outstanding	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Outstanding	
Is the service well-led?	Outstanding	

# Summary of findings

## Overall summary

About the service:

Wellbeing teams – Greater Manchester is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats. It provides a service to adults including supporting people with a diagnosis of dementia.

Not everyone using Wellbeing teams receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided. At the time of our inspection the service was supporting 75 people with a regulated activity in Wigan, Lancashire and Abingdon, Oxfordshire. The service was in the process of starting to support people in Thurrock, Essex.

Wellbeing Teams is a self-managed service meaning local teams of wellbeing workers perform many of the tasks relating to staff support, reviews and quality assurance checks normally performed by the registered manager.

For more details, please see the full report which is on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

People told us they were partners in their care and had control over what support they had. The service without exception respected people's choices and found innovative and caring ways to both support and protect people in their choices.

People said they knew their wellbeing workers well and that they went above and beyond what would normally be expected of them.

The service put the people they supported and the people who knew them best, at the heart of organising and planning care, so that the best outcomes for people were achieved. Where wellbeing workers felt alternative support or approaches would better help a person these were discussed with the person and people who knew the person well to identify how positive outcomes could be better achieved.

Secure innovative technology was used and embraced by the service to ensure clear and prompt communication between people supported, their relatives and wellbeing workers. This provided immediate reassurance, to all involved in a person's care, how the person was on any given day and that they were safe.

People were actively encouraged to maintain relationships with friends and remain active members of their wider local community and build new relationships. The service signposted people to events being run by other organisations and where a person's interests were not being met, the service tried to arrange activities

that would interest the person and link the person with a wellbeing worker who shared the same interest.

The service met the characteristics for outstanding in three areas and met the characteristics for good in the remaining two areas we inspected. Therefore, our overall rating for the service after this inspection is outstanding.

Rating at last inspection: This was the first inspection of the service since it was registered with CQC

Why we inspected: This was a planned inspection based on the date of registration of the service.

Follow up: We will continue to monitor the service through information we receive and future inspections.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** 

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** 

### **Is the service caring?**

The service was exceptionally caring.

Details are in our Caring findings below.

**Outstanding** 

### **Is the service responsive?**

The service was exceptionally responsive.

Details are in our Responsive findings below.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

Details are in our Well-Led findings below.

**Outstanding** 

# Wellbeing Teams - Greater Manchester

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two Adult Social Care Inspectors, an Inspection Manager, a member of the Adult Social Care Policy team 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 domiciliary care service.

#### Service and service type:

Wellbeing Teams is a domiciliary care service. It provides personal care to people living in their own houses and flats in the community. It provides support to adults, including people with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service employs self-managed teams where many of the usual roles of the registered manager are performed by the local teams.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure the registered manager and local Wellbeing Leader would be in the office.

Inspection site visit activity started on 7 January 2019 and ended on 8 January 2019. We visited the team

based in Wigan to see the Registered Manager and Wellbeing Leader and to review care records and policies and procedures. We made telephone calls to people being supported by and people working for the service in Oxfordshire.

#### What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the service, information from other stakeholders, for example the local authorities and information from members of the public. In addition, the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people using the service, three relatives of people using the service, three wellbeing workers and wellbeing assistants, a Trusted Assessor, the Wellbeing Leaders and the Registered Manager. We also reviewed care and medication records of three people, records of accidents and incidents and complaints.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. Comments we received included, "I feel very safe and I'm happy" and "I feel safe here."
- Staff receiving training in safeguarding adults. Staff we spoke with understood their responsibilities for identifying and reporting signs of abuse.
- The service had a safeguarding policy in place and worked with local authorities to ensure any concerns were investigated and responded to appropriately.
- Staff underwent equality and diversity training to help them identify any abuse that may arise from harassment or discrimination.

Assessing risk, safety monitoring and management

- Risks to people were assessed and identified risks were managed to ensure people could live their lives in the way they chose but in as safe a way as possible.
- People's safety was reviewed every week during the team meeting by staff raising concerns and collectively finding solutions.

Staffing and recruitment

- Appropriate checks were completed on staff before they were offered employment, including checks with the Disclosure and Barring Service (DBS). This helps ensure people who are not suitable to work with vulnerable people are not employed by the service.
- Reference requests for the service asked for information about the applicant's values to identify whether they would fit with the culture of the organisation. The registered manager explained, "It's essential the [person's] values fit rather than their skill set. We can coach the rest."
- The service participated in an 'ethical framework' scheme arranged by one local authority. This meant additional information about people's conduct during their employment was included in references rather than just a person's start and end dates helping employers ensure staff were suitable .
- Electronic recruitment files were held securely removing the need for confidential information relating to staff being kept in local offices.
- Rotas were arranged two weeks in advance by teams which ensured consistency in staff and that only staff with the required skills supported people.

Using medicines safely

- People's medicines were managed safely.
- Where people were supported with their medicines, an electronic Medicine Administration Record (MAR) was in place. If staff did not record people had received their medicines at the correct time an alert was sent to the Wellbeing Leader to follow up and ensure people were receiving their medicines as prescribed.

- When people's medicines changed staff were able to send photos of the person's updated prescription so their MAR could be updated immediately, ensuring staff were kept up to date with what medicines the person needed support with.
- The service supported people to have their medicines reviewed. The registered manager told us, "We had a person whose outcome was to manage their medicines safely but they were struggling. We arranged a review of their medicines and were able to reduce the number of different boxes and they are managing well now."

#### Preventing and controlling infection

- We saw examples where staff had identified infection control risks to people and implemented imaginative ways to reduce the risk to the person.
- Staff were trained in infection control techniques and understood the importance of following good practice.
- Staff had plentiful supplies of personal protective equipment such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- A review of incidents was held weekly with all Wellbeing Workers to discuss incidents, what had caused them and what could be learned from them.
- Where learning was identified, Wellbeing Workers took responsibility for ensuring the learning was implemented into the person's support plan.

# 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

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

- People's needs were assessed by trained staff and records were clear about how the person wanted to be supported. A wellbeing worker told us, "We have an initial conversation and discuss what the person's expectations are and ask questions about protected characteristics. We need to get to know the person not just their needs."
- Outcomes people wanted to achieve were detailed in their support plans along with details of the support the person wanted to help them achieve them.
- People's cultural needs and choices were included in their support plans.

Staff support: induction, training, skills and experience

- Wellbeing workers we spoke with told us they felt they had the training they needed to support people safely. One wellbeing worker we spoke with told us, "No-one is afraid to say they don't know something, we're learning new things all the time." The registered manager told us, "We asked staff what they thought they needed and so we have got them all higher-level medication training."
- The service used 'what if' scenarios as a discussion point during weekly meetings to test staff's learning. Staff were able to suggest topics for 'what if' scenarios so any gaps in learning were addressed.
- The wellbeing team supported each other through weekly meetings and a buddy system. There was also an online 'app' which wellbeing workers used to support each other. Workers told us, "Your buddy is always there but we can raise things in the team meetings too."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the support they needed to eat and drink enough. One person told us, "They are aware of my likes and dislikes." People's support plans included details about their food preferences and any allergies or diet modifications a person may have.
- Wellbeing workers told us that if they were concerned about a person not eating or drinking well they would raise it at the weekly review meeting to raise awareness in the team and decide what action was needed.

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

- People told us wellbeing workers supported them to make appointments with other healthcare professionals. One person said, "I had an issue and they sorted it out with my GP quickly. I appreciate everything they do for me." Another person told us, "The carer arrived and knew I wasn't well and rang the doctor and sorted it out. I had a chest infection but I'm over it now."
- People told us they had been helped by wellbeing workers to make other appointments with opticians,

dentists and district nurses.

- People's records contained communication sheets so that visiting healthcare professionals and families could share information about the support the person was receiving. A relative explained, "[My relative] has an app we can all leave messages in. It's good if [my relative] isn't well they pick up on it quickly."
- The registered manager told us they were trying to conduct joint reviews with the local authority so they were less intrusive for the person and to avoid repetition.

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 with appropriate legal authority.
- Wellbeing workers received training in the principles of the Mental Capacity Act (MCA) and also had guidance in their staff handbook.
- The service looked at ways to support people to make decisions about their support and care. Wellbeing workers had identified a person was better able to make decisions for themselves in the mornings. This was raised during the weekly team meeting so other wellbeing workers were aware and the person's support plan was updated to remind wellbeing workers to ask any important questions in the morning.
- People's choices were respected. The registered manager told us, "A person we support was making some decisions that were concerning. We liaised with the social worker and local authority but the person has capacity so they are free to decide."

# 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected in imaginative ways. Workers gave us examples of how they had overcome hygiene issues with people to enable them to participate in community activities.
- One worker told us, "We all have nail kits so if people want at the end of a visit, we put some spa music on and give them a pamper. We always ask if we can clean their nails as part of the pamper."
- Workers were encouraged to offer 'spa experiences' for other personal care tasks such as showering or applying creams. A worker told us, "If you're showering someone you're doing it anyway but people enjoy it more if there's music playing and they feel they are being pampered and feel they are having a massage rather than having cream put on." The registered manager told us, "We want to think about how we can elevate the visit. All workers have a data allowance on their phones and we expect them to use it to put music on if the person wants it."
- Relatives of people using the service told us they also felt supported. One relative told us, "The carers genuinely care. [My relative] was ill, the carer was so supportive and came in on their day off to see how [my relative] was and to check I was ok too."
- To help people remain independent, the service had purchased two "Alexa" digital assistants which could be set to remind people to take their medicines. The registered manager told us, "We want a resource library with different technologies so people can try things at low or no cost and see if it helps them stay independent. We don't want to take over, we don't want the support we give to be intrusive."
- Information relating to people was kept in a secure 'app' so was only accessible to people who needed it and were authorised to access it.

Ensuring people are well treated and supported; equality and diversity

- People spoke very highly of the team of workers and told us how they felt exceptionally well treated by staff who knew them very well. Comments we received included, "Nothing is too much trouble. They even get me a newspaper and they don't have to it's in their own time." and "The carers do everything for me. They know what I like and dislike and how I want things doing."
- Relatives of people using the service also spoke very highly of the team. Relatives we spoke with told us, "I'm completely happy with the support. The carers were very kind, marvellous, with [my relative]. They make sure they are clean, they hug her and are very caring." and "They are very good, cheerful and I think they genuinely care. They are professional, courteous, friendly and treat [my relative] as an individual."
- The ethos of Wellbeing Teams was to put people at the centre of the support they received and support them to do more of the things that mattered to them.
- We saw examples of how the service had supported people to take part in events that were important to their culture and choices.

- People's communication needs were identified and recorded and, where needed, shared with other organisations involved in supporting the person. The registered manager told us, "We can provide all our information in a number of ways. We have printed larger font on yellow paper for people with visual impairments, we can do audio versions and easy read version in-house and we can use the local authority's translation services if we need to."
- Wellbeing workers demonstrated they knew the people they supported well. During the team meeting we observed a worker suggest they use their hairdressing skills as they knew a person they supported enjoyed having their hair done.

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

- People were able to express their views about what they wanted support with. During the inspection we were given examples where workers had supported people with things that were important to the person at that time rather than the usual support the person wanted. One person we spoke with told us, "I'm isolated and sometimes I just want a chat so [the workers] will spend time talking to me. They are wonderful and know how I like things done." Another person told us, "I have regular carers and they will ring ahead and get me some bread if I need any. They are very good."
- The service ensured family members and other people close to the person were involved in the person's care. With the agreement of the person being supported, people were given access to the 'app' that workers used to confirm they had attended visits and were able to see immediately the daily records the worker had written.
- The registered manager told us, "We receive a lot of feedback, people are involved. One relative felt there wasn't enough detail in care logs so we were able to send a message to all the workers within 20 minutes of the issue being raised to remind them to add more detail."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and were exceptionally delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support was very much tailored to suit the person and the things important to the person. People were supported by wellbeing workers to do things that were important to them at the time the wellbeing workers visited rather than following a rigid task list.
- Wellbeing workers supporting each person had access to an App where information could be shared between the person's workers quickly. This enabled workers to understand what the person wanted on any particular day ensuring changing daily needs were continually met, for example if a person was worried about a pet or wanted to participate in an activity this could be quickly communicated to other people supporting the person.
- The service was highly responsive to people's social needs. People were supported to make and maintain links with the wider local community. People were asked what sort of social activities interested them, for example, taking part in quizzes or watching films and if they were interested in meeting other people who shared their interests.
- The service matched people with wellbeing workers who shared similar interests and pastimes to further encourage people to take part in events and activities.
- Wellbeing workers actively tried to find activities in the community that would interest the person and when activities weren't available we saw examples where the service had arranged them.
- The service organised a 'knit and natter' group at a local community café which people being supported and the wider community were welcome to attend. Where people wanted to attend the service supported people to arrange transport there and back. People attending the knit and natter group felt it would be nice to have a Christmas meal together and the service helped them arrange this at the community café and also supported people to attend.
- The registered manager told us, "It's not necessarily our role but it's the right thing to do. We're getting people to build relationships and friendships at an age where it's difficult to make friends"
- The service had been tenacious in approaching the local authority for support, had applied for funding for community transport to enable more people to attend community events and had good relationships with local taxi firms. The registered manager told us, "It's about getting people out of the house. We are not just a homecare service we can be a prevention and health promotion service."

End of life care and support

- The service used creative ways to encourage people to think about how they would want to be supported at the end of their life. The registered manager explained, "We know that talking about death is difficult but once we've built a relationship with people, if they're open to it, we give them different options to talk about their end of life wishes. We can loan people cards to start conversations with friends and family about death."

- The service supported people to attend a 'death café' where people could discuss their thoughts and concerns about death.
- We spoke with a relative of a person who had received care at the end of their life from the service. They told us, "We couldn't have done without them. Without exception they were caring and always maintained [my relative's] respect. They were kind, patient and supported me as well. They gave me a rest."

#### Improving care quality in response to complaints or concerns

- Continuous improvement was embedded across the service with the continual review of practices and processes to improve services and outcomes for people including the experiences of people and wellbeing workers.
- People we spoke with told us they knew how to complain but had had no reason to. One person told us, "I have never made a complaint but I have the number to ring, I know who to talk to. I had a few queries to start with but they were resolved. The staff are very approachable." Another person told us, "I can talk to the staff I had a problem but I don't have any concerns. A relative we spoke with told us, "They keep me up to date with everything. I know who the manager is but have never had to make a complaint."
- Concerns raised with wellbeing workers were discussed during the weekly team meeting and also at themed team meetings to address and share any learning actions identified. Wellbeing workers were encouraged to identify solutions that would improve the service for the person and other people using the service.
- The registered manager told us, "The important thing is to look at what have we learned [from a complaint] rather than a blame and retribution culture. If there is a blame culture people will hide things and we can't put them right."

# 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

The service was consistently and exceptionally managed and well-led. Leaders and the culture they created promoted outstanding quality, and highly person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People using the service and their relatives were fully engaged in developing the service and the service had embraced new technologies to support people's involvement.
- People were able to receive real-time updates on people's support and leave their feedback and comments through an 'app'. Feedback received was reviewed by the Wellbeing Leader who would pass them on to the workers.
- Being a self-managed team, wellbeing workers were responsible for reviewing the service on a weekly basis to identify any improvements that could be made to enhance people's experiences and achieve quality outcomes.
- The service conducted brief surveys every month with wellbeing workers to give them an additional opportunity to say how they were feeling and suggest improvements.
- The registered manager told us, "Reviewing what we do is a part of how we do business rather than an extra thing. It feels healthier that way."
- In addition to the weekly team meetings, regular quality checks were completed on all aspects of service provision and processes with both people using the service their families/ representatives and wellbeing workers to ensure exceptional oversight of quality assurance, safety and people and wellbeing workers welfare. The registered manager and wellbeing teams were committed to continual improvement and results from reviews into how the service was working and feedback directly from people were used to identify improvements and improve services for people.

Working in partnership with others

- The service had a prominent role in the local community and had embraced social media to publicise events organising in the local community café and actively encouraged the wider community to attend.
- The service offered awareness sessions to the whole community as the registered manager felt it would be beneficial to people whether they were receiving support or not. The registered manager told us, "We work with the local council and with local businesses for funding. This has allowed us to plan a happiness course for wellbeing workers, people we support and the wider community."
- The service was also working with local park rangers to support an indoor gardening initiative to help people who could no longer access their garden to continue to enjoy gardening indoors as well as supporting others to make the most of their greenhouses and gardens.
- The service had also applied for funding to help support the neighbourhood café.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility.

- The service was exceptionally well organised via innovative and empowered 'self-managed' teams. Wellbeing workers attended a weekly meeting to review the support people were receiving to ensure it was meeting people's needs. Where it was identified that support wasn't meeting a person's needs, wellbeing workers were responsible for identifying solutions. This innovative approach meant that wellbeing teams and workers took ownership of identifying and taking responsibility for solutions to improve care provision. This approach supported the consistent delivery of high care standards.

- This culture was understood and demonstrated by all the wellbeing workers. During the team meeting we observed wellbeing workers challenging each other in a respectful, constructive manner to ensure good outcomes for people using the service. A wellbeing worker we spoke with told us, "I've worked in care before but this is nothing like where I've worked before. You don't just have a say, you're expected to say it and help make decisions."

- The registered manager told us, "The culture starts at recruitment. We want people who understand our values. We expect everyone to communicate. We are concerned if people aren't speaking up."

- The registered manager added, "We have one worker who is quiet so we're speaking to them to make sure they are ok. We make promises to workers that they will be supported to focus on their own wellbeing as well as people they support."

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

- The registered manager understood their regulatory responsibilities and ensured appropriately skilled people were in place within each team to inform CQC and other organisations when important events happened in the service.

- The local wellbeing leaders were clear about their roles and the regulatory responsibilities they had.

- The service had clear monitoring and review systems in place allowing the registered manager good oversight of any issues that arose enabling them to ensure they were dealt with.