

Care Wish Ltd

Care Wish Ltd

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

Care Wish Limited is registered to provide personal care to people within their own homes and in a supported living setting. On the day of the inspection 59 people were being supported.

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

People were supported safely and care staff were trained so they would ensure people were kept safe from harm. Care staff were recruited appropriately and received training to support people with their medicines as they were prescribed. The provider had sufficient care staff to support people and risks to people were identified and reviewed. People received support from care staff who followed processes in line with the provider's infection control procedures and where incidents or accidents happened trends were monitored. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were supported and went through an induction process, so they could support people appropriately.

People received support from care staff that were caring and kind. People decided when and what they had to eat and their privacy, dignity and independence was respected.

The support people received was responsive to their needs. People were communicated with in ways they could understand. Assessments and support plans were used to ensure people's support was personalised. Reviews took place regularly so where people's support needs changed care staff would be aware. The provider had a complaints process.

People received support that was well led and managed appropriately. The registered manager ensured spot checks and audits were carried out, so people would receive good quality support. People's views were gathered by way of them completing questionnaires.

Rating at last inspection

The last rating for this service was Good (Report published 31/01/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care Wish Ltd

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.

Inspection team

This 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 home and in four supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service had a manager registered with the Care Quality Commission. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we could speak with people. Inspection activity started on 17 September 2019 and ended on 17 September 2019. We visited the office location on 17 September 2019.

What we did before the inspection

Due to technical problems, the provider was not able to complete 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 took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our

inspection.

During the inspection

During the inspection we spoke with five people, two relatives, five care staff, a senior carer, the deputy manager, support manager and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, this included the records for five people being supported and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person said, "I am definitely safe". The registered manager explained how people would be kept safe and care staff could explain the actions they would take where people were at risk of harm.
- Relatives told us people were safe and they had no concerns about the safety of people.
- We found the provider's feedback as to how people were kept safe was consistent with the information they sent us in their provider information return.

Assessing risk, safety monitoring and management

- Risk assessments were used to identify risks to people and the remedial actions required to reduce or eliminate the risk.
- Care staff we spoke with confirmed risk assessments were used and they had access to them if needed in people's homes.
- We found risks to the environment where people were supported were also assessed so any risks to how people were supported could be actioned.

Staffing and recruitment

- A person said, "Staff are always on time and never late". We found there were sufficient care staff to support people and the provider had a staff monitoring system in place to reduce the chance of missed calls.
- The registered manager told us all care staff completed a Disclosure and Barring Service check and references carried out before they were appointed to support people. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. Care staff we spoke with confirmed this and we found no change from our previous inspection.

Using medicines safely

- We found systems in place to identify when people received medicines. Care staff told us they could not administer medicines unless they had received medicines training, which we confirmed. Competency checks were carried out to ensure care staff were competent in administering medicines
- We found where people received medicines 'as and when required' that clear guidance was in place, so this was carried out consistently.

Preventing and controlling infection

- A person said, "Staff do wear gloves". Care staff received training in infection control and had access to Personal Protective Equipment (PPE) which they confirmed.

Learning lessons when things go wrong

- We found accident and incident records were completed and trends monitored to reduce the amount of accidents and incidents. Care staff confirmed this.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same '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

- The registered manager explained how people's support needs were accessed so they could be assured they could support them. Where there were concerns these would be report back to whoever commissioned the service.
- A person said, "I was involved in the assessment and I have a copy". Care staff told us they could access assessments whenever they needed as there was a copy in people's homes. We found that people's preferences, likes and dislikes and interests were identified within the assessment.

Staff support: induction, training, skills and experience

- A care staff member said, "We do feel supported and managers do and have left the office to offer us support". We found that care staff received supervision, appraisals and attended weekly staff meetings, which care staff confirmed.
- Care staff told us they attended an induction which involved completing the care Certificate. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. Staff confirmed they shadowed more experienced care staff as part of the induction process. A relative said, "Staff do know what they are doing and have the skills to support him [person receiving the service]".
- The registered manager told us all care staff went through regular and thorough training and we were able to confirm this from the training records we looked at. Care staff who worked in a supported living setting had access to further training so they were able to support people whose behaviour challenged.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- We found the provider worked with several agencies to support people as they needed. For example, where people were at risk of choking the SALT team (Speech and Language Therapists) supported care staff with training to enhance their knowledge to ensure they could manage people appropriately to eat and drink.
- Where people needed support to access healthcare services we saw that hospital passports were in use in the supported living setting and where people were supported outside of this environment in their own homes care staff ensured the right support was sought in an emergency. For example, where people were unwell they would liaise with people's doctors or contact paramedics.

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

- A person said, "I am able to eat and drink what I want". We found where people were supported by care

staff to prepare meals, people maintained a balanced diet.

- A relative told us care staff supported people to prepare meals and ensured they had enough to eat and drink. Care staff told us they received training in food hygiene, nutrition and where people were at risk of choking, so they would have the right skills to support people.

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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA and found conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Care staff told us they had received training in the MCA and could explain the principles. Care staff knew who within the service was having their liberty restricted and who had a court of protection order in place.
- People who did not lack capacity told us their consent was sought before care staff supported them and we saw that people's written consent was also sought.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same '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

- A person said, "The staff are kind, caring and trustworthy". A relative said, "The staff are kind, caring and supportive. They work in a manner that shows they are skilful".
- The Equality Act 2010 was known by the registered manager and care staff and they could demonstrate how people were supported in line with the act. For example, we saw where people's culture, sexuality and preferences were promoted and respected in the way people were supported.

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

- A person said, "Staff listen to me and I always decide how I am supported". We found from what relatives told us that care staff encouraged people to make decision as to how they were supported. For example, care staff consistently asked people where they were supported out of bed whether they wanted extra time in bed and they would support people based on what they decided.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that people's privacy and dignity was respected. A person said, "Staff do respect my dignity and privacy they knock before entering my room and they always cover me when they support me to shower".
- Care staff told us they had received training in promoting people privacy, dignity and independence, which we confirmed. This was consistent with the information the provider sent us in their provider information return. Care staff could explain how they promoted people's privacy, dignity and independence. For example, people were encouraged to do as much as they could and we found examples where people's independence improved.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same '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

- We found support plans were used to identify the support people needed and how it would be delivered. We found advanced support plans were also in use to support people to make advanced decisions. A person said, "I have got a copy of my support plan and reviews". Care staff we spoke with confirmed these documents were in place.
- A relative told us that reviews did take place and we could confirm this from people's care records.

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.

- People received communication in a format they could understand. This was in line with their assessed needs and the Equality Act. We found the provider made available information in a range of formats, so people could understand it. Where a hospital or communication passport was in use we saw that these were developed with people and incorporated picture formats to support them understand information. However, the registered manager and care staff were not aware of the AIS. The registered manager told us they would find out more information about the legislation and go through it at the next staff meetings, so all staff would be aware of the legislation.

Improving care quality in response to complaints or concerns

- The provider had a complaints process which people were made aware of. We found that this was covered in the service users guide. A person said, "I would contact the office if I had a complaint, but I have never had to". We found where people did raise concerns they told us the provider acted swiftly to resolve their concerns.

End of life care and support

- The provider told us they were not currently providing anyone with end of life care but were currently arranging training for all staff, so they could develop the appropriate support for people at the end of their life. Information was being gathered as part of the assessment process on people's preferences.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same '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

- The support people received was personalised and people told us the service was as they wanted and well led. A person said, "The staff are fantastic and the service is well led".
- People could visit the office whenever they wanted and we saw people who visited the office during the inspection site visit talking and relaxed around office staff. This showed an open and inclusive culture.
- People we spoke with in the office told us they were happy with the service and staff were nice towards them.

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 registered manager demonstrated they understood their responsibility and we found how they handled concerns within the service that they were open and honest with people and made positive changes to how people were supported as required where they needed to.

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

- We found the registered manager understood the importance of spot checks and audits and ensured these were carried out regularly. We found where concerns were identified with how medicine administration records were completed that action was taken to identify care staff and ensure they received the appropriate support including training. Care staff confirmed these checks took place. A person said, "Spot checks do happen".
- Care staff told us there was a whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- We found the registered manager had a clear management structure in place to support people and care staff and communicate with them at a level they could understand.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used questionnaire to gather people's views on the service. A person said, "I have received questionnaires and I completed it". We found the provider ensured people received feedback on any actions to improve the service resulting from the information gathered by way of questionnaires.
- The provider used newsletters to share information with people and their relatives.

Continuous learning and improving care

- The provider ensured care staff receive continuous training, so they would have the skills and knowledge to support people appropriately. For example, the provider ensured where appropriate, training was offered to staff on a face to face basis, so they had the opportunity to ask questions for clarity. This ensured they would have the necessary understanding and relevant knowledge to support people.

Working in partnership with others

- We found the provider worked closely with several professional as part of ensuring people received the support they needed. For example, mental health professionals and nurses. A professional told us the service was well managed and the support people received was person centred.