

Wishes Care and Support Yorkshire Ltd

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Inspection report

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20 September 2017

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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

Wishes Care and Support Yorkshire is a domiciliary care agency located in Hull. The service provides personal care and support to people living in their own homes. People using the service and their relatives are able to visit the office, where on street parking is available. There were 180 people supported by the service during this inspection.

At the last inspection the service was rated good overall, but 'requires improvement' in the 'effective' section. This was because staff training was not up to date although training was booked to be completed. We recommended that the registered provider monitored the staff's training to make sure their skills were kept up to date. We also found staff appraisals had not been carried out. During this inspection in September 2017 we found these issues had been fully addressed. Therefore, the service remained 'Good'.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to recognise and report potential harm or abuse. Safeguarding issues raised were reported and acted upon. Incidents and accidents were investigated. Risks to people's wellbeing were assessed and reviewed. Infection control was in place to maintain people's safety. New checks and audits in relation to medicine management had just been introduced to help staff monitor and maintain people's health and wellbeing.

There were enough staff available to meet people's needs. Training was provided in a variety of subjects to develop and maintain the staff's skills. Supervision and appraisals were undertaken to support the staff. People were supported to eat and drink, where appropriate.

People had choice and control of their lives, staff told us how they gave people choice and supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Information was shared with people and their relatives about what the service could provide. People were involved in making decisions about their care and support. People we spoke with told us the staff were caring and they were positive about the service they received. Confidential information was stored securely to maintain people's privacy. End of life care was provided.

People's care needs and preferences were recorded. Reassessments of people's needs occurred as people's needs changed. Complaints raised were investigated and this information was used to help to improve the service.

An 'on call' system operated outside of office hours to allow people, their relatives or staff to gain help and

advice, at any time. Quality monitoring checks and audits were in place. Senior staff undertook 'spot checks' to observe how staff delivered care. People were asked for their views and feedback about the service was acted upon.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service was effective.

Staff undertook relevant training to develop and maintain their skills. Staff supervision and appraisals were undertaken to help support the staff.

People made choices in regard to their care and support.

Staff assisted people to maintain their dietary and fluid intake.

People were assisted and prompted by staff to meet their health care needs.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wishes Care and Support Yorkshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 15, 19 and 20 September 2017. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team was made up by one adult social care inspector and an expert by experience. The inspector attended the service on the first two dates. On the 20 September 2017 the expert by experience undertook telephone interviews with people who used the service and with some of their relatives. These people were asked if they were willing to accept a phone call from the expert by experience to gain their views. Letters were sent out so they were fully informed prior to the calls being made. (An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and they had experience of domiciliary care.)

We looked at all the information we held, including statutory notifications, which the provider had sent us. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also reviewed information shared with us by the local authority provider assurance and safeguarding teams.

During the inspection we spoke with seven people who used the service and with four relatives. We also spoke with ten staff. They included the provider, registered manager, finance, training, recruitment and call monitoring managers, the supervisor and three care staff. We visited two people in their own homes to gain their views and they gave permission for us to look at their care records.

We reviewed the care records for ten people receiving a service and randomly checked people's medication administration charts. We also looked at three staff files, which included their training, supervision, appraisals, spot check and recruitment records. We reviewed further records relating to the management of the service, including staffing information, checks and audits undertaken, policies and procedures, quality assurance documentation and the complaints and compliments that had been received. This helped us to make a judgement about the service.

Is the service safe?

Our findings

At this inspection we found the rating for this domain continued to be good.

People we spoke with told us they felt safe with the service provided and in the company of staff. We received the following comments; "I feel safe with the staff", "I have the same carers which makes me feel safe", "I feel very safe that they [staff] come and see me", "I feel so much more safe at home because I know they [the staff] are coming in" and "I have the same staff which is great." People said staff wore uniforms and had name badges to help identify that they worked for the agency.

Staff had training in how to recognise and report incidents of potential harm or abuse. A member of staff said, "I would report issues to my line manager and to those higher up in the company." Records showed incidents and accidents, including safeguarding concerns, were reported to the relevant agencies and action was taken to address the issues raised.

We saw individualised risk assessments were in place. These helped to inform staff about potential risks to people's health and wellbeing, such as the risk of falls or developing skin damage due to immobility. People we spoke with told us even if there were risks present to their wellbeing staff assisted and encouraged them to maintain and promote their independence, where possible. Risk assessments relating to people's home environment were in place, for issues such as trip hazards or electricity or gas safety issues. This helped to keep all parties safe.

Information about accidents and incidents was recorded and reviewed by the management team. We saw corrective action was taken to address any issues.

There were enough staff to undertake people's calls. The management team were able to undertake calls to people to help to deliver the service if staff were absent, on leave or involved in an emergency. The recruitment processes in place were robust and recruitment was on-going. This was to ensure people were looked after by staff that were suitable to work in the care industry.

Before staff were able to help people with their medicine they had to successfully complete medicine training. Changes to people's medicines were notified to the staff. We saw that the management team had introduced further checks and monitoring of people's medicine administration records (MAR). This was to ensure people received their medicines as prescribed and to ensure staff were following the medicine management guidance provided as well as safe practice guidelines. Issues found with people's medicines were acted upon to help maintain people's wellbeing. Staff received supervision and refresher training in medicine management if issues occurred.

Staff were provided with training about infection prevention and control. Personal protective equipment, such as gloves and aprons was provided to help maintain infection control.

Is the service effective?

Our findings

At our last inspection of this service we had found staff training was not up to date and staff appraisals had not been held. At this inspection we found these issues had been fully addressed.

People we spoke with during our inspection told us the service provided was effective at meeting their needs. We were told by people that they were asked about meals and drinks and encouraged to be independent. We received the following comments; "The staff know what they are doing, I am very happy", "The staff training seems consistent" "Continuity with training is good", "I have the staff well trained", "The staff encourage me to make decisions", "I like all my carers and they always ask me what I would like to eat and drink" and "Staff let me do what I can do by myself and help with bit's I cannot do."

We saw staff undertook a programme of training to help develop and maintain their skills; this helped them meet people's needs. New staff undertook induction training and shadowed senior carers. A member of staff said, "I had a week's induction and we covered health and safety and I shadowed more experienced staff." This helped staff gain the skills they needed to care and support people. We found staff were able to request additional training in specific subjects to help them meet people's needs, for example diabetes awareness.

Staff received regular supervision and a yearly appraisal, which allowed staff to discuss any concerns or performance issues.

Staff we spoke with told us how they gave people choices regarding their care and support and waited for people to give their consent before providing care. People we spoke with confirmed this was the case and they told us staff who attended them asked for their consent.

We saw from reviewing people's care records and through speaking with them that relevant healthcare professionals were contacted for help and advice, as required. Staff who found people unwell reported this to the office staff, people's relatives and health care professionals. This helped to maintain people's wellbeing.

People were supported to eat and drink, where necessary. Information about people's dietary preferences in regard to their nutritional needs and cultural background were recorded.

People we visited told us staff gave them a choice of meals, drinks and snacks. Staff recorded meals and drinks that were provided. During our visit the management team instructed staff to record exactly what meals had been prepared for people to help monitor if people were receiving a balanced diet.

The provider's office was accessible to people and to their relatives. Visitors to the service were made welcome.

Is the service caring?

Our findings

At this inspection people remained complimentary about the staff and how they were cared for. Therefore the rating continues to be good.

During our inspection people told us the staff who visited were all very caring and kind and would always ask them how they were feeling and what they would like help with. They confirmed the staff were respectful to them and their homes, and they said they felt listened to and supported. We received the following comments; "The staff are really caring people", "I cannot fault the carers", "All staff are very caring and understanding", "Very caring staff, who cannot do enough for me", "Staff respect me and my home", "The office staff are lovely" and "Staff and office staff listen to my needs." People we spoke with also confirmed they received continuity of care. They said, "The continuity is good" and "I have no issues with continuity."

People we visited told us; "The staff are caring and nice. They are all very pleasant, they have good attitudes and do anything we ask" and "The staff are polite and professional. I have a service user guide in place."

Staff told us they wanted people to feel cared for. A member of staff said, "We build a relationship with people. It is rewarding work." Staff confirmed they enjoyed working for the company and enjoyed caring for people using the service. We saw that staff undertook training in how to support people with dignity and respect and how to provide individualised care, which helped people to feel valued. There was a confidentiality policy in place. Staff we spoke with understood the importance of protecting people's privacy.

People were usually supported by a team of care staff. The provider told us they tried their very best to provide continuity of care to people. However, on the odd occasions, when this was not possible a data base of staff was reviewed to see who had attended the person's call before. These staff were then allocated so that the provider avoided sending staff to people they had not met before.

People told us they made decisions about their care and support and were consulted when their service commenced and when their care plans and risk assessment were written. We saw people were provided with important information about the service in a folder which was kept in their home.

The management team told us they supported staff so they were able to concentrate on caring for the people using the service. Consideration was made about the staff's availability and own family commitments to ensure they felt supported. There was a staff reward system in place; a carer of the month scheme was in operation and an award was given for carer of the year. Staff said this made them feel valued and supported.

Information about advocacy services was provided to people to help them raise their views.

End of life care was provided. Staff supported people and their family at this time. We saw thank you cards from family members who had received this support. They stated they were thankful to all the staff for their

kindness and caring shown to their loved ones and themselves at that time.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

During our inspection people told us the service was responsive to their needs and their needs were met. They said they were involved in their care planning and were given choices in relation to their care and how they wished to be supported. People said the staff were matched well to them and if they had any issues they could speak to the office staff. People confirmed they had care records in their home and had regular reviews. All advised if they had a complaint they would call the office. We received the following comments; "My care plan was very good, I was involved in all the planning", "My care planning is good", "I was involved in my care plan and reviews" and "Any issues and complaints are dealt with."

We were also informed staff time keeping was of a good standard and if people's calls were late someone from the office would call to inform them. Everyone we spoke with told us staff stayed the right amount of time. People said, "The office always call me if the carers are late", "The on-call team always let me know if there is a problem" and "Staff and office staff always listen to me and try and help me."

Staff told us they were aware of people's individual needs and said they used care plans to help guide their practice. People's care records contained specific information about their preferences and provided information about what people were able to do for themselves. Care records were based on information gained at their initial assessments and information from relatives, the local authority or relevant health care professionals. People's care records were reviewed as their needs changed or on a yearly basis.

We saw evidence that health care professionals were contacted by staff for help and advice as people's needs changed. If people were unwell advice was gained and where necessary, staff escorted people to hospital.

The service monitored their care calls to make sure they were made within an appropriate timeframe. This information was shared and reviewed by commissioners of the service. If people's needs changed and they required more time from staff this was discussed with the commissioners to ensure people's changing needs could be met.

A complaints procedure was in place and was provided to people. People told us they would raise issues and make complaints. However, they had no complaints to make. Complaints received were investigated and the outcome was recorded. This information was used to monitor or improve the service provided. We saw compliments were received about the service.

Is the service well-led?

Our findings

At this inspection we found the service was well-led. The rating remains Good.

We were informed by all the people we spoke with during the inspection that the service was well-led. We received the following comments; "Having a good team makes it work" "They are very friendly and very effective", "The whole company is excellent", "I am extremely happy." "It [the service] is fantastic" and "An amazing company." People told us the office staff were very efficient and approachable.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found the service had a positive ethos and an open culture. The provider and registered manager told us they worked with all relevant organisations to maintain or improve the service provided to people. They told us if issues occurred they worked to address them and learn from such events to improve the service. We saw evidence that confirmed where issues had occurred learning was implemented to help to prevent further issues from re-occurring.

People were sent quality assurance surveys. We looked at the results of the last survey and saw that comments were positive, with some minor concerns noted. These had been considered and were acted upon, for example, when providing and reviewing continuity of care for people. The provider told us this was always being monitored.

Staff were asked for their views to contribute to the services development. One member of staff said, "Our views are listened to." Regular staff meetings were held for staff to discuss issues or to gain updated information. Staff meeting minutes were produced to help keep staff informed if they could not attend.

A staff reward scheme was in place to recognise and praise staff for their dedication. This helped them to feel appreciated. The provider promoted caring in the community by sponsoring the local radio station's Carers Award.

A number of checks and audits were carried out to monitor the quality of the service. For example these covered areas such as; call monitoring and 'spot checks' of people's care calls. (Unannounced visits made by the supervisor to check the quality of the service provided and the staff's conduct, record keeping and uniform compliance.) We saw a new system had just been introduced to monitor people's medicine administration records. Issues found were investigated and addressed. Records of people's dietary intake were being changed so they detailed the food prepared for people. This was to enable staff to monitor if a balanced diet was being provided. The quality monitoring in place highlighted areas where the service was performing well and any areas which required further development. These were acted upon to improve the service provided.

