

Care Wish Ltd

Care Wish Ltd

Inspection report

42 Halesowen Road, Halesowen B62 9AY
Tel: 0121 421 3733
Website: www.stiled-homeservices.co.uk

Date of inspection visit: 1 May 2015
Date of publication: 03/07/2015

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 

Overall summary

The inspection took place on 1 May 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available. The last inspection of the service took place on 18 February 2014 there were no breaches of regulations.

Care Wish is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support for 22 people who range in age, gender and disability.

There was a registered manager in post. 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 told us that they felt safe when staff entered their home and that the staff knew how to support them. Staff were able to describe in detail the needs of the people they provided care for and their roles and responsibilities in respect of keeping people safe. Staff were aware of the risks to people and these risks were reviewed on a regular basis.

People received their care on time and if staff were occasionally running late, people were always notified of

Summary of findings

this. Attempts were made to ensure that where possible, people received care from the same member of staff to ensure consistency, although it was acknowledged that this was not always possible.

Appropriate recruitment processes were in place in order to reduce the risk of unsuitable people being employed by the service.

Staff were provided with the training and information required in order to support people to take their medicines safely.

Staff knew people's healthcare needs and supported them to access their GP or other healthcare services if they were feeling unwell.

People told us that they were supported by staff who were kind and caring and willing to go out of their way to help them. Families told us they were always kept informed of what was happening with their relatives and that the care provided by the service had given them reassurances that their relative was safe.

People told us that staff sought their consent before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and care records reflected this.

People were involved in the development of their care plans to ensure that they received their care in the way they wanted. Staff were aware of people's specific care needs and the way they wished to be supported. Arrangements were made for staff to be introduced to people prior to them providing care and support, in order for them to get to know each other.

People were aware of how to complain about the service if they needed to and any complaints received were responded to promptly, investigated and recorded.

People, their families and staff all spoke positively about the registered manager and the care co-ordinator. Staff were well supported in their role and felt able to approach management with any issues or concerns.

There were good communication systems in place to ensure all staff, including the registered manager, were aware of the needs of the people they provide care for and any possible changes in their care needs.

A new software system was in place to assist the registered manager in monitoring call delivery and ensuring that people received care from staff who had the relevant skills and experience to meet their particular needs.

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.

People received care from staff who knew how to keep them safe.

People felt safe when staff visited them in their own homes.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were trained to provide the care and support they required.

People could be assured that any changes in their care needs were communicated to all staff to ensure they received the appropriate care and support.

People were supported to access healthcare services when required by staff who knew their healthcare needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA).

Good



Is the service caring?

The service was caring.

People told us that they were supported by staff who were kind and caring.

People told us that they felt listened to and were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported by staff who knew their needs and delivered their care in the way they wanted.

There was a system in place to receive and handle any complaints regarding the service.

Good



Is the service well-led?

The service was well led.

People who used the service, their families and staff all spoke positively about the service.

Systems were being developed to improve call monitoring and ensure people received care from staff with the appropriate skills to meet their particular needs.

There were audits in place to check the quality of the service.

Good



Care Wish Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 May 2015 and was announced. The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

We looked at information we held on the service and spoke to a representative from the local authority. We also looked at notifications received from the service about accidents and incidents and safeguarding alerts which they are required to send us by law.

We spoke with the registered manager and the care co-ordinator at the service. We looked at the care records of five people to see how their care was planned. We also looked at four staff files, staff rotas, medication records, a number of policies and procedures, handover and communication records, complaints and compliments, quality assurance audits, accident and incident recordings and minutes of staff and management meetings. We spoke by telephone with seven people who used the service, three relatives and four members of staff.

Is the service safe?

Our findings

All people using the service spoken with told us that they felt safe in their homes whenever their carers visited. One person told us, “Oh yes, I feel very safe”. Family members spoken with also told us they considered their relative to be safe when carers provided their care. One relative told us, “As a daughter, I find I have peace of mind that my parents are safe” and another said, “I have no worries or concerns about who comes into my relative’s home”. Everyone spoken with acknowledged that staff knew how to keep them safe and meet their needs. Staff told us how they kept people safe by monitoring their charts and kept up to date with communication records on each individual.

Staff spoken with confirmed that they had received training in safeguarding people and were able to describe the different types of abuse that people may potentially be exposed to. Staff were clear about their responsibilities for reporting abuse and were able to tell us the procedure they would follow if they suspected someone had been harmed. A member of staff described to us in detail a particular incident with one person. They told us how the concerns were identified, dealt with and reported to the office. We saw records regarding this and evidence of how the matter was followed up and responded to by the service and reported to the local safeguarding authority. We also saw evidence of how the person was supported and kept safe by the service during this time.

People’s families confirmed that risk assessments were completed both for their relatives and for their environments prior to their package of care commencing. One relative told us, “They pointed out to me that we needed to get a mat in the shower – they were very good and very thorough”. Staff spoken with were able to tell us the risks to different people and how they supported them. We saw evidence of risk assessments in people’s care records that were reviewed every three months or sooner if appropriate. In addition to the individual risk assessments being put in place, we saw evidence of monthly checks being carried out by staff at people’s properties to check pendant alarms and smoke alarms were in working order.

We saw that the service had in place plans to cover potential emergency situations. For example, during inclement weather, a priority list was in place to ensure

people who were the most vulnerable, would receive their calls as a priority and all staff, including the care co-ordinator and the registered manager, would be involved in care delivery.

People told us that they usually had the same staff provide their care, but on occasion different staff did visit. All people spoken with acknowledged that they couldn’t have the same staff every day but where possible, arrangements had been made for the same staff to provide their care. One person told us, “I get the same carer most of the time, I don’t like too many changes” and another person said, “They give me a copy of the rota and who’s coming out so I know who to expect”. A family member told us that they had made a point that their relative needed consistency in their care delivery and that since then they had had the same person come out most of the time. They told us, “I raised it with them and they accommodated our request”.

We checked the recruitment records of four staff and found the necessary pre-employment checks had been completed. We spoke with a new member of staff. They told us all the necessary checks had been put in place prior to them commencing in post. They described to us their induction and told us they considered it to be “very thorough”. They told us that part of their induction involved being taken to meet people in their homes and have a formal introduction before providing care. They told us, “It’s good for the clients as we are introduced before we start providing care”. Another member of staff told us how the registered manager had, “Made sure I was confident before they sent me off on my own”.

People told us that there were never any missed calls and that staff were, “Always on time” or if they were late it was very occasionally due to the traffic and that they would ring and tell them if they were running late. One person said, “Generally they are pretty good”. Staff told us that they thought there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us that in the event of someone calling in sick, staff supported one another and covered calls, one staff member said, “The girls are pretty good, we all work as a team”.

People spoken with confirmed they received help to take their medicines as prescribed. Staff confirmed that they provided people with assistance to take their medicines. One member of staff told us how they supported a particular individual with their inhaler. We saw records that

Is the service safe?

staff had received training in supporting people to take their medication. In people's care records we saw that Medication Administration Records (MARs) all held the necessary signatures and particular areas of importance were highlighted for staff attention. We saw that each person had their own medication profile, including information on who was responsible for collecting people's prescriptions. We saw evidence of people signing to say they would be responsible for their own medication. Where people required creams to be applied, body maps were in place and people had also signed to give staff permission to apply the creams.

Staff were able to tell us what they would do if someone refused their medication, one member of staff told us, "I would try and coax them and encourage them to take it. If they still refused I would contact the office and their GP". Staff were aware of the importance of particular medicines and the risks involved to people if they did not take them on time every day. One member of staff described to us how certain people required some medicines 30 minutes prior to eating and how they would manage their care delivery to ensure this took place.

Is the service effective?

Our findings

People and their relatives all told us that they felt they were supported by staff who were well trained and knew how to do their job. People spoke positively of staff abilities. One person told us, “The girls are very good, they definitely know what they are doing”.

Staff spoken with told us that they felt well trained to do their job and were happy with the amount of training they had received. One member of staff told us, “A lot of training is online, personally I don’t find that very helpful but the registered manager always checks in supervision if we are ok and if we need to ask anything they will support us”. A new member of staff told us that they had had a lot of previous experience in the care sector and that this was acknowledged by the registered manager when they had planned their induction. They informed us that they had recently taken part in training in manual handling and the use of hoists and slide sheets. Staff told us that the first aid training in particular was very good and that they were aware that additional training was being planned.

Staff told us they received regular supervision and an annual appraisal. One member of staff told us, “We are encouraged to ask any questions or raise any qualms we have in supervision”. The registered manager told us and staff confirmed, that she checked staff learning during supervision or during spot checks that were carried out to observe staff practice on a monthly basis. We saw that these observations were then discussed at staff supervisions which followed soon after. One member of staff told us, “If you do something wrong they will point it out to you and how to do it correctly. Then at the next observation they check to make sure you have learnt”. Another member of staff added, “They [management] tell us, if you need any help let us know”.

We saw that each member of staff had their own individual training record. The registered manager told us how staff were given access to an online training programme. The registered manager was able to access the records and establish how long staff had taken on each course and their score at the end of each course. Staff also completed evaluation forms at the end of each training session, including those that were conducted with outside providers. Staff told us that additional training had been put in place to support their practice when caring for particular individuals, for example, working with younger

people with a learning disability or people with diabetes. One member of staff described the training they had received with regard to diabetes. They told us, “It was really good and detailed, they got us to practice taking our own bloods as well. It wasn’t just a case of doing it once and leaving you to it”.

Staff described the effective communication systems that had been put in place by management. We saw that staff came into the office to receive their rotas and a copy of a handover sheet providing updates on people they provided care for. We saw staff reading this information and they later confirmed to us that they had to sign to say they had read and understood what they were given. One member of staff told us, “They [the management] like you to do that in the office so that if you have any questions they can answer them there and then”. Staff confirmed that if there were any changes in people’s needs that they were communicated in this way. One member of staff told us, “If there are any changes then I would also report them to the manager so that they can be put on the on handover sheet and everyone will know about them”.

Staff spoken with had an understanding of the Mental Capacity Act 2005 (MCA). Staff were able to tell us how they supported people to make decisions about their care and support. People confirmed that staff asked their permission before they started to provide their care. One person told us, “Yes they do exactly what I want, I’m a very fussy lady”. Another person told us that when staff were preparing to transfer them using a particular piece of equipment, they would ask them, “Are you ready to do this?” and if the person wasn’t ready, then they would wait. This person commented, “Staff are very supportive”.

People spoken with did not have their meals prepared for them by their care worker but told us that staff often asked them if they were ok or if they needed something. Staff told us and records showed, that a number of people, where it had been highlighted that they may have particular nutritional needs, had food and fluid charts put in place in their homes in order for staff to monitor their diet and fluid intake.

People told us that if they were unwell then staff would ring their GP for them. One relative told us, “I have been very impressed with the staff, [relative] wasn’t well when they arrived for a call and they immediately called the GP and then rang me to let me know. They always keep me informed and it gives me peace of mind”. Staff spoken with

Is the service effective?

demonstrated a detailed knowledge of the healthcare needs of the people they supported and what signs to look out for if people weren't well. For example, when referring to someone with diabetes they told us, "I would never leave if their blood sugars were very high or low, I would make sure [person] was in a stable condition first". Another member of staff told us how they had attended to one person, noted that they were unwell during the morning call and had contacted the person's GP and next of kin. They told us, "I rang the GP and gave them all the information and left them with my number in case they needed to ask me anything else".

In the care records we looked at, we saw evidence of people being offered advice and support and being

encouraged to contact their GP or occasions when staff contacted the person's GP on their behalf. We saw evidence of this information being reported to the office, who in turn ensured contact with the GP had been made. We saw evidence of contact with local district nurses and liaising with them with regard to obtaining instructions for pressure care and catheter care. We observed one member of staff telling the registered manager that they had contacted one person's GP to see if their prescription for antibiotics was available to be picked up. We saw the member of staff making arrangements to collect the prescription and take to the person in their own home to ensure they received their medication as soon as possible.

Is the service caring?

Our findings

People and their relatives described the staff who provided their care as, 'Caring', 'Kind' and 'Supportive'. One person told us, "They are good girls, I miss them when they go". Another person told us, "All the staff are different, but I feel quite at ease with each of them". Families spoke positively about the staff and how they had peace of mind now that their relatives were receiving care from them. People described the staff as 'very respectful' and all spoken with confirmed that they were treated with dignity and respect. A relative commented, "I have been very impressed with the staff, they are friendly and ready to listen".

People told us that they were supported by staff who knew how to provide their care, the way they wanted it. People told us that they felt listened to and were supported to make their own decisions with regard to their care. One person told us, "There's no long faces, if I need anything they will pop to the shop for me as well, they're good girls" and another person said, "No matter what I ask them to do they do it; I have the same girl every day and they always ask if I've got something for my dinner". Staff described how they treated people with dignity and respect and people spoken with confirmed this.

One person described to us how staff supported them following a period of illness in order to regain their independence. They told us, "They [the staff] have been encouraging me, they are very supportive".

People told us that on occasion, they had been contacted by the office to check that it was okay for a new member of staff to observe their call as part of their induction. They told us, "They show the new ones what to do, I don't mind and they always ask".

Staff spoken with talked warmly of the people they provided care for. They told us that they enjoyed their job and were able to describe in detail people's needs, how they took their time when providing care and were led by the person receiving the care. One member of staff told us, "I always say 'Hello' when I arrive and ask people how they slept. If you are a happy or easy going person, then generally people are happy for you to support them". A member of staff told us how they supported a person using the service and their relative [the relative confirmed this]. They described how they had offered reassurance to the relative when the person was unwell. They told us how well they worked with the relative and how much they learnt from them in order to provide the best care for the person.

Is the service responsive?

Our findings

People and their relatives told us that prior to them commencing with the service they met with staff to go through their requirements. People told us that they received their care the way they wanted it and that they were involved in their care plans and reviews. One person told us, “If they didn’t do what I wanted then they’d be out on their ear!”. Another person told us, “Yes they do exactly what I want them to do”. A relative told us, “They know [relative’s] arrangements and it works well”.

One person described to us the arrangements they had in place for staff when they arrived at their home. They told us, “They know if I have my curtains drawn then to use the keypad, otherwise I’m up and they can ring the bell”. We saw that a person had asked for slight changes to the timing of their calls in order to accommodate a new medication regime and that this had been immediately accommodated. Another person told us, “Staff recognised I needed more support and they are helping me”.

Everyone spoken with told us that they were happy with the service that they received. A family member told us that following a change in their relative’s care needs their care had been adapted to address this and their care plans updated. They told us, “I know that they are doing what we ask without a shadow of a doubt. I have read the folders and the notes staff have made. I am very happy with the service”.

Staff spoken with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. One member of staff told us that prior to providing care for people, the registered manager arranged for staff to be formally introduced to the person in order to get to know them and ensure that they would get along. One member of staff told us that they used this opportunity to get to know people, their history and, “All the important little

things, like how they like their tea”. They highlighted, “It’s the little things that make a difference”. Staff told us that care plans were reviewed regularly and that they had been involved in care plan reviews. Records seen confirmed this. We saw that care records held detailed instructions in the way people wanted their care delivered and these records were signed by staff to acknowledge that they had read and understood the content.

Everyone spoken with knew how to raise a complaint with the service. People told us they would speak to the staff if they had any concerns or failing that ring the office. They told us they had a booklet supplied by the service with the office contact details and an out of hours emergency contact should they need it. One relative told us that in the past they had raised concerns regarding different staff providing their relative’s care and a lack of consistency. They told us their concerns had been listened to and taken on board and that they were quite happy with the current arrangements. Staff were aware of the complaints procedure and told us that if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the office to make a complaint.

We saw that the registered manager had a complaints and compliments folder in place and those complaints were logged, responded to and investigated. We saw evidence of one complaint that had been raised by a person using the service. They had contacted the registered manager direct and the care co-ordinator had immediately visited the person and taken the details. We saw written evidence of the complaint signed by the person, details of the investigation and a satisfactory outcome. We saw that the person using the service was reassured and offered support. We saw a number of compliments about the service had been received, comments included, “We are very pleased with the care [relative] is receiving” and “Girls are lovely, caring and attentive”.

Is the service well-led?

Our findings

People and relatives spoke positively about the service and told us that they considered the service to be well led. One person told us, “I couldn’t do without it”.

Staff spoke positively of the management and thought that they led the service well. They told us they felt listened to and supported by management. Management were described as ‘Approachable’ and ‘Helpful’. One staff member told us, “In my last job I hated going into the office. It is so different here, they are so friendly and take an interest in you”.

Staff told us and we observed that they were given clear guidance on their roles and responsibilities. Every week staff were given their rotas and a handover sheet with additional up to date information regarding the people they cared for. Staff were encouraged by the registered manager and the care co-ordinator to read through the information given and ask any questions. We observed this taking place with a number of staff. All staff seen chatted pleasantly with the registered manager and care co-ordinator and appeared to have good working relationships. One member of staff told us, “They [the management] are pretty good in terms of communication and letting us know what’s going on”.

Staff told us and we observed, that they were encouraged to raise any concerns they had. We saw evidence of one member of staff raising concerns regarding a particular person and this was immediately acted upon by the registered manager and care co-ordinator.

We discussed with the registered manager the recent change in name of the service. She told us the reason for this was to create a new company name that would make it clearer what industry they were involved in. We saw minutes of a staff meeting held on 28 January 2015 where this was discussed and staff came up with a number of suggestions. Staff were then asked to speak to a number of people using the service and put the different names to them. We saw that people had voted on this and agreed on the new name of ‘Care Wish’.

Staff told us that they attended staff meetings and arrangements were made for meetings to take place twice

to ensure all staff attended. We saw evidence that staff meetings had taken place on a three monthly basis. The registered manager informed us that she planned to have staff meetings take place on a monthly basis in the future.

We saw that weekly diary meetings took place between the registered manager, the care co-ordinator and the two senior care staff. We were told and records showed that the purpose of these meetings was to discuss each person who was receiving care from the service, provide any updates and agree work allocations for the coming week, including identifying additional tasks for seniors to carry out outside of their normal care hours. The registered manager told us that she was involving the senior carers in these meetings in order to develop their role within the service.

We saw that the service had purchased a software system that could initially monitor the calls staff made. The system had been in place for eight weeks. The registered manager showed us how she was currently working on inputting staff training and skill sets onto the system and that this in turn would assist in matching staff skills with the people’s needs. The system was also able to produce rotas and link care delivery to post code areas. The system offered a range of facilities that the registered manager was keen to utilise in order to deliver effective, quality care. We saw that it allowed the office staff to monitor people’s calls and set alarms against particular people’s care packages to alert the office if a member of staff was running late.

Staff spoken with were aware of the service’s whistle blowing policy and confirmed that they had been given a copy of the staff handbook. We saw that the service had a number of policies and procedures and that staff had signed to say they had read and understood these.

We saw that new uniforms had been delivered for staff on the day of our inspection. Staff were very proud of the new name and logo for the service. One person commented on the colour of the uniforms, which was a bright yellow and added proudly that it was recognised as the, “Smile colour for people with dementia”.

We observed that the office was well organised and confidential files were stored securely. The registered manager had in place a noticeboard identifying reviews that were required that month and listing any people who

Is the service well-led?

were currently hospital. We saw that accidents and incidents were logged and reported upon and the registered manager had notified us of events that they are required to by law.

People and their families told us that they had completed surveys regarding the service in the past and that on occasion, they were contacted over the phone and asked their opinion on the service. We saw that quality audits were in place and an annual survey had been completed in February this year. The survey results had been positive

and had also highlighted a number of areas for moving forward. The registered manager was currently looking at responding to the individual points raised in the survey as some of them highlighted additional packages of care that people requested.

A staff survey had also been sent out but only four out of 12 staff completed it. The registered manager informed us that she felt the response was not sufficient, therefore she was looking at sending it out again in six months' time but changing some of the questions.