

Wilberforce Healthcare UK Limited

Wilberforce Healthcare UK Limited

Inspection report

Louis Pearlman Centre
94 Goulton Street
Hull
North Humberside
HU3 4DL

Tel: 01482216950






Date of inspection visit:
30 May 2018
05 June 2018

Date of publication:
20 July 2018

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

The inspection took place on 30 May and 5 June 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults and younger disabled adults.

At the time of our inspection 24 people were receiving a service. However, only 15 people were receiving a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, we rated the service as 'Requires Improvement'. During this inspection, we found the service continued to be 'Requires Improvement'.

At this comprehensive inspection, we saw people who used the service were protected from abuse and avoidable harm, by staff who knew how to keep people safe. However, risks were not always identified and recorded clearly in people's care plans. This meant staff did not always have access to guidance about risks and ways these could be minimised. Risks in people's environments were identified and responded to and infection and prevention control practices were in place to keep people safe from the spread of infection.

Care plans were not always person-centred and reviews of people's care were not always recorded. Although staff were aware of changes to people's needs and how to support them in line with their preferences, care plans and risk assessments were not always updated in a timely manner to reflect these changes. We made a recommendation about ensuring care plans were more person-centred.

Systems and process were not effective in identifying shortfalls and had not been successful in improving the quality and safety of the service. We saw that the potential to identify shortfalls was missed. The registered manager did not have oversight of accidents and incidents, so patterns and trends could not be identified.

People received support with their medicines if needed. However, the medication was not always recorded and administered safely. One person's medication administration records (MAR's) were missing, therefore there was no evidence to show staff had recorded or administered this person's medicines, as prescribed. Staff were not provided with protocols for administering 'as and when needed' (PRN) medication. In

addition, there was no guidance available to staff to administer one person's medication covertly. This meant there was potential for these medications to be administered incorrectly, possibly putting people at risk of harm.

You can see what action we told the provider to take regarding the above areas at the back of this full version report.

Staff were recruited safely and deployed in sufficient numbers to meet people's needs. People told us they were supported by regular staff, which provided continuity of care. Staff were knowledgeable about people's needs and supported them in line with their preferences.

Staff received effective levels of supervision and support. Staff had completed an induction and a range of training to equip them with the skills and abilities to meet people's needs. People were supported to access healthcare and attend appointments. For those that required support with their nutritional needs, support was provided to maintain a diet of their choosing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make their own decisions where possible and consent was gained before care or support was provided. For those that lacked capacity to make particular decisions, staff followed the principles of the Mental Capacity Act 2005 and acted in people's best interests.

Staff were caring and understood the importance of confidentiality and respected people's privacy. People were supported to be independent and were treated with dignity and respect.

A complaints policy was in place and people told us they knew how to make a complaint if needed. There was an open culture and communication was good between staff and management, as well as people using the service. Ongoing feedback was gained from people and staff, to improve the running of the service. The registered manager was aware of their responsibility to inform the CQC of notifiable incidents.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Risks were not always identified and recorded clearly to provide guidance to staff about how these could be minimised.

The administration of medication was not always recorded correctly. Guidance was not always available to staff to direct them to administer medicines as prescribed.

People were safeguarded from the risk of abuse and staff were confident to report concerns. Safe recruitment procedures were followed and there was enough staff available to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were supported by staff that were knowledgeable about people's needs. Staff were skilled and had received training to provide effective care and support.

People's dietary needs and preferences were identified and met. People's health was monitored and they were supported to access healthcare as required.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Consent was obtained before providing care and support and the principles of the Mental Capacity Act 2005 were followed.

Is the service caring?

Good 

The service was caring.

Staff were friendly and people were supported to maintain their independence.

People were treated with dignity and respect and staff were aware of the importance of maintaining confidentiality.

Is the service responsive?

The service was not always responsive.

Care records had not always been updated to reflect changes in people's needs. Staff supported people in line with their preferences, however care plans were not always recorded in a person-centred way.

People told us they had access to their care plans and were involved in reviews of their care and support. However, we saw that reviews and changes to people's needs were not always recorded in a timely manner.

There was a complaints procedure in place and people told us they could express any concerns they had.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems and process were not effective in identifying all shortfalls and had not been successful in improving the quality and safety of the service.

The registered manager did not have oversight of accidents and incidents, so patterns and trends could not be identified.

There was an open culture and people felt supported by management. People using the service and staff told us communication was good and they felt listened to.

Requires Improvement ●

Wilberforce Healthcare UK Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 30 May and 5 June and was carried out by two inspectors. This inspection was announced on both days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. Part of the second day was spent speaking with people on the telephone.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications we had received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local authority safeguarding and commissioning teams to request their views of the service.

We looked at four people's care records and requested to see three Medication Administration Records (MARs). We looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with three people who used the service and four members of staff, as well as the registered manager and care manager.

Is the service safe?

Our findings

We found the service was not always safe in some areas.

We found that one person's medication administration record (MAR) was missing therefore there was no record of this person's medication. Staff recorded when they had administered medicines on a MAR. These were kept in people's homes, which should then have been returned to the office at the end of the month for checking. During the first day of our inspection, we asked to view MAR's, but the registered manager could not find these. On the second day of our inspection, the registered manager explained the MAR's for one person had been lost.

One person received their medication covertly, however there was no guidance available to staff for administering this. We spoke with a member of staff looking after the person. They were knowledgeable about the person's needs, including how to administer their medicines covertly. However, without guidance there was a risk other staff may not have known how to administer these medicines safely.

There was no guidance available to staff to administer people's 'as and when needed' (PRN) medicines. One person with a memory impairment, was prescribed two PRN medicines, but there was no guidance available to staff, so they would know when to administer these. This meant there was a risk people may not have received PRN medicines as prescribed. The care manager agreed to implement a protocol and check that this medicine was still required for this person.

Risks were not always recorded clearly in people's care plans. This meant staff did not always have access to current information about people's needs and ways to minimise risks. We saw that one person was at risk of aspiration, although staff we spoke to were aware of the risks and how to support this person, this information was not documented in the person's care plan. For example, there was no guidance available to staff about how to respond if the person had difficulty swallowing, or how to prevent this occurring. We spoke to the registered manager about this and they agreed to update their care plan and risk assessment to ensure recommendations from health professionals were shared. Following the inspection, this was updated but could still be improved to give staff clearer directions.

We also found that there was no risk assessment in place for a person who had diabetes and required support to prepare meals and access healthcare. There was limited information available to staff about the risk of this person having hypoglycaemia, including how to recognise this, how to respond and how to reduce this risk. This meant the person was at increased risk, if they did not receive appropriate support. We asked the register manager to update this person's care plan. During the second day of our inspection we found this had been updated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

Staff had received safeguarding training and knew how to protect people from harm. They knew how to

recognise potential signs of abuse and how to report safeguarding concerns. We asked if people felt safe. One person replied, "I do feel safe, yes." Comments from people included, "Yes, definitely" and "I could not do without [staff]." Staff were also aware of the whistleblowing policy. One member of staff said, "I would ring the manager or CQC if I felt I needed to go higher." The safeguarding policy was out of date and we mentioned this to the registered manager to address. On the second day of our inspection, the policy had been updated to reflect current legislation.

There were sufficient numbers of staff available to meet the needs of people receiving a service. People told us they had regular carers, which helped to provide continuity of care. One person told us, "Changes to staff are kept to a minimum which helps with my confidence." A member of staff said, "I always spend the time and never cut the call short."

We saw staff were recruited safely, with written references and enhanced disclosure and barring service (DBS) checks in place before they started work. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry.

Environmental risk assessments had been completed for people's properties. Checks were made to ensure people had working smoke alarms, and lighting. They also checked any uneven flooring or trip hazards for people living there, as well as staff. A member of staff said, "I check everything is safe before exiting the home."

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. Staff told us, "We are given gloves, aprons, shoe covers and these are always available in the office." People confirmed staff wore gloves and aprons. One person said, "Staff always carry gloves and aprons and change gloves after every task." A member of staff told us, "I had a spot check a couple of weeks ago and they checked I had gloves, aprons and my badge." We saw staff had received random checks to ensure infection prevention and control procedures were followed.

Is the service effective?

Our findings

We found the service provided effective care and supported people to achieve their chosen outcomes. One person told us, "Staff always meet my needs as best they can." Another person said, "I could not do without them [staff]."

Staff told us they felt supported in their role. Staff had regular observations of their practice, supervisions and a yearly appraisal to ensure they had the necessary skills and support to provide effective care.

Staff received an induction when starting in their role which included shadowing other members of staff before providing support on their own. A member of staff said, "I did two days shadowing with a senior staff member, for my induction."

We checked the training records and found staff had received training to equip them with the required skills to provide effective support. Staff had undertaken training in many areas including the Mental Capacity Act, safeguarding, medication and food hygiene. We asked people if they felt staff were well trained and skilled in their role. Comments included, "As far as I know" and "I definitely think so."

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, 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. For people in their own homes and in the community who needed help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the principles of the MCA had been followed and where people lacked capacity, decisions had been made in their best interest. People told us staff sought their consent before providing care and support. One person replied, "Yes always, definitely."

Staff worked with other health professionals and supported people to maintain their health needs by accessing appropriate healthcare. We saw staff had liaised with GP's, Speech and Language Therapists and District Nurses, as required to meet people needs effectively. A member of staff said, "[Person's name] is diabetic and can't have a lot of sugar or sweet foods. The nurse told us about what they shouldn't have."

People's nutritional needs were met. Dependent on their needs and preferences, people were supported with meal preparation and shopping. People were offered choices and encouraged to maintain a healthy, balanced diet.

Is the service caring?

Our findings

We found the service was caring. People were supported by kind and respectful staff. Comments from people included, "Staff are lovely", "I have no qualms with them at all; they are really good" and "[Staff] are really nice." Another said, "I get on with some staff more than others, but that's just personality."

Staff treated people with dignity and respect. People were given the option of choosing if staff wore a uniform when they were being supported to access the community. One person said, "They are really good because they give you the option to be in uniform or not, that's a big bonus for me." People told us staff promoted their independence and a member of staff said, "I promote people's independence and I would support them to do what they can."

Staff were caring and promoted people's wellbeing. One person said, "If I'm down staff say, are you alright?" One person told us, "Staff have been so accommodating and go above and beyond. They are helping me to build my confidence back up. They stayed longer for hospital appointments when they ran over schedule and didn't charge me extra."

People felt supported by the staff and told us they could get in touch with them easily. One person said, "[Care manager's name] is super amazing, the loveliest person I have ever met. They make everything so much easier."

People told us they were supported by regular carers which provided continuity of care. A member of staff told us, "There is a good relationship with clients, we get to know them."

People were supported by staff who knew people's needs well. This meant staff were aware of people's likes and dislikes and supported people in line with their preferences. One member of staff said, "I offer people choices. I ask them what they want, it's not about me." Another told us, "Everything is about the clients."

People told us carers stayed for the duration of their call. A person who used the service told us, "Staff never rush me". People told us if the carers were late they kept them informed. One person said, "Staff will say if they are running a bit late." Another person told us, "Sometimes staff are late but they will let me know."

Staff were aware of equality and diversity and how to protect people from discrimination. Staff were aware of people's protected characteristics and respected people's individual needs and circumstances.

Care records were stored securely in a lockable cabinet, which only relevant staff had access to. Staff were aware of the importance of maintaining confidentiality and people's privacy.

Is the service responsive?

Our findings

People told us they were involved in reviews of their care and support and had access to their care plans. One person said, "We went through my care plan together and made changes." Another person told us, "I have seen my care plan, staff talk to me about it." One person told us, "A review was held one month ago, with the social worker and it went very well." However, people's care files did not always contain records of reviews held which reflected what had been discussed or agreed at the meeting.

Care plans were not always updated in a timely manner, when somebody's needs had changed. From speaking to staff, we found a person recently required a catheter and as a result the support they needed had changed. We found there was limited information in this person's care plan and did not provide clear directions for staff. During the inspection, we asked for the person's care plan to be updated to reflect their current needs. On the second day of the inspection, this had been updated.

People's needs were assessed before receiving a service. Although, for one person who was new to using the service, we saw only minimal information had been gathered, due to their non-engagement. We noted this to the care manager and the assessment was completed following the inspection.

Although the care plans contained information about the tasks people needed support with, they contained minimal person-centred information about their routines, life history, hobbies and interests. A member of staff told us, "We tend to keep the same clients so know them quite well." Staff were supporting people in a person-centred way because they had a good understanding of people's individual needs. However, there was a risk new staff would not have access to this information, to be able to provide support to people in line with their preferences.

We recommend that the service ensure care plans are person-centred and reviewed in a timely manner to ensure they reflect people's current needs.

People were supported to engage in activities and pursue their hobbies and interests. One person told us staff supported them to access the community and leisure activities, including days out to Bridlington, the theatre and meals out. Another person said, "Staff help me go shopping, attend counselling and hospital appointments." A member of staff told us, "We take [Person's name] out in their wheelchair to see [Name of relative] and encourage them to go out."

A complaints policy was in place and people received information about the complaints process when starting the service. One person told us, "I was given lots of information when the service started and staff went through everything." People told us they knew how to make a complaint. Comments included, "I would ring the office" and "I would contact [Name of registered manager] or [Name of care manager] and they will come and see you, if you don't want to talk on the phone." We reviewed the complaints received by the service and saw these had been responded to appropriately.

At the time of our inspection, nobody was receiving end of life care. However, staff could tell us how they

would support people to have a pain free and dignified death .

Is the service well-led?

Our findings

We found some aspects of the service were not well-led. The provider had failed to ensure systems and process were established and operated effectively to assess, monitor, mitigate risks and improve the quality and safety of the service. The registered manager and care manager told us audits and checks were completed periodically to ensure any areas that required improvement were identified. However, we saw there was no formal system in place for carrying out or recording these checks had been made.

Both managers shared the checking of medication administration records (MAR's) and daily notes when staff returned these to the office. These audits were completed on an ad hoc basis as there was no structured system that would identify if a person's care record or MAR were missing. There was no system to identify shortfalls in person-centred care records and ensure these were kept updated. This would have helped the service to ensure they held an accurate, complete and contemporaneous record for people.

We reviewed accident and incident reports and found there were none recorded since the last inspection. However, from speaking with staff, we identified that there had been some minor incidents which should have been recorded. This would help the registered manager to identify any patterns or trends which may prevent similar accidents or incidents occurring in future. The registered manager confirmed they would ensure any accidents or incidents staff became aware of would be recorded in future.

We found that other documentation including PRN protocols, risk assessments and care records required further development.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the end of this report.

There was a positive culture shared by management, staff, and people using the service. A member of staff said, "I am very proud about Wilberforce. All the clients are happy; it is one family." Another member of staff told us, "I really enjoy the work. It is a rewarding job." A person using the service said, "It seems very well run."

We saw people who used the service were asked for their feedback. Questionnaires were sent out to people as well as staff. The responses from the recent survey had not been collated, but the feedback was largely positive with minimal issues to follow up. We advised the registered manager that collating the responses would help to identify patterns and trends. This would help to improve the service if suggestions or issues were raised.

People who used the service and staff told us communication from the office was good. A member of staff told us, "Information and communication is good." People felt listened to and that their views were acted on. One person said, "I can't see anything being better because staff have it all in hand, and if there are any issues they help resolve them. I can ring at any time and talk things through."

Staff told us they felt supported in their role. One member of staff said, "[Name of care manager] is brilliant, they are calm and never get ruffled. I feel 100% supported by them". Another told us, "We are a great team and all look out for each other."

Spot checks were completed on an ad hoc basis to ensure staff arrived on time, stayed for the duration of the call, were dressed appropriately, used appropriate equipment and completed the tasks required in a person-centred way. The registered manager and care manager monitored staff arrived for each call at the designated time and stayed for the entirety of the call duration using an electronic call management system. The care manager told us, "It will show you on the screen if any calls are missed." They told us no calls had been missed since the last inspection.

The registered manager was aware of their duty to inform the Care Quality Commission of notifiable incidents, although there had not been any to report.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems were not in place to assess, monitor and improve the quality of the service. Effective systems were not in place to assess, monitor and mitigate risks. An accurate, complete and contemporaneous record in respect of each service user was not kept.</p>