

Wilberforce Healthcare UK Limited

# Wilberforce Healthcare

## Inspection report

1st Floor, Premier House  
Ferensway  
Hull  
North Humberside  
HU1 3UF  
  
Tel: 01482216950

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Wilberforce Healthcare is registered to provide personal care to people living in the community who may be living with dementia, have a learning disability, mental health needs or a physical disability. The office is based in Hull city centre and is accessible to people with physical or mobility difficulties.

This inspection took place on 16 and 17 May 2017 and was carried out by an adult social care inspector. This inspection was announced because we needed to ensure the registered provider would be available to talk with us.

At our focused inspection of the service on 19 January 2017 the registered provider was not delivering a regulated activity. This was due to the level of risk we identified at our comprehensive inspection of the service on 10 and 13 October 2016. The registered provider had failed to ensure compliance with regulations 8, 9, 12, 13, 16, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We followed our enforcement policy and used our enforcement powers to urgently suspend the registered provider's registration. This meant they could not deliver the regulated activity of personal care for a three month period.

At our focused inspection of the service on 19 January 2017 we spoke with the registered provider who described the changes and improvements at the service. Due to the suspension of their registration we could not check that the methods described by the registered provider were being operated as described. We reviewed policies and procedures as well as supporting documents that had been developed to ensure the service could be managed effectively. We assessed the actions of the registered provider and followed our enforcement policy which led to the suspension of this service being removed.

At this comprehensive inspection we saw people who used the service were protected from abuse and avoidable harm by staff who knew how to keep people safe. Known risks were managed to ensure people were supported safely and potential risks were mitigated. Staff were recruited safely and could be deployed in suitable numbers to meet people's assessed needs. Staff had been trained to administer medicines safely and the medicines administration records we saw were completed without omission.

Staff received effective levels of supervision and mentorship. Staff had completed a range of training to equip them with the skills and abilities to meet people's assessed needs. People received care from a range of healthcare professionals and were supported to attend healthcare appointments when required. People who used the service were encouraged to eat a healthy, balanced diet of their choosing.

People told us they were supported by caring staff who understood their needs and knew their preferences. People received care from small teams of staff to ensure there was consistency and continuity in their care. People told us staff treated them with dignity and respect. Staff understood the importance of treating private and sensitive information confidentially. The registered provider ensured information was stored

securely and was not accessible to unauthorised people.

People or their appointed representatives were involved in the initial planning and on-going delivery of their care. Care plans and risk assessments were updated as people's needs changed or developed. A complaints policy was in place which was provided to people at the commencement of their service. People who used the service told us they knew how to raise concerns and make complaints.

The service was led by a registered manager who was aware of their responsibilities to report notifiable events to the Care Quality Commission. Quality assurance systems and processes had been developed to ensure shortfalls were identified and action was taken to improve the service when required. People who used the service and their relatives were asked to provide regular feedback on the service and their opinions were used to improve the service when possible.

## 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 not always safe. We saw improvements had been made in this area, however, we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People were protected from abuse and avoidable harm. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred.

Suitable numbers of staff could be deployed to meet people's needs. Staff were recruited safely.

Known risks were mitigated to ensure people received the care and support they required safely.

People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. We saw improvements had been made and in this area, however, we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

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Staff received effective levels of support and professional development.

Staff had completed training to equip them with the skills to deliver care and support effectively.

**Requires Improvement** ●

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

People were encouraged to eat a balanced diet and supported to prepare meals.

### Is the service caring?

Good 

The service was caring. People told us they were cared for by kind, caring and attentive staff.

People were involved in making decisions about their care and their preferences were recorded in their care plans.

People confirmed they were treated with dignity and respect by staff.

### Is the service responsive?

Requires Improvement 

The service was not always responsive. We saw improvements had been made and in this area, however, we could not rate the service higher than requires improvement for 'responsive' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

The registered provider had a complaints policy in place and information about how to complain was provided to people at the commencement of the service. We saw that no complaints had been received since our last inspection.

People or their appointed representative contributed to the planning of their care.

People's care plans were reviewed regularly and updated when required.

### Is the service well-led?

Requires Improvement 

The service was not always well-led. We saw improvements had been made in this area, however, we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

Quality assurance systems and processes had been implemented to ensure care and support was delivered safely

and effectively. Action was taken when shortfalls were highlighted or feedback was received.

People and their relatives were asked for their views and they were acted upon to improve the service when possible.

# Wilberforce Healthcare

## **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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

This announced inspection took place on 16 and 17 May 2017. The inspection was completed by one adult social care inspector.

Before the inspection, we reviewed all of the information we held regarding the service including previous enforcement action, inspection reports and notifications received from the registered provider.

During the inspection, we spoke with the registered manager, office manager, three members of care staff and one member of administration staff. We also spoke with the two people who used the service and two of their relatives.

We looked at both people's care plans along with the associated risk assessments and their Medication Administration Records (MARs).

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, call monitoring records, staff training records, accident and incident records, recruitment information and a selection of the registered provider's policies and procedures.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person said, "It makes me feel safe knowing that someone is coming. There is always someone at the other end of the phone if I need them as well, which is comforting." Another person said, "The carers have never not turned up, they know I rely on them and they wouldn't let me down."

A relative we spoke with told us, "Mum wants to be at home so knowing someone is going every day to help her with everything she needs is great. I know she is safe."

At our comprehensive inspection on 10 and 13 October 2016, we found the registered provider had failed to ensure people were not exposed to risk of abuse by way of neglect. People who had high level needs and required staff to support them with their basic daily needs had their care calls delivered in significantly reduced timescales.

We saw that on the majority of occasions staff stayed for the full duration of the call. However, when staff had left calls earlier than expected the office manager had discussed this with the staff member to ascertain why and had then spoken with the person who used the service to verify the reason. This helped to ensure there was clear evidence to support why people had not received the entirety of the care and support they had been assessed as requiring.

A member of staff told us, "We used to be rushing from one call to the next, leaving early to try and get to the next one on time but all that's has stopped now. We know where we are going, when we need to be there. It is much better organised now." Another member of staff said, "I certainly don't leave calls early, I tend to stay longer than I am expected to. There was a bit of an issue last week and I stayed in the call for about four hours just to make sure [Name of the person who used the service] was alright."

At our comprehensive inspection on 10 and 13 October 2016, we found the registered provider could not deploy suitable numbers of staff to meet the needs of the people who used the service, which led to people experiencing missed calls. During this inspection the registered manager explained, "We let the business get too big and don't ever want to make that mistake again. At the moment we have two service users and 12 staff so we know we won't have any issues making sure people get their care."

We reviewed the call monitoring data and saw that since the suspension had been lifted in January 2017, the registered provider had commenced care packages for a small number of people. The data showed that no one had experienced missed calls. The office manager told us, "The staff work shift patterns so one week they work Monday, Tuesday, Saturday and Sunday and the next week they do Wednesday, Thursday and Friday. The hours are 7am to 2pm and 4pm to 10pm" and, "We haven't had any problems covering any calls, if someone rings in sick we have more than enough cover."

The registered provider had developed their business continuity plan, which included guidance to manage the loss of staff and what actions to take to ensure people received the care and support they required. The



registered manager said, "If there was an issue that prevented us from delivering care, we would prioritise what was essential and could not be missed. Me and the office manager would go and deliver care if that's what was needed."

At our comprehensive inspection on 10 and 13 October 2016, we found the registered provider had failed to ensure suitable checks had been completed before staff worked with vulnerable people. During this inspection we reviewed the recruitment information for two newly recruited members of staff. It was clear safe recruitment practices and the registered provider's recruitment procedures had been adhered to. Before staff provided care and support autonomously a range of assurances were in place, including an interview, a minimum of two suitable references and a disclosure and barring service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults.

The registered manager commented, "I was so disappointed that we didn't do the checks properly, it is something we know should be in place and it should never have happened" and went on to say, "We have a new form to complete that we use to check we have everything in place before they start work." We saw a risk assessment tool that would be used if any checks highlighted a concern with a prospective member of staff's employment history.

We saw evidence that staff had completed safeguarding vulnerable adults and vulnerable children training. The staff we spoke with understood their responsibilities to report any abuse of poor care they became of. They were knowledgeable about the different types of abuse that may occur and the signs that could indicate someone was at risk of abuse.

Records showed that few incidents had occurred since our last inspection. However, the office manager was clear of local authority safeguarding teams' reporting thresholds and told us, "When anything happens I speak to the safeguarding team and ask if they want it reporting, if they want me to investigate or if they want to." This helped to ensure accidents and incidents would be learnt from and could be used to prevent their reoccurrence.

Staff had completed medicines training to enable them to administer medicines safely and the registered provider carried out medicine competency checks to ensure this occurred. Medicines administration records (MARs) were returned to the office on a monthly basis and were audited to ensure any errors or omissions were highlighted. The office manager explained, "When we review the MARs if there are any issues we speak to the staff member and find out why the error occurred and look at if they need more support or re-training." The MARs we saw had been completed without omission.

## Is the service effective?

### Our findings

People who used this service told us they were supported by staff who delivered effective care and support. One person said, "All my carers know what they are doing and are more than competent but I have one lady and she is brilliant. We get on so well and she really is a great carer in every sense of the word." A relative we spoke with stated, "The carers from Wilberforce are the best we have come across. We have had carers from all of the local companies and they don't stand up to them [the Wilberforce Healthcare staff]."

At our comprehensive inspection on 10 and 13 October 2016, we found staff had not completed relevant training and were not supported in their roles. During this inspection we saw evidence that staff had completed a range of training to equip them with the skills to deliver care effectively and safely. Refresher training was provided at set intervals to ensure staff knowledge was in line with best practice guidance.

Newly recruited staff completed an induction that covered a range of training and included a review of the registered provider's policies and procedures, which helped to ensure staff were fully aware of their responsibilities. Before newly recruited staff worked autonomously, they completed a minimum of two shadowing shifts with a more senior member of staff. A member of staff we spoke with said, "I have had new staff shadow me, we get paper work to complete because we assess what they do well and what they could improve. I think our feedback is listened to and valued which makes us feel like it's worthwhile."

Community and branch supervisions were conducted on a three monthly basis. We saw that community supervisions reviewed staff's practice, their attendance times and general presentation. Branch supervisions were used to review any concerns that had arisen, training requirements and career development.

Staff we spoke with told us they felt supported in their role. Their comments included, "We get lots of support from the office, they come and do the checks in the client's home. They make sure we are doing things properly. It gives me confidence when they come because they can tell you if you are doing things as you should or teach you the right way to do it" and "I've had the branch supervision. I came in and we talked about what was going well and about my clients. If I have a problem I know I can ring [name of the office manager] and she will sort it out."

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, 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. For people in their own homes and in the community who needed help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw people's consent to their care they required was clearly documented in their care plans. People we spoke with confirmed they had consented to their care. Staff understood the importance of gaining consent before delivering support and the different ways to do this. A member of staff told us, "We always have to have permission to deliver care, we usually get that from the person themselves but you can get it from families if they have power of attorney and you can have best interest decisions made if needed."

People were supported by a number of healthcare professionals to meet their holistic needs. A person who used the service told us, "I get a carer to come with me to all my appointments; they come to the doctors and to the hospital with me." The office manager said, "We work with people's GPs and have to contact community nurses or dieticians. If people are funded by the local authority we have to inform them and they contact people, but if the person is private we do it ourselves." This helped to ensure people received the care and support they required.

People who used the service told us they ate a diet of their choosing. One person said, "They [the staff] help me with all my meals, some of them are really good at cooking. I have all sorts, curries, salads, chilli con-carnie; you name it. One of my carers is eastern European and she has promised to cook me some traditional meals from her country which I'm excited about. Staff told us they prepared meals for people on a daily basis and encouraged people to eat healthily.

# Is the service caring?

## Our findings

People who used the service told us they were supported by caring staff who understood their needs. One person said, "I see the same girls all the time, they know what I need and how I like things doing. I really look forward to seeing them, they have changed my life." Another person said, "My carers are wonderful." A relative we spoke with said, "What we really like about them [the registered provider] is the way they work, they [the care staff] see mum regularly so she gets to know them and doesn't worry about who is in the house."

At our comprehensive inspection on 10 and 13 October 2016, we found people did not receive person centred care and their care plans lacked information to enable staff to deliver care in line with their preferences. During this inspection we reviewed two people's care plans and found that relevant information was available to ensure staff could deliver care that met people's needs and reflected their preferences.

People's levels of ability and independence were recorded in the care plans which enabled staff to deliver care without de-skilling people. A member of staff explained, "We have to support people to be as independent as they can. I always encourage people to maintain their skills and try to not take over and just do things for them."

Another member of staff told us, "We used to get asked to cover calls when people had rung in sick and we would go but when you don't know the person and there isn't very much in their care plan it's not easy. That's all changed now, the care plans are much better and we don't see lots of different clients so you get to know people, what they like and how they like things doing." The registered manager told us, "We have small teams that care for people now, our carers get to know them and they get to know our carers. It is much better this way, more personal."

People who used the service confirmed they were treated with dignity and respect by staff. A member of staff we spoke with said, "I am polite and courteous at all times, I respect the fact that I am in people's homes and treat people the way I want to be treated in my home." Another member of staff said, "You become very familiar with people in this job; they come to rely on you but I never forget that I am at work and there is a line that should never be crossed."

Staff understood the importance of treating private and sensitive information confidentially. A member of staff told us, "People tell me all sorts of personal things. When it's necessary I share it with other carers and report to the office, but I wouldn't dream of talking about it outside of work. The registered manager added, "Confidentiality is something we take seriously, we have a social media policy and staff have to sign it to say they understand and won't post anything online."

We saw that the registered provider stored information electronically and had taken the relevant steps to prevent people from gaining unauthorised access. Paper records were stored in locked cupboards in the main office.

People were enabled to use advocacy services by the registered provider. The registered manager said, "This is new but we have started to put the contact details of local advocates in people's care files. The information is there if they need it and we can discuss it with people who don't have much family support."

## Is the service responsive?

### Our findings

At our comprehensive inspection on 10 and 13 October 2016, we found complaints were not recorded and investigated as required. During this inspection we could not assess how complaints had been managed because no complaints had been received since our last inspection. The registered provider's complaints policy was provided to people at the commencement of their care package.

People told us they knew how to raise concerns or make complaints. One person explained, "I have a complaints form in my file so I could use that if I wanted to complain. I think I would just ring the office though and get it sorted out." They also said, "I have to say I have never had any reason to complain, I am very happy with everything." A relative told us, "I would just ring the manager she would sort out any issues I had, I know she would."

Staff told us they would report any concerns or complaints to the office or registered manager. One member of staff said, "No one has ever complained to me. If someone told me they were unhappy about anything I would tell them to complain or to speak with the manager." A second member of staff added, "It depends what the issue was, if I could resolve it I would, but I would always advise people to let the office know so something could be done. Complaints are only a problem if you don't do something about them."

People who used the service confirmed they were involved in the initial assessment and on-going planning of their care. One person said, "I met with [name of the office manager] and she asked me lots of questions about what help I needed, she came and did a review for me as well, just to make sure everything was okay." A relative confirmed, "I was at mum's assessment we sort of did it together. I speak to the manager and she makes sure everything stays on the right track, she does a very good job."

The office manager explained, "When we are contacted about a care package, I arrange a time to meet people and complete the assessment. We always include people in the assessment and if they want their families to be there it just helps us to get more information." We saw evidence to confirm this.

The information gathered through the pre-admission assessment was used to develop individualised care plans that included guidance to enable staff to deliver person centred care. For example, people's life history including where they grew up, their profession, hobbies, interests and families were all recorded. This helped to ensure staff knew the people they were support and could engage them in meaningful conversations.

We were told by the office manager that when care plans were created they were signed off by the registered manager and the person who used the service or their appointed representative to ensure they were accurate. The registered manager told us care plans were reviewed regularly and updated as people's needs changed or following specific incidents to ensure they reflected people's current level of need. They said, "We speak to people or visit them after their first week of support and see if they are happy and if we are doing everything they want. We will do that again after a month and again after three months." This provided assurance that the service was responsive to people's changing needs and delivered the care and

support they required.

## Is the service well-led?

### Our findings

People we spoke with and their relatives told us the service was well-led. One person said, "I think it is a really good company. The manager is really caring and that filters down to the staff. I think it is well-run and I couldn't be happier." A relative commented, "We have been with other care companies and we think this one is the best, we really do."

A member of staff said, "It was a really bad time [during the enforced suspension] but I believe it was really good for us. We have gone back to being the company we used to be. We are like a family now, everyone helps everyone, we all want the best for our clients and it's a good place to work again." Another member of staff added, "It is like day and night, that's the difference from what we were to what we are now. We lost a lot of staff but I don't think they were right for this line of work; their hearts were not in it. We are smaller now and so we all see the same clients all the time which is better for us and better for them. I am proud to work here again."

At our comprehensive inspection on 10 and 13 October 2016, we found the registered provider's quality assurance systems were ineffective; they failed to highlight shortfalls and drive improvement across the service. During this inspection the registered manager told us they were accountable for the failings of the service which showed they were open and honest when mistakes occurred. They said, "I am not going to make any excuses, what went wrong was our fault and I accept that. One of the issues we had was we had to move to a new call monitoring system and it just didn't work the way it was supposed to." They also said, "Our old system sent alerts out to remind us when reviews needed doing, when staff supervisions were due, everything. We have gone back to that system and have asked for some additional things but we are confident things won't be missed again."

We saw that systems and processes had been created to ensure staff received appropriate levels of support, training and development and the registered provider assured themselves of staff's competencies. Suitable checks had been put in place to ensure staff recruitment was safe and prevented people from being supported by unfit staff. New ways of working were developed to gain feedback from the people who used the service, so that any shortfalls could be identified and rectified in a timely way. Call times were monitored and action taken if staff left calls without staying for the required duration.

Audits of care records and medication administration records were undertaken on a monthly basis. The office manager explained, "They [the care records and medication administration records] get checked and if we find any problems we speak to the member of staff and work out why things went wrong and put them right."

We saw evidence that people who used the service were asked for feedback about their care and support. Questionnaires were sent to people and their relatives biannually and their views were acted upon whenever possible. The registered manager said, "When people give us feedback I like to contact them personally, if there is any sort of problem I want to sort it out so people are happy."



At our comprehensive inspection on 10 and 13 October 2016, we found the registered provider had failed to notify the Commission of an event that prevented the service provider's ability to continue with a regulated activity safely. During this inspection the registered manager and office managers confirmed they were aware of the types of incidents that the Commission would need to be notified of. We reviewed internal accident and incident records and concluded that no notifiable events had occurred since our last inspection.

The registered provider recognised the efforts of dedicated and high performing staff. A member of staff told us, "I got a certificate and a gift for going above and beyond the call of duty. One of my clients was really distressed and I stayed and comforted her until she calmed down."