

Wyville Home Care Services Limited

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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

Wyville Home Care Services Limited is a domiciliary care service. The service provides care and support to people living in their own homes. At the time of the inspection there were 7 people using the service.

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 considered any wider social care provided.

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

People's safety was promoted. People felt safe with the staff and were happy with the care and support they provided which met their needs.

Potential risks to people's safety had been assessed, managed and was regularly reviewed. People supported people with their medicines safely.

People's dietary needs were met. People had access to health care services when needed and partnership working enabled effective outcomes for people.

Staff recruitment processes were followed. System were in place to ensures staff were fully trained in their role to meet people's needs and protect them from avoidable harm. Staff had completed safeguarding training and recognised the signs of abuse and knew how to report concerns of potential abuse or poor practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by reliable, kind and caring staff who they trusted. People received care and support from a small group of staff, which provided consistency.

People received person centred care. Individual decisions made about how they wished to be cared for were reflected in their care plans. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their lifestyle and diverse culture.

The service did have a registered manager registered with Care Quality Commission (CQC).

Everyone we spoke with told us the registered manager was approachable and they were confident concerns would be addressed. The registered manager had systems in place to monitor and improve the quality and safety of the service provided. People's views about the service were sought individually and through surveys.

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

Rating at last inspection

This service was registered with us on 2nd September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

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

Wyville Home Care Services Limited

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 and a second inspector made calls to relatives after the office site inspection.

Service and service type

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

The service had a registered 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be the registered manager and care staff to speak with us.

Inspection activity started on 4th May 2021 and ended on 10th May 2021. We visited the office location on 5th May 2021.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We attempted to speak to two people who use the service. We spoke with four relatives about their experience of the care provided. We spoke with four members of staff, including the registered manager, care co-ordinator and two care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and compliments were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's wellbeing and safety was promoted. Relatives told us their family member felt safe with the staff and the care provided. A relative said, "The staff seem well trained and know what they are doing. Another relative told us, "No concerns over safety".
- There were policies and systems in place to protect people from abuse. The registered manager understood their responsibility and how to report safeguarding concerns to the local safeguarding authority and the Care Quality Commission.
- Staff were trained in topics related to safeguarding people from abuse and health and safety. Staff knew what to do and to whom to report to if they had any concerns about people's safety. A care worker said, "We make sure people's houses are safe and they have access to food. We make observations and alert the manager or others when necessary. We have flagged when people have needed more care to keep themselves safe".

Assessing risk, safety monitoring and management

- Potential risks to people's safety and the home environment in which they would be supported had been assessed. Care plans and risk assessments provided staff with guidance as to how to support people, the number of staff required and the equipment to be used.
- People were happy with how risks were managed. Risks were monitored and reviewed regularly to keep people safe. A relative told us their family member was supported by care staff who were trained and knew what they were doing with regards to managing their relative's health condition.
- A care worker said, "We read and know the care plans. We have completed risk assessments which are regularly reviewed or updated if any changes occur. Any concerns, we discuss with the person, their relative or friend if appropriate and discuss with [the registered manager]".

Staffing and recruitment

- Staff were recruited safely in line with their procedure. Staff records contained a full employment history and evidence of satisfactory references and a Disclosure and Barring Service check.
- Staff spoke about the training completed as part of their induction. This included working alongside experienced staff until they were confident and competent to support people.
- There were enough staff to support people. People were offered rotas, so they knew which staff care worker to expect. People described staff to be reliable and said they stayed for the agreed length of the visit. A relative said, "The staff always turn up on time, only on a very rare occasion when there may have been another emergency, but they always let me know if they are running late." Another relative told us, "Staff are brilliant".

- Staff told us they had enough time to provide the care people needed. Any changes to the rotas were communicated to staff and people in a timely way. Staff punctuality was monitored by the registered manager using the electronic system, so action could be taken.

Using medicines safely

- People were supported with their medicines when needed and this was done safely. Care plans provided clear guidance for staff to follow as to the level of support needed.
- People's medication records were regularly audited by the registered manager, who responded appropriately when there were errors, or something went wrong with medicines, for example, checking if a care worker had understood the codes they had used on the records, to minimise the risk of future problems.
- People were supported by staff trained in the safe management of medicines and had their competency checked regularly. Staff described the correct procedure when supporting people with their medicines and the action they would take if a person declined to take their medication. This enabled the registered manager to monitor people's health, and if required review their care needs and risks in relation to maintaining good health.

Preventing and controlling infection

- The infection prevention and control policy and procedure had been updated which took account of the COVID-19 pandemic. Staff had undertaken additional training in relation to COVID-19 and were aware of their responsibilities and actions taken to protect people from the spread of infection. Staff had enough supply of PPE and accessed regular COVID-19 testing.
- People were informed about the measures taken by the service in response to the COVID-19 pandemic and the requirement for staff to use additional personal protective equipment (PPE), such as face masks.
- Everyone we spoke with said all staff wore PPE, washed their hands and cleaned surfaces to reduce the risk of cross infection. A relative said, "Staff were straight on it, which was very reassuring. Wearing PPE, washing hands, using hand sanitizer etc. I feel the company was very proactive, which put my mind at rest."
- The registered manager had completed a COVID-19 contingency plan for the service, the people it supported and the care workers. This outlined the arrangements to ensure essential care continued to be provided based on people's individual needs.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the management team were open and shared learning from incidents with them, such revised measures to reduce risks to people and additional staff training.

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.

This is the first inspection for this registered service. This key question has been rated 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

- People and their relatives were involved in the process to identify their care needs and in the development of the care plan. The registered manager used this information to ensure staff had the skills and understood how people wished to be cared for.
- The registered manager said, "This starts with the client enquiry form, ensuring we collect enough information to be able to provide the care for them that meets their requirements. We then book a consultation, where we gain all information to be able to form a personal care plan".
- Assessments were completed in line with good practice guidance. For example, using pressure care and falls risk assessment tools. All aspects of a person's needs were considered, including characteristics under the Equality Act such as age and cultural needs.

Staff support: induction, training, skills and experience

- Staff completed induction and essential training for their role and worked alongside experienced care staff to gain practical experience. Staff who had not worked in care were required to complete the care certificate. This provides staff with basic knowledge and skills needed to provide safe care.
- Training information showed staff had completed training in topics related to health and safety and promoting person-centred care. Additional training was provided to the staff who supported a person with a Stoma. Health care professionals provided additional training. Staff competency was assessed where they supported people with specific health care needs.
- Staff felt they were well supported, had regular supervisions and attended meetings. A care worker said, "[The registered manager] has the heart of the company and they invest in us staff. That's what does make it special. [The registered manager] knows the clients and the care givers".

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

- People were encouraged to get involved in decisions made about what they wanted to eat and drink. A relative told us, "Staff prepare the breakfast and lunch, staff will take out a ready meal out of the freezer for [my relative] in the morning. [My relative] puts it in the oven, so staff can take it out and serve it to them on the evening call. [My relative] has a good variety of foods meat, fish etc. [The staff] have the timings just right, and have a good system going on."
- Where people needed support their care plans described their dietary needs and the level of support required. A carer worker told us how they made sure foods were toasted so it was safe to swallow for a person who had trouble with chewing.
- Staff told us, and records showed they were trained in food hygiene and had a good insight about people's food preferences, including using small plates to help encourage a person to eat.

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

- People were supported to lead healthier lives and accessed health care services when needed. Everyone was confident staff were vigilant and would act quickly if they had any concerns about people's health.
- The service worked closely with several health care professionals. Care plans provided clear guidance for staff to follow which included instructions provided by health care professionals. A relative told us their family member's ongoing health needs were met, as communication between the care staff and external health care professionals was good.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was working within the principles of the MCA. Staff were trained in this area. They gave examples of how they encouraged people to be fully involved in decisions made about all aspects of their care.
- People's ability to make informed decisions had been assessed or in the process of being assessed. Where people had a lasting Power of Attorney, [another person legally authorised to make decisions on their behalf] this was clearly documented in their care plans.
- A relative told us care staff would often have to remind their loved one to use their walking frame due to their health condition which fluctuated.

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.

This is the first inspection for this registered service. This key question has been rated 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

- Relatives told us staff were kind and caring towards their loved ones. Comments included, "Staff always treat [my relative] with respect and respect [their] choices. Staff are very friendly and caring". And "The staff have made a big difference, [my relative] is now much brighter. The support [they] are receiving is really doing [them] good."
- Staff were knowledgeable about people's preferences, routines and gave examples of how they promoted and respected the things that were important to them. This indicated staff had developed caring relationships with people they looked after.
- Relatives told us about their loved ones needs and wishes in relation to their values and culture. Care plans contained information about people's beliefs and their close relationships.

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

- People and their relatives were involved in the planning of their care. Decisions made about people's care and their preferences were recorded and reviewed regularly.
- People were supported by a small team of care workers who they felt comfortable with. A relative said, "[The registered manager] keeps in regular contact with us. We're so happy and feel very lucky to have found this service."
- Staff told us they had enough time to meet people's needs. They talked with people to make sure they had everything they needed. Staff worked flexibly when required so people could attend health appointments.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff treated their loved one with respect and maintained their privacy and dignity. A relative said, "I have observed staff respect [my relatives] wishes, and [the staff] maintain [my relatives] dignity."
- Staff described how they protected people's privacy and dignity, for example, by closing the curtains and doors and knocking on doors before entering.
- People's independence was promoted, and their care plans reflected what they were able to do for themselves. Inspectors noted a number of compliment letters from people receiving care. One person had written to the registered manager, "When my [relative] first told me [they] had asked for help, I was a bit annoyed, thinking I would be taken over in my own house. But I was wrong, since you and your carers have started coming every day, I now look forward to seeing them. I cannot get over how much seeing them has changed me. You have brought an old [person] back to live a bit longer."
- People's personal information was kept secure. Staff understood the importance of maintaining electronic and paper records securely. All electronic records were password protected and access was restricted to the named individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this registered service. This key question has been rated 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

- People received personalised care and support specific to their needs. People were involved in the development of their care plans. This enabled people to express their choice and control as to how they wished to be cared for and their preferences. Records also demonstrated other health and social care professionals were involved.
- The registered manager promoted person centred care in the service. People shared examples which included making breakfast together in a family and setting a routine for the person to follow. Also care staff regularly cut fresh flowers from a person's garden and placed them inside for the person's temple.
- The registered manager and the care workers had a good understanding of people's care, social and cultural needs. Care plans were kept up to date and changes to people's needs was communicated to staff via the alerts on the electronic care monitoring system and, if required, by telephone.

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's communication needs were considered as part of their assessment and their care plans described the level of support required. For example, the best way for staff to present information.
- Relatives told us staff communicated well and effectively with their family member. For instance, care workers wrote in a book that is left on the table, at the request of the family, in addition to the electronic monitoring staff completed to document the care call.
- The registered manager was able to make information available in a range of formats including electronic records and large font. They trialled different versions with people to see which one's they get on better with. Then provided information in that format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain meaningful relationships with family and friends.
- Relatives told us carer staff had good insight about people's lifestyles, cultural needs and interests.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.

- Everyone we spoke with knew how to complain if they needed to and were confident, they would be listened to. One relative said, "We have had no complaints, but would contact [the registered manager] if we did." Another relative told us, "We have no complaints, only praise for the excellent work they do."

End of life care and support

- At the time of the inspection, no one was being supported with end of life care and palliative care needs.
- The registered manager had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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.

This is the first inspection for this registered service. This key question has been rated 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 registered manager and care staff were motivated and compassionate about providing person-centred care and support for people. We saw evidence of acts of kindness by care staff and the registered manager. One care worker said, "I love to provide care to someone, it is something about the role that makes you feel warm and fuzzy inside. I really lovely working in this team."
- The registered manager valued and recognised staff contributions. Staff and relatives praised the registered manager who had rewarded the staff for their commitment and contribution to ensure people continued to be cared for safely during this pandemic. A relative said, "[The registered manager] is very helpful, thoughtful and caring. I have regular contact with them, and they will call me up to check if I am okay."

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 understood their role and responsibilities. Notifiable incidents had been reported to CQC and other agencies such as the local safeguarding authority.
- The duty of candour requires the provider to be open and honest with people when things go wrong with their care, giving people support and providing truthful information and a written apology. The registered manager understood this duty.

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

- The service had a manager registered with Care Quality Commission (CQC).
- The registered manager understood their legal obligations and had notified CQC about events that were required to do so by law. The registered manager understood the requirement to display the inspection rating and report when published on their website and within the service.
- The care staff were clear about their role and responsibilities and felt well supported by the registered manager. Everyone expressed confidence in how the service was managed. Comments included, "Really good, flow of information and the staff support each other". And "Very happy with the service. Would recommend to others. Small service very friendly staff. They retain the care staff, always the same staff team attend the calls."
- The quality of the care being provided to people was monitored. Regular audits had been carried out on people's care records. Unannounced spot checks were carried out on staff to ensure their training was

followed to meet people's needs. Arrangements were in place to ensure staff training was up to date. Staff received feedback on their performance and were kept informed of changes and updates through various meetings and communication.

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

- People remained at the centre of their care. Their views about their care were sought during review meetings and through surveys. The latest survey results from people and staff showed high rates of satisfaction. The registered manager phoned people regularly during the pandemic and provided additional support when needed. Staff were encouraged to make suggestions to help improve the quality of care people received. These had been acted on.
- People, relatives and staff all said communication with the registered manager was good. A relative said, "I keep in touch with [the registered manager] about any changes to [my relatives] care, so all the staff know. I will text [the registered manager] perhaps once a week." A carer worker said, "The registered manager has always been very open, and they have listened to ideas I have had. Makes you feel much more valued."

Continuous learning and improving care

- The registered manager's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The business continuity plan took account of the COVID-19 pandemic to ensure people continued to receive the care they needed.
- There was evidence of learning from incidents and improvements made with communication and partnerships with health care professionals. The registered manager had commissioned an external provider to conduct a quality audit on the service. This had been delayed due to COVID-19, though the registered manager was keen to have this carried out once it was safe to do so, to aid their learning.
- The registered manager had invested in the service - the service used an electronic care management system for care records and a care monitoring system for staff to use when recording care calls. These systems enabled the registered manager to monitor effectively and identify trends so action can be taken promptly.

Working in partnership with others

- The registered manager was in the process of developing links with the local authority care forums and worked in partnership with health and social care professionals to ensure people's needs were met.
- The registered manager and care staff had developed good working relationships with health professionals and the local authority and worked to implement any recommendations they made.
- Professionals had complimented the registered manager and care workers on the care they had given to people and the positive impact this was having. One adult social care worker from the local authority had contacted the registered manager and feedback, "The support that [they] has received has bene very empowering and enabled [them] to maximise [their] independence. It's very refreshing to work with a home care provider that works with service users in such an empowering and [person] centred way."