

Bradnet

Wright Watson Enterprise Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Wright Watson Enterprise Centre (known as Bradnet) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was providing personal care to seven people.

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

Although some aspects of risk assessment still needed further work, we concluded people were not at risk using the service. Medicines management had improved, and lessons were learnt when things went wrong. We have made a recommendation about lesson learning processes becoming more formal before the service started to support larger numbers of people. The provider was able to demonstrate staff recruitment was now consistently safe, and there were enough, well-deployed staff to provide a consistent service to people.

The manager had improved the support staff received, and the provider ensured staff had the training they needed. We have made a recommendation about improving induction processes before new staff join the service. People's rights were respected, although people's consent to their care needed recording more thoroughly. People had good support with their health, nutrition and hydration.

Staff were caring and showed good respect for people's privacy and dignity. People received encouragement to maintain their independence whenever possible, and were consulted in decisions about their care. 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 received a service which was now consistently managed and reflected their preferences and individual needs, including for any end of life care which may be needed. People were confident their concerns would be listened to.

People, relatives and staff told us the manager had made a positive impact on the service, improving reliability and quality. There was now good oversight of performance in the service, although some systems would benefit from more formalisation before the service began to provide support to more people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 13 January 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations relating to fit and proper persons employed, person-centred care, staffing and good governance.

At this inspection enough improvement had not been made in relation to a breach of the regulation about safe care and treatment, and the provider was still in breach of this regulation.

This service has been in Special Measures since 13 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in relation to the quality of risk assessments at this inspection.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wright Watson Enterprise Centre

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 two Inspectors and an Expert by Experience. 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.

The service had a recently recruited manager who had applied to be registered with the Care Quality Commission. This means that the provider was 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 manager would be in the office to support the inspection.

Inspection activity started on 3 March 2020 and ended on 4 March 2020. We visited the office location on 4 March 2020.

What we did before the inspection

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.

We reviewed all information we held about the service. This included past inspection reports and action plans and updates the provider sent to us. We spoke with commissioners of the service and the local authority safeguarding team and asked them for any information they could share. We contacted Healthwatch to ask for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We asked the manager to send us some information when we announced the inspection so we could review it before we went to the office. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person and five relatives. We also spoke with the manager and three members of staff.

We looked at seven care plans and any associated medicines records. We reviewed two recruitment files, meeting minutes, training and supervision records and other information related to the management 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were now safe, however more time was needed for the provider to be able to demonstrate all risks were managed robustly.

Assessing risk, safety monitoring and management

At our last inspection the provider had not always completed risk assessments associated with people's care and support. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the manager had worked on risk assessments, however we identified further changes which needed to be made. Not enough improvement had been made and the provider remained in breach of Regulation 12.

- We found no evidence people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. There were some inconsistencies in the quality of risk assessment. For example, some risk assessments had been in place for an extended period without being reviewed.
- There was a lack of environmental risk assessments included in people's care plans.
- One person's care file contained details about their medical conditions, however there was no information about the conditions or how they affected the person.
- Care plans contained guidance for staff to show how risks could be minimised.

Staffing and recruitment

At our last inspection the provider had not always carried out robust background checks before staff began working in the service. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- Staff working in the service had the necessary background checks in place
- The manager had carried out an audit of employment records and taken action where needed.

At the last inspection the provider's call planning was poor and this had a negative impact on people using the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of Regulation 18.

There was a lack of oversight to ensure calls were well managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People and relatives told us staff arrived on time and always stayed for the full duration of the call. The provider told people if staff were unavoidably delayed.
- The manager monitored daily activity to ensure staff were present at people's homes when they were expected.
- Deployment of staff had improved. Staff we spoke with told us call planning had improved under the new manager. They said they had rotas well in advance, and travel time was included to ensure people were not kept waiting.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe when staff were in their homes.
- Staff we spoke with understood how to identify and report concerns about abuse. We talked with the manager about the need to improve staff confidence in this area.

We recommend the provider improves staff safeguarding awareness through supervision and training activity.

Using medicines safely

At the last inspection the provider was not always ensuring there was a complete record of the support people were given with their medicines. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People we spoke with raised no concerns about support they received with medicines. Most people managed these independently. A relative told us, "[Staff member] makes sure it is all done properly then they put it on the chart. I check the chart occasionally and it is always correct."
- Systems were in place to make sure people received their medicines safely, however there was a lack of information about medicines prescribed for 'as required' use. This is needed to help staff understand what the medicine should be given for and guidance as to the dose needed where this was variable. We brought this to the attention of the manager during the inspection.
- One person's medicines risk assessment needed more detail relating to the medicines the person took. We brought this to the attention of the manager during the inspection.

Learning lessons when things go wrong

- The manager showed us examples of lessons which had been learnt after incidents or near misses.
- The systems for ensuring lessons could be learnt were informal because the service was small and there were very few incidents.

We recommend the manager and provider put formal systems in place to analyse and review information about incidents before the service begins to support larger numbers of people.

Preventing and controlling infection

- People and their relatives told us staff always washed their hands and used gloves and aprons when providing personal care or supporting people with meals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider was not supporting staff with effective supervision and appraisal activity. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The manager had put plans in place to ensure regular supervision and appraisal activity took place. Each member of staff had attended at least one supervision meeting at which their performance, training needs, well-being and the people they supported had been discussed.
- Staff we spoke with said they felt well-supported and the manager was genuinely interested in what they had to say. They told us if they asked for additional support or training this was arranged for them.
- Staff training remained up to date, and the date when mandatory training needed to be updated was recorded on the training log for the service. Staff we spoke with told us they received the training they needed.
- There was an induction in place which included training and shadowing of experienced staff, however there were no records of how competence and confidence had been assessed during this period. We discussed this with the manager who told us they wanted to undertake a full review of induction activity and the records kept before any new staff were recruited.

We recommend a formal process is put in place to ensure the provider can evidence how new staff are robustly assessed and supported during their induction period.

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

- People's needs were assessed prior to them starting to use the service. The manager told us they needed to assess whether they need to take actions such as recruiting more staff or providing specific training in order to meet people's needs.
- Care plans showed what support people needed and how staff should provide this.

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.

- The service was not providing care to anyone who had a DoLS in place.
- Where care records were kept electronically there was not always strong evidence to show how people's consent to their care had been obtained. We discussed this with the manager during the inspection and they told us they would take action to improve these records.

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

- People and relatives said they were happy with the support they received in this area. One relative told us, "The carers make all [name of person]'s meals and cook whatever [person] wants." Another relative said, "The carers always put something to eat and drink where [name of person] can get to it."
- Staff gave us examples of how they encouraged people to eat and drink to help them maintain healthy intakes.
- Care plans contained information about the support people needed with eating and drinking. This included any adapted equipment the person used to help them maintain their independence in this area.
- Where staff supported people with meals there was information about the food and drinks the person liked.

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

- Care files included details of professionals involved in the care and support of the individual. For example, one care file listed the names and telephone numbers of specialist nurses and clinics the person regularly attended.
- Staff said they would contact healthcare professionals if the need arose. One person told us, "I am sure my carer would send for the doctor if it was necessary." A relative said, "Normally I would do whatever was needed, but in an emergency I believe the carers would cope."
- One person's care plan gave details of how staff had liaised with the appropriate healthcare professional when issues arose with the person's medical appliance. This made sure the appliance worked effectively.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. Comments included, "We have a friendly relationship. We all have a laugh together," "There's always a chat and a laugh," and "We get on with the carers very well."
- Staff were trained in the principles of equality and diversity, and were able to give examples of how they provided care to people in ways which met their diverse needs.
- The manager understood how care provision may need to be adapted to ensure people's preferences and beliefs were respected. For example, staff being able to speak the person's first language or being of the same gender as the person to ensure personal care was discreet and respectful.

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

- People and relatives said they were able to make decisions about care. A relative told us, "[Name of person] and I are involved in the current review."
- The care plan format showed people had been included in writing them. There was good detail about people's preferences for care and preferred routines, and the information was presented in people's own words.
- People told us the manager had been in contact with them since they took over running the service. A relative told us, "I usually find the manager answers the phone. They are all very polite and do their best to help."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives said staff were respectful. A relative told us, "They always knock on the door and wait for an answer."
- Staff we spoke with gave good examples about how they ensured people's privacy and dignity were maintained. These included ensuring doors were closed and windows covered before providing personal care, and helping people to avoid becoming upset when they were confused or forgetful.
- Care plans gave descriptions of what people could do for themselves, and where staff may need to offer support. Staff gave us examples of how they encouraged people to maintain their independence, including giving compassionate reassurance to people when their health conditions presented them with challenges.
- Staff made records about each visit, however these were often functional and lacking in information about peoples' overall well-being. We discussed this with the manager during the inspection and they told us they would discuss this with staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At our last inspection the provider did not operate a consistent service for people which had an impact on their well-being. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People and their relatives were happy with the consistency and quality of care they received. A relative told us, "I'm quite happy with how things are running now. Up until a few months ago I felt I had to be full involved to make sure things went alright. Now I can take a back seat, confident that all is well." Another relative said, "It's normally a very regular service. If there's any change they always let me know."
- Care plans contained clear descriptions of the support people needed and how they preferred to receive it. People and their relatives were happy they got the care they wanted. A relative said, "Our main carer understands [name of person]'s particular needs and provides individually tailored, person-centred care." Another relative told us, "I think [name of person]'s care is tailored to them personally."

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 manager understood the principles of the AIS and told us they were preparing adaptations to their survey to enable people and staff with visual impairments to read and respond to questions independently.
- A relative told us staff being able to speak a person's first language was a principle reason they thought care was person-centred.

End of life care and support

- The manager had started conversations with people to enable them to explore their wishes for end of life care. Some people had not wanted to discuss this as they lived with family members who were actively involved in their on-going care and did not feel they needed additional support from the provider.
- One person's care plan included information about their wishes and preferences for their funeral, however there was a lack of information relating to their preferences for the kind of care they wished to receive as they approached the end of their life.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would find it easy to raise concerns with the manager. A relative said, "I'd always speak to the manager if I had any concerns. He rang us when he first came, to introduce himself. I've met him a couple of times."
- There were policies and processes in place to ensure complaints were recorded and investigated thoroughly.
- People were given information about how to complain in the service user guide.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. We found leadership, culture and person centred care had improved, however more time was needed to make the required improvements in some areas.

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

At our last inspection we found the service was deteriorating and there was a history of breaches of regulation. Records were incomplete, governance systems were not effective, and peoples' experience of using the service was poor. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17

- The manager had made significant improvements in the service in a short period of time.
- The previous inspection identified five breaches of regulation. At this inspection we found sufficient action had been taken in relation to four breaches. Call management was now good and people's experience of using the service had improved. One relative told us, "I believe the service is well-managed and organised."
- The delivery of care to people was now under control because the manager planned well and had systems in place to monitor and improve the performance of the service. Although the approach had been effective, some systems needed to be made more formal to ensure they were sufficiently robust should the service increase the number of people it supported.

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

- People and relatives spoke highly of the care they received. A relative told us, "I think the care is excellent since the new manager has been here." Another relative said, "The care is good now, since the new manager came."
- Staff we spoke with were enthusiastic about working in the service and told us it had improved since the new manager had arrived.
- Staff told us they were listened to and felt able to make suggestions. They said the manager listened to what they had to say.

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

- People told us the manager had met or spoken with them about their care, and told us the service had

improved since our last inspection. A relative said, "I think the new manager has already made some good changes, especially in improving communication with everyone: carers, office staff and above all the clients. Their hands-on approach and the flexibility to meet the customers' needs are a big improvement."

- The governance and action plan for the service included survey activity to be carried later in the year. The manager told us they needed to adapt this to enable people and staff to be able to access the document independently.

Working in partnership with others

- The provider continued to work in partnership with commissioners of people's care and other local health organisations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some aspects of risk assessment needed more work to ensure they were complete and up to date.