

# Healing Cross Healthcare Limited

# BE Wembley

## Inspection report

1 Olympic Way  
Wembley  
Middlesex  
HA9 0NP

Tel: 02074828885

Website: [www.healingcross.org.uk](http://www.healingcross.org.uk)

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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

This inspection took place on the 10 October 2018 and was announced. During our last inspection on 5 February 2016 we found no breaches of regulations and rated the service as Good.

BE Wembley 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. During the day of our inspection BE Wembley was providing personal care to seven people who used the service, which was carried out by eight care workers.

Not everyone using BE Wembley receives the 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.

A manager was registered with the Care Quality Commission (CQC). 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.

If people required help in taking their medicines appropriate procedures and systems were followed by care workers. Care workers knew when to give these and what to do if they were concerned or medicines were missed. People were protected from the risks of abuse. Care workers knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk of harm. People were protected from risks associated with their health and care provision and measures to reduce or prevent potential risks to individuals were taken.

People received care and support from staff who were well trained and knew how people liked things done. Care workers received appraisals and supervisions, however, supervisions were at times not formally documented. The service ensured that people's needs were met and appropriate assessments of need were carried out prior or shortly after care and support was provided. People who used the service currently required no support with their nutrition and hydration. People's healthcare needs were met by the person or their relative, however the agency could make arrangements if required. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People received support that was individualised to their personal preferences and treated with care and kindness and supported to be as independent as possible. Care workers respected people's privacy and dignity.

Relatives told us they knew how to make a complaint, if necessary, and were confident that any concerns they might raise would be listened to, taken seriously and acted upon.

Relatives and people's feedback and suggestions were welcomed to help the service continually improve. The registered provider's audit systems had some gaps, however these did not impact on the quality of care. The registered provider reassured us that he will address these gaps without delay. Relatives told us that management was open and approachable and worked in partnership with them to help meet their needs. Care workers told us that management was supportive and that they enjoyed working for the service.

## 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. People felt safe when they received care.

Risks associated with how care was delivered had been assessed and there was information about action to be taken to minimise the chance of harm occurring.

The service generally followed safe recruitment practices.

People received their medicines as prescribed and staff knew when these were needed.

Care workers followed appropriate infection control procedures to minimise the risk of the spreading of infection.

### Is the service effective?

Good 

The service was effective. Peoples needs were assessed prior or shortly after care and support was provided to ensure their needs were met.

Care workers knew people well and had completed training so they could provide the support they wanted. Care workers received supervisions and appraisals, however, sometimes supervisions were not formally documented.

Peoples nutritional and health care needs were currently met by the person or their relative, however, arrangement can be made by the agency if required.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

### Is the service caring?

Good 

The service was caring. Care workers were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Care workers respected people's wishes and provided care and support in line with those wishes.

### **Is the service responsive?**

The service was not responsive. Care plans were in place, and reflected people's individual needs, preferences and choices.

A complaints procedure was in place and people could raise any issues or concerns.

**Good** ●

### **Is the service well-led?**

The service was well led. Relatives and care workers told us, the registered manager was approachable and always available to offer support.

The service had quality assurance monitoring systems in place, which had some minor gaps, these however did not impact on the overall good care the service provided to people who used the service. The registered manager reassured us to address these gaps.

Relatives told us that they were frequently asked to comment on the quality of care provided by the agency.

Care workers had ample opportunities to comment on the care and suggest areas of improvements.

**Good** ●

# BE Wembley

## **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 was planned to check 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 inspection took place on 10th October 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, received written feedback from four care workers and spoke with three relatives of people who used the service.

We looked at five care plans and eight staffing records. We also viewed other records required for the management of the agency, these included complaints, incident and quality assurance records.

# Is the service safe?

## Our findings

Relatives told us that the care provided by the agency was safe and people who used the service were safe when receiving care from care workers. One relative told us, "The agency is doing a fantastic job and my relative is absolutely safe."

Care workers demonstrated in their feedback questionnaires good understanding of the different forms of abuse and what they would do in case they witnessed an incident of abuse. One care worker wrote, "I would report to my line manager and report it in my daily report book as well as write it in the incidents book." Training records showed that care workers had received safeguarding training during their induction. One care worker wrote, "I had safeguarding training during my induction programme, I've had several refreshers safeguarding training afterwards." We viewed the service's safeguarding folder and saw that the service had created a specific safeguarding alert form and a safeguarding flowchart which clearly documented who is responsible and accountable for the reporting and following up of any safeguarding incidences. Since our last inspection we did not receive any safeguarding alerts.

Care workers knew the risks associated with people's care. One relative told us, "We are very happy with the care, they know how help my relative and reduce the risks connected to his care, such as running away." Information was recorded to show how these risks were managed. For example, some people were at risk of developing pressure ulcers and we saw very detailed guidance of how to support people, what to look out for and how to reduce the risks of people developing pressure ulcers. We also saw that some people required equipment to transfer and we saw the care records included information about the type of equipment and how this should be used. One care worker wrote, "We had training in pressure area care and moving and handling. This helps us to do know what to do when we are working with people."

Relatives were confident and happy with the care workers provided and raised no concerns of care workers being late or insufficient care workers being deployed to meet people's needs. Comments made by relatives included, "We have regular carers. When my relative's carer is away, the manager comes to support my relative" and "We get a regular carer. She has been with us for a very long time. My relative who has autism is very fond of her."

We viewed staffing records for eight care workers employed to carry out the regulated activity unsupervised in people's homes. We found on four occasions that the Disclosure and Barring Service (DBS) check obtained by the registered provider was not obtained until after the care workers started to visit people unsupervised in their homes. 'The DBS check helps to prevent unsuitable people from working with vulnerable groups, including children. Staff working with such vulnerable groups require an enhanced DBS check when providing unsupervised activities such as personal care.' While at the time of our inspection all care workers providing personal care to people who used the service had a valid, current and appropriate DBS check, we raised our concerns with the registered manager, that four care workers were previously carrying out the regulated activity unsupervised without having an enhanced DBS check in place. The registered manager advised us, that care workers had a valid DBS check from their previous employment. The registered manager further told us that they applied for the DBS check immediately after the new member of staff was appointed, but it took a while for the enhanced DBS check to be returned. The

registered manager understood that care workers should not provide unsupervised personal care to people who used the service and explained to us that he will always ensure to obtain a valid enhanced DBS prior to care workers providing personal care unsupervised.

Apart from the issue raised above we found that the service had obtained all required recruitment checks to ensure only staff suitable to work with vulnerable people were employed. The recruitment checks included two references, proof of identity, proof of the right to work in the United Kingdom and proof of address.

Care workers advised us that they had received medicines administration training and training records viewed confirmed this. One care worker told us, "I had medicines administration training and I can administer, prompt, supervise and record in the Medicines Administration Record (MAR) as required and prescribed by the GP." The MAR recorded all the information needed to ensure care workers could check they were administering the correct medicine and the correct dosage. Where people needed medicines on an 'as required basis' (PRN), information was available to determine when they needed this. Where medicines had not been signed for, systems were in place to alert the registered manager that a potential error had occurred. One care worker said, "If I saw that medicines had not been given on the last visit, I'd contact the office so I knew what to do."

People were also protected from harm by staff following safe infection control procedures. Relatives spoke about care workers using protective clothing, such as gloves and aprons, when they supported their relative with personal care. One relative told us, "If I run out of gloves and aprons, I let the manager know and he drops them off at my house." Care workers told us they were aware of the relevant procedures and understood the importance of effective infection control. We saw infection prevention and control policies and staff guidance to support this.

People felt safe and comfortable with the staff and were confident that they knew how to protect them from harm. The registered manager told us that since our last inspection no accidents or incidents had occurred. However, care workers said that they would report any incidents or accidents to the office. The registered manager told us that he would record any accidents or incidents and showed us the folder he was planning to use.



## Is the service effective?

### Our findings

During our last inspection we rated this key question 'Good'.

We asked relatives if they thought that their relative's needs were met and care workers knew what to do and had the right skills and knowledge to support people who used the service. One relative told us, "Whenever there is an assessment for my relative the manager comes in because he knows the needs of my relative." Another relative told us, "My relative's needs are met. The carer is excellent and knows my relative's needs."

People's needs and choices were assessed by the service before, or very shortly after, starting to use the service. These assessments, together with any information supplied from the local authority or the health care commissioners, was used to help ensure people's needs and expectations could be met by BE Wembley.

New care workers completed an induction during their first week of work and shadowed experienced care workers. This enabled them to meet and get to know people to ensure they knew how to safely support them. New care workers completed training for the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. One care worker told us, "I have received a wide range of training. The training has helped me to become more enlightened in areas of social healthcare." Care workers who worked for the agency for a few years told us that they had received refresher training. One care worker said, "I have worked for BE for a while and have had ongoing training, this helped me to develop and progress in my career."

Care workers told us that they have had regular supervisions and that they found them helpful. One care worker told us, "I meet my manager every month. Some meetings were planned and some were not planned and my manager does a quite a lot of spot checks on me." Another care worker told us, "I have one to one sessions with my manager to have private and confidential discussions about my job." However, we found while care workers told us that they had regular meetings with their supervisor to discuss issues relating to their work. Records viewed by us did not always confirm this. For example, one care worker did not have a recorded formal supervision in 2018 and another care worker had no formal supervisions recorded since commencing employment in September 2017. We discussed this with the registered manager who confirmed with us that care workers should have formal supervisions every eight weeks as stated in the provider's supervision procedure. The registered manager however, reassured us that he meets care workers regularly informally when he discusses individual people who used the service, informs care workers of training available and provides any updates relevant to the regulated activity carried out. At the time of our inspection, none of the people who used the service received any support around the preparation of meals. However, the registered manager told us that if people required support with eating and drinking this would be assessed during the initial needs assessment and will then form part of the person's care plan. We saw that the care planning document had specific sections which focused on

nutrition and hydration.

People who used the service or their relatives were responsible for their day-to-day health and wellbeing. Relatives would arrange doctor's appointments and accompany people to their appointments. However, the registered manager told us, that if prior arrangements were made with the agency, care workers could support people around their health and wellbeing and to access primary health care services. For example, we saw in one of the care plans that care workers supported one person to have his medicines administered by the local health care centre. We asked care workers what they would do if they noted people's health care needs had changed. One care worker told us, "I will document it in the visit log book, notify members of the family and my manager and request for a reassessment of care needs and review of care package."

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. Care workers told us, "If people lack capacity I will document it in my log report, inform my manager and ask one of the family members to give consent." Another care worker told us, "I would identify from the care plan the person who is responsible for making informed decision for the service user and then write it in the log book that the service user doesn't have capacity." During the initial assessment process people's mental capacity had been assessed, currently only two people had been assessed as lacking capacity in being able to make certain decisions. However, their relatives had been appointed by the court of protection to make particular decisions on their behalf.

## Is the service caring?

### Our findings

During our last inspection we rated this key question 'Good'.

Relatives were happy with the staff that supported their loved ones and told us they treated them with respect and listened to what they had to say. One relative said, "The agency is doing a fantastic job." Another relative told us, "I am very happy with my son's carer" and "I give the agency 10/10."

Relatives were happy with the care workers that supported their relatives and told us they treated them with respect and listened to what they had to say. One relative told us, "The agency looks after my two relatives. The staff and the manager are amazing." Another relative told us, "The carers are great, very respectful."

People's privacy and dignity was respected and one relative told us, "My relative's privacy and dignity are maintained. This is also well covered in their records." Another relative told us, "Ten being excellent, I give the carer nine." Another relative told us, "They always make sure they cover my relative when they help him to get washed. We are also very happy how the support him around his specific routines. He has autism and routines and structure is important to him." Another relative told us, "They are all very caring and always treat [name] with dignity."

People were supported by staff who were kind and caring, knew their likes and dislikes and got to know them as a person. One relative said, "We get a regular carer. She has been with us for a very long time. My relative who has autism is very fond of her." We saw in one of the care plans that the service ensured to meet people's cultural needs. For example, one person requested to have their personal care provided in line with his cultural background. The care plan stated "[Name] likes to use a bowl for his shower." We asked the registered manager about this and he explained that the person has requested this to meet the persons cultural identity. Another relative commented, "I would recommend them as they are all so caring."

People were encouraged and supported to be as independent as they wanted to be. People's support plans guided care workers on how to ensure they were encouraged to do as much as they wanted so that they retained control. One relative told us, "The manager visited and asked questions about what [name] needed. They wanted to know what [name] could do and what they could do for [name]. We don't feel like they take over."

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

## Is the service responsive?

### Our findings

During our last inspection we rated this key question 'Good'.

We found that all people had detailed care plans in place. However, one of the care records we viewed had conflicting information. The care plan stated that the person was doubly incontinent. We asked the registered manager about this, who explained to us that the person had no continence issues. Similarly, the mental health care plan of this person stated that the person could display behaviours that challenge the service, but the person's care plan stated that the person does not present such behaviours. The registered manager explained to us that this was due to the information provided by the person's relative. We explained to the registered manager that this conflicting information may lead to care workers not addressing the person's needs fully. The registered manager advised us that he will review the person's care plan again and discussing the issue of continence and behaviours that challenge the service with the person and their family.

All other care plans we viewed were detailed and person-centred and reflected people's assessed needs. The care plans included personal information and a brief history about people's lives and why they required the support. There was detailed information about how to provide support and what people expected from the service. People could choose when to have their support and had opportunities to change the times. One relative noted in one of the feedback forms sent out by the provider, that they could change times and visits if they needed to in case of appointments or changes in personal circumstances. People who used the service and relatives were involved in the care planning processes and reviews. One relative said, "Whenever there is review for my relative the manager comes in to discuss with us if anything needs to be changed."

People were confident their concerns would be responded to and knew how to raise any concerns and make complaints if needed. One relative told us, "I run care homes across England myself. I would have raised an alarm if I suspected anything was wrong." Since our last inspection the service had not received any complaints. We viewed the complaints procedure, which was given to people during their initial assessment and was included in the service users guide. We asked care workers how they would respond to complaints. One care worker said, "If people make a complaint. I will report it in my visit log, complete the complaint form, ask the complainant to sign and give reassurance that my manager will act promptly on it and get back to them."

## Is the service well-led?

### Our findings

During our last inspection we rated this key question as Good.

Relatives and care workers described the registered manager as caring, approachable and supportive. One relative told us, "[Name] is very professional." Another relative said, "The manager is very nice. When I need anything, he is very pleasant." One care workers said, I am happy with the support given by my manager." Another care worker said, "My manager is always listening to us. One example is the payment of travel cost we now get."

The registered provider was also the registered manager at the service and they had been in post since the service opened.

The provider carried out quality assurance monitoring checks. However, these were not always fully effective. For example, we saw care plans did not always fully reflect people's needs and provided conflicting information. Not all recruitment checks, in particular DBS checks were obtained in a timely manner. Supervisions were provided, but the frequency of supervisions did not reflect the registered providers own supervision policy. We discussed this in detail with the registered manager, who reassured us that he will review the quality assurance monitoring system to ensure it will be more effective in future. Overall all feedback we received from care workers, people who used the service and relatives was positive about the quality of care provided by the service.

Care workers confirmed they worked with the registered manager every week while they supported people within their own homes. They described feeling fully supported by the registered manager and that they were always available for advice and support.

The registered manager undertook regular spot checking and monitoring visits with care workers and identified areas for development and improvement. Relatives told us the registered manager visited them regularly and always asked if they were satisfied with the service.

Care workers told us that they felt listened to by the registered manager and advised us that they had regular meetings to discuss any issues in relation to service provided by BE Wembley, records viewed during our inspection confirmed this. Comments made by care workers included, "We regularly have team meetings, review meetings, annual general meetings and they are very useful because we are able to share ideas and come up with a joint action plan," "We meet regularly as a group at least once in two months and general meetings are twice in a year (August and December). They are very useful to us" and "Anytime I am to make suggestions or a request, my manager is always receptive of what I have to say, for example introduction of a separate fitness assessment for carers of service users."

People, relatives and care workers were regularly invited to complete quality questionnaires. Recent comments had included, "Carer excellent, very punctual, they are honest and hardworking", "Excellent service" and "My carers are very reliable." All questionnaires reviewed

included positive responses and comments throughout. This meant people were encouraged to give feedback about the service they received.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The registered manager was clear of their legal obligations to notify the CQC of any significant events.

The rating following the last inspection was prominently displayed in the office of the service.