

Mrs Susan Jayne Wright

SJW The Wright Care

Inspection report

The Turbine, Office 7
Coach Close, Shireoaks
Worksop
Nottinghamshire
S81 8AP

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Tel: 01909512163

Website: www.sjw-thewrightcare.co.uk

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

This announced inspection was carried out on 30 June 2016. SJW The Wright Care provides support and personal care in north Nottinghamshire. On the day of the inspection there were 39 people using the service who received personal care.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks they could face and knew how to make people feel safe. People were encouraged to be independent and risks were managed in the least restrictive way possible.

There were sufficient staff employed to provide people with their planned service. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who had the knowledge and skills they needed to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were used to improve the service. The management of the service provided leadership that gained the respect of staff and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by a staff team who were trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by care workers visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and any complaints made were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People's views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were encouraged and supported to carry out their duties.

SJW The Wright Care

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 30 June 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with seven people who used the service, six relatives and one person's friend. We also spoke with five care workers, the care quality assessor the deputy manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us, "I do feel safe with them they are very nice people, they look after me." Another person said, "It's their attitude that reassures me." Other people told us things that made them feel safe using the service included care workers; arriving on time, being genuine and being there when you need them.

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers told us they would report any concerns they suspected or identified during a visit to the senior on call or to the manager. Staff told us they undertook training on safeguarding and knew where and how to report any concerns.

One care worker described how they had reported a concern when they had found a person to be at risk of harm. They said this had been passed to MASH (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire) who had taken the action needed to ensure the person was not at risk of harm. The manager told us they sought advice when needed to ensure people were safe, and told us about some recent incidents involving people who used the service they had raised with the local authority. In some cases this had led to action being taken to ensure people were safe.

People received their care and support in a way that had been assessed for them to receive this safely. They told us staff who visited them knew how to use any equipment, such as mobility aids, safely. One person told us, "I feel confident when they hoist me." Relatives described how their relations were supported safely when using equipment to help with their mobility and to use bathroom facilities. One relative said, "They use the bath lift, [name] feels safe with any of them who help." People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely.

Care workers told us before they visited anyone new using the service one of the office staff completed any risk assessments that were needed. These identified any areas of risk involved with providing the person with the care and support they wanted. They told us this included assessing the environment as well as any individual risks the person may face, for example with their mobility. One care worker described how they ensured any equipment they used when supporting people was in good working order and where required it had been serviced. Another care worker said they were kept informed of any changes that may affect the way a person needed to be supported.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. Some people spoke of having regular care workers. They referred to seeing familiar faces and only had changes when their usual care workers were not working. However some people and relatives did say they would prefer to have greater consistency in care workers who visited them. One person told us, "I have asked them to not keep sending new people, I don't want everyone looking at me. They try their best." Another person told us they had cancelled one of their calls when they could not

provide a regular care worker. The manager told us they did aim to provide people with consistency of care worker, but there were times when changes had to be made due to staffing circumstances. They added that these occasions were, "Few and far between, but occasionally unavoidable" if someone had not been able to attend work at short notice.

People told us their personal care visits usually took place at the time planned. They said they were contacted if there were any changes to these. One person said, "They are okay with timekeeping, they phone if they want to change the time (of a call), they always ask if this is alright." People told us they understood there may be occasions when their calls were late due to unforeseen circumstances.

Staff told us they usually had sufficient staff to maintain the level of service they provided. They told us if needed care workers were flexible and worked additional hours, as well as office based staff undertaking personal care calls. The manager told us this meant they still provided people with their service on occasions when they were short staffed due to unplanned absences from work.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the needed recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if they required it, to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative.

People who required support told us this was provided in the way they wished it to be. One person said, "They tell me when to take my tablets." People explained how care workers gave them their medicines and then made a record to confirm these had been taken. A relative described how care workers applied a pain relief patch each week so that it was most effective. They said care workers, "Will put pain patches on in different places and make sure it doesn't drop off." Another person told us how a member of staff had liaised with their GP when they had been prescribed the wrong dose of medicine. They said, "They got in touch with the GP and got it sorted out for me. It was marvellous as I was in pain."

Care workers told us how they supported some people to take their medicines. This included reminding people to take their medicines and providing them with any assistance they needed to do so. A record was then made on a medicine administration record (MAR sheet) to show the person had taken their planned medicine. Care workers told us they had received training on the safe handling and administration of medicines and that their competency had been assessed in supporting people with the medicines.

The manager informed us on their PIR there had been two medicines errors in the preceding 12 months. The manager told us these had been minor errors and had not placed anyone at risk of harm.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. During our conversations with people, they told us care workers appeared to have received the training they needed as they knew how to meet their needs. People described how care workers knew how to operate equipment and meet their personal care needs in a competent way. A relative told us how care workers showed themselves to be competent when helping their relation with their mobility. They said that when they went up or down stairs there was always someone in front or behind them.

One relative commented they had needed to mention to care workers the best personal care regime to follow to prevent the risk of an infection. They said they thought this should be included in the induction for new staff. The care quality assessor said the relative had already raised this with them and they had addressed this issue with care workers.

New staff were informed about what their role entailed and what was expected of them. The provider informed us on their PIR, "All employees complete an induction programme which includes shadowing staff for a minimum of two days and being introduced to service users before they are fit to carry out the duties alone." A recently appointed care worker told us they had taken part in an induction when they started work which had included shadowing another member of staff.

The manager told us all new care workers were enrolled onto the care certificate and existing staff were completing some of the modules of this qualification. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. Staff told us they received individual support from one of the senior staff to discuss their work. The manager told us all staff had an annual appraisal where they were given feedback on their work performance.

Staff told us they had the training they required to carry out their duties. Two care workers told us they had recently attended a course which had been an enjoyable and informative day. One care worker said that although they found the on line training they completed informative, they felt there were some parts of this that were more orientated to care within a care setting rather than in people's own homes. We discussed this with the manager who said they would include some supplementary information with this training to provide a community based perspective. The provider also informed us on the PIR that any staff member could request additional training if they felt they needed this, which care workers confirmed to be the case.

People had their rights to give their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent prior to being provided with any acts of care. One person said, "They (care workers) ask for my consent. They don't tell me, I tell them."

Staff told us people who used the service provided written consent to their planned care, and for care workers to have any involvement with the finances, such as shopping for them. They also provided written consent for regular checks to be made on their condition of their skin and to liaise with any healthcare

professionals as and when required. Care workers told us they always obtained people's verbal consent prior to undertaking any activity in their home, such as providing them with any care or using their facilities, such as boiling a kettle to make a drink.

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.

We checked whether the service was working within the principles of the MCA. A relative told us they had signed their relation's care plan on their behalf as they did not have the capacity to consent to this themselves. Staff told us that when someone did not have capacity to make a specific decision, this was made in the person's best interest. Staff said they sought the views of the person's relatives and ensured that the decision made did not impose unnecessary restrictions. However we found the documentation that should be used to show how the decision had been made, and who was involved in this, had not been completed. The manager told us they would ensure this was done in future. The manager implemented a system so that the forms and guidance needed to enable this to be done were available for staff to complete.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. Some people told us they would provide a previously prepared meal which care workers would heat up for them. One person told us care workers, "Will make me a sandwich at lunch time and give me a drink of tea or coffee." Another person said the care worker would, "Warm meals up or make sandwiches."

Care workers told us they prepared some people's meals as part of their agreed care package. They said there was not anyone who used the service at present who they needed to monitor their nutritional intake to ensure they were having sufficient to eat. The manager said they had involved healthcare professionals, such as speech and language therapy (SALT who provide advice on swallowing and choking issues) and dieticians, when there had been concerns about people's nutritional input.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person told us, "They know what it (health condition) means for me." A relative told us care workers, "Always carry out a weekly body check (on their relation) and tell me if anything is not right." A person's visitor told us how much better their friend looked now they had care workers visiting them.

People told us care workers would enquire how they felt when they visited and showed an interest in their wellbeing. One person told us, "Some (care workers) have better knowledge about my [health condition] than others, I have told some they need to read some books about it." The manager told us how they made information available to people regarding any healthcare conditions so they had an understanding of these.

Care workers described how they took into account people's healthcare conditions when providing them with their planned care and support. They told us they had to provide some people's care in a particular way due to these. The provider informed us on their PIR, "We follow guidance from GP's and other professionals." The manager told us they had received positive feedback from healthcare professionals about how they supported people with their healthcare needs, including people who were receiving end of life care. The manager also told us how, as a result of their good working relationship, local district nurses had provided some training to care workers on pressure area care.

Is the service caring?

Our findings

People told us they enjoyed their care visits and described the care workers who supported them as wonderful and caring. One person said, "They go above the call of duty." Another person told us, "They are really good, they care, what more can I say?" Relatives also commented positively about the suitability of the care workers who visited their relations. One relative said, "SJW has a better class of carer."

Staff told us they enjoyed their work and found it rewarding, and that they enjoyed helping people. Some care workers spoke passionately about how rewarding it was to provide people with the best end of life care they could. One care worker told us about the satisfaction they got when they helped make people look nice in clean clothes with their hair done. Another care worker said how they enjoyed listening to people talk about their earlier lives. Two care workers told us they had visited one person who used the service in their own time whilst they were in hospital. They explained the person had not been taking fluids from staff in the hospital, so they had visited and helped the person with their fluid intake.

People told us they were involved in planning their care and support and making decisions about this. One person said, "We review it (my care) every so often, I am involved in that." A relative told us their relation liked to be involved in discussions about their care. They said, "They (staff) are very good at involving [name], they like to sit and talk to them." The provider informed us on their PIR, "Based on the information we receive we then look at what staff members would be best suited for the potential service user." A person said they had stated a preference about care workers who visited them and this was respected.

The provider informed us on their PIR, "Once we have established that we are able to support, we then complete a care plan with the client and families input." The deputy manager told us they gave people advance notice so they could prepare themselves to discuss their care, and decide whether they wanted any family support in doing this. The deputy manager also said they would rearrange an appointment if someone did not feel up to discussing their care when it had been arranged to do so.

The manager told us no one who used the service at present had the support of an advocate, but they did have information about local services that provided this support if anyone needed it. The manager told us they had recently assisted a relative to access advocacy support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People told us they felt they were treated with respect and had their dignity maintained when they used the service. They gave examples of care workers always knocking before entering their home, leaving everywhere tidy at the end of the visit and speaking to them in a polite way. One person told us, "It's my home, they understand that I live here and they do what I want them to do."

Staff described the practices they followed to enable people to have privacy and their dignity respected when they supported them. They also told us of ways they showed respect when in people's homes. These included always knocking on the door before entering, using people's preferred form of address and speaking with people in an appropriate manner.

People's independence was promoted and they were given any support they needed to maintain this. Care workers told us they encouraged people to do all they were able to do for themselves. One care worker told us they gave people choices where possible and asked them if they would like to try to do things for themselves, before they went ahead and did them. One care worker told us how they would find something for someone to be able to do so they felt involved. For example if they made a person a cup of tea they would pass them the milk in a jug so they could add the milk to the tea themselves.

Is the service responsive?

Our findings

People told us how their needs had been assessed when they started to use the service so plans could be made on how to provide them with the care and support they needed. They also described how the care they received met their needs. One person said, "I have got a book with everything in it I want them to do. Another person said, "I would be in a care home if it wasn't for them."

The provider informed us on their PIR, "Before service commences we carry out a pre-assessment, We speak to the service user and families to find out what kind of support/needs they desire." The care quality assessor told us they carried out an assessment of people's needs to plan the service they were going to provide.

People had a care plan that detailed their needs and how these should be met. Some care workers made suggestions about how they thought these could be made more personalised and easier to use. We shared these suggestions with the manager who agreed these were good suggestions and would look to incorporate these into people's care plans in future. This included showing choices people made. The manager said they would make similar improvements to people's risk assessments so they were more personalised and had more detail.

The care people required was kept under review to recognise if any changes were needed. A person told us the care quality assessor, "Comes out every couple of months for a review." The provider informed us on their PIR, "We review care plans two monthly or earlier if there are any changes or concerns." A relative told us that at a recent review of their relation's care the care quality assessor had suggested reducing the care package. This was because they did not use all the time that had been allocated. The relative said the changed package, "Is working better for us."

People received their care and support at the time it was planned for. People told us staff usually arrived on time and they were contacted if there was any delay. A person told us, "If they are not going to be punctual I will get a phone call telling me so. That doesn't happen very often." Care workers told us people were informed if they were going to be late and that they would stay on longer if they needed to. One care worker told us they had remained with one person for four hours recently waiting for an ambulance to come for them.

People were provided with information on what to do if they had any concerns or complaints with the service. A person said they had been told to contact staff at the office, "If I am not satisfied or have got a complaint." Another person told us there were details on how to make a complaint in their care file. People felt reassured they could raise any concerns and that these would be acted upon. One person said, "I am not frightened to say if anything is wrong, I have done so and they sorted it out."

People's concerns were listened to and acted upon. The provider informed us on their PIR there had been four complaints made in the preceding 12 months. We saw records made of these complaints and a further three that had been made since they had sent us their PIR. This showed people's concerns and complaints

were investigated and responded to. The manager told us they welcomed people expressing views about the service through compliments and complaints as this informed them of what was working well and where they could make any improvements. The provider had included details about one complaint on their PIR that had been made they had not been able to satisfactorily resolve. They informed us that as a result they had made an adjustment to the service to prevent this situation from occurring again.

Is the service well-led?

Our findings

People felt the service was well run and effective at communicating with them. A person told us, "If I need anything I just get on phone and they come straight out." Another person said, "It's a good quality company." People described being able to get in contact with office based staff easily. One relative said, "It is good when I contact the office, they know who I am."

Staff spoke positively about the culture of the service and that they felt valued and supported. They said they felt listened to and were able to make comments and suggestions. The provider informed us on their PIR that they, "Promote an open, transparent culture, by leadership example and by the way we treat people, including our employees." They also informed us they "Encourage a no blame honest culture to support open and truthful staff and supportive management response to mistakes." The manager gave us an example of this about an occasion where one staff member had informed them they had not followed one of the agency policies. We received positive feedback from other professionals who worked with the service. The feedback included comments about them finding the service professional, responsive, helpful and that it was well led.

The manager told us staff were kept well informed through daily emails, meetings and weekly updates. Care workers made a number of references during our conversations with them that they had been passed information in these ways. The manager told us staff regularly put forward ideas and suggestions for individual clients as well as the overall service. They told us they had piloted a new call system but reverted to the previous system following feedback from care workers. Staff said they felt welcomed when they came to the office and that any resources they needed, such as personal protective equipment (PPE) were always available.

People were confident in the way the service was managed and had confidence in the manager. People who had spoken with the manager described them as responsive and pleasant. One person said when they had a concern the manager had gone out to see them.

Some care workers told us about how they had been supported both professionally and personally by the management of the service. One care worker we spoke with had come to the office to give the manager a bunch of flowers in appreciation for some support they had given to their family.

The service was managed by the registered provider who was aware of their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about. A notification is information about important events which the provider is required to send us by law.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. A person told us, "They have asked me if I am happy. They ring me up and someone comes and asks me if everything is fine." Another person told us they had received a survey form in the post the previous week, which they had completed.

The manager showed us a system they were introducing to monitor and develop the quality of the service provided. These involved a set of forms which contained information about the five key questions we ask, whether the service is safe, effective, caring, responsive and well led. We found the auditing of some forms was not sufficiently robust to identify errors and where any improvements were needed. Following our visit the manager informed us they were undertaking a full audit of the service and putting measures into place to ensure their auditing systems were robust and highlighted where any improvements were needed.