Wilberforce Healthcare UK Limited

Wilberforce Healthcare

Inspection report

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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

Wilberforce Healthcare is registered with the Care Quality Commission [CQC] to provide personal care to people living in the community and who may be living with dementia, have a learning disability, and have mental health needs or a physical disability.

The office is based in Hull city centre and is accessible to people who may need support with their mobility and wheelchair users.

This inspection took place on 14 December and was announced; due to nature of the service the registered provider was given 24 hours' notice. The service was last inspected July 2013 and was found to be compliant with the regulations inspected at that time.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were trained to recognise the signs of abuse and how to report this to the investigating authority. They were able to describe the types of abuse they may come across while doing their job. They were confident if they raised any concerns with the registered manager they would take the appropriate action. Staff had been recruited safely and were provided in enough numbers to meet people's needs. Environmental risk assessment had been carried out so staff could go about their duties safely. Staff were provided with the appropriate personal protective equipment so this lessened the risk of cross infection and contamination.

People were cared for by staff who had received the relevant training to equip them to meet their needs. Staff received support and supervision to enable them to develop their understanding and experience. People were supported to eat food of their choosing, this was monitored by staff and referrals made where appropriate. People were supported to access health care professionals when needed and staff supported them to lead a healthy life style. Staff were trained in and understood the principles of the Mental Capacity Act [MCA] and understood when these principles applied.

Staff understood people's needs and were kind and caring. People had good relationships with the staff and they had been involved with the formulation of their care plans and reviews. Where people needed support to agree their care this had been arranged and family members or advocates had been involved.

People's needs had been assessed and staff had access to information about how to meet these and what to monitor, so people were safe and their welfare was maintained. Assessments were updated regularly or as and when people's needs changed. People knew they had the right to raise concerns and complaints and to expect these to be investigated and to be taken seriously. The registered manager had systems in place which showed how complaints had been investigated and the outcome. Complainants had the opportunity

to make comment about their level of satisfaction about how the complaint had been investigated.

People were involved with the running of the service, their opinions were sought and changes were made as a result of their suggestions. The registered manager undertook audits to ensure people received a safe service which effectively met their needs.

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.

Staff were trained in recognising abuse and how to report this to ensure people were safe. The registered provider had recruitment systems in place which ensured people were not exposed to staff who had been barred from working with vulnerable adults.

The provider ensured safety was maintained by undertaking environmental risk assessments at people's own homes.

The registered provider had systems in place which ensured staff turned up and stayed for the allotted time of the visit; they also ensured enough staff visited people to meet their needs.

Is the service effective?

Good

The service was effective.

The registered provider ensured staff received training which was appropriate to their role and this was updated as required. New staff received an induction and had their competency assessed.

The registered manager monitored and observed staff; they also provided them with support to gain further skills and knowledge.

The registered provider ensured there were phone numbers for people to ring in an emergency, staff could also use these numbers for support.

People's health and wellbeing was monitored and the service liaised with other health care professionals when needed. Staff were trained in the principles of the Mental Capacity Act 2005 and how these applied to people in the community.

People's nutritional wellbeing was monitored and staff supported people to eat and drink food which was of their preference and prepared to their taste.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had a good understanding of their needs. People were involved with their care and reviews were held to ensure they received appropriate care to meet their needs.

Staff knew how to maintain people's dignity and understood the importance of respecting people's rights and choices.

People were encouraged and supported to maintain their independence and staff supported them with this.

Is the service responsive?

Good

The service was responsive.

People's care plans contained up to date information and were reviewed on a regular basis. Assessments were undertaken regularly to ensure people needs were still effectively met. Risk assessments were in place; these were reviewed and changes made when required.

Referrals were made to appropriate health care professionals when needed. Staff carried out the advice provided and undertook the monitoring required ensuring people's needs were met.

People were able to complain about the service; these were investigated and resolved where possible. People were provided with information about how to complain to other agencies if they were unhappy with the way the investigation had been conducted.

Is the service well-led?

Good

The service was well led.

There were systems in place which gathered the views of people who used the service, their relatives, health care professionals and staff.

The registered manager monitored staff practice and undertook spot visits to establish if the person was happy with their care and whether staff were meeting their needs. Staff meetings were held.

Staff felt supported by the registered manager and could approach them for advice and guidance.

There were systems in place which assessed the effectiveness of the service provided and changes were made when identified.

Wilberforce Healthcare

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 registered 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.

This inspection took place on 14 December 2015 and was announced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with four people who used the service and two of their relatives. We spoke with two care staff and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and medicines administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, supervision records for staff, minutes of meetings with staff, safeguarding records and quality assurance audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt the service they received was safe. Comments included, "I always know who's coming so that reassures me", "If there are any changes they tell me" and "They always knock [on my door] and tell me who they are." People told us enough staff attended to their needs and they turned up on time. Comments included, "I need two care staff and they [the office staff] always make sure they turn up", "They [the care staff] usually turn up on time, if they are running late the office rings me."

Relatives told us they felt their family members were safe and there were enough staff to meet their needs. Comments included, "[Relatives name] needs two all the time and they make sure two come" and "I think my mum's safe they always seem to have her best interest at heart."

Staff we spoke with told us they knew how to recognise abuse and how to report this to the proper authorities. They also told us they received regular training in safeguarding adults from abuse. One member of staff told us, "We get really good training about how to recognise abuse; the manager is really keen about that." The service had a record of all incidents and accidents and these were analysed on regular basis to establish patterns or trends. The registered manager told us they used the local authority risk matrix to assess any safeguarding issues and liaised with them for advice and guidance. Staff told us they respected people's lifestyle choices and would not judge people. They told us, "We go into their homes. We have no right to judge what they do or how they do it."

People's care files contained risk assessments which detailed any areas of daily life which may pose a risk to the person. This included mobility, skin integrity and nutrition. The senior staff also undertook a risk assessment of people's homes to ensure staff were aware of hazards which they may face when they visited. For example, if the person had any pets. The assessments also identified the location of the water and gas shut off valves and the electrical fuse boxes in case of emergencies.

The registered provider ensured the right amount of staff were provided to meet people's needs, for example, if someone needed two staff to attend to their needs this was provided. This was confirmed by the people who used the service and the staff. The registered manager showed us documentation which identified the members of staff who should be working with each person and when this needed to be increased.

We looked at recently recruited staff files and saw checks had been undertaken before the employee had started working at the service. We saw references had been taken from previous employers, where possible, and the potential employee had been checked with the Disclosure and Barring Service [DBS]. This ensured, as far as practicable, people who used the service were not exposed to staff who had been barred from working with vulnerable adults. The registered manager told us if any conviction showed up on the DBS check they discussed this with the prospective employee prior to them starting employment and made a decision about their suitability to work with vulnerable adults. All their decisions were recorded.

Staff supported people to take medicines as prescribed and had received training in this area. Care staff

were also responsible for obtaining people's medicines and the pharmacist supported with this.

Good

Is the service effective?

Our findings

People who used the service were complimentary about the support and care they received; they told us they felt fully involved with this and the service actively sought their views and opinions. They told us the staff knew what they were doing and were competent. They told us staff arrived on time and stayed for the agreed length of time. They all felt staff completed all the tasks, care and support they should and often went that extra mile. All said they felt the care workers were inducted and trained well. Comments included, "They seem to be well trained, they know what I need and are very caring" and "I think they get training; my carer tells me they do."

Staff told us the training they received was excellent and it equipped them to undertake their roles and meet the needs of the people who used the service. They told us they received annual training in health and safety, safeguarding people from harm, how to use lifting equipment, how to assist people to move safely, food hygiene and medicines. We saw records which confirmed this. The staff told us they received regular supervision and a yearly appraisal. During their supervision they discussed their training needs, any development they felt they needed and their work load. During their yearly appraisals they discussed any ongoing training and set targets and goals for the coming year.

Recently recruited staff told us they had been through an induction period and had shadowed other care staff before undertaking home visits on their own. The registered manager showed us the induction was based on recent good practise guidelines laid down by recognised bodies. The registered manager also undertook spot checks in people's homes to assess the competency of staff and gain the views of the people who used the service about the staff. Systems in place identified what training the staff had undertaken and when this was due for renewal. This helped to make sure staff had up to date training and were following recent guidelines. The registered manager also kept their own training up to date and was undertaking further management training as part of their own development.

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 the community who needed help with making decision 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. The registered manager told us all of the people who used the service could make their own decisions but were sometimes supported by their relatives by choice.

Staff supported people with their meals and ensured they ate food which had been prepared for them, sometimes by relatives and was to their liking. Care plans we saw contained instructions for the staff to follow with regard to meals. For example, making sure people's food was warmed up for them and served as they preferred. They also left food for people to eat at tea time if staff were not in attendance, for example, sandwiches and other snacks. Documentation we saw demonstrated staff monitored the person's food intake and notes were made about whether people were eating the food made available to them. If someone's appetite changed or they had problems with their diet this was monitored and shared with the placing authority and referrals were made as needed.

Care plans contained evidence of reviews being under taken which involved the person, staff from the service and other health professionals; any changes to the person's needs following these reviews were recorded. Care plans were also updated following visits from GPs or following hospital admissions which resulted in the person's needs changing.

Good

Is the service caring?

Our findings

People who used the service told us the staff were caring and kind. Comments included, "I'm quite happy with everything, I would definitely recommend them", "They always come dead on time", "Excellent in every way", "Would recommend to anyone" and "They are nice girls, they would do anything for me." People also told us the care staff had enough time to treat them well and they didn't feel rushed. All the people we spoke with told us they were treated with dignity and respect. They all said they were fully involved in their plan of care and felt the care staff always listened and acted on their wishes.

Staff could describe how they would maintain people's dignity and ensure their choices were respected. They told us they found a lot of this type of information in people's care plans and usually followed that. They also told us they clarified things with people but didn't like to ask them too much just in case people felt they were being nosey. They told us when they asked people things, for example, what they wanted to eat or drink at meal times; they always allowed people time to answer. This was the same when they helped people with any personal tasks. They were also aware of respecting other people in the house and not to impact into their privacy and to respect their space.

The staff told us because they were caring for people in their own homes they had to respect this and not judge people about the way they lived or their environment. They also acknowledged they needed to be aware of people's cultural backgrounds and respect their wishes and routines. The registered provider had confidentiality polices and staff were aware of these. They told us they never discussed other people at any time unless they needed to pass information on to their colleagues or the registered manager.

Staff understood the needs of the people they were caring for and supporting. They could describe people's likes and dislikes and why these were important to people and why it was important to respect these. They were also aware of the need to maintain people's routines so this did not disrupted and impact on people's carers too much when they took over. Care plans we looked at contained information about people's preferences, likes and dislikes and their past lives. Staff we spoke with were able to describe people's needs and how these should be met.

Care plans demonstrated people who used the service, or those who acted on their behalf, had been involved with its formulation. We saw reviews had been held and people's input into these had been recorded.

All confidential information was stored securely in the service office and staff only accessed this when needed.

Good

Is the service responsive?

Our findings

Care plans we looked at were person centred and had been formulated through a process of assessment undertaken by both the placing authority and the senior staff at the service. The care plans contained evidence people who used the service, or the person who acted on their behalf, had been consulted and had an input in to what was written in the care plan. People told us the service always involved them in devising their care programmes and involved family members, if they wished. Comments included, "Yes I feel fully involved with my care" and "My daughter attends reviews with me with the staff from the office." Minutes of reviews were seen in people's care plans showed these were attended by staff from the service, the placing authority, the person using the service and their relatives if appropriate. People told us they knew who to complain to, they told us, "Someone from the office comes around from time to time to ask how things are going and if there are any concerns and if there is anything they can do better." People also told us they had access to emergency contact numbers so they could contact the office if they needed to.

People's care plans also described the person and their preferences, how they liked to spend their day and what activities they were interested in. There were detailed instructions for the staff to follow about how they should support people in the undertaking of these activities, for example, shopping and going to day care service. This ensured as far practicable the person received care and attention of their choosing.

Sections of the care plan described the potential risk to people's health and wellbeing and how staff should respond to these and keep the person safe. The risk assessments included the risk of falls, nutritional risk assessments and assessments about the safety risk to both staff and the person around the person's home. The risk assessment had been reviewed on a regular basis and changes made where needed. There was also evidence of consultation with health care professionals where needed.

The daily notes and records made by the staff in people's care plans demonstrated they provided the care and attention to meet people's needs. For example, daily notes documented what the person did, how the staff supported them and any changes in the person's needs. These also documented who the staff contacted and what advice had been given and what assessments had been undertaken if the person's needs changed. For example, if the person's care was changed following a visit by their GP and there had been changes to their medicines or changes to the person's wellbeing following a hospital appointment or admission.

Staff were aware they could be the only point of contact some people had with the outside world. They told us they made sure people were kept up to date about with what was happening, what day it was and they made sure they were always upbeat. They understood some people could become socially isolated and made efforts to alleviate this where they could.

The complaints procedure explained how people could complain in the first instance to the service's management team. It also explained within what time scale people should expect a response. It explained people had a right to complain to other bodies, for example the CQC, the local authority and Local Government Ombudsman. The registered manager told us they viewed complaints as an opportunity to

learn and change, and encouraged people to raise concerns through the visits they made to people's homes and directly to the office.

Good

Is the service well-led?

Our findings

People we spoke with told us they had been consulted about how the service was run. Comments included, "I get regular updates about the how the service is doing and if there any changes" and "[Manager's name] comes round every now and again to see how I am, you know where you stand and I like that." Relatives told us they had been consulted and were satisfied with the service provided. Comments included, "The manager has spoken to me and we get regular surveys."

Staff told us they found the registered manager approachable and could go to them for any guidance or clarification. They also told us they found the other staff who worked in the main office approachable and supportive. The registered manager told us they often accompanied staff on their calls to establish working practises and to keep in contact with the people who used the service. They also made themselves available on the rota to cover any shifts in an emergency.

The registered manager told us the aims of the service were to provide an excellent personalised service to people who wanted to stay at home. They felt this was achieved by having the right staff and listening to people. They also felt they had a good working relationship with the placing authority and worked closely with them to make sure people received the care they needed.

The registered provider used surveys for people who used the service to air their views and opinions. Surveys were used to check people's satisfaction with a range of topics including, amongst other things, the care provided and the staff. Surveys were also sent to health care professionals and people's relatives to gain their views about the service provided. The registered manager collated these views and produced a report outlining any shortfalls and how these were to be addressed.

Staff told us they had regular meetings and were encouraged to air their views. They also told us they could visit the office and the registered manager was always available for guidance or information. They told us they could contact the office and had emergency numbers if they needed them; and they found the registered manager approachable and open to their views and opinions.

The service had developed a newsletter which was sent to all the people who used the service, this informed them about the outcome of the surveys and what developments had taken place as a result of consultation. A newsletter was also sent to staff informing them of any developments in the company and changes in working practises due to changes in legislation or good practise guidelines. These were also reinforced during staff meetings.

The registered manager showed us the audits they undertook on a monthly basis; these included branch performance, complaint statistics and any missed calls reported via operational directorate. They also audited medicines, policies and procedures and staff working practise. The registered manager monitored the care and attention the people who used the service were receiving, for example, an analysis was made of all incidents and accidents to establish any learning points. If anything was developed because of this learning, or changes made, this was shared with the staff and policies and procedures changed. Any action

plans set as result of these audits were time limited and reviewed to ensure they were effective and addressed any identified shortfalls to the service.

Computerised systems were in place to ensure staff turned up to visits and stayed for the allotted time. This helped the registered manager to identify any shortfalls in service and to respond quickly to any missed calls.