

Wetherby Home Care Limited

# Wetherby Home Care Limited

## Inspection report

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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: Wetherby Home Care Limited is a domiciliary care agency. It was providing personal care to 56 people at the time of our inspection. The agency supports older people and people with physical disabilities and people with mental health needs.

People's experience of using this service: People received a safe service, from staff who were trained and supported in their role. Staff understood how to identify and report any safeguarding concerns. People had been introduced to the staff who delivered their care and people's feedback, and visit monitoring records, indicated staff usually arrived on time. Where people required it, they were supported to receive their medicines in line with their prescription.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's wishes.

People told us staff were caring, although some commented that particular staff made more effort than others to offer additional help and assistance above the core tasks expected. People's dignity and privacy were respected.

Care plans were in place to give staff the information they needed to support people in line with their preferences. This included information about nutrition, health, communication needs and other areas of support. Care plans were updated when people's needs changed, but there were some record keeping anomalies.

People had the opportunity to provide feedback on the service they received and the provider conducted checks and audits on the quality and safety of the service. These checks could be improved in some areas to help identify recording anomalies. Staff provided positive feedback about the management team and the provider demonstrated a commitment to continuously improving the service.

Further information is in the detailed findings below.

Rating at last inspection: Good (report published 9 July 2016).

Why we inspected: This was a scheduled inspection based on the service's previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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.

# Wetherby Home Care Limited

## **Detailed findings**

## Background to this inspection

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by one inspector. An expert by experience made telephone calls to people who used the service. 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:

Wetherby Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who uses the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with CQC. 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 24 hours' notice of the inspection visit because the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 13 December 2018 and ended on 18 December 2018. It included home visits to two people who use the service, and telephone call to people and care staff. We visited the office location on 13 and 18 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

#### What we did:

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We used this information to plan the inspection.

During the inspection we spoke with 15 people who used the service and two relatives. We spoke with the registered manager, the provider's nominated individual, the manager and five care staff. We looked at a range of documents and records related to people's care and the management of the service. We viewed five people's care records, medication records, three staff recruitment, induction and training files and a selection of records used to monitor the quality and safety of the service. We visited two people in their own homes to get feedback on the service, observe the care provided and look at the documentation available to staff in people's homes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our last inspection in July 2016, we found the recording of some information on the medication administration records was not robust. At this inspection we found improvements had been made.
- Staff who supported people with medicines received training and guidance in this area. Staff competence was checked as part of spot check visits. The registered manager and manager agreed to develop a separate medicines competence checklist to record this assessment in more detail.
- Staff completed medication administration records (MARs). These were regularly returned to the office so that the deputy manager could check that medicines had been given in line with people's prescription. There was a robust system to monitor and address any recording or administration errors.
- Information about people's needs in relation to medicines was recorded in their support plan, in a medication assessment. We discussed ensuring medication consent forms were clearer, to show where some people required support with creams only, rather than all their medicines.
- People confirmed they were satisfied with the support they received with their medicines.

### Assessing risk, safety monitoring and management

- People told us they felt safe with care staff, trusted them and were comfortable when being supported. One person commented, "I feel much safer now that I have them (care staff)."
- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. This included risks relating to medication, falls and the premises.
- Staff had access to people's individual risk assessments, via electronic or paper records in people's care files.
- Accidents and incidents were recorded on the provider's electronic system and the registered manager or manager reviewed these incidents to assess if any further action was required.

### Learning lessons when things go wrong

- The provider learned from any incidents that occurred and took action to prevent the risk of recurrence. For instance, when one person had gone missing from their home, the provider introduced the Herbert Protocol. This is a national scheme involving the police, where agencies can complete useful information in advance, which can be shared in the event of a vulnerable person going missing.

### Safeguarding systems and processes

- The provider had a safeguarding policy and access to local authority policies and reporting procedures. We saw from records that the provider had appropriately referred any concerns to the local authority safeguarding team when required.
- Staff received safeguarding training and were able to describe indicators of abuse and how to report any concerns.

#### Staffing levels; staff recruitment

- The provider had a system to ensure there were sufficient staff to meet people's needs. They used an electronic system to plan care visits in line with people's requirements, including the number of staff required at each care visit. If there was any staff sickness or annual leave, other care or management staff covered the visits.
- We received mixed feedback regarding staff punctuality, but people said they accepted traffic and emergencies could cause delays and only one person reported this to be a problem. Most people said they were informed if visits were running late. All people said care staff stayed the full time, did all the jobs required and asked them if there was anything else they needed before they left.
- The registered manager used an electronic care planning system to monitor any discrepancies between the planned time of visits and the actual time. Staff electronically logged their arrival and departure from people's homes, which meant that office staff were able to know straightaway if staff had not arrived as planned.
- Recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people. We discussed ensuring documentation and risk assessments were completed in more detail, in particular where staff had commenced training whilst awaiting DBS checks to be completed.

#### Preventing and controlling infection

- Staff received guidance about infection prevention and control. They used personal protective equipment (PPE) when required, such as disposable gloves. The appropriate use of PPE was checked as part of routine competency observations conducted on care staff.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff received an induction and training to prepare them for their role. Staff were satisfied with the training they received. One told us the training was, "Really good" and another said, "They were good to me when I first started, as I was new to care. I went to a training school for my induction."
- The provider conducted spot checks and observations of staff delivering care, to check on their competence. Any issues about staff competence were addressed by the provider to improve practice.
- Staff received supervision and appraisal.
- Most people felt staff had the right skills and did a good job, although two people commented that some of the new "Younger" care staff did not have the right aptitude.
- Since our last inspection the provider had moved office base and now had a training room with equipment, to support with staff training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff providing consistent, effective, timely care with and across organisations

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The provider conducted an assessment of people's needs, to ensure they could provide an appropriate service for them.
- The provider worked with other health and social care professionals where required, to ensure people's needs were met.

Supporting people to eat and drink enough, with choice in a balanced diet

- Where it was part of someone's support package, staff provided support with meals and drinks. People confirmed they were satisfied with the support they received in this area, including the choice and presentation of meals. One person told us, "They make me what I want, it's always very good."
- Information about nutritional and hydration needs was recorded in people's support plans.
- Staff had supported one person to attend a healthy cooking class and helped them put the learning from this into practice at home.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Nobody who used the service at the time of our inspection was deprived of their liberty.
- Not all staff had a confident understanding of the MCA. However, all staff we spoke with had a clear understanding about the importance of getting people's consent and knew to seek further advice if they had



any concerns about people's ability to understand particular decisions.

- People confirmed staff always asked their views and sought consent before supporting them.
- People's consent to their care was recorded in their support plan. The provider agreed to retain evidence where people had a Lasting Power of Attorney (LPA) for health and welfare decisions, to ensure the appropriate people were consulted on any decisions, should this be required.

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

- People had access to health care professionals, and staff sought medical advice for people where required.
- Basic information about any health conditions people had was included in their care plan. On the first day of our inspection we found care records could be developed further with additional information about the impact of certain medical conditions, to aid staff knowledge of what to be aware of. When we returned for the second day we found action had been taken to start addressing this. The provider had also clarified some detail in a diabetes care plan and had liaised with a district nurse to ensure there was more personalised detail in the care plan about the management of this condition.
- The provider had additional training planned for staff in relation to catheter care.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The feedback we received from people and relatives about the staff was generally positive and indicated that people felt most staff were kind and caring. One person commented that one or two staff were impatient and "Pushy." However, others commented, "They're very good actually, very caring. They have a chat, ask after my family. They're very kind and thoughtful" and "They're very nice and pleasant." Others told us, "They're really nice girls, very good. I love them all to bits" and "It's lovely to see the carers, I look forward to them coming, we have a chat, and they tell me all about their families. I'm very happy, I love them coming." People also praised particular staff who they felt were especially considerate.
- It was evident from our observations that people had built warm, caring relationships with particular staff, and they knew each other well.
- The registered manager told us that new staff were always introduced to people before they provided any care to them. This was confirmed by people we spoke with, including one person who told us, "There are different ones (care staff) but I get to know them eventually. They introduce new ones and show them what to do at first."

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

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Nobody who used the service at the time of our inspection had an advocate, but the provider advised us they would share information about local advocacy organisations, with anyone who they felt may benefit from independent support with decision making. They also told us they were putting together a 'welcome pack' for people when they started receiving support and this would include information about relevant local groups and organisations.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People's comments included, "They (staff) put me at ease. They close the curtains when I'm getting washed and dressed" and "I'm comfortable with it (receiving support with personal care). If anyone's here staff close the door before I get dressed."
- Staff gave us examples to demonstrate how they maintained people's dignity when providing them with personal care.
- Staff promoted people's independence by tailoring their support according to people's skills and wishes. One person told us, "They help me stay living independently."
- Staff received equality and diversity training as part of their induction. There was basic information in people's care files about any needs in relation to protected characteristics of the Equality Act, including those in relation to disability and age. The provider was aware that some people followed a faith, but nobody at the time of the inspection required specific support from staff to attend church. We were advised

that this would be accommodated if anyone requested it.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

### Personalised care

- Feedback from people who used the service indicated staff responded to their requests and provided support in line with their needs and preferences.
- The provider developed a care plan for each person, which contained sections about different aspects of their care. Care plans were routinely reviewed and updated when people's needs changed. We found some examples of care records held on the computer that had not been dated when they were reviewed, so we were only able to determine the date of these reviews by looking at when the file was amended and saved. The provider agreed to ensure all documentation held on the computer was consistently dated moving forward.
- Care plans contained information about people's communication needs and any sensory impairments. The provider also gave an example to illustrate how they provided additional support to one person to enable them to understand their written correspondence. This helped to meet the requirements of the Accessible Information Standard (AIS). The AIS is a legal requirement for all providers who receive any public or NHS funding.
- Staff recorded details of each care visit on the provider's electronic care planning system. This enabled the management team to check that care was provided in line with people's care plan. Staff also used the electronic system to report any issues to the office, so that they could be picked up promptly.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community.

### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was available to people who used the service.
- People we spoke with confirmed they knew how to raise a complaint and would feel comfortable doing so. People told us, "If I had a complaint I would ring the office. [Name of manager] is very nice and friendly" and "I would contact the office; they are very helpful and pleasant." Three people said they had raised informal complaints in the past and told us that these were generally dealt with effectively by management.
- The service retained a record of any complaints or informal concerns received.

### End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Where the service had previously supported people at the end stage of their life, staff had worked alongside district nurses to ensure they received appropriate care.
- The registered manager confirmed to us that should staff require any additional guidance or support in relation to anyone's end of life care needs, this would be provided on an individual basis.

# 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

Service management and leadership was consistent. Leaders and the culture they created promoted high-quality, person-centred care. They had met all legal requirements.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post, who ran the service alongside the nominated individual. There was also a manager and deputy manager.
- The registered manager was fully aware of all their responsibilities, in relation to what events they needed to notify CQC about.
- Information related to people who used the service was stored securely. The provider had updated their data protection policy to reflect the latest data protection laws. This helped to ensure the integrity of confidential information.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider had a quality assurance system and the management team completed audits to monitor the quality and safety of the service. This included checks of care records and medication records. They also completed spot checks of the support being delivered, to monitor the quality of the service. Aspects of the audits were very robust and showed clear evidence of the provider taking action to respond to issues identified, such as the audits of MARs. However, we found a number of record keeping anomalies during our inspection, such as missing dates on records and the lack of detail in some health care plans. This showed that the checks on care records could be more robust.
- The provider promoted a positive person-centred culture. Staff provided positive feedback about the management of the service. When describing the vision and values of the company, one staff member told us there was a focus on all working to a consistent set of standards and that "The client is number one."

Engaging and involving people using the service, the public and staff

- Staff we spoke with felt supported. One told us, "They are a fantastic company to work for. [The management team] are there for you too, including if you have any personal problems."
- The provider produced a staff newsletter to keep people informed. There were also senior care staff meetings. The provider offered awards and recognition for length of service and for picking up additional shifts. The nominated individual told us they were particularly proud of the support provided to staff.
- Not all people we spoke with could recall the names of management staff or being asked for feedback about the service. However, records showed that surveys and spot checks were conducted to gather feedback from people who used the service, to identify any areas for improvement. The provider also sent feedback forms after people had finished receiving a service, to see if there was any additional feedback the company could learn from.

#### Continuous learning and improving care

- The registered manager and nominated individual demonstrated a commitment to continual improvement of the service.
- Since our last inspection, the provider had made a number of changes to improve and develop the service. This included employing additional management staff, developing senior care staff roles and introducing team building nights out and events. They were trialling electronic MARs with a small number of people, to test their effectiveness. They had also invested in a new telephone system and moved to an office base nearer to where staff were delivering care.

#### Working in partnership with others

- The provider worked in partnership with other organisations and built links in the community. For instance, they had volunteered to be involved with new initiatives being trialled by the local authority, and the provider was awaiting an update on this work at the time of our inspection.
- The provider had produced a calendar of York scenes, taken by local amateur photographers, and had sold these calendars in support of a local hospice.