

Edith Healthcare Wolverhampton Limited

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Inspection report

S2 Regent House
Bath Avenue
Wolverhampton
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Edith Healthcare Wolverhampton Limited provides personal care to older people living in their own homes. There were 29 people using the service at the time of our inspection.

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

There was no system in place to monitor the calls people received including the times of these. People and relatives raised concerns to us about this. People's medicines were not individually recorded on records. The systems in place had not identified these concerns.

People were not always supported by regular care staff and they were not always aware of who would be offering the support. People and relatives raised concerns that staff did not always know how to support them.

Individual risks to people were considered. People were protected from potential harm when concerns had been identified. Infection control procedures were followed. 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. There was some evidence that lessons were learnt when things went wrong.

People received support from staff who had received training. Staff's suitability to work with people in their homes was checked before they started employment.

People were happy with the staff that supported them and found them to be caring. People's privacy and dignity was considered and maintained. They were encouraged to make choices and remain independent.

People's preferences including their likes and dislikes, were considered, and they received support based on these needs. People's communication was considered. There was a complaint policy in place, which was followed when needed.

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 26 June 2020 and this is the first inspection.

Why we inspected

We received concerns in relation to the care people received, including the timing and length of calls. As a result, we carried out a comprehensive inspection. We have found evidence that the provider needs to make improvements.

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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Edith Healthcare Wolverhampton

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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 September 2022 and ended on 9 September 2022. We visited the location's

office on 7 September 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us, including notifications the provider had sent to us. We also gathered feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. 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. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with eight people and seven relatives. We also spoke with the registered manager, deputy manager and four care staff. We looked at the care records for six people. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within service.

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 since this service has been registered with us. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and relatives raised concerns around the duration of their calls and their calls being on time. One person said, "They come twice a day, but they can be a bit late, we won't mention this morning. They usually come about 9.25 but it was 11am before they came, no they didn't ring, usually they do, but they are so busy, poor things." A relative told us, "Well it's alright but it could be better, they come four times a day, they should be here 45 minutes in the morning but that's just usually half an hour if you're lucky."
- The registered manager acknowledged over the past few months there had been some issues with staffing, the registered manager had worked to rectify this and felt going forward this had now been resolved.
- The records we reviewed identified people had received calls when needed. The registered manager was aware of issues with how it was currently recorded and was implementing a new system to ensure this was more accurate.
- Staff told us, and we saw they had received the relevant pre employment checks before they could start working in people's homes.

Using medicines safely

- Medicines were managed safely. We received mixed views with how medicines were administered. Some people were happy with this whereas other people's relatives felt this could improve. Some people's relatives felt the medicines administration records (MAR) were not always signed correctly to show when people had received these. However, records we reviewed showed us people had received the support they required with administering medicines. The registered manager told us when they found gaps in records, they spoke with the staff member to see if the medicines had been administered. There was no evidence that people did not receive medicines when needed. The audits we reviewed showed people had the correct amount of medicines in place.
- People's MAR did not record individual medicines for people as these were stored in blister packs ready for administration. This is not in line with best practice to record medicines separately. The registered manager took immediate action to address this during our inspection and update people's MAR charts.
- Staff told us, and we saw they had received training and their competency was checked before they could administer medicines to ensure they were safe to do so.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. When needed, incidents had been reported to the safeguarding team so they could ensure the correct action had been taken.

- Staff had received training and understood when people may be at risk of harm. Staff were able to demonstrate an understanding of this to us.

Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "Oh yes I have no concerns there."
- Risks to people's individual needs were assessed, monitored and reviewed. When incidents or changes had occurred, plans were updated to reflect this.
- People's environmental risks had also been considered to ensure staff had the relevant information to keep themselves and people safe.

Preventing and controlling infection

- People and relatives raised no concerns around staff practice in relation to infection control. They confirmed staff wore personal protective equipment (PPE). One person said, "They do wear their gloves and masks."
- Staff had received training and there were infection control procedures in place.

Learning lessons when things go wrong

- The registered manager was able to demonstrate lessons had been learnt when things went wrong. They talked us through the action that had been taken following a safeguarding incident, this included new procedures they had put into place and how they had shared this with staff during a meeting.
- When accidents or incidents occurred, these were also reviewed to see if anything could be done differently if they reoccurred.

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 since this service has been registered with us. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received training and an induction to support people. One staff member said, "I have all up to date training, it is good it helps me to support the people I care for. "
- There was an induction process in place for new starters, this included shadowing more experienced staff and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. This included people's gender, culture and religion.
- People's health needs were also assessed and considered, to ensure people received support inline with best practice.
- Records showed people and those important to them were involved throughout the process.

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

- People's dietary and nutritional needs had been assessed; when people had specific needs care plans and risk assessments were in place to ensure staff had the necessary guidance to support people safely.
- Where needed, staff supported people at mealtimes and with eating and drinking.

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

- People's health needs were monitored. The registered manager was able to tell us when they would refer people to other health professionals for support. There was no one currently being supported by other health professionals.
- People's oral health care was considered and there were plans in place identifying the levels of support they needed.

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 MCA 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.

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. We checked whether the service was working within the principles of the MCA.

- All people supported had the capacity to make their own decisions.
- The registered manager and staff had received training in this area and were able to demonstrate a verbal understanding.

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 since this service has been registered with us. 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

- People and relatives were happy with the staff that supported them. One person said, "They are all very nice to me." A relative told us, "So caring and kind, they are very good to (relative)."
- Staff were able to tell us about people, including the levels of support they needed and their preferences.

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

- People's care plans reflected their preferences and choices and how these were made.
- Staff told us they offered people choices when offering support. One staff member said, "I always like to ask people if they are ready to get up, or do the task I am there to do, sometimes people like to have their breakfast first and then get up, they should always choose."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they would support people. One staff member said, "I knock on the door and wait for them to answer." Another staff member said, "We close the curtains whilst supporting people."
- Staff told us how they encouraged people to do tasks for themselves.
- Records we reviewed reflected the levels of support people needed.

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 since this service has been registered with us. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although staff had received training, people and relatives raised concerns as staff did not always know how to support people. One person said, "Well they don't know what to do, but I am still able to explain to them about what they have to do but then they do it alright." A relative commented, "I shouldn't have to keep reminding them what to do."
- We spoke with the registered manager who was aware of this concern and working with staff to ensure staff had the information available to support people. This did not place people at risk of harm as people received the care they needed.
- People and relatives raised concerns as they did not always have regular care staff and did not always know who was attending calls. One person said, "It's all different ones, all ladies, I used to have regular ones but not anymore and that was nice, it's all different ones now and I don't know who is coming." A relative told us, "We used to have regular carers which was great, I do understand that there is a shortage of carers, but it is all different ones now and a lot of new ones."
- The registered manager told us they were working to ensure where possible people had regular carers. They told us they had introduced a rota that could be sent to people and relatives so they knew who would be coming in advance and at what time. The registered manager had started to send this out to some people however told us they would introduce this with all people.
- People and relatives told us they had been involved with initial reviews for people. One person said, "They did come and see me at the start and asked me what I wanted, I haven't seen anyone since then, but they do ring me from time to time." The registered manager told us they were in the process of arranging reviews for people and these would be done alongside families where appropriate.
- People had care plans which considered their preferences. For example, one person preferred only female carers due to their religion. The provider and records confirmed this preference was adhered to.

Improving care quality in response to complaints or concerns

- We received mixed views on how people and relatives felt complaints were dealt with. A relative told us, "I complained about all these different carers and the manager came out to see me, she did listen to what I had to say and she explained about sickness and holidays so that's how it had to be at the moment but she is going to come back in six weeks to check with me and see if I am happy, so I was pleased with that." Another person said, "I am not happy with how they respond to things. I just wish (management) would listen to you."
- People and relatives felt able to and knew how to complain. There was a complaints policy in place.
- When complaints had been made the provider had investigated and recorded how they had responded to these. This was in line with their procedures.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard was considered. The registered manager and staff were aware of this.
- People's communication had been considered and assessed. There were plans in place identifying how people communicated.

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 encouraged with their hobbies and interests.
- Staff told us, and people confirmed, they ensured they were comfortable before leaving the call.

End of life care and support

- There was no one currently who was being supported with end of life care. The provider was able to tell us how they would support people during these times.

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 since this service has been registered with us. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- When audits had been completed, they were not always effective in identifying areas of improvement. For example, the medicines audit had not identified medicines were not individually recorded.
- Although the registered manager was aware of concerns with time keeping and call times, there was no audit currently in place. The registered manager had arranged training with the electronic system they used to ensure they could monitor call times more closely. They were in the process of introducing new procedures so that staff could contact people and relatives should they be late.
- Other audits had identified where areas of improvement were needed. For example, we saw audits on staff files and care files which identified where information was inaccurate or out of date. The registered manager had then taken action.
- The registered manager had notified us about events that had happened within the service when they had identified these.
- Staff understood their roles and responsibilities and there were clear lines of delegation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed views from people and relatives about the service they received. One person said, "It has got worse. I can't get hold of them." A relative told us, "Well it has been marvellous it really has."
- The registered manager told us they had taken on board the views of people and their relatives and they would look into their concerns.
- Staff worked closely with people and their relatives to ensure good outcomes were achieved.

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

- Feedback was sought from people who used the service, in the form of surveys or reviews. Where areas of improvement had been suggested the registered manager was using this information to make changes throughout the service. For example, where people had suggested improvements to the rota so they were aware which staff member would be attending.
- Staff attended supervisions and team meetings so that they could share their views. They felt involved with the company and that they were listened to.

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

- Duty of candour requirements were understood and met by the registered manager, when they were identifying concerns.
- When incidents or areas of concern had happened in the service, the registered manager was open and honest and had shared this information with people, relatives and staff.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.