

Wright Homecare Limited

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Inspection report

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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

About the service

Wright Homecare Limited is a residential care home providing personal care for up to four people with a learning disability. At the time of the inspection there were four people receiving a service.

The service is located in a residential area. There is parking at the front of the property and a secure garden area with a seated area to the rear. People have individual bedrooms on the ground and first floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe living at the home and staff understood how to protect them from harm and abuse. Risks to individuals were assessed, monitored and reviewed, and there were enough staff to meet people's needs. The provider followed safe recruitment practices. People's medicines were managed safely, and they were protected from any harm associated with them.

Staff received training to have the skills and knowledge to support people and received regular support from the registered manager. People had access to health care to ensure they stayed well and staff continued to support people in hospital where any treatment was needed. People chose what they wanted to eat and drink and this was prepared well.

Staff were respectful and listened to what people had to say and ensured they were involved in making day to day decisions about their care. Where people may lack capacity to make important decisions, best interest decisions were made with those who were important to them. 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 had developed caring relationships with staff. Care was provided with kindness and compassion and people's independence was promoted. Staff ensured that people were supported to maintain their dignity and respected their right to privacy. People stayed in touch with people who were important to them and visitors could come to the home at any time.

People were involved in the planning of their support and received care that was individual to them and participated in activities they enjoyed. Their views were taken into account when improvements were made in the service and staff recognised when people were unhappy.

There were systems in place to monitor and assess the quality of care people received. Actions were taken to make improvements and staff felt supported in their roles. The registered manager and provider showed a clear understanding about their responsibilities as registered persons.

Rating at last inspection:

The last rating for this service was Good (published January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wright Homecare Limited on our website at www.cqc.org.uk.

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.

Wright Homecare Limited

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.

Service and service type

Wright Homecare Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and we had contact with commissioners who had a contract with the registered provider.

During the inspection

Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We spoke with two people who used the service, the registered manager, two relatives and two care staff.

We looked at the care records for four people and we looked around the home. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their role in keeping people safe from avoidable harm and abuse. Relatives told us they felt people were safe and one relative told us, "We completely trust the staff here. They know [Name] so well and really look after everyone here."
- Staff had received training about safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had to the management team.
- There had been no recent safeguarding concerns. However, staff spoke with confidence about the actions they would take if they thought someone was at risk and would not hesitate to report concerns and knew they would be listened to.

Assessing risk, safety monitoring and management

- Staff knew how to promote people's safety and were aware of identified risks. People had individual risk assessments to ensure staff understood how to help promote their safety.
- Where people needed support to move, the staff had received training to know how to support them safely and understood how to use mobility equipment.
- We saw that the risk assessments were reviewed regularly and updated to reflect any change in circumstances which occurred.
- Where people may become anxious, we saw staff used agreed phrases and signs, to help them manage their anxiety. We saw people responded positively and became less anxious. One member of staff told us, "We are developing a clearer person-centred plan, which identifies what can be done or said when they are starting to become anxious or if they need our support. We all use the same words and that helps; it's important we are all consistent."
- Incidents were reviewed to help to identify where there may be a reason for any behaviour and to review how staff had provided any support. The registered manager kept these under review to help identify any emerging trends or themes.
- Information was recorded about how people needed support to leave the home in an emergency. There were personalised emergency evacuations plans in place which were reviewed regularly to people's level of mobility was still recorded accurately.

Staffing and recruitment

- There was a small team of staff who provided the support for people. There were two staff on duty throughout the day and night, and staff felt this provided people with the support they needed.
- There was a stable staff team and agency staff were not used. Staff explained they covered annual leave and any sickness from within the team to ensure consistency.
- Recruitment checks were completed to ensure staff were suitable to work at the service. These checks

included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- People received their prescribed medicines at the right time and in the correct way.
- Staff were kind and patient with people and knew the signs and symptoms they may have to indicate whether they had any pain or discomfort and needed additional medicine.
- People's medicines were administered, stored and recorded safely. Regular checks and audits were completed. Any actions from these audits were signed when completed.
- Staff had received training in the safe administration of medicines and we saw they had checks in place to ensure they understood how to manage medicines.

Preventing and controlling infection

- The home was clean and smelt fresh and all areas were well maintained.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff. Staff recorded where they had been responsible for cleaning areas of the home and temperatures of food and the fridge.
- The service had achieved a five-star rating for the hygiene and practices in the kitchen; this is the highest rating that can be achieved.

Learning lessons when things go wrong

- The registered manager took suitable actions following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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 who used the service had lived together since the home opened. People, relatives and staff were clear that this was their home and there were no plans to make any changes.
- Care plans were developed for each identified care need so staff had clear guidance on how to meet those needs. Care plans were regularly reviewed. This helped to ensure that if people's needs changed this was reflected in care records as well as in the care they received.
- People and relatives were satisfied with the care and support they received, and we saw staff provided care in line with best practice.

Staff support: induction, training, skills and experience

- Staff received an induction and training to develop and enhance their skills to meet people's needs effectively.
- There was a stable team of staff and when new staff started working in the service they worked alongside experienced staff to understand how to support people. New staff also completed the 'Care Certificate' which meant they were trained to ensure they had the knowledge and skills to provide care to people using the service.
- Staff had opportunities to develop their skills and told us they were encouraged to attend training courses. One member of staff told us, "I recently went on the first aid course and learnt how to use a defibrillator which I enjoyed."
- Staff had received training to understand epilepsy and spoke knowledgeably about how to recognise certain triggers for epileptic seizures including disco lights, so were careful to avoid these situations.
- Where people's needs changed due to a change in their health, further training was provided to ensure staff could continue to support them. One member of staff told us, "[Name] needed to use new equipment so we had the training whilst they were in hospital, so we knew how to use it before they came home."
- The staff had opportunities to discuss their wellbeing, performance and their personal development during regular supervision sessions.

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

- People were involved with the purchasing and preparation of food for their meals. There was a pictorial menu which recorded any planned meals. Staff explained that the menu had been developed based on the meals people enjoyed, although people could decide on alternatives each day if they preferred a different meal.
- People were offered frequent drinks throughout the day. Due to the hot weather we saw staff ensured people had a lot to drink and fans were provided in rooms where people were sat, to help with the heat.

- We saw that people were provided with food that looked and smelt appetising and were offered more food if they wanted this.
- Staff showed a good understanding of people's nutritional needs. Some people needed to have their food softened to make it easier for them to swallow. The staff understood how to prepare food and drink safely. Where a thickener was used, there was guidance available to ensure staff knew how this was to be prepared. The speech and language therapist had been involved with developing the care plan and this was kept under review.

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

- People were supported to attend health care appointments and receive hospital care when ill. Where people needed hospital care, staff stayed with people and continued to provide any care. One member of staff told us, "Everyone is very special to us and we know them so well. It's important we stay so we can help them speak with others as well as guide the nursing staff about the support they need."
- When health intervention was required, people were helped to understand any procedure and where needed, decisions were made in their best interests. One person had recently had minor surgery and the staff had worked closely with the learning disability team and hospital staff to ensure they understood the reason why treatment was needed, and why this may be in their best interests.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve. We saw throughout the inspection that people were supported to make choices.
- Staff had a good understanding of the MCA and had been provided with training to understand how to assess people's capacity.
- There were assessments in place for people who needed support with decision making. When people were unable to make their own decisions, staff recorded decisions made on their behalf and in their best interest.

Adapting service, design, decoration to meet people's needs

- The home was in a residential area and had enough room to move around. People had individual bedrooms and could choose to spend time to be alone.
- People's choices and decisions were evident in the design and decoration of their home and the bedrooms showed their individual interests and styles.
- There was an on-going refurbishment programme to improve the environment for people. Health and safety checks were completed to identify where any improvements were needed, or furniture needed replacing.

- Checks were made on all the fire equipment in the home. The fire officer had visited the home and there were satisfactory arrangements in place.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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

- Staff enjoyed working in the service and many of the staff had worked together for many years. We saw staff communicated with people in a kind and respectful manner and had a good understanding of people they supported.
- People's care plans and records written by staff, used respectful language and gave a good overview of how people were supported.
- People's diverse needs were respected, and care plans identified their cultural and spiritual needs. Relatives told us they had felt people were treated fairly and were free from discrimination; they were positive about the care at the service and the support from staff.
- We saw that there was a good rapport between people and staff. People had lived in the home together since it had opened, and they knew each other well. The home had been developed and personalised for them and it was evident that they felt comfortable in their home and staff respected them.
- Attention was paid to people's appearance and comfort. Everyone looked smart and people were happy with how staff supported them to look well. We saw where people went out, they were supported to change their clothes and people were happy with how they looked.

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

- People's care plans recorded the support they needed to make decisions.
- People were involved in making choices about their care. We saw that they were encouraged to make decisions about the food they ate, the clothes they wore and the activities they participated in. We saw that staff understood people's different methods of communicating and respected the decisions they made.
- People's care plans showed that they were consulted about changes to their care and that these were documented.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was recognised and their dignity was promoted by staff. People could choose where to spend their time, including time in their bedroom alone. We saw staff knock on people's bedroom doors and respected people's privacy where they wanted time alone.
- People received personal support in a timely manner and staff were always available.
- People's independence was promoted, and necessary adapted equipment had been provided to enable them to move around the home and when out, in comfort. Assessments had been completed by health care professionals to ensure the equipment was suitable and staff understood how people needed to position themselves to ensure their comfort.
- People maintained relationships with people who were important to them. Relatives continued to have

important relationships with them and could visit at any time, share family meals together in the home and were invited to social occasions. One relative told us, "We always get invited to any social event and can visit whenever we want."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were provided with personalised care which reflected their preferences, likes and dislikes. The staff team knew people well and what was important to them. One member of staff told us, "Many of us have supported people for a long time and know them really well but it's important that we record this so all the staff can support them and speak about what is important."
- People's life histories and information about their important relationships were recorded in their care plans.
- Some people had behaviours which challenged. The staff viewed these, as aspects of communication, and specific behaviour plans had been developed which recorded what to say and do to support people to be less anxious.
- There were regular reviews of people's care to ensure it still met their needs. Relatives told us they were invited to be involved in the care reviews if they wanted to be included.

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.

- Staff ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. People's care plan had been developed in an easy read style. Information about the service and surveys had been developed in a pictorial style to support people to understand and comment on the quality of the service.

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.

- People were encouraged to pursue their interests and engage in activities that were important to them. People went out and were involved with their interests daily. They enjoyed going to a local day care provision, art club, shopping and to local pubs as well as to local places of interest.
- Some people went out alone and staff confirmed they reviewed their safety. One member of staff told us, "It's lovely as they are a big part of the community and wherever we go, people always say 'hello' to them."
- People chose where to go on holiday and one person talked about planning their holiday which they were looking forward to.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place for people and relatives to follow and there had been no

complaints received.

- Staff explained that people were supported to express themselves and they recognised people's facial expressions and how they acted which may indicate they were unhappy with the service or people. One member of staff told us, "People wouldn't follow the complaints procedure so it's up to us to recognise and act when we can see something is bothering them."

End of life care and support

- Where people had expressed their wishes for how they wanted to be supported at the end of their life, this was recorded. People had arranged and financed their funeral arrangements. The registered manager acknowledged that this was a difficult subject for people and relatives to discuss and would continue to speak with people to ensure this continued to meet people's 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. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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:

- The registered manager and staff knew people and their families well and demonstrated a commitment to provide person-centred, high-quality care.
- The staff team engaged with people, their relatives and health and social care professionals to review the care and support provided and to ensure people were happy.
- Staff were committed to promoting equality and supporting people to lead full lives.
- The registered manager and provider worked in partnership to provide support to people and the team of staff. Staff received regular support and supervisions from them; this included appraisals and supervisions. Staff confirmed that the culture of the service enabled them to speak with the management team if they had any concerns.
- Staff meetings were held to discuss current issues and changes within the home.
- People, staff and professionals were consulted about the quality of the service provision.
- People were provided with a survey in an easy read style to gain their views. We saw people were happy with how the service was managed and had opportunities to engage with their interests.

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

- The registered manager knew when notification forms needed to be submitted to us, to inform us of significant events within the service.
- It is a legal requirement that a provider's latest CQC inspection report is displayed so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

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

- The roles of management and the staff team were clearly defined and understood.
- Risks to people's health, safety and wellbeing were effectively managed through the provider's governance systems.
- The registered manager worked closely with the provider and were supported to understand their responsibilities and develop their knowledge.
- Staff had opportunities to develop further skills including a qualification in leadership and management at

level five along with other qualifications that enabled them to undertake their job effectively.

- The registered manager confirmed they attend regular forums and conferences to keep up to date with current practice, changes and legislation; this information was cascaded to the staff team.
- People took responsibility for storing their records in their bedroom and could chose who had access to these.
- Staff records were kept securely and confidentially by the management team.

Continuous learning and improving care

- The provider and registered manager had developed effective systems to monitor the quality and safety of the service.
- Systems were in place to learn from accidents, incidents and complaints.
- Where any improvements were identified, these were actioned in a timely manner to promote people's safety and wellbeing.

Working in partnership with others

- The staff had good links with the local community and key organisations.
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.