

Wilberforce Healthcare UK Limited

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Inspection report

Louis Pearlman Centre
94 Goulton Street
Hull
North Humberside
HU3 4DL

Tel: 01482216950

Date of inspection visit:
18 July 2019
24 July 2019

Date of publication:
13 August 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wilberforce Healthcare UK Ltd is a domiciliary care service providing care and support to older people and younger adults, as well as people who may be living with a learning disabilities or autistic spectrum disorder, dementia, mental health need, or a physical disability.

Not everyone using the service receives regulated activity; the Care Quality Commission (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 consider any wider social care provided. At the time of our inspection 16 people were being supported with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe from harm. Systems and appropriately recruited staff supported this. People's risks were safely managed. Sufficient numbers of staff were employed to support people with their needs. People were safely supported with handling medicines and keeping their homes clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated to their roles. People were supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved. Staff understood about the support people needed with end of life care.

People had the benefit of a service that was positive, inclusive and forward-looking. There was a registered manager and a management team who maintained checks on how well the service was provided. Documents held in the office were secure to ensure confidentiality of people's information. Staff respected people's confidentiality when they supported them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC's website at www.cqc.org.uk.

Rating at last inspection and update.

The last rating for this service was requires improvement (report published 19 July 2018) and there was one breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of any regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below

Good ●

Wilberforce Healthcare UK Limited

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 was carried out by one inspector.

Service and service type

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

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.

Notice of inspection

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

Inspection activity started on 18 July 2019 when we visited the office location, and finished on 24 July 2019, when we spoke with people and staff.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people that used the service, one relative, the registered manager, deputy manager and two support staff. We looked at four people's care records. These included medication administration records and daily notes. We looked at recruitment, induction, training and supervision records for three members of staff as well as other records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure risks were safely managed when administering medicines to people covertly (without them knowing) and 'as they required' them. The provider had also failed to give clear instructions to staff on what to do should a person be choking and should a person's diabetes become unstable. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risk assessments reduced people's risk of harm. Since the last inspection the provider had reviewed and amended risk assessments and practice as necessary. Information for staff on how to reduce risk was clearer. Staff monitored people's safety and reported any concerns to the unit manager to act on.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
- The provider and staff safely managed the administration of medicines. Staff understood the importance of supporting people with taking medicines and had clear information on doing so covertly. They maintained accurate records of when people took them and reported any concerns to the office for action to be taken. The provider ensured people were monitored for the support they required in this area.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. They told us, "I feel safe when being supported and staff have proved they are to be trusted." Staff were trained in safeguarding people from abuse and the systems in place safely managed any safeguarding incidents. This was confirmed by records seen.
- Staff demonstrated knowledge of their safeguarding responsibilities. Office staff were experienced and competent in handling safeguarding incidents and referred them to the local authority safeguarding team for action to be taken.
- Notifications were sent to CQCs of events and incidents the provider was legally required to send.

Staffing and recruitment

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staff told us staffing numbers were sufficient and met people's needs. Staff continuity was maintained with visits. This was because the staff team was small and staff turnover was low.
- Rotas were well managed by the deputy manager. Staff covered each other's absences, so people

received their visits. People told us, "If ever staff know they are going to be late they ring to let me know."

Preventing and controlling infection

- People were protected from the risks of harm. Staff operated good infection prevention and control practices and followed good food hygiene guidelines. They told us they had appropriate protective equipment and had received training.
- People confirmed they received the safe support they needed with personal hygiene and handling food. They told us, "Staff are careful about good hygiene."

Learning lessons when things go wrong

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur. While such outcomes were few the approach from the whole staff team was one of wanting to improve the support they provided to people.
- The registered manager and deputy manager discussed past events where errors had occurred and explained how they had taken action to prevent their reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received effective, safe care. They had an assessment of their needs carried out and these assessments were consistently documented. Support plans provided enough information to guide staff to ensure good practice.
- People gave positive feedback about the effective support they received. They told us, "The staff do a really good job."
- Staff monitored people's needs and provided flexible support, for example, to make sure they sought emergency medical attention when needed and with social outings. People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable and safe for people and staff.

Staff support: induction, training, skills and experience

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff completed an induction and appropriate training. They received supervision and annual checks of their performance.
- Staff confirmed the training they completed in conversations with us. Documents we saw provided further evidence that staff training and supervision was monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported with food planning, preparation and making healthy choices with their nutritional needs. They told us, "I decide about my meal arrangements." Where anyone had specific dietary needs, these were well supported.
- Staff supported people to maintain healthy lifestyles of their choosing. People told us, "Staff will go with me to hospital appointments if that's what's needed."
- The services of healthcare professionals were accessed as required to seek advice for people on nutrition and health. Staff maintained good working relationships with healthcare professionals for the benefit of people they supported.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies, health care professionals and social service officers. They spoke of examples where people had received the service, also required support from other agencies and had their problems resolved through collaborative working.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People were involved with important decisions about their care. Staff gained people's consent before supporting them. No one was the subject of a court order at the time of the inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received the care and support they needed from caring staff. They told us, "Staff are very nice. They genuinely care about me."
- Staff confirmed the approach they used with people, explained they cared for people how they would wish to be cared for themselves. They demonstrated compassion in their accounts of the support they gave.
- Staff spoke about their understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

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

- People told us they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when.
- People told us they expressed their likes or dislikes for personal support, nutrition and interaction and staff respected these. Support plans contained clear information on how care was to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected and they received support, especially personal care, in the privacy of their bedroom or bathroom. They told us, "Staff are polite and discreet. They always respect my dignity."
- Independence was fully encouraged and people confirmed they made their own decisions about the support they received.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

We made a recommendation at the last inspection about keeping people's support plans up-to-date with their information and holding records of any reviews of their care needs. The provider had made improvements.

- People received person-centred care which was responsive to their needs. A relative told us, "Staff respond quickly to changes in my family member's needs, which helps us all enormously." Staff met people's needs through good planning and providing person-centred care, so people had choice and control in their lives.
- Staff had a good understanding of the people they supported, their likes, dislikes and personal preferences.
- People had regular reviews to make sure the care and support continued to meet their needs.
- The provider was flexible in their approach and changed the times and lengths of people's visits to meet their specific needs and preferences.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and how best to share information in a way they would understand and taking into consideration their diverse needs.
- The provider made sure people had accessible information, for example, on how to complain about the service or make contact with the office staff, in an emergency.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be included in the community and avoid isolation. Staff encouraged people to take up activities and pastimes and stay occupied when they wished to.
- Staff supported people to establish relationships and assisted them to visit or keep in touch with family

and friends, if they chose to. People spoke about having very good relationships with staff too, so they could take coffee together when out.

Improving care quality in response to complaints or concerns

- People felt confident speaking with the provider if they needed to complain. Though few complaints were raised people told us, "If I have a problem I ring the office and speak with the deputy manager. Things are always sorted as soon as possible."
- The provider had listened and responded to complaints. They spoke with all parties and took appropriate action to resolve issues and concerns to improve the service.

End of life care and support

- People's end of life care needs were responded to and met. Staff and the office team had a wealth of experience caring for people at the end of life and some had also completed appropriate training.
- People were also supported at the end of life with cooperation and assistance from healthcare professionals to ensure people's experience was as comfortable as possible.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality of the service, reduce risks and keep complete and contemporaneous records in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-led. A staffing structure was in place and staff were clear about their roles, providing a quality service, managing risk, learning from shortfalls and improving the service.
- The registered manager supervised the completion of old and new quality checks put into operation since the last inspection. Accidents and incidents were monitored and recorded. Person-centred care records were maintained and checked for accuracy. There was improvement in following and monitoring protocols for 'as required' medicines.
- Information gathered on the quality of the service was analysed and used to plan future improvements.
- Staff and management meetings had been held, but the registered manager told us they were not the best means of sharing information, the service being much smaller than it used to be and staff therefore unable to get together. They said telephone and general memos (or texts) were the most effective means of communication among staff.
- The registered manager met the regulatory requirements of their registration for informing CQC of significant events that happened in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and staff promoted a caring and positive culture where people experienced good outcomes and were supported in a person-centred way. People told us, "I have always found the staff and managers to be extremely helpful" and "They do whatever they have to so that [Name] is supported. The office staff arrange whatever is needed."
- People were assisted with their needs according to their age and any disability they had. Staff demonstrated a positive outlook in the roles they performed and the support they gave to people.

- The provider worked well with other organisations when people transitioned between services or required the support of other services.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff fully understood their responsibility to be honest about the service provided to people. They understood about accountability, being open to scrutiny and making apologies when things go wrong.

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

- People were supported to be involved in life in the communities that reflected their diverse needs, where they chose to. The provider encouraged people to have links with other services to help them with integration and involvement in their communities.
- People were given the opportunity to engage in making their views about the service known. They were regularly asked to complete satisfaction surveys. The most recent ones we saw demonstrated people were happy with the service.
- Information was used to learn to improve the service for people using it in the future.