

Wilson's Care Limited

Writtle

Inspection report

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Date of inspection visit:
16 December 2020

Date of publication:
08 January 2021

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

Writtle is a domiciliary care service providing personal care to people in their own homes. Three people were using the service at the time of the inspection.

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

People were positive about the support the service provided. They received care from regular and reliable staff.

People were safeguarded from harm as systems were in place to protect them. Risks to people were assessed and monitored. Medicine practices showed people received their medicines as prescribed. Staff carried out infection prevention and control measures to minimise the risk of infection. Lessons had been learnt and improvements made as a result.

Staff had been safely recruited with all checks undertaken. However, additional information would make this process more robust especially in relation to staff new to a caring role.

We have made a recommendation about the staff recruitment process.

Assessment processes were person centred and people's care needs had been recorded. Staff received induction, training and supervision to carry out their role. People were supported with eating and drinking. The service worked well in partnership with other professionals to ensure that people received the health care support they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Staff were caring and kind and treated people with dignity and respect. People were supported to express their views and be actively involved in making decisions about their care and support.

People received personalised care that was responsive to their individual needs. Concerns and complaints were listened and responded to and used to improve the quality of care. Nobody using the service was receiving palliative care.

The service had a clear vision for providing high quality care. Quality assurance systems had been developed to monitor the service and were well managed. People were engaged and involved; the service continuously learnt and improved as it grew and worked in partnership with other services.

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

Rating at last inspection

This service was registered with us on 4 May 2020 and this is the first inspection.

Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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.

Writtle

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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 required a registered manager to be in place as part of their registration. The manager was in the process of applying to be registered with us and whilst waiting for this to be approved was managing the service efficiently and effectively.

Notice of inspection

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

Inspection activity started on 25 November 2020 and ended on 17 December 2020. We visited the office location on 16 December 2020.

What we did before the inspection

We reviewed information we had received about the service which included risk assessments and care

arrangements, training, induction and spot checks, policies and procedures, lessons learnt, infection control practices and quality audits. A provider information return had not been requested for this inspection as this process had been suspended due to the pandemic. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of the received information to plan and undertake our inspection.

During the inspection

We spoke with one person and one person's relative, the manager who is also the nominated individual, the office manager and three staff. At the office we reviewed records including two staff recruitment files, daily notes and a range of systems to manage the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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. The key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their family members had no concerns regarding the safety of the service. They felt safe with the staff who supported them.
- Staff told us they had received training on safeguarding. They were able to describe how they would keep people safe and what they would do if they had concerns.
- Records showed that concerns were escalated to the local authority and dealt with appropriately. We saw action had been taken to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified and recorded. These had been discussed with them during the assessment of their needs. These included mobility, risk of falls, medicines and the home environment.
- Staff were aware of the risks around people's safety and how to support them to remain independent in their own home.
- Where there were changes to people's health and wellbeing, referrals were made to other professionals such as GPs or occupational therapy for their input, in liaison with the family.

Staffing and recruitment

- People told us they received care from regular staff who were reliable and had got to know them well.
- The policy of the service was that staff stayed the full allocated time with the person. One family member said, "I really like that they stay the whole time and not just do a task and then go. [Relative] really loves the company and time to talk and that's all part of it"
- Staff told us there was enough staff to provide safe care and visits were scheduled to ensure they had enough time with people.
- The provider had a clear process in place to recruit staff and carried out the required checks to ensure staff were suitable to work with people in their own homes. This included identification, references and checks to ensure they were not prohibited from working with people. Also, a written test to provide evidence of good English, maths and common sense was undertaken as part of the interview. Whilst all the relevant information had been obtained, further information in relation to staff new to care could be more robust in terms of additional references and full completion of the application form.

We recommend the provider consider best practice in relation to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Using medicines safely

- People were supported by staff who were trained to administer medicines. Risk assessments were undertaken where risks around medicines were identified. One person said, "They [staff] do my medicines for me but I check them before I take them."
- Staff had their competency to administer medicines checked on a regular basis to ensure their practice was safe.
- Medicine administration records (MAR) identified the medicines that people were prescribed and how and when they should be taken.
- Medicine audits were undertaken, and the manager reviewed the MAR to check for missed signatures or other anomalies. Issues identified were followed up with individual staff members.

Preventing and controlling infection

- People and relatives told us staff wore the correct personal protective equipment (PPE) such as gloves, aprons and masks when providing care. One person said, "They wear what they need to, spot on with all of that."
- We were assured that the provider's infection prevention and control policy was up to date and in line with government guidance.
- Staff had undertaken infection control training and were clear about hygiene measures to prevent the spread of COVID19. One staff said, "I had done this training before, but the manager insists that we keep refreshed with completing online training."
- Staff told us they had enough PPE to keep them and the people they supported safe. Spot checks were undertaken to check staff were using PPE correctly.
- The manager was aware of the new guidance for the testing of home care workers. The testing kits had arrived at the office and the manager was in the process of implementing the testing process.

Learning lessons when things go wrong

- As a new service, the manager was changing and adapting systems and processes to improve the service. For example, professionals had been asked to give a critical view over their care planning process. The result being that care plans and risk assessments were more person centred, clearer and concise enabling staff to easily understand people's needs and wishes.

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's needs were assessed before they started to use the service. This was done in conjunction with them and their family. This information formed the basis of their care plan.
- Care was planned and delivered in line with current guidance and requirements. People's care needs were regularly reviewed and their care plans updated to take account of their changing needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were fully trained, supervised and supported.
- Staff completed an induction before starting work. The induction included online training, shadowing colleagues and ongoing supportive discussions with the manager.
- All staff spoke positively about the induction process and the levels of support provided. They confirmed they had received supervision, competency assessments and spot checks before and after completing their induction.
- The manager told us the COVID 19 pandemic had impacted on the ability to provide face to face training for staff altogether. For example, whilst staff had completed online training in moving and positioning people, only the manager had practical experience of moving and positioning. He therefore supported staff if this was needed. The manager told us a training provider had been sourced for staff to complete the practical training in a small group when it was safe to do so.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care plan. One family member said, "What is nice is that [relative] gets some company whilst they are eating."
- Staff recorded in people's daily records what they had eaten and drank so that this could be monitored.
- Where there were concerns about people's weight or diet, these would be discussed with the person and/or their family and appropriate monitoring put in place.

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

- Records showed people's health and wellbeing was monitored. Where people's needs changed, the family were informed and referrals to health and social care services, such as GPs and occupational therapists were made. One family member said, "[Name of staff member] let us know that [relative] had a problem with their feet, so we booked an appointment with the podiatrist."

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

- Staff supported people to maintain their health, lifestyle and independence.

- People and family members had confidence in the staff to communicate changes or concerns to their health. One person said, "I am extremely well looked after, and they knew how to get the emergency services."

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in their day to day lives. Care plans were personalised and set out how staff should support people, how people made their views known and any wishes and preferences. One staff member said, "[Person] can make her decisions about everything to do with the here and now, and she has full control over me."

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 and their relatives were very positive about the service and the levels of support provided. One person said, "Both of the staff we have are marvellous and have settled in with us, can't fault them, very respectful. Also, we respect each other's space but also be together comfortably."
- People's care plans contained information about their life history which helped staff get to know the person they supported and what was important to them. The manager told us, "We dedicate a significant amount of time in our meetings with people to gain an understanding of what sort of things the person values. This could be their religious beliefs, hobbies, commitments and vital things which are important to them." One family member told us, "The staff are extremely consistent, and you know where you are with them. I am delighted with the service."

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

- People told us they were involved in decisions about how they were supported. One family member told us, "The manager was so respectful of us and [relative] and really listened. I really liked their values. Their history had made them very compassionate to others."
- People's care plans showed people had been involved in care planning and the documents included their wishes. They were written in a dignified manner and contained information about what people could do to retain their independence. They had also signed their consent regarding the sharing of information about them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff were respectful when supporting them with personal care and with their belongings. One person said, "The staff always speak to us both very respectfully. It's all good."
- People were asked their opinion of the service through reviews of their care and satisfaction surveys. The feedback from the most recent survey was very positive. One compliment sent to the service said, "We know you have all made a wonderful difference to [relative's] life, especially throughout this pandemic. You have kept them safe (and us sane) whilst fulfilling their needs. [Relative] absolutely loves their staff."
- Staff spoke of people in a very respectful, caring and kind way. One staff said, "Being with [person's name] is a joy. From the minute I get there we laugh together. I hope I make that little bit of difference to their life." Another said, "I always try my very best to do my work well, that's the best I can do."

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 support from a core team of care staff who knew their needs well. One person said, "Getting to know them has been good, no worries so far."
- Care plans were detailed and informative. People's personal care, mental health, oral health and ways to support them around the home were comprehensive and outlined their preferences for times and days. They were written in a very personalised way and staff knew how to support people as they wished.
- Daily records were maintained which outlined the care provided on each visit. Areas were highlighted which required further observation or discussion with the staff and we saw these were followed up. The service expected staff to write about people in a respectful way and assisted them to improve their skills and abilities.

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.

- Care plans were clear and easy to read. They included details of people's sensory and communication needs such as hearing and sight and speech and other communication needs.
- The service was able to provide information in accessible ways including easy words, pictures, symbols and large print as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships and take part in social events and follow their interests. For example, staff spent time with one person going for a walk and meeting neighbours (socially distanced) for a chat to prevent social isolation. Staff told us this really did help their mental health. For another person, going out in the car shopping with a staff member enabled them to have a change of scenery from the home. They said, "It breaks the day up to see the world going by."

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints.
- People told us they had no cause to complain about the service and would be confident the manager would deal with any complaint they had appropriately. One comment we saw said, "We find you all very approachable, and you do act very quickly on any queries we may have."

End of life care and support

- No-one using the service was receiving end of life care.
- The service did not currently provide end of life or palliative care to people. However, the provider told us that specialist care for people who were dying was being discussed as the next step to developing their service. They were reviewing their statement of purpose, and looking at training staff to provide palliative care in 2021 if it was required.

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

- People and relatives told us the service was well led. It had a very good ethos and was focussed on outcomes. One person said, "All is working very well, couldn't do without them."
- Quality assurance systems were in place which explored the experience of people being supported and this information was used to monitor performance and help drive improvement. Care records, staffing and records of people's medicines were audited by the manager and any shortfalls identified and escalated.
- Staff received regular supervisions and spot checks were undertaken. Staff told us they felt well supported. One staff said, "I never feel awkward asking any question, they are so caring and kind to me."
- The provider undertook monitoring visits which identified actions with clear timescales for making improvements. One person said, "The service is very well managed, and the manager does checks on staff unannounced."

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

- The service had a previous registered manager when the service was set up. The current manager, who was also the provider, was in the process of applying to be registered with us. They had good systems and processes in place to oversee the safe running of the service. People, relatives and staff told us that they found the manager approachable, responsive and managing the service well.
- There were systems in place for the reporting of incidents and accidents which were monitored by the provider. Statutory notifications had been received showing the service notified CQC as required in law.
- The manager was very open and reflective about the provision of a high-quality service to people. They provided examples of lessons learnt and changes made to improve the service. Management meeting notes showed all aspects of the service were discussed and actions taken to develop it effectively.
- The service was providing care to people on a private basis but were in the process of applying to the local authority to provide care on their behalf.

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

- People and relatives told us how involved and included they were in the planning and delivery of their care. Every opportunity was taken to ask people about the quality of their care, through review, spot checks and surveys. One compliment sent to the service said, "All in all, we don't think we could have found a better

care group to look after our [relative] so thank you."

- Staff were positive about working for the service, felt included and part of the team. One said, "I am new to care and I this is the standard, then I would want my family cared for by Wilson's Care." Another said, "Because of COVID 19, we are not able to get together with other staff, but I feel part of the family."
- The service worked in partnership with others and communicated effectively to ensure people's care and support was joined up and personalised.