

Wright Homecare Limited

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Inspection report

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Date of inspection visit:
05 December 2016

Date of publication:
06 January 2017

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

This inspection took place on 5 December 2016 and was unannounced.

The service is registered to provide accommodation and personal care for up to four people with a learning disability. At the time of our inspection four people were using the service. At our previous inspection in November 2015 we found that where people were not able to make decisions, information was not available to demonstrate how decisions had been made in their best interests. We also identified that people may be subject to restrictions as monitoring equipment was used to keep people safe. On this inspection we saw improvements had been made and where people lacked capacity to make certain decisions; decisions were made in consultation with people who were important to them and made in their best interests. Restrictions had been identified and applications had been made to ensure these were lawful.

The service had two registered managers who worked together to manage the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People were supported to take risks at home and when out and encouraged to be independent and learn new life skills. Risks were assessed and reviewed to keep people safe and protect them from avoidable harm. People were protected from unnecessary harm by staff who knew how to recognise signs of abuse and how to report concerns in line with local safeguarding adult's procedures. Staffing was organised flexibly to enable people to be involved with activities and do the things they enjoyed. People had opportunities to be involved with a variety of activities and could choose what to be involved with.

Medicines were managed safely to ensure that people received their medicines as prescribed and to keep well. Staff knew how to support people to eat well and there were sufficient numbers of staff to meet people's need.

People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. We saw that people's privacy and dignity was respected. People liked the staff who supported them and had developed good relationships with them. People maintained relationships with their families and friends who were invited to join in activities with them.

People received personalised care and were confident that staff supported them in the way they wanted to be supported. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

People and relatives knew how to make complaints and they felt that the staff and registered manager were approachable. Complaints were managed in line with the provider's complaints procedure and people were

informed of any investigation and actions.

Staff felt well supported by the registered manager and provider. Regular quality checks were completed so that people could comment on the quality of service provision. Where necessary, improvements were made to the service.

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.

People were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. There were sufficient staff to support people to do what they wanted to do and receive support.

Is the service effective?

Good ●

The service was effective.

Staff knew how to support people and promote their independence and well-being. People received healthcare to keep well and could choose what they wanted to eat and drink. People were supported to make decisions and where they needed help; decisions were made in their best interests with people who were important to them.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere and people had developed positive relationships with people and had a good understanding of how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to develop and maintain their independence. There were a variety of activities which people could take part in within the home or when out and they could try new activities. People could raise concerns or make a complaint and these were responded to.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to monitor the quality of care

and support in the home. People were able to comment on the quality of the service and where improvements could be made. There was a registered manager in post who was supportive to people and staff.

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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. The inspection was planned to check whether the provider was 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.

We carried out our inspection visit on 5 December 2016. The inspection team consisted of one inspector and the inspection was unannounced. Our last inspection was carried out in 25 November 2015 and the service was rated overall as Good with Requires Improvement in our question 'Is this service effective'. This was because there were concerns with how people were supported to make decisions when they were unable to make decisions independently.

We checked the information we held about the service and provider and we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service such as notifications they are required to submit to the Commission. This included information about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

People who used the service had complex needs and some people were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with two people who used the service, two relatives, two members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service. We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

Staff had a good understanding of how to protect people and understood the procedure to follow to report concerns. They were confident any concern would be dealt with by the manager and one member of staff told us, "We are a small team of staff and know people well; they are like family to us and any concern would be reported. There would be no hesitation." Another member of staff said, "I know we are a small team but that makes it easier. We spot things straight away and we are clear that we don't hide things. If something is wrong then it would be reported and that's what the manager expects. There are details and the phone number of the safeguarding team in the office. If we needed to act alone then we know where to find the details so we know what to do."

People were supported to take their medicines. One person told us they took tablets every day and knew they needed medicines to keep well. Staff told us that they only supported people to take medicines after they had received training and underwent annual competency checks for administering medication. One member of staff told us, "We only have a small amount of medicines but we check everything and need to know we are doing things right." Medication systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took. Medication was also audited by the dispensing pharmacy. We saw the last audit identified that the date of opening and expiry date should be recorded. We saw prompt action had been taken to improve how medicines were managed.

People were supported to take responsible risks and staff helped them with living skills. People were encouraged to be independent and one person enjoyed going out alone. The staff had considered any risk and had measures in place to ensure their welfare. One member of staff told us, "We know where they like to go and if we were worried we can telephone to check they are there. [Person who used the service] knows the local area and is well known. It's lovely to see how much a part of this community they are." Where people needed equipment to move, there were systems in place to monitor and maintain equipment and the staff were given guidance and training on how to use the equipment.

People were supported by staff who they knew well and we saw there were sufficient staff on duty to meet their needs. The support provided was flexible and took into account planned activities during the day. The staff told us that agency staff was not used and all support was provided from within the existing staff team. One member of staff told us, "It just wouldn't work if people were here that they didn't know. This is their home and it's important they feel comfortable here."

People were supported by staff who were fit and safe to support them. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

On our last inspection visit we identified concerns with how people were supported to make decisions when they no longer had capacity. These issues constituted a breach of Regulation 11 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

On this inspection visit we found that where people lacked the capacity to make certain decisions, for example, whether to take medicines; we saw capacity assessments had been completed and a best interest decision had been made by those who were important to the person. A member of staff told us, "We are much clearer now about our responsibilities."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had restrictions placed on them as they needed support to go out to keep safe and monitoring equipment was being used in the home, an application to lawfully restrict their liberty had been made. Staff understood their role in relation to any restriction and told us that whilst waiting for the authorisation to be assessed they had considered how to keep the person safe. We saw people were still able to have as much choice and control as they were able to in all other areas of their daily life.

People were able to choose what they wanted to eat and drink. There was a pictorial menu displayed in the kitchen that showed the meals that were being prepared. People had been involved with developing this and included their favourite meals. One member of staff told us, "People like to know what the meal is and having the menu displayed like this, we can show them and talk about it. [Person who used the service] finds this reassuring and they ask about meals and food throughout the day, as this is important to them." People were supported to help prepare the meals and were involved with shopping for food. One member of staff told us, "People come with us when we do the shopping and [Person who used the service] likes to have responsibility for fetching things around the supermarket and being involved." One member of staff told us, "We look for different ways people can tell us what they want. If we put some tins on a table [Person who used the service] can pick one up and show us what they want so it's not our decision."

Staff had a good understanding of people's specific dietary needs and where there were concerns about people's weight, they were weighed regularly and timely referrals had been made to health professionals. Where people needed a blended diet, this was prepared in the way that people liked their food. The staff knew how people needed support to eat and the risks involved when people had difficulty swallowing to keep them safe.

People were assisted to keep well. Written comments from health professionals confirmed that staff

followed instructions and communication was good to make sure people received the necessary support to manage their health and promote their well-being. Each person had information about their health in their 'My health file'; this included information about medication, important contact details and information about appointments and any health care treatments. The information was recorded along with pictures to support people to understand this information.

Staff completed an induction when they first started to work and new staff were supported to understand their roles and responsibilities. The registered manager told us that new staff would undertake induction training in line with the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. They told us, "People work through each section but then we discuss this and where they have any problems we can go through this together." Staff had an opportunity to complete a care qualification which related to the work they did. One member of staff told us, "I'm doing a level three qualification and find it really interesting. I can ask any of the staff for support if I don't understand anything and they will go through it with me. It's made me think about how we support people and the managers are really good if we have any new ideas which we want to try out to make things better."

The registered manager checked that staff had the skills and knowledge to meet people's care and support needs. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal, and further training was arranged. One member of staff told us, "We can talk about what we want in supervision and always cover training. We are asked if there is anything we need help with or what we want to do next."

Is the service caring?

Our findings

People felt that the staff were kind and caring and we saw caring interactions between them. Where people became upset the staff spoke with them and offered different things to do, to reduce their anxiety. We saw that staff knew that one person had become upset as due to poor weather, they were no longer able to participate in a planned activity. The staff explained there were agreed phrases that were used to support them to become less anxious. One member of staff told us, "They can become quite anxious when unexpected things happen. We all know we have agreed phrases they understand and use the same non-verbal communication and this helps them to focus." We saw where people had limited verbal communication the staff used agreed gestures and language that was meaningful to that person. One relative told us, "They know how to help them to calm down if they are upset and just as importantly they know what it is that may upset them." We saw the care records included detailed information about how to understand and talk with people.

People were given information and time they needed to make choices. People were asked how they wanted to spend their time including what they wanted to do, whether to go out and what they wanted to eat. One relative told us, "They have so many choices and really have a quality lifestyle. The staff don't take things for granted and ask every time." The staff recognised that some people needed limited choices. One member of staff told us, "It's easier for people to pick from two or three options. If we give them too many choices they can become upset."

People were supported to keep in contact and maintain relationships with their family and friends. One person told us they were looking forward to Christmas and was planning to spend some time with their family. People told us the staff helped them to visit their friends and they could meet with them at social events. Relatives said they were welcomed into the home and with consent from people who used the service, were encouraged to be involved in the planning and review of care. One relative told us, "When something important is happening they let us know, we always feel involved."

People's privacy and dignity was respected and they were able to choose to spend time in their rooms and their privacy was respected. Staff asked people if they wanted to speak with us and they were able to choose whether to speak in private or have staff to support them and help them to express themselves.

Is the service responsive?

Our findings

People chose how to spend their time and were involved in a range of activities according to their interests. People enjoyed the activities they chose to do and one person told us they were looking forward to going to a Carol service that evening and liked to sing. They also spoke about seeing 'Robin Hood' and a local theatre production and enjoyed shouting traditional pantomime phrases like "It's behind you." We saw where people wanted to go out, they were helped to get ready and went to a local café and had a drink and some cake. People had made preparations for Christmas and told us they had completed their Christmas shopping and were looking forward to seasonal events.

People were supported to be independent. We saw that people helped to get everything ready for lunch and could help to prepare meals. One person told us they were responsible for preparing the vegetables and were having home-made soup for dinner.

People had a support plan which they kept in their room and told us they had been involved in how this was developed. The support plans were personalised to each individual and contained information to assist staff to provide support. Staff knew people well and were able to tell us about the things that were important to people. People could invite friends and family that were important to them to review their support with them and one relative told us, "We are always invited to any review. I think [Person who used the service] likes to have us there and to hear about all the wonderful things they have done and have achieved."

Staff were aware of people's individual style and communication. One member of staff told us, "It can take a while to get to know some people, what they like and what they are saying. Working in such a small team helps everyone get to know each other." Another member of staff told us, "For new staff the support plan has details of what people understand and how you can support them. When people have limited verbal communication, this helps whilst you are developing your own relationship because we want them to have say in everything."

Relatives told us they knew how to raise issues or make a complaint. They told us they felt confident that any issues raised would be listened to and addressed. One relative told us, "I can't think of anything I could tell them to do better but I know that if I did, they would listen." There had been no official complaints made and staff told us that where anybody expressed concerns this would be discussed with them to ensure this was investigated and resolved for people.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager. These included checks on care and associated records, health and safety and incidents. Where concerns with quality were identified, the action that had been taken was recorded to demonstrate the improvements that had been made.

People, relatives and professionals involved with the service and staff were consulted about their views about the quality of care provided in the service. The provider had analysed the information. We saw the last survey found that people and family felt the staff were meeting their needs and their care had been reviewed with them. Comments included, 'They receive first class care.' 'We are more than happy with the care that [Person who used the service] receives; they are very well cared for.' And, 'They couldn't get better care anywhere else.' Professionals were happy with how the staff communicated with them, maintained confidentiality and met people's needs. The analysis of the survey was shared with people and staff and used to drive improvements in the service.

Staff meetings were held to share information and give the staff an opportunity to discuss the management of the service. We saw in the last meeting staff discussed people's welfare, any planned events and developments in the home. Staff discussed the new pictorial menu to support people to know and understand the meals that were being prepared. They discussed and planned events including decorating the home ready for Halloween and reflecting on their holiday in Skegness. One member of staff told us, "I know we see each other quite often but it's good to sit down and discuss things together as you don't miss anything important."

There was an open culture in the home and staff felt comfortable to raise any issues with either of the registered managers. All the staff said that the registered managers listened to them and communication in the home was good. The staff were provided with guidance and the support they needed and one member of staff told us, "You can speak with either of the managers. They really care about people here; we all do and want to provide the best service we can." The staff were clear about their role and spoke passionately about these values and how they incorporated these into their work. One member of staff told us, "I feel very lucky to work here as part of this staff team and with people who live here."

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. One member of staff told us, "If anything was bothering any of us, I'd talk to them first. I think we have good relationships here and as we are a small team we work together closely. I'd like to think that this would resolve any problem then I know I can speak to the managers and I'm confident they would be able to sort things out, if this was needed." This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care or from potential harm.

The service had two registered managers who worked together to manage the service. They understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents,

in accordance with the requirements of their registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service.