

Walker & Harrison Care Limited

# Walker&Harrison Care

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Walker and Harrison Care is a domiciliary care service providing personal care to adults living with a learning disability, physical disability, mental health condition and dementia. At the time of our inspection there were 21 people using the service. 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.

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

People were extremely positive about their care. One relative said, "These staff are brilliant. I hear [person] clearly enjoying their company. Their whole approach is one of seeing [person] for who they are." People said they felt safe during their care calls. Recruitment processes needed to be further improved and we made a recommendation about this.

People were supported with their healthcare needs by staff who knew them well. People were encouraged to make their own decisions and staff understood the procedures for supporting people who lacked capacity. Staff needed more consistent support to carry out their roles; we made a recommendation about this.

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.

Staff were kind, caring and compassionate. Staff went the extra mile for people which led to positive outcomes in their care. One relative said, "All that I see is good, safe care. They [staff] stay longer than the planned time. They won't leave a situation where [person] would feel a loss of dignity or control."

People received care which met their individual needs, wishes and preferences. They were encouraged to make their own decisions. Some people were supported with social contact. Staff ensured people had access to information in an appropriate format and talked through information when needed. The service went above and beyond to deliver end of life care.

The management team were visible and responded to concerns quickly. Leaders were transparent. The values of the service reflected in the quality of care provided. Further improvements were needed to oversee governance arrangements. There were gaps in all audits reviewed. They needed to be widened in scope and further embedded to support continual improvement of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People received care and support which met their individual needs. People were encouraged to have a voice and make decisions about their care. People were supported to maintain relationships with those important to them.

Right care: People were at the centre of their care and received person-centred care which respected their privacy and dignity and allowed them maximum control over their lives.

Right culture: A diverse workforce was in place who demonstrated the ethos, values and behaviours to support the delivery of good care to people. The provider's diversity strategy was embedded and was used to contribute to the continual development of the service.

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 and update

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Walker&Harrison Care

## 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 Health and Social Care Act 2008.

#### Inspection team

Two inspectors and an Expert by Experience carried out this inspection. 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.

#### Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 July 2022 and ended on 13 July 2022. We visited the location's office on 4 and 11 July 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Continuing Healthcare and an NHS Infection Prevention and Control team who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what

they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives. We spoke with 10 staff including the registered manager, operations manager, two senior care field supervisors and six care workers.

We reviewed five care records and four medicine administration records. We reviewed six staff records relating to recruitment, supervision and appraisal. We reviewed the training matrix for all staff. We also reviewed records related to the day to day running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were recruited safely, however recruitment records needed further improvement. Feedback provided during inspection was addressed straight away.
- There were enough staff on duty to provide safe care to people. Call times were monitored, and feedback was sought from people to make sure they received their planned calls.

We recommend more robust procedures for overseeing recruitment are embedded.

### Using medicines safely

- People received their medicines when they needed them. Some medicine administration records needed further information which was addressed during the inspection following feedback.
- Staff had received training to administer medicines to people and had regular competency checks to make sure their practices were safe. One relative said, "Safe administration of medicines was one of my main concerns in starting care [with this service], and it has been flawless."

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff safeguarded people from the risks of abuse. People told us they felt safe when they received care. One relative said, "There are no questions over safety. I feel complete trust in how care has been assessed and delivered."
- Staff had received training in safeguarding and practices were discussed during staff meetings. They understood the procedures they needed to follow to raise an alert.
- Accidents and incidents had been recorded. A lessons learned approach was in place to support improvement.

### Assessing risk, safety monitoring and management

- The risks to people's health, safety and wellbeing was continually reviewed to make sure the care they received was relevant to them. People received care from a core team of staff who knew their risks. This supported them to take timely action.

### Preventing and controlling infection

- Staff protected people from the risks of infection. Staff had received training in this area and checks of practice were carried out. Leaders had good knowledge of current government guidance to manage the risks of cross infection. Updates and good practice were shared with staff during meetings.

# 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 is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had systems in place to support staff to carry out their roles. Training was completed before carrying out visits to people. Supervision, checks of practice and observations needed to take place more regularly.
- All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Some mandatory training needed to be completed, actions were in place to address this.
- People said staff had the necessary skills and experience to look after them safely, comments included, "Staff seem well trained and they cope with the unpredictability of each day" and, "They [staff] have great understanding of [person's] needs and disability issues."

We recommend quality assurance measures for overseeing support for staff are embedded.

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

- Detailed assessments were in place prior to people receiving care. Care plans were regularly reviewed to make sure they reflected people's current needs. One relative said, "The service definitely understands the issues and what help is needed, as they do regular reviews, and they are delivering what was agreed."
- National standards and guidance were reflected in the provider's policies and training.
- People's characteristics under the Equality Act 2010 were protected. People were encouraged to be independent in their care. The culture of the service supported people to make their own choices and be involved in their care as much as they wanted to be.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their healthcare needs. They prompted people and their relatives if they felt support from health professionals was needed. Any recommendations were outlined in the care records to ensure people received the most relevant care for their needs. One relative said, "I see good liaison between the service and district nurse and OT. Training is being arranged for staff to use a new piece of equipment for [person]."
- People were encouraged to be involved in decisions around their healthcare needs. Staff also ensured people had access to the information they needed to make an informed decision.



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.

- Staff understood the requirements of the MCA. They understood the procedures they needed to follow if they supported people who did not have the capacity to consent. Staff understood people's communication needs and ensured their feedback was recorded.

# 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 is the first inspection for this newly registered service. This key question has been rated 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

- People said they received very good care from staff who knew them well. This supported people to receive the best care. Staff understood people's individual communication needs, ensured they each had a voice and were listened to. One relative said, "It's all about trust, and I can tell [person] trusts them and feels safe. Their [staff] attitudes help [person] feel that way. They explain what they are doing or wanting to do and let [person] express themselves."
- Staff were kind and compassionate and went the extra mile to meet people's needs. Staff sourced an App to communicate with a person whose first language was not English. The person's relative said it had given them a boost and helped them to feel more independent.
- The service was diverse. People and staff contributed to the service's diversity strategy as part of their quality assurance to make continued improvements to the service. Staff were offered flexibility to meet their individual needs, including to celebrate religious occasions such as Eid.

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

- The provider asked people for feedback about their care and about how the service was run. The culture of the service placed people at the centre of their care. Staff made sure people had the information they needed in the right format to make an informed decision.
- Staff knew how to access advocacy services. One relative told us, staff had supported one person to speak up about this healthcare and this had led to timely support being offered.
- People said staff had the time they needed to carry out their care. They did not feel rushed and were supported to be independent.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. Staff responded to people with compassion. One person said, "All the staff show empathy, which I think starts with the managers themselves having such a caring nature and being careful who they recruit. They strive for tailor-made packages."
- Care records outlined people's choices to meet their privacy and dignity needs. Staff respected the choices people made. People's confidentiality was maintained; this supported people and staff to have trust in one another.
- The service had received positive feedback from people who were supported to get their lives back on track when they had experienced health conditions where their independence had been significantly affected, impacting upon their dignity. People spoke about the positive impact staff had on their lives and their support making new friendships and seeking social contact.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 care and support in-line with their needs, wishes and preferences. Care records supported the delivery of care and fully outlined people's equality characteristics. People and their relatives were extremely complimentary about their care.

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 carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed the Accessible Information Standard. Staff had a good understanding of people's communication needs. They had good relationships with people and could anticipate and respond to people's needs. Care records clearly outlined these needs.
- Information was provided to people in an appropriate format. Staff also spent time with people to discuss information to ensure people understood the information being provided.

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

- Staff encouraged people to develop and maintain their social contact. Staff knew people really well and encouraged them to try new things in-line with their preferences and interests. Some people were supported to participate in fishing and photography. Other people liked to indulge in pamper sessions. One relative said, "[Person] feels staff are with them, not doing for [person] or to [person]."

Improving care quality in response to complaints or concerns

- The service had an effective complaints system in place which supported improvement. People and their relatives felt confident their concerns/complaints would be listened to and action taken to address them. One relative said, "I'm confident if I complained they [management team] would be round at once to discuss how to change and move forward." Information about how to make a complaint was available in accessible formats.

End of life care and support

- The service went the extra mile to support people at the end of their lives. Care and support was provided flexibly to meet people's needs. People's wishes and preferences were respected.

# 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 is the first inspection for this newly registered service. This key question has been rated 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; 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

- Quality improvement systems including audits in all areas needed to be further improved and embedded to ensure a system of continual improvement and learning took place. There were gaps in all audits and they needed to be widened in scope and completed more frequently to support continual development. Leaders needed to be more familiar with their policies to guide the delivery of the service to ensure governance procedures were effective.
- Staff were open and honest when things went wrong. Feedback was responded to quickly and improvements made as a result. Further learning about regulatory requirements needed to take place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leaders oversight of the service needed to be more robust to support the governance of the service. An open and inclusive culture was in place. Staff worked together efficiently to support good outcomes in people's care. Staff said they were well supported, comments included, "[Registered manager] is extremely supportive and always there if I need them" and, "We have a brilliant team; they're like a second family to me."
- The knowledge and skills of leaders was improving and they responded to feedback during inspection. The values of the service were embedded, and the standard of care people received reflected this. A diverse workforce was in place and equality and diversity was actively promoted and embraced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's cultural and religious beliefs were recorded, and staff were aware of how to support people considering their equality characteristics
- The service had good links with the community. Staff attended recruitment open days and had shared links with other providers. The service also supported a number of community projects, supporting people in crisis and championing a sports team for children living with autism.