

Wentworth Community Care Ltd

# Wentworth Community Care Ltd

## Inspection report

Office 14, BizSpace Willenhall  
Planetary House, Business Park, Planetary Road  
Willenhall  
WV13 3SW

Tel: 01902683359

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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

Wentworth Community Care Ltd is a domiciliary care service providing personal care to adults in their own homes. The service was providing support to 31 people at the time of the inspection.

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 safeguarded from the risk of abuse by trained staff. People had risks to their safety assessed and where needed had support to receive their medicines safely. People were supported by enough safely recruited staff. People were protected from the risk of cross infection. Where things went wrong there were systems in place to learn.

People had their needs assessed and plans put in place to meet them. Staff were trained and had the skills to support people effectively. People had the support they needed to maintain a healthy diet. People had consistent support from a staff team that worked with other professionals when required. People had their health needs understood and support from staff to maintain a healthy lifestyle.

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 were supported by staff that were caring in their approach and knew people well. People had choice about how their care needs were met and were supported to maintain their independence. People were treated with respect and their privacy and dignity was maintained by staff.

People received person centred care and support from staff that understood their individual needs and preferences. People had their communication needs assessed and plans were on place to meet them. Where complaints were received there was a clear policy in place to investigate and respond to these.

The registered manager had systems in place to monitor the quality of the service. They understood their responsibilities and could demonstrate how peoples feedback helped them to improve the service. There was a learning culture and the registered manager was responsive to feedback. The registered manager and staff demonstrated they worked in partnership with others to ensure people had the care they needed.

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

This service was registered with us on 19/03/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### 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.

# Wentworth Community Care Ltd

## **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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 March 2020 and ended on 20 March 2020. We visited the office location on 12 March 2020.

#### What we did before the inspection

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We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the field supervisor, care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff audits, medicines audits and quality assurance questionnaires.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments medicines protocols and audits.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People felt safe using the service. One person told us, "I feel safe with all the staff who come into my home." Relatives told us they were confident people were safe with the staff working at the service.
- Staff had received training in how to recognise abuse and understood the procedures to follow if they were concerned about anyone.
- The registered manager had systems in place to monitor and record any concerns and understood the local procedures for reporting to the safeguarding body and the requirements to notify CQC.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to minimise the risk of harm.
- Risk assessments and plans were documented in an electronic record. This informed a care plan for staff to follow and these were reviewed on a regular basis and when things changed.
- Staff had a knowledge of people's risks and could share how they supported people to maintain their safety. For example, staff could describe the plans in place to prevent pressure sores, complete safe transfers and minimise the risk of falls.

Staffing and recruitment

- People were supported by enough suitably skilled staff. People and relatives told us staff were reliable, always on time and stayed for the full duration of their planned calls. One person told us, "The staff come three times a day and they are really good, they are always on time."
- Staff were recruited safely. The registered manager ensured safe recruitment practices were followed. This included checks on work history and suitability to work with vulnerable people.
- Staff confirmed they had undergone checks when commencing their role and records showed these checks had been carried out.

Using medicines safely

- People were supported to manage their medicines safely. One relative told us, "The staff give [person's name] their medicines and we have never had any problems."
- Staff received training in how to administer medicines safely. People had their needs assessed and plans were in place to guide staff.
- Records showed people had their medicines as prescribed and there were checks in place by the registered manager to ensure accurate record keeping.

#### Preventing and controlling infection

- People were protected from the risk of cross infection. One person told us, "The staff all use gloves and aprons without exception."
- Staff had received training in how to minimise the risk of cross infection. Staff confirmed they had access to personal protective equipment (PPE).
- The registered manager told us they carried out checks on a regular basis when staff were completing calls to ensure PPE was in use where needed.

#### Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong. There had not been any incidents or accidents recorded since the service registered but the manager was able to demonstrate how these would be reviewed and monitored to ensure learning and prevention of reoccurrence.



# 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.

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

- People had their needs assessed and plans put in place to meet them. People were involved in their assessments and care plans.
- Assessments and care plans were electronic and gave guidance for staff. One staff member said, "The system is good, it gives us clear guidance and we can record what has happened. We can look back at past calls and send messages."
- The system put care plans in place for the specific needs identified and these were regularly and updated as required.

Staff support: induction, training, skills and experience

- People were supported by staff that had received training and had the skills to carry out their roles. One relative told us, "The staff appear to be very well trained, they know what they are doing."
- Staff told us they had an induction into their role and had the opportunity to work with more experienced staff when they first started. Staff had regular updates to their training and the registered manager monitored this to ensure staff stayed up to date.
- Staff received support in their role and had regular checks on their practice from the registered manager.

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

- People mostly managed their own meals and drinks or had help from relatives. However, some people were supported to maintain a healthy diet. One relative told us, "The staff come and help [person's name] with meals, they can do some things themselves as well."
- Staff could describe the support people needed with meals and drinks. One staff member described how one person had to use a prescribed thickening agent with their drinks.
- Peoples care plans gave guidance for staff on how to support people to maintain a healthy diet and the level of support they needed.

Staff working with other agencies to provide consistent, effective, timely care

- Staff provided consistent care to people using the service. Staff had good communication systems to stay informed about changes to peoples needs.
- Staff worked with other agencies where needed to ensure people had consistent support. For example, engaging with district nurses involved in peoples care.

Supporting people to live healthier lives, access healthcare services and support

- People accessed health services themselves or with support from relatives. Where needed people had support to maintain their health and wellbeing.
- Peoples care plans gave guidance to staff on people's health needs and the support they needed to maintain good health. Staff were aware of the guidance and could describe how people were supported.
- People had their oral health care needs assessed and plans had been put in place to meet their needs.

#### 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. 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.

- People were supported in line with the principles of the MCA. Staff had received training and could describe how they sought consent from people when offering care and support.
- Where needed peoples capacity was assessed and decisions were made in people's best interests.

# 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 were supported by staff who were caring. One person told us, "The staff are very kind they always have time for a chat while helping me and they find time to sit with me before the call ends."
- Relatives confirmed they felt staff were caring and formed good relationships with the people they were supporting. One relative told us, "The staff are caring they have a good approach with [person's name]. There are regular staff and despite living with dementia [person's name] recognises the staff."
- Staff told us they were aware of people's individual needs and preferences including those relating to their culture, religion and other diverse needs. We saw assessments and care plans gave individual guidance for staff.

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

- People were able to make their own decisions about their care and support. People told us they were engaged in developing their care plans. One person told us, "The staff are good to me too its very helpful to know there is someone looking out for me and they ask me what I need all the time."
- Staff could describe how they supported people to feel in control of their care. One staff told us how they had good information in peoples care plans about people's preferences and how they wanted to be supported. The staff told us they made sure they asked people to make choices when they were supporting people.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy maintained by staff and independence was promoted. People and relatives confirmed staff were respectful when speaking to people and coming into their homes. One person told us, "The staff are really good at making sure I keep my independence with dressing, they assist only where I need them to help me."
- Staff could describe how they supported people to maintain their independence. One staff member told us about how one person was supported to make their own meals.
- Care plans promoted peoples independence identifying the things people could do for themselves and the support they needed.

# 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 personalised care and support. One relative told us, "The staff do know [person's name] quite well, they have settled down nicely, and got to know the staff now and they are happy."
- People and relatives told us staff were very responsive. One relative told us, "The staff leave a message with any issues so we can see it. The staff are really helping to take care of [person's name]."
- Staff could tell us in detail about people's preferences including information about their culture and religion and other preferences.
- Care plans were person centred and people had been involved in their assessments and deciding the support they needed.

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.

- The registered manager had systems in place to ensure they followed the required AIS.
- People had their communication needs assessed and plans were in place to guide staff on how to communicate with people.
- Care plans considered all aspects of communication. For example, verbal communication, preferred languages and written communication needs.

Improving care quality in response to complaints or concerns

- People and relatives understood how to make a complaint. One relative told us, "I have no complaints but I would raise these with the registered manager if needed."
- There had not been any complaints about the service. The registered manager had a complaints policy in place to manage complaints and ensure a response was received.

End of life care and support

- There was nobody receiving end of life care at the time of the inspection. There was information in place to enable staff to support people in the event of requiring end of life care.

# 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 good. 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

- People, relatives and staff were complimentary about the service and how this was managed. One person told us, "I have been using them a few weeks, I have found them to be very good, they are really helpful."
- People told us they were able to get in touch with the service easily and had a positive experience of communicating with the service. One person told us, "The office staff always in touch and good with us."
- Staff told us they were fully supported by the management team. The registered manager told us they had regular contact with people, relatives and staff and could describe how they supported people as individuals.

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 understood and acted on the duty of candour. The culture of the service was to be open and transparent.
- Where required information had been shared with the appropriate people.

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

- The registered manager and nominated individual understood their responsibilities. Statutory notifications had been received and the registered manager understood the requirement to display their CQC rating once this is confirmed.
- Policies and procedures were in place to manage the service and guide staff in how to support people safely. For example, equality and diversity, whistle-blowing and complaints policies.
- There were systems in place to check the quality of the service people received. For example, spot checks were carried out to see how staff delivered peoples care calls, we saw these checks were effective in identifying where things needed to improve and resulted in action.
- Other checks were in place including checks on care plans, daily records and medicine administration records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service and asked for their views. People told us they had completed questionnaires about the service. One person told us the registered manager had changed call times for

them based on their response to the survey.

- We saw quality surveys were sent out and these resulted in an action plan to make changes to the service. The service identified what they did well and shared this with the staff.

#### Continuous learning and improving care

- The registered manager told us they were continually seeking ways to improve the service. There was a clear training plan in place for staff and the registered manager accessed external sources of information and guidance to improve the service.
- We found some concerns about how the electronic care records were changed when the system administrators updated the system. The registered manager immediately acted to address this and put a system in place to prevent this from happening again.

#### Working in partnership with others

- The registered manager had systems in place to ensure they worked in partnership with other health professionals.
- Staff were aware of which professionals were involved in people's care and could describe how they ensured good partnership working through effective communication.