

WMHC Ltd

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Inspection report

Unit 11
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

WMHC Ltd is a domiciliary care service and supported living service providing personal care to younger adults and older people in their own homes. The service delivered personal care at 2 supported living schemes, which were shared houses. The service supports people with learning disabilities, autism, dementia, mental health needs and sensory impairments. At the time of our inspection there were 21 people using the service.

People's experience of using this service and what we found

Right Support:

Staff understood and promoted people's choice, control and independence. People were encouraged and supported to maintain valued relationships and to be part of their local community. Staff understood and respected people's right to make their own decisions.

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.

Right Care:

People's individual needs and risks were assessed; however, written guidance for staff on how to manage risks was not always clear or sufficient. People had support from trained staff to take their medicines safely, but written guidance on the use of 'as required' (PRN) medicines was not always clear. The person-centred care and support provided had resulted in positive outcomes for people. People had support to book and attend medical appointments, as needed. Staff and management worked effectively with other agencies involved in people's care. Staff spoke positively about the induction, training and ongoing support they received from management.

Right Culture:

Management and staff promoted a positive and inclusive culture within the service. People, their relatives and relevant health and social care professionals were involved in care reviews. The provider proactively sought people's views on the service, in order to improve their care and support. The management team were well regarded by people, their relatives, staff and community professionals involved in people's care.

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 10 May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

This was a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for WMHC Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

WMHC Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors. The first visit to the location's office was conducted by 1 inspector, and 2 inspectors carried out the second visit.

Service and service type

This service is a domiciliary care agency and supported living service. It provides personal care to people living in their own houses and flats and at 2 shared supported living houses.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

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

Inspection activity started on 19 January 2024 and ended on 16 February 2024. We visited the location's office on 19 and 26 January 2024.

What we did before the inspection

We sought feedback from the local authority and Healthwatch on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During our visits to the location's office, we spoke with the nominated individual (who is also the registered manager and director), business development manager, care coordinator, one person who uses the service and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also reviewed a range of records, including 6 people's care records, medicines records, 3 staff members' recruitment records, selected policies and procedures and records associated with the management of the service.

Following or in between visits to the location's office, we spoke with 3 people who used the service, and received written feedback from a further person. We also spoke with 2 relatives, 3 care staff and 5 health and social care professionals. We also reviewed additional information provided by the management team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Although risks associated with people's care and support had been assessed, the provider had not always given staff clear written information on how to manage these. This included a lack of written guidance on how to monitor and help people to manage certain long-term health conditions. The provider assured us prompt action would be taken to address these issues.
- However, staff knew people well and told us management helped them stay up to date about people's risks and to deliver safe care.
- People and their relatives told us staff helped people manage risks and stay safe.
- Staff understood how to report and record any incidents or accidents involving the people they supported. Management took action in response to these events to keep people safe.

Using medicines safely

- People were supported to take their medicines safely, where this was an agreed part of their care and support. However, written guidance for staff on the use of people's 'as required' (PRN) medicines was not always clear. The provider assured us prompt action would be taken to address these issues.
- Staff received training in the provider's medicines procedures and maintained up-to-date medicines records.
- People's care plans explained the level and nature of the support they needed with their medicines.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care and support from staff in their own homes. One person told us, "I do feel safe – one hundred percent." Another person said, "It's a very nice place and I'm very happy living here."
- People's relatives, and the health and social care professionals involved in people's care, told us staff protected people's safety and wellbeing.
- The provider had procedures in place to ensure staff were able to identify and report abuse, including notifying relevant external agencies of any abuse concerns.
- Staff received safeguarding training and understood their responsibility to help keep people safe from abuse and neglect. One staff member told us, "It's about creating an environment where people feel safe and there is no risk of any type of abuse."

Staffing and recruitment

- The provider employed enough staff to meet people's care and support needs.
- People and their relatives told us they received a consistent and reliable service. One relative said, "Ninety nine percent of the time they are on time. If there are any hiccups, they [staff] will normally call to say they're late due to traffic."
- Prospective staff underwent pre-employment checks to ensure they were safe to work with people in their own homes.

Preventing and controlling infection

- The provider took steps to protect people and staff from the risk of infections, including the provision of appropriate personal protective equipment (PPE).
- Staff understood the importance of PPE, and people and their relatives confirmed staff consistently used this.

Learning lessons when things go wrong

- The provider had systems and processes in place to help them understand when things had gone wrong with people's care and support. This included an effective complaints procedure and regular calls to request feedback from people and their relatives.
- Learning was undertaken, and shared with staff, when improvements in people's care and supported needed to be made.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- Staff gave people support to arrange and attend medical appointments, and to access any emergency medical treatment needed. One person told us, "They [staff] help me book [health] appointments and they go to the doctor with me."
- Some people's care plans and risk assessments needed to be clearer about the role of staff in monitoring and helping them to manage long-term health conditions. The provider assured us they would take prompt action to address this. However, people and their relatives were satisfied with this aspect of their care and support.

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

- People, their relatives and external professionals involved in people's care told us the care and support provided by WMHC Ltd resulted in positive outcomes for people. One person told us, "The staff are fantastic; they encourage me with everything."
- People's individual needs were assessed with them, and relevant others, before their care and support started. One health and social care professional told us, "From the outset, [business development manager] was very understanding of [person's] health and care needs. They put lots of time into speaking with them and me. They went out of their way to make it work."
- Personalised care plans had been developed, and kept under review, for each person to promote consistent and effective care and support.

Staff support: induction, training, skills and experience

- Staff received a structured induction, followed by a programme of training to help them fulfil their duties and meet people's individual needs.
- People and their relatives had confidence in the skills and experience of staff.
- Staff spoke positively about the benefits of their induction, training and ongoing support from management. One staff member told us, "It's a brilliant place to work. I'm always learning and I feel supported whenever I need any help."

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

- People had the level of support they needed from staff to prepare meals and drinks, and their care plans set out the help staff were to give. One person told us, "If I want to cook something myself, they [staff] are there just to watch me if I need help."

- People's preferences and religious dietary needs were taken into account when staff prepared meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked effectively and maintained good communication with the external agencies and professionals involved in people's care.
- Health and social care professionals spoke positively about their dealings with the service. One professional told us, "They're responsive. If I want to know anything about [person's] care and support, I will just call [business development manager]."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People and their relatives told us staff understood and respected people's right to make their own decisions. One person told us, "They encourage me, but don't tell me to do things. They give me prompts, not pressure."
- Staff received training in the MCA to ensure they understood what it meant for their day-to-day work with people.
- We saw an application to deprive one person of their liberty had been sought from, and granted by, the Court of Protection.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The management team conducted regular audits and checks on people's care and support. These checks included quarterly care reviews, 8-weekly 'wellbeing calls' with people, unannounced staff spot checks, staff competency checks and audits of medication administration records (MARs) and people's care notes.
- However, the provider's quality assurance processes had not enabled them to identify and address the concerns we found with risk management and staff guidance on the use of some PRN medicines. The provider took immediate action to address these issues, and gave us assurance they would not reoccur.
- The provider used the outcomes of their audits, checks and other feedback on the service to identify and make improvements in the service.

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

- People, their relatives and staff told us the management team promoted a positive, open and inclusive culture within the service.
- People and their relatives said management were easy to get hold of and keen to hear their views on the service. A relative said, "[Business development manager] and other staff often visit me to ask questions about whether I'm happy with things."
- Staff felt well supported by an approachable and helpful management team. One staff member told us, "I know that if I need extra support, I only have to ask. No question is too silly." Another staff member said, "The culture here is quite nice. [Registered manager] is a pleasant person. He's very considerate and thinks about the service users."

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 management team understood the need to be open and honest with people, and those representing their interests, when things went wrong. They offered people an apology in these circumstances.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management and staff had clearly identified roles and responsibilities within the service, and received training relevant to these.

- Although aware of their overall regulatory requirements, the provider had failed to inform CQC of a change of nominated individual and the departure of one of the service's registered managers. The provider acknowledged this oversight and took steps to address this during our inspection.

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

- The provider had effective systems and processes in place to encourage the involvement of people, their relatives and staff in the service. This included regular wellbeing calls and quality reviews with people and their relatives, and monthly staff meetings at the location's office.
- The provider gave consideration to each person's equality characteristics as part of the assessment, care planning and review processes.

Working in partnership with others

- Staff and management understood the importance of effective collaboration with external agencies, teams and professionals to ensure people received timely, joined-up care.
- The health and social care professionals we spoke with described positive working relationships with the service, which had benefitted people's care and support.