

Wisdom Healthcare Limited

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Inspection report

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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



Overall summary

The inspection took place on 22 January 2015. The provider was given short notice of the visit. We had carried out a previous inspection on 13 June 2014 where it was identified that the provider needed to improve the way in which people received care and welfare and the way in which the provider monitored the quality of service provision. We found the provider had made some improvements to these areas but that there was still further improvement required.

Wisdom Healthcare Limited provides personal care and support to people living in the community. There is a registered manager in place for 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.

There were systems in place to help drive improvement but this system had failed to identify where medication had not been managed appropriately. The quality monitoring system had also failed to identify areas for improvement following comments and suggestions from people who used the service.

Summary of findings

People thought that the care they received was good but some people said that staff did not always arrive at their homes at the times they had agreed.

Some people felt that it was sometimes difficult to get to speak with someone if they had a concern or complaint and that the manager was not often accessible.

The Mental Capacity Act 2005 (MCA) is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. The provider followed the guidance of the MCA when people required support in the decision making process. People consented to their care and were involved in planning and reviewing their care and support

Staff had necessary checks carried out on them to ensure they were fit to work with adults and received training to help them meet people's needs and keep people safe. Staff received support to carry out their job role and spot checks were carried out to ensure standards were maintained.

There were individual risk assessments in place to help keep people safe. People who used the service felt staff gave them safe care and support. Staff knew how to raise concerns about poor practice.

People who used the service felt that staff were kind, helpful and respectful towards them and treated them in a respectful way.

Summary of findings

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 consistently safe.

People were put at risk because procedures around medication were not always followed.

People felt that staff cared for them in a safe way.

Staff were recruited properly and had the skills and knowledge to keep people safe. Staff knew how to raise concerns about abuse and/or poor practice.

Requires Improvement



Is the service effective?

The service was effective.

People consented to their care and were supported to have their health and welfare needs met by staff who had been suitably trained. The provider worked with the guidelines of the MCA to support people with the decision making process.

People were supported to maintain good health because the provider monitored people's wellbeing and involved other professionals where required.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by the staff who looked after them and their privacy and dignity was upheld.

People were involved in making decisions about their care on a daily basis and felt that staff knew how to meet their personal needs.

Good



Is the service responsive?

The service was not consistently responsive

People's received care and support according to their personal choices and preferences but not always at the agreed times.

The provider was not always available for people to speak with about their concerns.

Requires Improvement



Is the service well-led?

The service was not consistently well led

There was a positive and open culture but the provider did not routinely involve people who used the service in the development of the service.

Although a quality monitoring system was in place, this had been ineffective in identifying shortfalls in some areas. .

Requires Improvement



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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. 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.

The inspection took place on the 22 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a care service to people in their own homes and we needed to be sure that someone would be available to facilitate the inspection.

We visited the provider's office and met with the registered provider/manager. The service provided care and support to 27 people who lived in the community. We looked at

records relating to the care and support of four people of these people. Following our visit we telephoned four people who used the service to ask them about the care and support they received.

We looked at the provider's staff training plan and record of staff training. We looked at records relating to the recruitment of four staff members. We also looked at records of their induction training and supervision. We looked at records relating to quality monitoring of the service and at the log of complaints and compliments. Following our visit we spoke with four staff members over the telephone to gain their views of the service.

The provider had kept us updated of events by sending us relevant notifications. We had not received any significant safeguarding or whistleblowing alerts and had not received any recent complaints about the service.

Is the service safe?

Our findings

People who used the service did not always receive their medication as prescribed. A person who used the service told us that sometimes they did not receive their medication at the times they were supposed to as staff were sometimes late arriving. We saw that two people had raised complaints about not receiving their medication and these had been substantiated. One person told us their relative had not received their medicines on one occasion and another person said that they had not received their medicines at all on two separate occasions. We looked at records relating to the administration of medication (MAR) in respect of three people who used the service. These contained many gaps where staff had not signed that medication had been administered to people. Training had been provided for staff and medication audits had been undertaken by the provider, however there had been incidents of people not having their medicines at the times they were prescribed or missed completely. **This is a breach of Regulation 12 of The Health and Social care Act 2008 (Regulated activities) Regulations 2014.**

People told us they felt safe with the staff who supported them. We saw that there were risk assessments in place to help keep people safe. Risk assessments were in place in relation to people's personal needs, their home environment and the use of equipment. These included risk of falls to people and risk of people developing

pressure ulcers. A relative told us, "I have seen them updating [person's name's] care folder". This helped staff to ensure that people who used the service received safe care and support within their own home.

We saw and staff told us, that staff received training in the safe use of equipment relating to supporting people with their mobility. People who used the service felt safe with how staff handled them. A relative told us, "I have seen staff using the hoist with [person's name]. They seemed competent and knew what they were doing. They explained everything to [person's name] whilst they were using the hoist."

People who used the service felt that new staff were able to offer the care and support they needed. The staff recruitment process helped to ensure that staff employed were safe to work with people. Relevant checks had been carried out and references obtained before staff were offered employment. A person who used the service told us, "The new staff who have started recently are very good."

People who used the service were protected from harm or abuse by the procedures the provider had in place. Staff told us that they had received training in safeguarding people from harm and abuse and we saw records to confirm this. There were procedures to follow for the reporting of poor practice and abuse and staff told us that they were aware of these. A staff member said, "I would have no hesitation in reporting abuse to the manager."

Is the service effective?

Our findings

People who used the service received care from staff who were supervised and supported. Staff told us that they received regular formal supervision and the provider carried out spot checks on them whilst they were delivering care in people's homes. We saw records to confirm these checks had been carried out. This enabled the provider to monitor staff performance and ensure that standards of care were maintained.

People who used the service benefitted from consistency of care. A person told us that they usually received visits from the same staff and because the staff team was relatively small they did not have visits from anyone they didn't know which was important to them. We saw that staff communicated with each other via written daily log sheets from one visit to another so that people received on going care and support.

People were complimentary about the staff and felt that the staff knew how to support them. New staff were provided with essential information about the home and how to care for people who used the service as part of an induction procedure. A new staff member told us that they thought the induction training they had received had been 'good' and had provided them with the basic training they needed to care for people in their own homes.

There was a staff training programme in place which ensured that staff were equipped with the skills and knowledge required to meet the needs of people who used the service. This training included meeting people's individual and specific needs such as dementia care and managing challenging behaviour. When we spoke with staff about the training they told us they thought the training was good. People who used the service thought that staff were trained well to look after them. A person said, "The staff seem to know what they are doing and look after [person's name] very well. I think the new girls are particularly good."

The provider worked with other relevant professionals and we saw where a joint review of a person's care and support needs had taken place between the provider and the funding body (local authority). This meeting had enabled improvements to be made to the person's care package so that the person received longer visits each day.

The Mental Capacity Act (MCA) sets out the requirements that ensure decisions are made in people's best interests when they are unable to do this for themselves. For one person we could see that meetings had been held with relevant professionals and family members to discuss issues of consent and make decisions in the person's best interests. An advocate had also been involved in this person's care ensuring that the person's rights were upheld. The manager told us that staff would be receiving training in Mental Capacity so that they would have a clear understanding of this.

People who used the service told us that they received the help they required from staff. A person said, "They [the staff] know how I like my meals doing." Where people required staff to assist them with eating and drinking, assessments of their individual nutritional requirements had been undertaken. Care plans were in place to ensure that staff had clear instructions of what support the person required. People who used the service told us that they received the help they required from staff. A person said, "They [the staff] know how I like my meals doing."

We saw in care plans, and people who used the service told us, that people's health care needs were monitored. Information about health care needs was communicated between staff by completing the daily visit sheets. When people's needs changed this was communicated to other health professionals. We saw where a person had been referred to the GP and another person to the district nurse in relation to health issues. We saw where a person's health issues were discussed with the social worker at their review. This shows that people who used the service were supported to maintain good health and have access to health care services.

Is the service caring?

Our findings

People who used the service thought that the staff were kind and caring towards them. A relative of a person who used the service said, “Staff are kind with [person’s name]. They talk to [person’s name] very nicely explaining everything as they go along.” Another person who used the service told us that all the staff who visited them were very good and treated them with dignity and respect.

One person told us they thought the staff were very good with their relative who had dementia care needs. They said, “The staff seem to know what [named person] needs and how to approach them. They know [named person] and how they like things done.”

When we spoke with staff they explained to us how they ensured that people’s dignity and privacy were respected whilst assisting them with personal care needs. One staff member said, “Even though we are in the person’s home we still have to make sure that privacy and dignity are upheld because of other family members around.” Another staff member said, “It is important to remember that you are in the person’s home and you should respect that.”

People who used the service were encouraged to maintain their independence as much as possible. A person said that their relative was supported to do the things they were unable to do but that staff encouraged them to do the other things they could do for themselves. They said, “[named person] is able to wash themselves but needs help getting to the sink and needs help to get into a bath.” They said that the staff helped them ‘in a sensitive way’.

Is the service responsive?

Our findings

Some people felt that they did not always receive care and support at the time they wanted it. Two of the four people we spoke with told us that staff did not always turn up at the time they had written in their care plan. One person said, “I understand that the staff can’t always be exact to time but sometimes they have arrived an hour late and I have had to ring up to see where they are.” We saw where the person had raised a complaint about timekeeping. The provider had investigated this and the person confirmed that staff timekeeping was, ‘not brilliant but better than it had been.’

There was a complaints procedure in place but this was not always effective as some people felt that the service did not routinely listen to them. Two of the people we spoke with told us that sometimes it was difficult to get through to anyone in the office as no one routinely answered the telephone. A person said, “I have tried to ring and speak to the manager several times and there is often no answer. You are lucky if the phone is answered.”

Some People who used the service were asked for their views and opinions about the care and support provided but action was not always taken to make improvements. We saw, and people told us, that the provider had obtained people’s feedback by ringing people regularly to obtain their views. We could not see where action had been taken to bring about improvements where these were identified from surveys. When we spoke with people they told us they remembered having had a phone call about this.

People who used the service and their families were involved in the planning of their care initially and were involved in the reviews of their support plans. Changes had been made to care packages to suit people’s individual needs following reviews. We saw for one person the provider had changed their morning visit to accommodate the person’s changing needs. People’s individual choices and preferences were documented in their care plans and they told us that staff delivered care as they liked it done.

Is the service well-led?

Our findings

Some people we spoke with who used the service told us that staff did not always turn up on time and that this had been an issue they had raised with the provider on more than one occasion.

There was a quality monitoring programme in place which included carrying out audits of the services provided. People who used the service were asked for their views and opinions.

People who used the service and families had expressed concerns about staff punctuality in the surveys they had completed. There was no system in place to ensure that action was taken to bring about the required improvements from the surveys which people had completed. Two people had raised official complaints about the way they received their medication. An investigation into these incidents had identified that there had been a failure with medication administration. There was no system in place to audit medication record charts and to monitor and improve how people were receiving their medication. **This is a breach of Regulation 17 of The Health and Social care Act 2008 (Regulated activities) Regulations 2014.**

People who used the service knew who the manager was and that he was "approachable and helpful" but that they had not always been able to contact him. One person told us they had tried to contact the manager on three separate occasions and another person said, "The telephone rings in the office but sometimes no one answers at all."

People who used the service were protected from harm because staff felt able to raise concerns about poor practice. A staff member said, "I would have no hesitation in reporting poor practice or abuse to the manager." Staff were aware there was a whistleblowing policy in place and knew how this worked.

The provider/manager understood their roles and responsibilities and CQC registration requirements had been met. The staff we spoke with knew what was expected of them and told us that they felt supported in their roles. The provider had introduced an improved staff training and development programme which meant that staff were given the skills and knowledge to meet people's needs.

Staff received regular supervision including spot checks for each staff member three times per year or more often if required, to ensure that standards were maintained. People who used the service felt that they received good quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>The provider must have an effective system in place to monitor and improve the quality of the services provided.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider must have a system in place to ensure that people who use the service receive their medicines in a safe way.</p>