

Wishes Care and Support Yorkshire Ltd

Wishes Care and Support Yorkshire

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 25 July 2016 and was announced. This was the first inspection of this service.

Wishes Care and Support Yorkshire is a domiciliary care agency which is located in Hull. The service provides personal care and support to people living in their own home. At the time of the inspection there were 130 people using the service. People using the service and their relatives were able to visit the office. Car parking facilities were provided in the local streets or outside the office.

The service has a registered manager in place. 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

Staff understood they had a duty to protect people from harm and abuse. They understood how to report concerns about potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

People's preferences for their care and support were known by staff. Care plans were in place to inform staff about people's individual needs. Risks to people's health and wellbeing, as well as potential risks in their home environment were assessed and monitored. Staff contacted relevant health professionals for help and advice to help maintain people's wellbeing.

People's nutritional needs were assessed and they were kept under review to make sure their dietary needs were met. People choose what they would like to eat or drink to promote their appetite.

Training was provided to new staff in a variety of subjects to promote people's health and wellbeing. This was provided through the 'Care Certificate', (A nationally recognised training programme). We found staff who had worked at the agency for some time did not have all their refresher training up to date. The registered provider was aware that this training had slipped and there were dates in place with staff allocated to the training courses to address this. We recommend that the registered provider monitors the training undertaken to make sure the staff's skills are kept up to date. Training in medicine management and administration was provided. People we spoke with told us they were well cared for and said the staff had the skills they needed to meet their needs.

There were enough staff to meet people's needs. Staff received supervision and a programme of staff appraisals had just commenced. This helped to identify further training needs and allowed discussion to be held about staff performance.

Staff understood that if people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice must be followed, which helped to protect people's rights.

Staff we spoke with told us how people consented to receive their care and support.

An 'on call' system was in place. Evening cover was provided by staff located at the registered provider's office. During the night people or their relatives were able to call a phone number for help and advice which was provided by senior staff.

We visited one person who used the service. They informed us they were satisfied with the care they received and praised the caring nature of the staff who attended to them.

People were asked for their views about the service they received. Feedback was acted upon to help maintain or improve the service provided.

The care records of people including people's medicine administration records were looked at when they were returned to the office for storage. They were also inspected during 'spot checks' undertaken by senior staff to monitor the quality of the service. No formal auditing of people's care records was in place. The registered provider told us an auditing system was about to be introduced to address this.

People were provided with a complaints policy. It provided people with information about how to make a complaint and how the issue raised would be investigated and responded to. Issues raised were dealt with appropriately.

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.

Staff recognised the signs of potential abuse and knew how to report concerns, which helped to protect people.

People said they felt safe when being cared for by staff. Potential risks to people's health and risks within their home environment were assessed and monitored.

Staff supported people to take their medicines as prescribed.

There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service required improvements to be effective

Some staff needed up dates to their training and had not received appraisals.

Staff monitored people's health and gained advice from health care professionals to maintain people's wellbeing.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People we spoke with said the staff were caring.

People were treated with kindness, dignity and respect.

Staff promoted people's independence and choice.

Is the service responsive?

Good ●

The service was responsive.

Care provided was person-centred and this was carried out to suit people's individual preferences.

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

A complaints procedure was in place for people to use to raise any issues.

Is the service well-led?

The service was well-led.

People using the service, their relatives and staff could gain help and support from the management team at any time.

People were asked for their views about the service they received.

The registered provider was implementing a written auditing system of people's care records to monitor or improve the service provided. Refresher training for staff that had lapsed was booked to take place. This was acted upon swiftly by the registered provider.

Good 

Wishes Care and Support Yorkshire

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 25 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. It was undertaken by one adult social care inspector.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission (CQC) had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We had not requested a Provider Information Return (PIR) before our inspection. We also reviewed information from the local authority commissioning team who had no concerns to raise with us about this service.

During our inspection we spoke with the registered provider, registered manager and with five staff. We undertook a visit to one person who was receiving a service, whilst being accompanied by a senior member of staff. We looked at the care records of three people. This included support plans, assessments undertaken before a service commenced, information regarding potential risks to people's wellbeing, medicine information and records made by staff following their visits to people.

We looked at records relating to the management of the service, quality assurance documentation policies and procedures and complaints information. We inspected staff rotas, three staff files and staff training and supervision records. Information relating to staff recruitment was also inspected.

Is the service safe?

Our findings

People we spoke with said they felt safe when they were being supported by their key worker and other staff from the service. One person we spoke with said, "I trust my care staff." Another person said, "I am very happy with the service. I am safe with the staff." A third said, "Staff stay and see I take them, (my medicines). I appreciate this; it is for my benefit and safety."

During our inspection we visited a person who used the service. They confirmed, along with their relations that they did feel very safe and well cared for by the staff who attended them. The person's relatives told us the office staff contacted them if there were any concerns and this helped them to feel the service maintained their relative's safety. One relative said, "We have no issues with safety."

We saw that staff had completed safeguarding training at their induction. This was updated periodically. Staff we spoke with told us they knew about the types of abuse that may occur and they said they would report any potential abuse straight away so that it could be dealt with. The registered provider confirmed that the local authority and Care Quality Commission (CQC) were notified of any safeguarding issue. There were safeguarding and whistleblowing [telling someone] policies in place to help guide staff. The registered provider confirmed missed calls to people would be reported as safeguarding, but none of these had occurred.

Training in subjects such as first aid and health and safety was in place to help staff maintain people's safety. Risks to people's health and wellbeing, for example; the risk of choking and falls, or hazards in people's home environment were assessed and risk assessments were produced which helped to inform and protect all parties. Information was present for staff about the safe use of medical equipment. Staff visually assessed equipment to make sure it was not faulty. Issues found were reported to the suppliers so they could be addressed to ensure the equipment remained safe to use.

Staff we spoke with confirmed they received supplies of personal protective equipment, such as aprons and gloves. This helped to promote and maintain infection control.

We saw if people had been assessed as requiring equipment to assist with their care, for example, hoists to aid transfers and pressure relieving mattresses for people at risk of developing skin damage due to immobility. Staff monitored equipment and reported issues or faults so it could be fixed.

The service had clear guidance in place for staff to follow relating to medicine management. Staff were aware of the support people needed to receive their medicines. Staff received training in medicine management and were then assessed as being safe to undertake this before being allowed to deal with people's medicines. Guidance was provided in people's care records about people's medicine needs. This included information about how and when medicine was to be administered or prompted. The registered provider and registered manager told us they undertook a visual audit of people's medicine administration records when they were returned to the office which helped them to monitor that people were receiving their medicines as prescribed.

Staff representing the service were issued with uniforms. They had photo identity badges in place to make sure staff were identifiable to people who used the service. Information about people's home security and key codes for key safes, which allowed staff to gain access to people's homes was kept securely. Staff told us how they checked the doors of people's homes when they left to make sure they were secure. This helped to prevent unauthorised people gaining access to people's homes.

Staff were trained in how to deal with emergency situations. Staff described how they had dealt with emergency situations in the past. They said they stayed with people, contact the person's GP or the ambulance service or person's family. They informed the office staff of the issue and when necessary senior staff were deployed to help support the person and care staff. This helped to maintain people's health and wellbeing.

A business continuity plan was in place. This described how situations, such as a disruption to the delivery of the service, power cut or computer failure was to be managed. The registered provider told us they were able to run the service from the first floor of the office or from their home or that of the registered manager or senior staff. Schedules of people's calls and the staff rotas were backed up in case of computer failure which ensured this information was protected and people's service could be maintained.

The office was manned during the day and at evenings; an on call system was in place overnight for people to use to gain help and advice. The 'on call' staff had access to all relevant information to help them deal with any issues.

There were two call monitoring systems in place which identified if staff had not logged in to a person's home to undertake their care call. Staff logged out when calls had been completed. These systems allowed the office staff to gain an up to date picture of whose calls had been completed and helped them monitor the safety of their staff, especially if they were working and travelling on their own.

Staff were able to describe what action they would take if a person was unwell and needed immediate medical assistance. Staff we spoke with described how this had happened in the past and the emergency services, people's GP's or their relatives had been contacted about the issue to make sure they received appropriate care and support to maintain their wellbeing.

The service was currently recruiting staff to ensure they continued to have the staffing numbers required to maintain cover for their care packages. The registered provider, registered manager and senior office staff were able to undertake care calls which helped maintain the service provided to people.

We looked at the recruitment processes in place. Potential employees completed an application form, which enabled gaps in employment history to be examined. References were obtained along with a police check from the disclosure and barring service (DBS). An interview was held and notes of the candidate's responses were recorded. Successful candidates were not allowed to work until their pre-employment checks had been received; this helped to protect people from staff who may not be suitable to work in the care industry.

We noted that motor insurance certificates for some staff were not present in their files. It was also unclear if business insurance was in place for some staff. Following discussion about this with the registered provider a full audit commenced to make sure staff did have the correct insurance in place.

Information was held securely in lockable cabinets or on computers which were password protected to make sure data and records held at the service and staff was protected. The office was locked and secured

when unmanned. This ensured confidentiality was maintained and that the Data Protection Act was adhered to.

Is the service effective?

Our findings

People we spoke with told us the service they received effectively met their needs. They confirmed their independence was promoted and encouraged with help and support from the staff. One person we spoke with said, "All the attention I get is satisfactory. The care staff are reliable." Another person told us, "My needs are met." Relatives we spoke with confirmed the service provided to their relation was effective.

There were systems in place to make sure there was adequate cover to undertake people's calls when people's regular key worker was absent or on leave. We saw that other staff, including the registered provider, registered manager and senior office staff were able to step in to cover calls. Care was taken to make sure people received a service from staff that were knowledgeable about their needs. A member of staff said, "We work together as a team to cover calls." We saw that continuity of care was promoted for people receiving a service.

We saw that before a service was provided senior staff carried out an assessment of the person's needs to make sure their needs were identified and could be met. Information about the service was given to people so they understood what was available to them. People and their relatives were able to ask questions during the assessment process and information from discharging hospitals, the local authority or relevant health care professionals was gained to ensure the package of care could be tailored to people's needs. People's care needs and any risks present were assessed by the staff who developed care plans and risk assessments which informed all parties of the care to be provided. This meant all parties were informed.

The registered provider and care co-ordinator told us how care was provided to people by allocated care staff known as 'key workers' This system was put in place to enable staff to develop an effective relationship with the people they supported and with their family members. Key workers had regular calls to make to the same people on 'allocated runs.' When people's key workers were not available due to absence or annual leave other staff covered the call. The registered provider told us the number of staff delivering a service to people was kept to a minimum to help provide continuity of care.

Staff understood the need to monitor people's health care needs and act on any changes to help maintain their wellbeing. The staff we spoke with told us how they knew the people they looked after really well which allowed them to identify if someone was not quite themselves. This information was then shared with the office staff, the person's family and health care professionals so further observation and action could be taken, as necessary. This helped to meet people's needs. Care records showed that staff acted appropriately to update information as people's needs changed.

People who required support with their nutrition had their needs assessed and monitored. Information about people's dietary needs, including special diets or swallowing problems were recorded in their care records. Staff encouraged people to maintain their dietary intake and monitored their progress. If staff had concerns these were raised with the office staff, the person's family and relevant health care professionals to help maintain their wellbeing.

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. Staff told us how they gained people's consent before providing help and support to people. If people lacked capacity they said family members and relevant health care professionals were involved in making decisions for people in their best interests which helped to protect people's rights.

We found the registered provider had a new training department in place at the office. New staff were provided with induction training which included the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. This demonstrated how care workers were supported to understand good practice in their roles.

We found that for existing staff their training was not up to date. We discussed this with the registered provider who confirmed they were aware of this. A training plan was put in place during our inspection to address the shortfall we found. Training updates that were scheduled to be provided covered subjects such as; safeguarding, first aid, medicine management, fire safety, infection control and food hygiene. We recommend that the registered provider monitors the training undertaken to make sure the staff's skills are kept up to date.

People we spoke with said they felt staff had the skills they needed to support them. Staff we spoke with told us they had received consistent training from the service in the past. One staff member said, "I have completed first aid, health and safety, moving and handling with hoist training, dementia, safeguarding, infection control and palliative care training. Training is on-going and we are doing our refresher courses now."

New staff shadowed experienced staff when first delivering care to people which helped to develop their skills before they were deployed on their own. A staff handbook was provided to staff, it included information about maintaining people's confidentiality and the standard of conduct expected from them.

Staff received supervision which allowed discussion to be held about their training and support needs. The registered provider told us that they had carried out one staff member's yearly appraisal and those for the other staff were about to commence. The registered provider showed us a schedule to make sure all staff received their appraisal. These take place so that staff can discuss their training needs and performance, which can help to develop the staff's skills.

The registered provider's office was located on the ground floor; with training facilities provided on the first floor. Facilities were available for people who used the service, their relatives or staff to have private meetings with the registered manager or registered provider at the office. Roadside parking was located in front of the service and within the surrounding roads.

Is the service caring?

Our findings

People we spoke with said the staff were caring and kind and told us they were helpful and always asked if there was anything else they could do for them. One person said, "The staff knock on the door before entering, introduce themselves, and treat me with respect, privacy and dignity." Another person said, "(Name) my carer, is a wonderful fella. He looks after me, nothing is too much trouble." People told us their independence and choice was promoted by caring staff.

Relatives we spoke with told us the staff who attended to their relation were caring. We received the following comment, "The carer's hearts are in their work."

We found there was a friendly and welcoming atmosphere in the registered provider's office. Inspirational and motivational phrases were displayed on the walls to promote teamwork and encourage all staff to support each other. We observed that people who visited the office were made welcome.

The registered provider had policies and procedures in place to guide staff about how to treat people as individuals and respect their diversity. People receiving a service told us the staff respected their privacy and dignity when delivering their care and support. A confidentiality policy was in place which staff were aware of, and this helped to promote people's privacy.

People told us their preference for their care were known by their key workers and other staff who attended to them. Staff were able to describe to us people's individual likes, dislikes and preferences for their care and support. Providing for people's individual preferences helped people feel well cared for. This was confirmed by people we spoke with.

Staff told us they were cared for by the registered provider and registered manager. They said they felt like they were part of a 'family'. Staff told us they enjoyed working for the registered provider because they all pulled together to support each other, the people who used the service and their relatives. One member of staff said, "The manager, owner and care co-ordinators are nice. I can discuss any issues. We get on with everyone."

Staff we spoke with told us that they were caring people and they confirmed that they enjoyed this line of work. One member of staff said, "I love my job especially when I make a difference to somebody. I love everything I do." Another member of staff said, "Caring is for me. I want to see my clients on Christmas day. I give care and I get something back by caring for people. It is good."

The registered provider was currently undertaking a recruitment drive. The senior member of staff responsible for recruitment told us they looked for caring qualities in potential staff who were applying to work at the service. They confirmed potential staff did not need to have a care qualification, because this would be provided for them, but said it was vital that potential staff had a desire to care for others.

Staff told us they developed a professional bond with people they cared for and their family. They said they

acted swiftly to address any issues to make sure people continued to feel well cared for and supported.

Is the service responsive?

Our findings

People we spoke with confirmed the staff responded to their current and changing needs. They told us they made their own decisions about their care and were supported by the staff. One person we spoke with told us, "If I had complaints I would raise them. I have no complaints. This is a good company." Another person said, "They (the staff) would get the GP if I was unwell. I am happy with everything. The staff are all attentive. I get satisfaction regarding my care and have no cause to complain. I could raise issues if I needed too. My care records are written in by the staff."

Relatives we spoke with said they were happy with how the staff supported their relation and said any changes in needs were reported to them, when appropriate, and relevant action was taken to ensure their relations needs were met.

The registered provider had gained part of Hull City County Councils tender to provide services to people in their own homes. Information was sent to the registered provider about people that required a service from the local authority to make sure the service could meet people's needs. Before a service commenced the registered provider or registered manager undertook an assessment of the person's needs where they and their chosen representatives could discuss their care requirements and ask questions about the service. Information about people's care was gained from the local authority, discharging hospitals or from relevant health care professionals. This information was used by staff to start to develop personalised care plans for people. Risks to people's health and wellbeing, as well as those within a person's home environment were assessed to help keep all parties safe. We saw that people's care plans were updated periodically as their needs changed to make sure people received the right care to meet their needs.

Staff we spoke with told us they read the care records of people they attended and asked them about the care and support they wanted to receive before delivering care. A member of staff told us, "For new clients I read the care plan, I have a chat with the client, and I talk with their family to get to know them and their needs. For regular clients, I already know their likes, dislikes and routines."

Staff described how health care professionals were contacted when people's needs changed. We saw that phone numbers for GP's and other health care professionals were present in people's care records which helped staff raise issues in a timely way. The office staff were informed by people's key workers of changes in people's needs and they contacted their relations to keep them informed.

People's care records gave staff information about the care they required. Staff we spoke with told us the care records informed them in enough detail about people's needs. We noted that when staff had delivered care and support to people this was recorded in the care file in their home. When we visited a person who was receiving a service we looked at this information. We saw staff recorded, dated and signed each entry which described the support staff had provided.

A complaints policy and procedure was in place. Information about this was given to people and their relations at the start of the service. This included how to make a complaint to the registered provider and to

other agencies, such as the local authority and Care Quality Commission (CQC). The timescales for acknowledging, investigating and informing the complainant of the outcome were in place. We found issues raised were acknowledged and addressed. People we spoke with and their relatives told us they had no complaints to make about any aspect of the service they received.

Is the service well-led?

Our findings

People we spoke with and their relations told us they were satisfied with the service they received. One person said, "The service is well managed." Everyone we spoke with told us they felt the service was managed well and said they had no concerns or issues with any aspect of the service they received. People told us the registered manager and registered provider were supportive and the service was managed appropriately. One person we spoke with said, "They (all the staff and management team) can't seem to do enough for us. They are more than good. The office check everything is okay for us."

A person we visited told us they felt the staff running the agency did a good job. They told us the service they received was better than from previous providers they had used. This was also confirmed by their relatives.

We observed that when staff spoke with people by phone they always asked how the service was for them and if everything was alright with the care and support they received. People gave a positive responses to this question and confirmed this to us when we spoke with them by phone.

There was an 'on-call' system in place. The office was manned by staff each evening until 11pm and overnight by senior staff who could be phoned by people who used the service, their relatives or staff to discuss any issues. People were aware of this support and told us they would use the system if they needed to. One person told us they had experience of the on call system and said it worked well to support them.

The management team was made up of the registered provider who was supported by the registered manager, finance and training officers, care-coordinators, senior carers and care staff. The staff understood the management structure in place. The registered manager told us they were supported in their role by the registered provider and the other staff at the location. We observed the management team assessing the service provision during our inspection. They acted upon issues that became apparent in the daily running of the service. Staff we spoke with told us they gained the help and support they needed from the management team and could discuss any issues at any time, which were acted upon. This helped the staff to feel supported.

Staff confirmed they were able to speak with the registered provider and registered manager in confidence, at any time, if they had any issues about work or their own personal lives. They told us the management team gave them all the support they needed which helped them feel cared for and enabled them to care for the people using the service.

There was a recruitment drive occurring. This helped to make sure there were always enough staff to cover the demand for the service. The registered provider and registered manager told us they were able to undertake care calls to help support people. They said they liked to undertake calls to people because it helped them assess how staff cared for people and monitor the quality of service provided.

Senior staff undertook observations of staff practice. These observations were known as 'spot checks'. Staff were watched delivering care and support to people to see how they gained consent and provided the care.

Staff communication skills were monitored along with their attendance times and record keeping skills. Issues found were reassessed and monitored during staff supervision. Staff we spoke with and the person we visited confirmed spot checks were undertaken on a regular basis. This was another way of monitoring the service delivered to people.

Care staff visited the office and were updated with new or changing information about important issues via secure technology. Staff meetings occurred and minutes of the meetings were made available to staff who could not attend to help keep them informed.

The registered provider and registered manager knew that refresher training for staff who had worked at the service for some time was not up to date. They produced a training schedule on the day of the inspection. This issue was acted upon by the registered provider who put further training monitoring systems in place to make sure this did not happen again.

People's care files were checked monthly by the management team to make sure staff had completed them correctly. Visual audits of people's care records took place on 'spot check' visits and when they were returned to the office. The registered provider told us during our inspection they were introducing a new written auditing system for people's care records, including medicine administration charts, to make sure they could evidence the auditing that had taken place. The registered provider told us any shortfalls identified by the visual auditing were addressed. New written action plans were to be implemented to give a better audit trail of how issues had been addressed. Hull City Council commissioned some services and they monitored the service provision to their clients on a regular basis. We contacted them for their views and were told they were satisfied with the service their clients received and the monitoring of the standards in place.

We saw that quality assurance surveys were sent to people on a regular basis to gain their views about the service. We looked at the results received. People were positive about all aspects of the service. There were thank you letters and cards from people and from their relatives. This positive feedback was shared with staff. The registered provider informed us they were always looking for ways to improve the quality of the service provided to people.

The registered provider had been nominated for an 'Employer Award' award in October 2015 at the Yorkshire Care Awards. Although they did not gain this award the registered provider told us they had been thrilled to be nominated by the staff for this and felt it was because the service was run to make sure staff and people using the service were always well looked after.