

Bradnet

Wright Watson Enterprise Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wright Watson Enterprise Centre (Bradnet) is a domiciliary care agency. It provides personal care to people in their own homes and flats. At the time of our inspection the service was providing personal care to 5 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The provider had made significant improvements since the last inspection. The changes had led to positive outcomes for people who used the service. Risks to people's health and safety were assessed and regularly reviewed. Accidents and incidents were closely monitored and there was a culture of learning lessons. Medicines were managed safely.

People received person-centred care and they felt safe and secure. They spoke positively about the care and support provided. Recruitment was managed safely, and people were supported by experienced and consistent staff. Staff received good levels of support, training, and supervision in order to be able to carry out their roles effectively. The provider valued the well-being of the staff team.

The registered manager was approachable and supportive and provided leadership to the team. The culture of the service was open and welcoming, and people were encouraged to express their views. A range of detailed audits and checks were in place to monitor and improve the safety and quality of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 March 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider made improvements to staff induction and awareness of safeguarding procedures and monitoring of accidents and incidents. At this inspection we found the

provider had acted on these recommendations and made improvements in all the areas identified.

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wright Watson Enterprise Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wright Watson Enterprise Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. An assistant inspector made telephone calls to staff.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 March 2023 and ended on 28 March 2023. We visited the location's office on 22 March 2023.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 25 January 2023 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person, 1 relative and a social care professional about their experience of the care provided. We spoke with 11 staff including the nominated individual, service lead, registered manager, care coordinators and personal assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records including 2 people's care records and medication charts. We looked at 2 staff files relating to recruitment, induction, and supervision and records relating to the management of the service including audits, policies and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and welfare were assessed, monitored, and regularly reviewed. Assessments were in place to cover risks such as mobility, nutrition, and the environment. The provider had introduced a comprehensive check list to ensure all risks relating to specific individuals were fully assessed. Where the risk was assessed as being high there was evidence of more frequent reviews.
- Where people presented with complex behaviours which could expose themselves and others to the risk of harm, plans included advice and guidance from other specialist health clinicians. There was also a detailed handover process in place so staff were up to date about any risks.
- Staff understood people's needs well and how to manage the risks. They confirmed clear records were maintained and they were updated about any changes.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider improved systems to ensure staff awareness of safeguarding was increased. Improvements had been made.

- People were protected from abuse, neglect, and poor care. People and relatives said they felt safe and trusted staff. One person said, "I like all the carers."
- Staff had received safeguarding training and understood how to report abuse.
- The provider had made safeguarding referrals where required and had good processes in place to ensure any allegations were acted upon and investigated. The provider ensured safeguarding was a regularly discussed as a topic in staff supervision and team meetings.

Learning lessons when things go wrong

At our last inspection we recommended the provider introduced a formal system to analyse accidents, incidents, and events. We found improvements had been made.

- Accidents and incidents were reported and action taken to mitigate the risk of events happening again. This included near-miss events. The registered manager had oversight of all events and had systems in place to analyse any themes and trends.
- There was a strong culture evident across the service of learning lessons when things went wrong, including concerns and complaints. The provider was able to demonstrate this through clear record keeping.

Staffing and recruitment

- Safe and consistent staffing levels were in place.
- Staff told us call times were planned and well organised. One care worker said, "There is plenty of time to talk to people, no rushing. I always ask if there is anything else needed before I leave."
- There was an electronic call monitoring system in place, this allowed for accurate timings of staff calls, which were checked daily.
- Consideration was given to matching people with staff who they were compatible. We saw feedback from one social care professional. They reported, "Bradnet [the provider] have put together a consistent staff team dedicated to [name of person's] package which has benefitted them holistically."
- Recruitment checks were in place to ensure only suitable staff were employed. Staff had a comprehensive induction and the opportunity to shadow experienced staff. Staff had regular spot checks to ensure they were carrying out their role effectively. Checks were used to improve practice but also to provide positive feedback to staff on their performance.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely.
- Detailed care plans were in place to explain why and how people took their medicines.
- Staff who supported people with their medicines received regular training and had their competency assessed.
- Weekly quality checks were carried out to ensure people were receiving their medicines. The provider told us further improvements and plans were in place to transfer to an electronic medication system when all the staff had been trained and were competent with the system.
- There were safe and effective measures in place to reduce the spread of infection. Staff completed training in infection, prevention, and control. They had access to personal protective equipment and understood when they needed to use it.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had developed robust processes to ensure the quality and safety of the service was monitored and reviewed. These included a range of audits and quality checks.
- The service was well organised and run. Records were clear and well maintained. The registered manager was supported in their role by a strong and consistent specialist and administrative team.
- The registered manager had complied with the responsibility to notify CQC about events that happened within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive and open culture where people and relationships mattered. Staff told us the registered manager was approachable and supportive.
- Records showed care was delivered in a person-centred way. Staff were clear about their roles.
- People' relatives and staff' views were regularly sought. The provider had recently conducted annual surveys. They showed high rates of satisfaction. The provider had produced an easy read summary and there was evidence they had used the responses to improve future practice.
- Staff said they were happy working at the service. One care worker said, "Working for the company is good, supportive and flexible."

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager demonstrated a commitment and desire to continually improve. This ethos was also reflected in conversations with staff who worked for the provider.
- The service worked in partnership with people, relatives and health and social care professionals. We saw examples of close and effective partnership working which had directly improved outcomes for people using the service. We saw a compliment from a social care professional which stated, "They have done an amazing job getting to know [name of person] and building a trusting and positive relationship with [name of person] as well as their family."
- The provider was proactive about fostering community links. This included working with the local college to support placements. They also had links with other health and social care agencies, and we saw evidence they signposted people and staff for support and advice where appropriate.

