

Mrs Susan Perry

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## Inspection report

Unit 4 Maypole Court  
High Street, Wem  
Shrewsbury  
SY4 5AA

Tel: 01939233114

Website: [www.wishingwellhomecare.co.uk](http://www.wishingwellhomecare.co.uk)

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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?

Good ●

# Summary of findings

## Overall summary

Mrs Susan Perry, trading as Wishing Well Homecare is a domiciliary care service providing care to 40 older people in their own homes, some of whom have being diagnosed with dementia care needs. Not everyone who used the service received personal care. 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. At the time of inspection, 20 people were receiving a regulated service.

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

People were supported by an exceptionally caring and compassionate staff team. People were supported to maintain their independence and their privacy and dignity was valued and respected.

People told us they received exceptional care and support from the provider and the staff, who they praised for going 'above and beyond' to ensure people were safe and happy in their homes. People were supported to be part of the local community thus reducing loneliness and social isolation. This was considered by staff and relatives to be a strength of the service as it enhanced people's quality of life. The feedback we received reflected the value of this support in maintaining independence and positive health.

People received safe care and support. Risks were assessed and managed to reduce the likelihood of avoidable harm. People received timely support from a consistent staff team. Systems used for the management of medicines were safe and people received their medicines as prescribed.

People's needs were assessed and reviewed to ensure their care needs were met. Staff received training relevant to their role and received excellent support from the provider and colleagues. Staff sought people's consent before providing care and decisions about people's care and treatment were made in line with law and guidance. People received sufficient amounts to eat and drink to maintain their health. People were supported to access healthcare agencies when required.

People's care was responsive to their changing needs. People, and their relatives, were involved in the assessment and planning of their care and communication was excellent to enable people to work together to ensure people's needs were met fully. People knew how to raise a concern and always felt listened to.

People, relatives and staff felt the service was well managed. People, and staff, had regular opportunities to share their views about the service. The provider carried out audits to ensure the quality of care provided. The newly appointed manager was making improvements to some processes to make the service more efficient in line with best practice updates and changing legislation.

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.

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

#### Why we inspected

This was the first inspection of this service since registration in July 2018.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Mrs. Susan Perry

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission although they had a newly appointed manager who was in the process of registering with us. This will mean that they, and the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

We used the information we held about the service to plan the inspection. This included checking for any statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to plan our inspection.

#### During the inspection

During (and after) the inspection we spoke with five people who used the service and eight relatives. We

also spoke with the provider, the manager, four staff and an office-based worker. We reviewed a range of records. This included two people's care records and medicine administration records. We also looked at quality assurance records, as well as three staff recruitment records and staff training records. Following the inspection we spoke with a social care professional who worked regularly with the agency.

# Is the service safe?

## Our findings

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

This key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, without exception told us they felt safe while receiving support from staff. They said that they felt safe because communication was good and up to date and also that the workers always arrived on time. In addition, people always had a picture of the next staff member coming to support them, so they always had the reassurance of knowing who would be in their home. A relative told us, "I can't fault them [staff] at all. I am confident that people are safe in their care."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff told us they knew how to share concerns and were confident that concerns would be listened to and acted upon.
- The provider and the manager were aware of the procedures to follow to report abuse in order to protect people and the provider had used the process effectively to safeguard one person who used the service.

Assessing risk, safety monitoring and management

- People received a safe service and risks were identified and managed effectively. Staff told us how they routinely checked for new risks and hazards and reported them promptly to senior staff.
- Care records reflected that people's risks had been assessed and guidance was available to staff to ensure they acted safely and consistently.
- The newly appointed manager was reviewing risk assessments to ensure they reflected people's needs and was liaising with family, staff and other professionals to do this. This meant assessments would be even more detailed and specific to individuals and their circumstances.

Staffing and recruitment

- People spoke very positively about the calibre of staff employed by the agency. One person told us, "[Provider's name] is very good at picking their carers." A relative said, "[Provider's name] employs the right people and they have the right standards." The provider told us how they were very particular who they employed, and recruited staff with the people who used the service in mind to ensure a good match. A person told us, "I like to have female carers, I have been asked but I prefer not to have male carers." This was accommodated.
- The manager told us they tried to ensure people received support from a small, consistent group of staff. Relatives confirmed this, with one commenting, "They use local staff and provide consistency which is very reassuring."
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed.
- Systems used to manage medicines were safe and the provider told us they were developing an even more robust audit system to ensure people received their medicines safely.
- Staff told us they had received training before they were able to administer medicines and they were observed until confident. One staff member told us they would not have felt comfortable to administer medicines if they had not had sufficient training and support.

#### Preventing and controlling infection

- Staff understood the importance of wearing personal protective equipment and adopting good hand washing techniques to protect people from cross infection.
- Relatives and staff told us gloves and aprons were available for use when delivering personal care.
- Staff had received training in safe practices to control the risk of infection.

#### Learning lessons when things go wrong

- Although the service had not had any accidents or incidents where a person had been harmed, the provider and the manager told us how they would review practice should this happen. They said they monitored information received to ensure they implemented good practice.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided.



# 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.

This key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People, relatives and staff were involved in the assessment and planning of people's care. One relative said, "I was fully involved in the assessment and now if anything changes I am contacted, and we review the support required."
- People's needs, and preferences were identified before they received support to ensure their needs could be met. This included information about people's life experiences and religious preferences.
- Care plans detailed people's needs and preferences and reflected any changes. Staff told us that care plans were useful documents. One staff member said, "Care plans are helpful. I always read everything." Two staff reflected that care plans were improving. One person said, "They are coming on, they've come a long way."

Staff support: induction, training, skills and experience

- Everyone we spoke with felt that staff had the knowledge and skills to carry out their roles effectively. Staff told us training opportunities were good. One staff member told us, "We get everything we need." A person said, "They have experience, time, knowledge and understanding, they never clock watch, you never feel they are in a hurry, you are at the centre of what they do." The manager had recently audited training records and was reviewing people's skills and developing some additional training in key areas to enhance staff knowledge.
- People who used the service and relatives said that staff were well trained to deliver the service required and they used their knowledge of people to recognise when needs changed and referred them accordingly for reassessment. An external training provider told us, "[Provider's name, wants it [training] delivered dependent upon people's individual needs."
- One staff member told us they had received a good induction into their role. They told us that they met everyone they would be supporting prior to working with them and they valued this.
- Staff told us they received excellent supervision and support. They felt it was a strength of the service provided. One staff member told us, "We definitely get all the support we could ever need, and more." Other staff described the support as 'wonderful'. Staff said that information was shared at regular team meetings where they all got together to share experiences and reflect on practice. Staff told us they received good support from colleagues. One staff member said, "We work so well as a team. We are always there for each other."

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

- Where people received support from staff to eat and drink they received sufficient amounts to maintain their health. Staff told us they knew people's dietary needs and preferences, and this enabled them to

promote a healthy and varied diet in line with individual tastes.

- Where people had specific dietary needs, staff were aware of these and care plans offered detailed guidance about how people's meals should be prepared, and the support people required to eat safely.

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

- On the day of our inspection we heard the provider liaising with the local GP and district nurse to share health concerns and changes. Their prompt action meant that people could be supported to remain in good health as issues could be managed quickly.

Relatives told us support was available to help people access healthcare services when needed. One relative told us, "[Providers name] will do anything at all and goes far beyond the call of duty." Our observations and feedback reflected this comment.

One person told us of their recent ill health. They said, "They sorted it out very quickly They fetched my prescription and made sure I took some of the antibiotics straight away. Due to their efficiency and care it was cleared up in no time at all."

- The provider described how they worked with other partner agencies to ensure people received care that met their changing health needs. For example, working with occupational therapy teams to ensure people's mobility needs were met which meant they could remain in their own home.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People told us that staff always asked permission before carrying out any care tasks and one person told us that if they refused, their views were respected. They told us, "Nothing is too much trouble for any of them. Just occasionally I can't get in the bath, they just go along with what I want." Staff reflected this was their approach during discussions. One staff member told us, "We ask prior to doing anything."
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware.

# 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.

This key question was rated as good. This meant people were safe and protected from avoidable harm.

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

- Without exception everyone we spoke with who received a service, or whose family member received a service spoke of the exemplary care and support they received from the provider and the staff team. A relative said, "They are excellent. We can wholeheartedly rely on the excellent care Wishing Well gives to them." People shared examples of feeling like the provider and the staff were part of their family, who were valued and trusted as such. One relative told us, "[Provider's name] treats my [relative] like her own and treats them like royalty. Living such a long way away it is such a comfort, they really take care of them and genuinely love [person]. They look after their every need."
- The culture of the service was extremely caring and compassionate, and people reflected on this. One relative said, "They are genuinely caring people." Staff were regularly described as being compassionate and this was valued by the people they supported. One person told us, "If I am upset about anything they will stay on and hold my hand and talk to me."
- The provider and staff respected people's equality and diversity. Staff were recruited based on their values and experiences. The registered manager told us how they matched people to staff to ensure compatibility.
- Staff were aware of people's cultural and religious needs and these were reflected in care planning and delivery. People's individuality was promoted, and paperwork reflected people's protected characteristics and individuality.
- We heard the provider arranging to visit people in hospital to check they didn't need anything. The provider also liaised to ensure people had a positive discharge from hospital, making sure they had everything they needed.

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

- Relatives told us they felt their family members were supported to be involved in decisions about their care. One relative said, "The staff support [person's name] with making decisions for themselves where they can." People told us how staff met not only their assessed needs but any changing needs they might have. For example, staff regularly supported people on day trips, and local visits to the hairdressers.
- Care plans reflected person-centred care. People were invited to group sessions to share views and experiences. People and their families were involved in completing detailed life histories. This enabled staff to develop meaningful relationships, have respect for people as individuals and generated conversation.

Respecting and promoting people's privacy, dignity and independence

- Without exception everyone we spoke with said that they were well treated and very well cared for. People described staff as 'wonderful', 'kind' and 'very caring.'
- The provider and staff we spoke with told us that loneliness and social isolation was a concern for people living in their own homes. They shared innovative ways of ensuring people were not isolated. One relative

told us that the agency was a "community within a community". People told us how much they looked forward to social events organised by the agency and relatives contributed to this approach to keeping people well and thus able to stay living in their own homes. A person who used the service said, "They give a whole service that is why it works. They do the caring role, but they also look at the whole me what else it is I might need." A relative told us, "They are superb, a very holistic service." Another said, "It is a real community, and everybody knows everybody here, you only hear good reports about this service and [the providers name]." Another relative said, "[Provider's name] is really keen on keeping a social life going for them. It certainly works for my relative."

- Everyone said that the provider was a special person who went the extra mile to ensure the people the agency supported received a service that met their every need. In return the provider rewarded excellence in the staff team thus promoting the culture of recognising positive practice.
- Relatives told us staff respected people's privacy and dignity. Staff shared examples of how they actively promoted people's privacy and dignity.
- Staff spoke respectfully about people and described people with genuine warmth. One staff member told us how they carried out personal care discreetly and only if the person was comfortable. Another staff member told us they were always mindful of who may be listening and checking the person has privacy by being covered as far as possible.
- Staff shared examples with us of how they promoted people's independence by encouraging them to assist with washing and dressing where they were able. Staff had a motto, "If you don't use it you will lose it." The provider also told us this was their aim to keep people independent. Staff said they always encouraged people to do what they could for themselves. A social care professional who worked with the agency told us, "Staff are very caring. They promote independence at all times. They recognise when additional support is needed, and they know when people wish to take the lead themselves."

# Is the service responsive?

## Our findings

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

This key question was rated as 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

- Care was planned in accordance with people's needs and preferences. Care records reflected people's individual wishes and included details about people's preferences.
- People, and their relatives, were involved in the development of their plans. This ensured staff could meet people's expectations.
- Where people's needs changed, for example, due to a decline in health, their needs were promptly reassessed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the accessible information standard. Where people were unable to read written information due to sensory loss, appropriate arrangements were in place to enable them to understand the information provided. For example, information, such as the complaints procedure was currently being rewritten using large print and pictures to make it more accessible.

Improving care quality in response to complaints or concerns

- People and their relatives, told us they knew how to raise a concern about the support they received if they were unhappy. Everyone we spoke to stressed however that they were more than satisfied with the service they received. One relative told us that on one occasion they had shared something that staff hadn't got right and it was immediately changed and had never been an issue since. Everyone described the provider as being extremely approachable.
- The provider had a system in place to ensure the effective management of complaints, should there be any. Staff told us how they would escalate concerns to the provider with the confidence that the issues would be immediately addressed.
- The manager told us that the team had an open and transparent approach and if there were any complaints they would always respond with an apology first.

End of life care and support

- At the time of this inspection no-one was receiving end of life care. However, people's care plans reflected how they would like to be cared for at the end of their life. This included information about whether a person

wished to remain at home as well as any relevant information about the person's spiritual or religious wishes.

# 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.

This key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

- People and relatives felt the provider had exceptional qualities to ensure their team delivered excellent care. Everyone said that communication was the key to their success. One person said, "Communication is excellent."
- A social care professional told us they felt that the management of this service was very good and that the team had, "An excellent reputation around Wem."
- Feedback about the service, the provider and the staff were wholly positive. Everyone we spoke to would recommend the service.
- The provider had evaluated their service and identified skills that they wanted in a registered manager to further develop the service. The manager appointed was knowledgeable and experienced and had already begun making improvements to records and processes. This meant that the service could develop in line with best practice and guidelines.

### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider worked innovatively with their team to ensure the service was delivered based around the needs and wishes of individuals.
- The provider and the manager were aware of their responsibility to be open and transparent with addressing issues and investigating complaints. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider and the manager understood the responsibilities of their role and acted in accordance with them. Notifications of incidents, events or changes that happen to the service were sent to us within a reasonable timescale and as required by law. These included safeguarding referrals and death notifications.
- The service had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. Outcomes were shared within the staff team to drive improvement.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service, and staff, told us how they felt fully involved and consulted in relation to how

their support was delivered. Staff had opportunities, both informal and formally to discuss issues and make suggestions for improvements and changes and could share examples of how they had been listened to and their suggestions had improved practice.

- People's views and opinions were valued. People's individuality was respected, and equality and human rights underpinned practice. People told us they would talk to the provider about anything. Relatives confirmed this.

#### Continuous learning and improving care

- The provider and the manager told us how incidents or accidents would be reviewed and discussed in staff teams. The manager said that any learning from them would be taken on-board and actioned to prevent possible reoccurrence.
- Staff excellence was rewarded, and we saw how individuals had received awards for their input into delivering a high-quality service.

#### Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. We heard liaisons between the provider and a health service provider that enabled a person to receive appropriate and safe care.
- The service had developed strong community links meaning they could support people to be part of activities and events.
- Staff had good relationships with health and social care professionals. Feedback from these professionals was very complimentary.