

Wii Care Limited

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Inspection report

Unit 8A, Centre Court
Sir Thomas Longley Road, Medway City Estate ME2
4BQ
Tel: 01634718470
Website: www.wiicare.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 

Overall summary

This inspection took place on 16 January 2015 and was announced. 48 hours' notice of the inspection was given because the service was small and managers were often out of the office supporting staff. We needed them to be available during the inspection. At the previous inspection in February 2014, we found that there were no breaches of legal requirements.

Wiicare provides care services to people in their own homes, mainly in the Dartford, Gravesend and Swanley areas of Kent. The service supports people who have recently been discharged from hospital. The service

provides support to people like washing and dressing, monitoring of health and wellbeing and repositioning of people who are cared for in bed. At the time of our inspection there were 20 people using the service.

At this inspection there was a registered manager employed at the service. 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.

Summary of findings

All people spoke about staff in a positive light regarding their feelings of being safe. One person said 'I feel very safe and the carers are all ok'. The registered manager and staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. As the service is provided in people's homes DoLS did not necessarily apply, however we found that the registered manager understood when an application should be made and they were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. They were also aware of when people should be assessed under the Mental Capacity Act (2005) Code of Practice.

Staff were trusted and well thought of by the people they cared for. Comments included 'The staff are lovely, we couldn't wish for better'. People did not have any concerns about staff reliability and got the care they required when they needed it.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place.

The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were not recruited until they had been through a selection process that ensured they were suitable to work with people. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work. Some people needed more than one member of staff to call on them. The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care they were provided.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People felt that staff discussed their care with them so that they could decide how it would be delivered.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through taking a balanced diet and drinking frequently.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People highly rated the leadership and approachability of the service managers. They felt that they were kept informed and that they could approach staff and managers with no reservations. Staff felt well supported by managers.

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 said they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs. Staff told us they understood the risks people faced and followed safe working practice.

The registered manager and staff were committed to preventing abuse, which started from the moment new staff applied for a position at the service. Staff spoke positively about blowing the whistle if needed and there were enough staff available to protect people's health and welfare.

Medicines were administered by trained and competent staff. Recruitment processes for new staff were robust. There were enough staff to provide care and to keep people safe.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Staff were trained and felt that the training and support they got from managers gave them the skills and confidence to carry out their roles to a high standard. People had given their consent to the care being delivered.

Good



Is the service caring?

The service was caring.

People spoke highly of staff and the way they cared for them. People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and were able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Staff wanted people to experience good care and they were committed to doing this. Staff respected people's privacy and worked to promote their dignity.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff provided the correct care. Any changes were agreed with people and added to their care plan.

Good



Summary of findings

People were encouraged to raise any issues they were unhappy about. The registered manager resolved any issues people had quickly and to their satisfaction.

Is the service well-led?

The service was well led.

The register manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

Continuous improvement was high on the registered managers agenda and people had noticed this and felt improvements happening. People were consulted about changes to the service and were asked about their experiences of receiving care.

There were clear structures in place to monitor and review the risks that may present themselves and actions were taken to keep people safe from harm.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2015 and was announced. The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had been a carer for older people and understood how this type of service worked.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service.

We talked with nine people about their experience of the service. We contacted one person from the NHS commissioning team and from the care management team at Kent County Council. We spent time looking at records, which included four people's care files, four staff record files, the staff training programme, the staff rota and medicine records. We spoke with three care workers and the registered manager to get their views about the service. We observed how staff in the office used the systems they had for planning people's care. This enabled us to link the processes of assessment, planning and delivery of care with what people actually experienced.

Is the service safe?

Our findings

People told us if they did not feel safe with the care provided they would contact the registered manager in the office. One person said, “I definitely feel safe”. Some people had been using the service for many years and were full of praise about their experiences. One person said, “Staff are always cheerful, polite and trustworthy”. Comments included “Staff are very good”. ‘There are no problems with the care whatsoever’. ‘I’ve nothing but praise for them’. ‘The staff I have are brilliant’.

Some of the things that made people feel safe was the reliability of staff calling to their homes. They said, “I have two staff visit, three times a day, there were no issues with the timekeeping and if someone was going to be late for whatever reason they let us know”. They could be sure that their calls would be made by staff who they knew. People told us that if there was a change in the staff calling, for example due to sickness, they were informed so that they would know the staff that came instead. All of the people we spoke with had good things to say about staff. They told us that staff were always attentive and they understood their needs.

All but one person were independent with their medicines. People who received support from staff with their medicines told us that they were given their medicines as required. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicines for people they could do this.

Senior staff assessed the risks of delivering the care to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. There were no records of recent incidents and accidents happening. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the registered manager would monitor incidents and accidents if they occurred so that they would not happen again.

Staff were clear about the risks relating to their work. The registered manager had ensured that risks had been assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risks the steps staff needed to follow to keep people safe were well documented in

people’s care plan files. Staff understood the risk people faced and made sure that they intervened when needed. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority. This kept people safe.

Staffing levels were set to meet people’s needs at home and before any care was delivered. This kept people safe as it reduced the risk of accidents. The amount of staff people needed was kept under review. We saw that there was a system in place to do this.

Staff supported people in the right numbers to be able to deliver care safely. Some people needed to be cared for in bed because of their illness and required more staff time to carry out their care. They told us that two staff came to their home and that they carried out care safely.

Staff were committed to challenging poor practice and protecting people. They confirmed that they had received safeguarding training and had a good understanding of how abuse could occur. They said, “If I see something being done wrong report it” and “I look out for any signs of abuse. If I needed to I would blow the whistle”. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services)

People’s care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. Secure office computer systems held information about people’s call times and allocated staff. Should this system fail there were back up systems whereby the information was sent to a secure off site computer. This could be accessed by staff from other locations should the office be closed for any reason. This protected people’s continuity of care.

The way staff were recruited to work in people’s homes was safe. The registered manager followed a policy which addressed all of the things they needed to consider when

Is the service safe?

recruiting a new employee. Staff records were well laid out, showing that applicants for jobs had completed applications and been interviewed. Health questionnaires were in place to check if staff were fit to carry out their roles. New staff could not be offered a post unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. All new staff had

been checked against the disclosure and barring service records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. We noted that, the registered manager continued to monitor staff for any convictions during their employment. This ensured that people were protected from the possibility of staff becoming unsuitable to work with them after they had been vetted.

Is the service effective?

Our findings

Staff understood people's needs and were trained for their roles. Comments included, 'They're (staff) very good, well trained and informed'. 'They are good at their jobs'. 'All the staff are very kind, they're well trained'. Others said, "We found Wiicare staff efficient, helpful and organised".

People and their relatives valued the contribution staff had made in enabling them to stay in their own homes. One commented, 'My wife was cared for in bed at home, she was very unwell. The care and attention from Wiicare staff was brilliant and no more could have been done or asked of them'.

This service was not predominately providing food and drink for people. This was because there were others at home with them that took care of their needs around food and drink. However, we did find that sometimes staff had assisted people with a meal or breakfast. One person said, "The staff prepared a nice breakfast". Other people told us that if staff were in their home when they were eating a meal, staff would offer encouragement to people to eat as much as they could to maintain their health. One person said, "The staff make me a sandwich and leave it in the fridge in case I want a snack". The registered manager prepared the staff for dealing with people's needs around food and drink. They were provided with training about food hygiene and also about the importance of people maintaining a balanced healthy diet.

Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

Care plans gave information to staff about how to provide care in a range of areas which included preventing pressure areas developing on people's skin, what people could do

for themselves when washing and dressing and what staff need to help with. All of the people we spoke to felt that staff followed the care that had been planned for them. People told us that staff followed the correct procedures when they delivered the care and that they knew what they were doing.

We followed some people's care path from discharge from hospital, their assessment of needs and how staff followed through with people's care. We found that staff were routinely following guidance about safe manual handling and the care needed. They spoke about using the equipment identified in people's care plans and risks assessments. The service staff had delivered matched what had been recorded in people's care plans. For example, if the care plan stated 'At the lunchtime call the person likes to sit in their wheelchair and have lunch'. We saw this had been happening.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

People's experiences of the service indicated that staff were competent and well trained. Staff were observed by a manager at work and were provided with guidance about their practice if needed. Managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. Staff told us that their monthly meetings with their line manager were 'Useful' as they could discuss things that had not gone so well for them and also talk about their own development.

Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard to work independently.

Is the service caring?

Our findings

People viewed the care they got from staff positively. People said, 'They chat to me and are willing to help'. 'There are no problems with staff; they discuss things with me'. 'They're wonderful', 'Always pleasant and polite'. One person said, "Staff are so polite and caring, we are very very happy with the help we received".

Everyone was positive about staff. People's comments included, 'They (staff) make me feel like a person and help with my hair'. 'The staff are lovely and they are very friendly'. Some people, because of their illness or disability could no longer do things they loved to do. Staff described situations where they would do that little bit more for people because it was people's choice and not in their care plan. For example, they assisted people to bake cakes. This showed that staff were not task orientated.

People felt that staff communicated well and told us about staff chatting and talking to them and letting them know what was happening. People told staff about their likes and dislikes and this enabled staff to understand more about the people they supported and how they liked to live. Relatives living with people who used the service were involved in people's care planning.

People said it was important for them to be as independent as possible and that staff supported this. For example when they had a bath their privacy and dignity was maintained. Staff enabled the people to do as much as they could for themselves. People felt relaxed and comfortable with the care provided. The husband of a person who needed the care service confirmed that staff respected their wife's privacy and dignity.

Staff wanted to treat people well. When we spoke to staff they prided themselves on their relationship building skills. One said, "I'm good at my job". Another said, "I never have bad feedback from people". Staff had taken time to find out how people liked to be made comfortable. For example they had fully recorded how to position a person in bed so that they could watch television and access all the things they needed. One person told us, "The staff know how to make people feel comfortable and respected".

Information was given to people about how their care would be provided. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care. The registered manager had started to consult with people about providing a newsletter. They were keen to find out the sort of things people may like to know about. This would help keep people up to date with information about the service.

What people thought about their care was incorporated into their care plans which were individualised and well written. They gave staff all the information they needed to provide the care to people. Staff were given guidance about what to do if people needed to ask for equipment at home, for example pressure relieving mattresses. They were also provided with training to help people maintain people's wellbeing. They could identify the symptoms of urine infections or pressure areas forming on people's skin. Therefore, the person's district nurses or GP could be contracted swiftly and early intervention take place to keep people well at home.

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. They told us that staff discussed their care with them.

We found that people's needs had been assessed. People's assessments were completed quickly after they were discharged from hospital. To make sure this happened information was sent via a secure fax service to the registered manager at Wiicare from the medical discharge teams at the hospital. Managers then visited people in their home and discussed people's care, incorporating both what people expected from the service and what needed to happen to keep people well. For example, in care plans it indicated where people directed their own care and how they made choices about what they wanted staff to do.

People confirmed that staff responded to any changes in their needs or health quickly. In one case staff had contacted the district nursing team to provide medical assistance to a person who was in pain.

People's care was flexible to their needs. One person told us that extra staff were provided if their main carer who was at home with them went away. This provided them with reassurance and gave their main carer the opportunity for a break. People who asked for any changes told us these were actioned for them. For example if people wanted different staff to call or their call times changed.

Sometimes staff had difficulty getting people to answer their doors when they called to deliver care. If this happened staff would inform the office and a call would be booked for them to return to the call later. However, in response to these situations the registered manager had introduced a system whereby people would get a telephone call alerting them that staff were due to arrive. This change had increased the number of calls made on time as staff did not need to go back.

People's care was kept under review so that any changes in their needs were taken into account. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence nurses and District Nurses. They had supported the staff to assess and monitor people's health and recommended changes when necessary. For example, if people needed a specialist assessment to assist them with their continence care or for using equipment.

There was a policy about dealing with complaints that the staff and registered manager could follow if needed. This ensured that if complaints were made they would be responded to effectively. There were no recent complaints recorded about the service. Any issues or changes people enquired about were resolved quickly by the registered manager to people's satisfaction.

Is the service well-led?

Our findings

People spoke positively about the service and felt that it was well led. Wiicare was highly rated by the people who used the service. They expressed views about the service in positive terms. They said “I am full of praise for them”. “It’s good”. “They’re very approachable”.

People felt that over time the service they received had been improving. The registered manager told us they were committed to delivering a high quality service to people and as they grew the business, they were developing the systems required to improve things further. For example, they spoke enthusiastically about using technology to improve people’s experience of communication with the service. They already had computer software that helped them plan people’s care and schedule calls effectively. However, they were looking at smart phone technology for staff which would make it easier for people to know if staff were running late to a call.

The NHS continuing care team who were responsible for asking Wiicare to provide the service to people, told us they did not have any concerns about the service. They said that Wiicare were accommodating and responded quickly to requests to provide care when people were discharged from hospital back home.

The registered manager, and other senior staff provided leadership in overseeing the care given and provided support and guidance where needed. People told us about how managers from the office kept in touch with them. The staff and registered manager had recently achieved a silver award from investors in people. This was an independent check on the standards of leadership in the service.

Finding out about what people thought about the care they received was important to managers. They sent out satisfaction surveys, asked for testimonials and visited people at home to ask their views about the service. We saw a sample of the most recent surveys which gave positive feedback. People had said that they were ‘Totally satisfied’ and ‘The team are excellent’.

Managers were proactive in keeping staff up to date with changes in social care legislation and practice. For example, staff could access computers and training equipment at the office to allow them to update their skills. Staff told us they viewed constructive criticism from their managers positively as they felt their managers wanted to help them improve their performance. One said, “It’s nice that you feel you are being supported by managers. They come out to see how you provide care.”

People felt that managers who coordinated their care were approachable. People were confident that calls to the office were either answered straight away or were returned promptly. Staff told us that managers were always available to help them out and in some cases would attend calls with them to deliver care.

Managers encouraged staff to deliver good quality care and support. Staff with supervisory responsibilities monitored staff performance and the quality of the care provided. The owners of the service were often in the office. They were very experienced in organising care packages for people in their own homes and they provided support and backup to the management team.

Managers met with staff to get their views about the service. These meetings, whether group or individual, gave managers and staff the opportunity to discuss issues affecting their work. This promoted a better understanding of staff job roles within the care teams. We noted that managers had implemented good audit systems that enabled them to identify issues and take action to improve quality. There were systems in place to monitor and review any concerns about abuse, accidents, incidents and complaints. The systems were in place that provided an analysis of accidents and identified any themes should they happen. Audits asked questions about responsive actions and lessons learnt.

There were a range of policies and procedure governing how the service needed to be run. They were kept up to date and current. The registered manager was very experienced and was passionate about the people using the service. They spoke with enthusiasm and knowledge.