

Wisdom Healthcare Limited

# Wisdom Healthcare Limited

## 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?

Requires improvement 

### Overall summary

We undertook an unannounced inspection of Wisdom Healthcare Limited on 23 and 24 April 2015.

Wisdom Healthcare Limited provides personal care to people in their own homes. At the time of our inspection there were 26 people using the service.

There was a registered manager in post at the time of our inspection. 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.

People and their representatives were positive about the care provided by the service.

Staff knew how to identify the signs of abuse and report it. Staff were able to accurately reflect the strategies they used to help reduce risk.

# Summary of findings

People received support at the agreed times from the agreed number of staff. Staff stayed for the full amount of time for each visit.

The provider used appropriate recruitment practices to ensure staff were suitable for their roles, although application forms were not always fully completed to show prospective staff's work histories.

People received the medicines they required in order to support their health.

Care records were personalised. People received care assessments before using the service. People's care needs were also reviewed on a regular ongoing basis to ensure care remained appropriate.

Staff were supported in their roles by the management team. This included staff receiving updated training and regular meetings with the management team, where their performance and development could be discussed.

New staff received induction training and periods of shadowing established staff so they could become familiar with the role and people's needs. Staff were subject to a probationary period to ensure they were suited to their role, before being offered a permanent job.

Staff ensured people were consenting to the care they received. Staff were aware of how to respect people's choices and their rights.

Where required, staff supported people to receive a diet which promoted their health and well-being. Staff liaised with, and took advice from, external healthcare professionals while caring for people with specific medical needs.

People described staff as being caring and compassionate. People knew the staff who came to support them. Staff received guidance on, and knew the best way, to interact with people. The provider listened to people and provided them with the information they required about the service.

People said they received a flexible service from the provider. Staff identified and reacted to people's changing needs. People felt part of their care planning process.

People knew how to complain if they had any issues with the care they received. The provider dealt with complaints in a timely and thorough way.

The provider created a positive culture at the service. Most people praised the management team. Staff felt supported by managers and met regularly with them to discuss any issues they had.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR.

The management team made themselves available to people. The service was regularly audited for quality by the provider. We found some minor issues with the auditing of medicines, but these were being addressed by the provider.

# Summary of findings

## 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.

Staff knew how to identify and report suspected abuse.

Most records had updated guidance to staff on how to keep people safe.

People received the medicines they required to maintain their health and well-being.

Good



### Is the service effective?

The service was effective.

Care planning was personalised. People's care was assessed before and during their use of the service.

Staff were supported in their roles by the provider. New staff were helped to understand their roles and the needs of people using the service.

Staff demonstrated knowledge in how to support people's choices and how to respect people's rights.

Good



### Is the service caring?

The service was caring.

People described staff as caring and compassionate.

The provider regularly listened to people in order to shape the service they received.

People were provided with information about the service.

Good



### Is the service responsive?

The service was responsive.

People described the care they received as being flexible.

People received care which met their changing requirements.

People felt confident in raising issues with staff and were supplied with telephone contacts, should they wish to discuss an issue with the management team.

Good



### Is the service well-led?

The service was not consistently well-led.

The provider had failed to return a request for information (called a Provider Information Return) to us.

Requires improvement



# Summary of findings

The provider created a positive culture at the service. People and staff felt the management team were approachable and available to them.

The provider used audits in order to identify any issues with the standard of care people received. Where issues were identified, the provider took steps to address them.

# Wisdom Healthcare 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 inspection took place on 23 and 24 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure a manager was available in the office. We also arranged to speak with staff and people who received a service. The inspection was carried out by two inspectors.

Prior to our inspection we looked at the information we held about the service. This included statutory

notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority, who monitor and commission services, for information they held about the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with five people who used the service and one relative. We also spoke with the provider, the team leader and two care staff.

We reviewed the care records of four people who used the service, two staff records and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person told us, "I've no worries. I feel very safe". Another person said, "I'm definitely safe. I have trust".

Staff were knowledgeable about how to recognise the signs of abuse and report it. Staff described the actions they would take to support a person if they suspected or witnessed abuse. Staff were also able to identify external agencies they could report abuse to, such as the CQC, police and the local safeguarding authority. Guidance was available to staff on what to do if they suspected abuse was happening. Our records showed that there had been no recent safeguarding issues relating to the service.

People told us they received care which considered the individual aspects of their safety. One relative described how staff supported a person to walk safely. They told us, "I don't worry about it at all. They tell [person's name] to slow down; there's no rush". Another person said, "They help me to walk and I feel safe".

We saw that appropriate risk assessments were in place. These gave staff updated information about how to keep people safe while carrying out certain activities which may present a risk to the individual. These included how to minimise the risk to people while assisting them to move and environmental risks such as fall hazards. However, we found that one person's records did not contain guidance on how staff should keep the person and themselves safe. This person sometimes presented behaviour which may challenge staff. We spoke with the team leader and two staff. They demonstrated that there was close liaison with the person's Community Psychiatric Nurse and that they had strategies in place to reduce this risk.

Five out of the six people we spoke with told us that staff were always on time. One person told us, "Very good; they come every day. Always more or less on time. I can't grumble". Everyone we spoke with told us that the correct number of staff attended their calls and that staff were skilled. People also confirmed that staff stayed the full length of their calls. This was confirmed by timekeeping

records. Staff we spoke with told us they were allowed adequate travelling time in between calls, which helped them to be on time. One staff member told us that, should they be delayed for any reason, they had to contact the office so the person they were visiting next could be informed.

We saw that the service used computer software which allowed them to track staff's start and finish times at each call. We looked at the records of this system and saw that staff were mostly on time and stayed for the full agreed time for each call.

Staff recruitment records showed that procedures were in place to make sure that prospective staff were suitable for their role and responsibilities. However, we found that one person's work history was missing from their application form, so it could not be established whether references had been provided by their last employer. Staff we spoke with confirmed their work histories had been explored during interviews. We saw evidence of the questions staff were asked at interview. These questions were appropriate to the role and explored any gaps in previous employment. Staff confirmed that criminal records checks had been carried out prior to their employment.

People told us that, where staff assisted them with medicines, they received the correct medicines. One person told us, "They give me my tablets from the doctor. They make sure I have my tablets after my meal". We spoke with staff who gave accurate descriptions of how they should administer medicines. They also confirmed they had received appropriate training and were evaluated to ensure they were still competent to administer medicines. This was confirmed by staff records.

We looked at people's medicines records. We saw that records showed that people received the medicines they required. We looked at the records of people who required the application of topical creams to promote healthy skin. These records provided clear guidance to staff about why these creams were required and exactly how they should be applied. Staff signed these records to indicate that creams had been appropriately applied.

# Is the service effective?

## Our findings

People spoke positively about the care and support provided by staff. One person told us it was an, “Excellent service”. Another person said, “I find it very satisfactory. Staff are helpful”.

One person told us, “The [team leader’s name] comes to see me to make sure everything suits”. People we spoke with confirmed they received the care they wanted. We found that people took part in a detailed, personalised assessment prior to them using the service. We saw that care planning included important elements which were discussed at this initial assessment. Care records showed that people’s care was regularly reviewed and updated.

People said they felt staff were skilled in providing care and they had confidence in them. Staff told us that they received support from the management team to be effective in their roles. This support included regular meetings with supervisors so that any issues of performance or training could be discussed. Staff training records showed that staff received updated training in important areas of care.

Staff told us that they had received specific training on a piece of equipment used by one person. They told us that the training allowed them to feel confident in using the equipment safely and effectively.

The management team explained what induction staff received when they first started work. Staff, and staff records confirmed they received induction training at the start of their service. One staff member told us, “[The induction] was very detailed. We went through the different types of records, safeguarding and the levels of care each person needed. [The team leader] encouraged me to phone her if I had any questions”. This staff member told us they had the skills and knowledge needed.

Staff told us, as new staff, they had received a number of days shadowing a more established member of staff. We

saw that periods of shadowing were detailed in staff records. Staff told us that they were subject to a three month probationary period, during which they were assessed to ensure they were suitable for their role.

People told us that staff ensured they were consenting to, and happy with the care they were providing. One person said, “Any special needs, they do it. I’m very pleased with them”. A relative told us, “They ask [person’s name], do you want your hair washing, and so on. They respect [person’s name] choices”. Staff demonstrated an awareness of the importance of respecting people’s choices and how they facilitated choice-making. Care records provided staff with guidance on how people preferred to communicate, so that they could discuss and understand their choices. No one who used the service lacked capacity to make decisions, however, staff demonstrated that they knew how to support people if they felt their abilities to make decisions was affected in some way.

Staff demonstrated knowledge of issues in respect of people’s ability and right to make their own decisions. The management team also demonstrated knowledge around the law about people’s rights and knew what steps to take if it appeared that someone’s ability to make decisions was declining. This meant that people’s rights and freedoms were supported by the service.

Where required, people received support from staff to maintain a good diet. One person told us, “Staff make sure I’ve eaten. First thing they do is make me a cup of tea. I’m diabetic and staff know that. They leave me a sandwich if I don’t feel like eating”. People’s food and drink requirements were detailed in their care records so that staff had guidance on how to support people in this respect.

People we spoke with confirmed that the service liaised with external healthcare professionals, when necessary, in order to support people’s well-being. People’s records showed when contact or involvement had been necessary with external healthcare professionals, such as mental health specialists. Records demonstrated that care planning reflected advice given by external healthcare professionals.

# Is the service caring?

## Our findings

People told us they found staff to be caring and compassionate. One person told us staff were, “Pleasant. We’re all friends. Excellent service; nice girls”. Another person said, “Can’t fault the service”. A relative said, “When they come in they’re so cheerful”.

One relative told us, “They’re a wonderful crew and we love them all”. They went on to say how staff made them part of the visits. They said, “I’m not forgotten. They ask how I am. You never feel overlooked”. One person told us, “I always have a little chat with staff”. People told us they knew the staff who cared for them and felt comfortable with them. A person said that, if their regular carers were away, the team leader came to support them, so they always knew staff. One person told us that the team leader emailed them a copy of the weekly staff rota, so they knew who would be coming to their home.

Staff told us about how one person sometimes became distressed. Staff gave consistent information about what they would do when this happened, in order to deescalate the situation. Staff described certain triggers to this behaviour, which they avoided making. The team leader

explained that strategies had been developed and the service had a meaningful liaison with the person’s Community Psychiatric Nurse in order to constantly improve and review how they supported this person.

People told us, and records confirmed that they were involved in the service they received. They described how the team leader would visit to ensure the care they received suited them. They said they were able to express their views and be involved in decisions about their care. People told us they had a folder of information from the service in their homes. One person told us, “I have a complete picture from this [folder]” and, “The staff write everything in there”. Another person told us they had information which meant they could contact the office, if they needed to. They told us, “I have a list of numbers”.

People told us that staff delivered care in a respectful way, which supported their dignity, privacy and encouraged them to be independent. One person told us, “The staff are thoughtful”. We asked staff about how they supported people’s privacy and dignity. Staff explained how they ensured people were covered up, as far as possible, during personal care and ensured they could not be overlooked by closing doors and curtains. Staff also described how they promoted people’s independence, such as encouraging people to carry out elements of their care.



# Is the service responsive?

## Our findings

People told us they received a personalised service from staff. One person told us staff were, “Flexible”. Another person said, “If there’s anything different, they stay a bit longer”. Care plans were written in a personalised way and covered areas of care and interest that were important to people. Details, such as how many pillows one person needed, were detailed in care plans, so that staff knew how to support people in the way they preferred. Staff gave accurate answers when asked about different people’s support needs.

One relative told us about a change in the health of a person who received the service. They said, “[Staff] talked about [the medical issue] and suggested different things”. This included how the person could be supported with the issue and what outside healthcare input might be needed. They told us staff had reacted well to the changes this person was experiencing and altered the way they provided care to suit the person. Records reflected people’s changing needs and advice provided by external healthcare professionals in respect of these changes.

This relative also described how staff ensured they felt part of what was happening and talked to them about the person’s care. People described how they were involved in

the care planning process, so that they could contribute to how they wanted their care delivered. People said they were part of the care planning process and that staff reviewing care listened to them during this process.

One person told us, “Staff are helpful and very flexible”. They told us that staff would adapt the tasks their care plan outlined to suit the person. They described how the Team Leader would visit them to check everything was to their satisfaction. They said the Team Leader made adaptations to their care planning as and when they needed it.

Prior to the inspection, we were informed about a complaint which had been made by a person using the service. We saw that the service had taken appropriate steps to address the issues raised and had recorded minutes of related meetings and communications. We saw that issues raised with the service were dealt with in a timely way and investigations into complaints were thorough.

We spoke with people about how they would raise issues or matters of complaint. No one we spoke with said they had cause to have made a complaint, but knew how to if needed. One person said, “I’ve no issues whatsoever”. People told us they would raise matters with staff or the Team Leader, and felt confident in doing this. One person told us, “It’s easy for me to talk to staff. It’s satisfying; no worries”. People said they had been provided with telephone numbers for the service to use if they had an issue they wanted to talk about.

# Is the service well-led?

## Our findings

Most people we spoke with praised the management team and their approach. A relative said, “[Team Leader’s name] is a very, very good Team Leader. She really leads the team”. People told us they had regular meetings with the Team Leader and that she visited them at home to ensure they were happy with their care.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and the provider told us this had possibly been due to an email issue at the service. This meant that the provider’s systems were not suitable and there was a risk that information, relating to people’s care, may not reach them from external agencies.

Staff told us they felt supported by the management team. One staff member told us, “By far the best bosses I’ve had. Always there, anytime of the day. I can always phone [the team leader]”. Another staff member said, “I love the job”. Staff met regularly with the management team individually, to discuss their performance, training needs and any other issues they wished to discuss. Staff told us these meetings were useful and constructive. Staff described management as approachable and able to answer any queries they had about people’s care. Staff were familiar with, and were confident in how to use the provider’s whistleblowing policy, including how to raise any concerns to external organisations if required.

Most people described the management team as friendly and approachable. People told us they knew the Team

Leader and spoke with her regularly. The provider monitored the quality of the service by regularly speaking to people. The provider had also carried out an annual survey. The last round of surveys was dated September-October 2014. The analysis of these surveys showed that most people were satisfied with aspects of the service. Where an issue was raised, we found that the provider had taken steps to address it.

There was a registered manager in post at the time of our visit. The management team were aware of their responsibilities under the location’s CQC registration. This included the need to submit notifications when certain events occurred, such as allegations of abuse. The Team Leader was completing a Level 5 certificate in care, in order to develop their knowledge and credentials.

The management team audited the quality of the daily records completed by staff and the care they had provided. A relative told us, “[The team leader] makes sure [staff] are doing their jobs”. We found that the management team carried out spot checks on staff. One person told us, “The lady in charge comes round, and if anything is not right, we talk about it. She checks everything”. Another person said, “[Team Leader’s name] comes very regularly”. We saw that the provider undertook audits to ensure the safety and quality of the service. We saw evidence of the provider taking action where issues were found.

We found some minor issues which had not been identified by medicines audits and spoke with the Team Leader about this. They told us they had identified a new medicines auditor from among the established staff. We saw that most medicines issues were being identified and action taken to avoid a reoccurrence of issues.