

Wellbeing Care Solutions Ltd

# Wellbeing Care Solutions Ltd

## Inspection report

Ground Floor Blakenall Village Centre  
79 Thames Road  
Walsall  
WS3 1LZ

Tel: 01922277747  
Website: [www.wellbeingcaresolutions.com](http://www.wellbeingcaresolutions.com)

Date of inspection visit:  
08 December 2022

Date of publication:  
25 January 2023

## 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 ●

# Summary of findings

## Overall summary

### About the service

Wellbeing Care Solutions Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 6 people with personal care at the time of our inspection.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Staff supported people to mitigate risks to their safety. Staff adhered to infection control procedures and protected people from the risk of infection. Staff were knowledgeable in safeguarding adults' procedures.

There were sufficient staff to meet people's needs and safe recruitment practices were in place. Staff received training to ensure they had the knowledge and skills to undertake their duties. This included training on medicines management, food hygiene and the Mental Capacity Act 2005 (MCA).

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 and their relatives Staff supported people at the end of their lives in line with their wishes.

People and relatives found staff to be caring, respectful and said they were involved in their care with staff following their wishes about how they wanted to be supported.

There were processes in place to review the quality of care delivery and make improvements where necessary. However, we found further improvements in the providers systems were required to ensure staff received specialist training in a timely way and to ensure records were in place to show reviews of care involving people and that call durations were monitored.

People, relatives and staff all felt the service was well managed and there was evidence the provider worked well with other agencies in their support of peoples care and wellbeing.

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

### Rating at last inspection

The last rating for the service was requires improvement, (published on 25 March 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Wellbeing Care Solutions Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### 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 houses and flats. At the time of the inspection there were 6 people using the service.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider would be available to support the inspection. Inspection activity started on 08 December and ended on 16 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority and professionals who work with the service.

The provider had completed a Provider Information Review prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided to their family members?. We spoke with 5 members of staff including the registered manager, the nominated individual and 3 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with the registered manager and provider and made telephone calls to people using the service and staff. We used electronic file sharing to enable us to review documentation.

We reviewed a range of records. This included 2 people's care records and medication records for 3 people. We looked at 2 staff members files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Since the last inspection the provider had taken action to ensure there were risk assessments in place which identified any risks to people's safety and how staff were to support people to minimise those risks. For example, one relative told us their family member required the support of 2 carers to keep them safe.
  - They said, "It's always 2 carers and they always stay and do all they need to do. Never any problems with them rushing they take their time."
- Assessments were made of any risks in the environment and equipment used to ensure these were safe for both people and staff.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they believed the service to be safe. One relative said, "They [staff] have took the pressure off me. I'm happy knowing carers are going in and keeping [person's name] safe. They are definitely safe with them."
- The provider had appropriate systems and processes in place to protect people from the risk of abuse and avoidable harm.
- The provider's training records showed staff had received safeguarding training, and staff confirmed this. Staff knew what steps they should take if they suspected abuse.

### Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking Disclosure and Barring Service (DBS) checks DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed that the references had been requested and checks made before they started supporting people.
- We checked recruitment records for 2 staff. Where we found a gap in the employment history for 1 member of staff this was immediately addressed by the registered manager.
- There were sufficient staff to provide people with the level of support they required. However, the provider explained the challenges of recruiting new staff meant they were not taking on any new packages of care at the time of the inspection. It is important to note, that staff recruitment is currently a known difficulty across the adult social care sector.

### Using medicines safely

- Medicines were managed safely within the service.

- Staff had received training in medicines management and the provider had arrangements in place to monitor medicines and had taken appropriate action, such as supervision of the staff member, when records had not been fully completed.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was following current Government guidance on the use of PPE at the time of our inspection.

#### Learning lessons when things go wrong

- Staff knew how to report and record any concerns and the provider had a system in place to review any incidents that occurred and monitor for trends and learning.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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.

- Since the last inspection improvements had been made. At this inspection we found staff clearly understood the need to gain consent prior to providing support. Guidance was given to staff how people who were not able to verbally give consent would show their consent through gestures and body language.
- The provider completed an audit of daily records at the end of each month to ensure people's consent to care was recorded.
- Staff confirmed and records showed they had completed MCA training.

Staff support: induction, training, skills and experience

- All 3 staff we spoke with told us they shadowed the registered manager during their induction, so they could get to know people and their care preferences.
- Staff received training to areas such as medicines management and food hygiene to ensure they had the knowledge and skills to support people.
- Staff told us they felt well supported by the registered manager and provider. They confirmed they received regular supervision but said they could also contact the registered manager at any time for advice and support.

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

- Assessments were undertaken to identify people's needs including gathering information from commissioning authorities, people, relatives and other staff involved in people's care.

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

- Staff had received training in food hygiene should people require this support.
- One relative confirmed staff supported their family member with meal preparation they said, "It's all good, they know what foods she likes, and they [staff] do look after her."

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

- Some people were supported by their families to contact healthcare services. We saw records where the provider had received information from healthcare professionals which they had actioned and included in care plans and risk assessments. One relative commented, "The slightest thing wrong and they [staff] report it to us and to the district nurse. They've even contacted [their] G.P. on our behalf when we've been unable to get an appointment."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- We received very positive feedback about the care provided to people. One relative said, "10/10 - can't fault them." Another relative commented, "They [staff] go above and beyond in the way they support [person] in my opinion."
- People received support from a consistent staff team which enabled them to build good relationships with their care workers. One relative commented, "It's regular staff and they've got to know [person's name] well. They sit and chat and try and have a bit of a laugh with her. She smiles." They added, "I feel like the majority of carers have become friends of the family."
- In the 2 months prior to the inspection, we had received 3 'Share your experience' comments via the CQC website, from the relatives of people supported. All 3 gave positive feedback and praised the caring approach of staff.

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

- People and their families were involved in decisions about their care. Staff liaised with people as part of the assessment process and throughout their care to ensure the support delivered was in line with their wishes.
- One relative told us they spoke regularly with the registered manager. They commented, "[Registered Manager] is wonderful and has all the time in the world for us, she spends time and never rushes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, and supported people to maintain as much independence as possible. One staff member told us, "You help where you can but let them do what they can too, that way it helps them stay independent."
- Relatives said staff provided care in a respectful way. One relative told us of a recent family event and said, "Staff are so caring.....they have been so understanding and kind."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received personalised care that met their needs. Care records were maintained about people's support needs and how they wished to be supported.
- Care records also gave additional advice for staff to follow? on individual support for people. For example, where one person did not communicate verbally, it gave advice to staff regarding the importance of eye contact and the gestures to be used to aid communication.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in a format which was understandable to the people receiving care. For example, information was available in large print for people with a visual impairment.
- The provider had also recently reviewed and simplified the complaints information, to aid people's understanding.
- Staff understood how people communicated and adapted their approach to ensure people understood what was being communicated. For example, by using hand gestures.

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

- Relatives told us staff supported the people they cared for to maintain relationships with other members of their family.
- Staff also told us they enjoyed speaking to people about their hobbies and things that were important to them. We saw care plans included this information.

Improving care quality in response to complaints or concerns

- A complaints process was in place. We saw that action had been taken where complaints were raised to ensure any concerns were addressed promptly and people were satisfied with the service they received.

End of life care and support

- We saw where required, people had end of life care plans in place and were supported in line with their wishes, taking account of their faith, culture and personal choices.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst improvement had been made, we found further improvements in the provider's systems were required to address the areas we found during the inspection.
- We found that the risk assessment for one person's care included the need for staff to receive specific training. The provider acknowledged this had not been completed because they had experienced difficulties in sourcing the required training. Although guidance had been given by healthcare professionals, the provider acknowledged training was still required. The provider assured us that this would be addressed immediately following the inspection.
- There was no system in place to show that calls times and call lengths had been monitored. The provider advised they did this by checking the daily notes at the end of each month. The provider said the audit sheet used would be amended following the inspection to clearly show these checks were being made. The inspection did not identify any concerns regarding call length times.
- Staff said they were supported with shadowing during their induction, however, there was no record of this, to record the induction and what shadowing had been given and included.
- The registered manager and the provider both demonstrated a hands-on approach to care. One member of staff said, "[Registered manager] is very good because she knows people well, she's a very hands on manager."
- The registered manager and staff had a good understanding of their role and responsibilities and were committed to delivering a person-centred service for people.
- All staff we spoke with were positive about the manager who shared the same values, ethos and need to provide a quality service.
- Staff were supported using feedback from spot checks to observe care given and through regular supervision.
- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they felt involved in the care of their family member however, there was no record of reviews involving people and their relatives. Recording reviews gives people and their relatives a formal way of sharing their feedback and will enable the provider to ensure any requested changes are actioned.
- All 3 staff we spoke with gave positive feedback about working for the provider. One member of staff said, "This is the best service I have worked at. Good management who you can talk to for advice and support."

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; Continuous learning and improving care; working in partnership with others

- The provider had apologised to people, and those important to them, when things went wrong and ensured learning where improvement could be made was shared with staff.
- In August 2022, the provider received a letter of commendation from a healthcare professional, praising the work of the provider and the caring and patient approach of staff. It also praised them for working with the person's general practitioner in an effort to resolve medication issues.
- The registered manager was open and very receptive to our feedback during the inspection. They took action on some matters immediately. For example, where we found a gap in the employment history for one member of staff this was addressed during the inspection by the registered manager.