

Wilnash Care Limited

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Inspection report

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Date of inspection visit:

24 December 2019

03 January 2020

06 January 2020

16 January 2020

22 January 2020

21 February 2020

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30 June 2020

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

Wilnash Care Limited is a domiciliary care agency providing personal care to people living in their own homes and flats. At the time of our inspection the service was providing care and support to 27 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

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and they had received training. There were systems in place to safeguard people from the risk of possible harm. The service had robust recruitment procedures in place.

People's needs had been assessed and they had been involved in planning their care and deciding how their care was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed regularly. Staff were knowledgeable about the people they were supporting and provided personalised care.

Medicines were being managed well and staff followed good infection control practices.

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 a positive culture throughout the service. Staff told us, they enjoyed working there and they were well supported by the management team. Staff felt valued and were committed to the people they were supporting.

There was positive leadership at the service and people and staff spoke highly of the registered manager. Senior staff were committed to ensuring people received quality care and there were quality assurance systems in place to monitor all aspects of the service.

People told us they felt listened to. No formal complaints had been raised at the service; however, there was a procedure in place should any concerns be raised.

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

Rating at last inspection

The last rating for this service was Good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Wilnash Care 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

The inspection was completed by one inspector.

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 manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or a member of senior staff would be in the office to support the inspection.

Inspection activity started on 24 December 2019 and ended on 21 February 2020. We visited the office location on 6 January 2020.

What we did before the inspection

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. 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.

During the inspection

We spoke with three people who used the service about their experience of the care provided and received feedback from relatives. We spoke with five members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures 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.

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

Systems and processes to safeguard people from the risk of abuse

- People told us that they had no concerns and felt safe receiving care and support from the service. One person told us, "I feel completely safe with all the staff. They do a wonderful job."
- Staff had a good understanding of what to do to help make sure people were protected from harm and how to raise an alert or any concerns they may have had. They told us they had received safeguarding training and records confirmed this.
- The provider had policies in place to keep people safe, such as safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- Risks to people were assessed at the start of their care package and reviewed on a regular basis or whenever there was a change in their needs.
- Assessments were detailed and clearly identified the risks and the guidance for staff on how to reduce and mitigate any risk of harm.
- An environmental safety risk assessment was also completed to ensure staff were working safely in people's homes. This included assessments of possible risks from the premises, access requirements, security, equipment and infection control hazards.

Staffing and recruitment

- The service had enough staff to meet people's needs and to manage changes to the services required.
- People had continuity of care. Staff we spoke with told us that they thought there were enough team members to provide the care required and they visited the same people on a regular basis.
- There were effective recruitment and selection procedures in place. The provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all staff.

Using medicines safely

- People were encouraged to manage their own medicines where this was possible. For those who needed support, the exact tasks to be completed were recorded in their care plan following an assessment.
- Medicines were only administered by staff who had been trained and assessed as competent to do so.
- Medicine Administration Records were returned to the office and audited regularly. Where mistakes were identified, these were followed up with staff and records kept of action taken.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment such as gloves and aprons.
- Senior members of staff monitored care staff's compliance with infection control policies and procedures as part of their spot checks.

Learning lessons when things go wrong

- The service had a proactive culture of learning. The registered manager consistently sought feedback from people and relatives to ensure they were satisfied with their care and took action to remedy any concerns raised.

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. 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 were always encouraged to make their own choices and those we spoke with confirmed this. One person told us, "From the beginning, it's always been about me and what I need."
- People's personal care needs and preferences were assessed and recorded in an appropriate level of detail for their needs. This included information about people's preferred routine and important details such as skin care and nutritional needs.
- People consistently told us they received effective care and support from staff who knew how they liked things done.
- Staff were delivering care in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- A comprehensive induction was completed by all staff when they commenced employment with the service.
- Staff were trained and confident in their abilities. They told us they felt supported in their role and had regular supervision and observation in their care visits by a senior member of staff.
- The training matrix identified when training considered mandatory by the provider required updating and showed staff training was up to date.

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

- People were supported by care staff to have enough food and drink where this was identified as a care and support need. The level of support the person required was detailed in their plan of care.
- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from health professionals such as Speech and Language Therapy (SALT).

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

- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.
- The service worked well with other organisations. Care plans and records showed effective liaison with other health and social care professionals and other care services.
- People were supported to access community services and attend appointments where 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 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.

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.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff we spoke with understood their responsibilities regarding the MCA.

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. 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 described staff as being kind, caring, helpful and attentive. One person told us, "They all go above and beyond, so caring and kind to me."
- Relatives consistently praised the caring attitude of the staff and made comments such as, "all the carers are excellent" and "every carer is warm, friendly and loving. Way beyond my expectations."
- People's diverse needs, including religion, culture and language, were assessed and included in their care plan appropriately.
- Staff were passionate about providing good care and spoke of the people they supported with warmth and kindness.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- People felt comfortable expressing their views and felt involved in decisions about their day to day care and support. They told us that staff treated them with respect and promoted their dignity.
- There was regular communication between the office and people, and people were encouraged to express their views. This information was used to develop individual support plans, where appropriate, and how the service delivered care. One person told us, "Everyone is friendly and supportive, always in contact with me or I can contact them."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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. 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 a personalised service that met their care and support needs as agreed with them at assessment or review. Their care plans included a background history of the person, communication needs, mobility needs, nutritional support and health conditions.
- Staff had a good knowledge of the needs and preferences of the people they visited.
- The service involved people and their advocates in planning their care, drawing up their plans and reviewing them.

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 assessed in line with the AIS and recorded in their support plans.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.

Improving care quality in response to complaints or concerns

- People knew how to complain if they needed to and felt confident they would be listened to.
- A complaints policy and procedure was in place. At the time of inspection, no recent complaints had been made. The system in place ensured that all complaints would be recorded and responded to promptly.
- The registered manager was responsive to feedback and this was echoed in the comments we received from people.

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

- People were at the centre of the service's values and their commitment to provide a quality service.
- The agency's culture was open, honest and positive Staff felt engaged in the service and were committed to ensuring people received individualised care and achieved good outcomes for them. They told us they felt supported by the registered manager and enjoyed their work.
- The office communicated well with people, relatives and staff.

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 was fully aware of their responsibilities under the duty of candour. They understood the importance of honesty and transparency, when investigating something that went wrong.
- The registered manager understood their responsibilities around notifying the CQC and had submitted all the required notifications.

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

- There was a clear management structure within the service. The registered manager was visible and provided clear and direct leadership.
- The service had a culture of learning and improvement, and there were quality assurance systems in place. This included regular quality checks with people, satisfaction calls and audits of all the service's records. A recent satisfaction survey has been undertaken and the results seen were positive.
- Detailed records were kept throughout the service.

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and other records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals.