

Wisdom Support Limited

Wisdom Support Services Ltd

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

Wisdom Support Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone using Wisdom Support Services Ltd receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the provider was providing personal care to two people.

This inspection took place on 20 April 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the manager would be available. At our last inspection on 11 and 14 April 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had a registered manager in post. 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.

Appropriate recruitment checks took place before staff started work. The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Staff completed an induction when they started work and they received training relevant to people's needs. They had received training in infection control and food hygiene and they were aware of the steps to take to reduce the risk of the spread of infections. Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff treated people in a caring, respectful and dignified manner. People and their relatives had been consulted about their care and support needs. People could communicate their needs effectively and could understand information in the current written format provided. People and their relatives said they were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs. There were systems in place to provide people with end of life care and support if and when it was required.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through telephone monitoring calls, spot checks and satisfaction surveys.

Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wisdom Support Services Ltd

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.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR). This is a form submitted by the provider giving data and information about the service. We looked at statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted the local authorities that commission services from the provider to gain their views about the service. We used this information to help inform our inspection planning.

This inspection took place on 20 April 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team comprised of one inspector who attended the location. They visited and spoke with one person using the service at their home. Not all of the people using the service were able to communicate their views to us verbally. We undertook general observations throughout our visit and spoke with family members to help us understand the experience of people who could not talk with us. They also spoke with two relatives and one member of staff. They looked at two people's care records, staff training and recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

The provider had procedures in place to protect people from abuse. A member of staff told us they would report any safeguarding concerns to the registered manager or to the local authority if they needed to. They also told us they would use the provider's whistle-blowing procedure to report poor practice. Training records confirmed that all staff had received training on safeguarding adults from abuse.

There were enough staff on duty to meet people's needs. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. A member of staff told us there was always enough staff on duty to meet people's needs. The registered manager told us staffing levels were arranged according to people's needs and activities. If extra support was needed for people to attend social activities additional staff cover was arranged.

Appropriate recruitment checks took place before staff started work. We looked at the personnel file of one member of staff who had joined the service since our last inspection. We saw a completed application form that included references to their previous health and social care work experience, their qualifications and employment history. The file included two employment references, proof of identification and evidence that criminal record checks had been carried out.

Action was taken to assess any risks to people. People's care files included risk assessments for example on eating and drinking and accessing the community. The assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. Risk assessments had been carried out in people's homes relating to health and safety and the environment. The registered manager told us that incidents and accidents were monitored to identify any trends. Where trends had been identified we saw that people's care records had been updated to reduce the likelihood of the same issues occurring again.

The provider had an infection control policy and procedure in place that had been reviewed in January 2018. We saw records confirming that all staff had completed training on infection control and food hygiene. A member of staff told us that personal protective clothing such as gloves and aprons was available to them when needed.

People were supported, where required, to take their medicines as prescribed by health care professionals. At the time of the inspection only one person required support from staff to take their medicines. This was recorded in the person care plan. We saw medicine administration records (MAR) were being completed by staff confirming that the person had taken their medicines. Records confirmed that all staff had received training on the safe administration of medicines. Where staff administered medicines to people the registered manager had assessed their competence in administering medicines. This ensured that staff had the necessary skills to safely administer medicines.

Is the service effective?

Our findings

Assessments of people's care and support needs were carried out before they started using the service. These assessments along with referral information from local authorities were used to draw up individual care plans and risk assessments. People had health action plans which took into account their individual health care support needs. They also had hospital passports which outlined their health and communication needs for professionals when they attended hospital.

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. For example where a person required support with eating and drinking this was recorded in their care plan and they had been referred to the speech and language therapy team (SALT). A SALT assessment and plan was in place advising staff on how to safely support the person with eating and drinking. Records of health care appointments and visits were kept in people's files explaining the reason for the appointment and details of any treatment required and advice received.

A member of staff told us they received regular supervision and an annual appraisal. They said they had completed an induction when they started work and they were up to date with the provider's mandatory training. Records confirmed that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance. Records also showed that all staff had completed an induction when they started work and training that the provider considered mandatory. This training included fire safety, health and safety, infection control, food hygiene, first aid, the safe administration of medicines, manual handling, equality and diversity, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also received training relevant to people's needs for example, autism awareness and physical intervention. The registered manager told us that any staff new to care would be required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of social care workers.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

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 that people had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

Is the service caring?

Our findings

One person expressed to us through gestures that they liked the staff. A relative told us that the staff were very kind and caring.

People and their relatives were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People's care records included communication profiles that recorded their specific methods of communicating with staff. When we visited one person who was supported by live in care staff at their home it was evident that the member of staff knew them very well and communicated with them effectively. The person used an iPad application to express their needs and wishes. They also used Makaton, a language program which uses signs and symbols to help people communicate. When we asked them if they were happy with the care they were receiving they gave us a thumbs up. We observed staff supported the person to get ready to attend a medical appointment. They told us the person liked to take their time to do things and did it at their own pace so they didn't rush them.

Care plans included a section that referred to people's diverse needs. The registered manager and staff told us that where people had expressed any religious, cultural or sexual preferences they had always been happy to support them to do whatever they wanted to do. A member of staff told us they supported one person to Church every Wednesday and Sunday.

People's privacy and dignity was respected. We observed that staff treated people in a respectful and dignified manner. A member of staff told us they knocked on people's door's and asked for permission before entering. They made sure they closed doors and drew curtains when supporting people with personal care. They said they encouraged people to do as much as they could do for themselves. Where they did offer hands on support they explained what they were doing and made sure people were happy to continue. They offered different options of what clothes people wished to wear and they made sure clothing was appropriate for the weather conditions. They offered people choices of food at meal times so that they could choose what they wanted to eat. A member of staff also told us they made sure information about people was not left lying around and was kept confidential at all times.

People were provided with appropriate information about the agency in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

Relatives told us the service was meeting their relatives care and support needs. One relative said, "They look after my relatives personal care and support needs very well. I regularly attend review meetings where we talk about their needs and I feel that I am listened to." Another relative commented, "My relative receives consistent care which is very important to them. The staff have looked after my relative for a long time now and they know them very well and what they need to do to support them."

People care files held referral information from the local authorities that commission services from the provider. The referrals included a breakdown of people's care and support needs. The files also included the provider's assessments which covered areas such as moving and handling, eating and drinking and the support people required with medicines and health and safety around the their homes. Care plans were developed outlining how these needs were to be met and included information and guidance for staff about how people should be supported. The files showed that people and their relatives, where appropriate, had been consulted about their needs. We saw that care plans were kept up to date to make sure they met people's changing needs.

The registered manager told us that people were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the complaints procedure and the service users guide. One person used an iPad and sign language to express their needs and wishes. Another person used electronic touch based communication system to communicate with staff. The registered manager told us that people used these methods to communicate their needs with staff on a daily basis and with professionals at review meetings.

People's relatives said they knew about the agencies complaints procedure. One relative told us, "I would contact the registered manager if I wasn't happy about things and sort it out with them." Another relative said, "I know about the complaints procedure. I have had a few things in the past where I needed to speak to the registered manager and they have dealt with it the right way. If I wasn't happy with the service I could go somewhere else." The registered manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to and where necessary meetings were held with the complainant to resolve their concerns.

The registered manager told us that no one currently using the service required support with end of life care, however they would liaise with health care professionals in order to provide people with care and support if this was required.

Is the service well-led?

Our findings

A relative told us, "We have a very good working relationship with the registered manager and staff. When the registered manager and the staff show commitment it can only mean that the service is good."

The service had a registered manager in post. They had managed the service since its registration in 2011. The manager was also the registered provider. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager. They said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A living in member of staff said, "I get really good support from the registered manager. Anything I need or ask for they will always make sure I get it. I love working here."

The registered manager recognised the importance of regularly monitoring the quality of the service. They showed us completed quality monitoring forms they used to monitor the quality of the service that people received. These forms included spot checks, call monitoring, checks on care plans, risk assessments, people's support guidelines, staff training, supervision and appraisals, accident's and incidents and complaints. They also completed monthly medicines balance checks to ensure medicines were managed and administered safely. The registered manager showed us records from unannounced spot checks they had carried out on care staff to make sure they were supporting people in line with their care plans. There was a telephone call monitoring system in place that made sure staff turned up to support people or stayed for the allotted time to provide care. We saw a log of these calls and observed the registered manager contacting people and staff throughout the course of our inspection to make sure people received care when they were supposed to.

The registered manager took people and their relative's views into account through annual satisfaction surveys. We saw completed questionnaires from the survey conducted in January 2018. Feedback had been very positive and none of the people that completed the survey had made any recommendations for improvement. The registered manager told us they continually used feedback from the surveys, spot checks and telephone monitoring calls to evaluate and make improvements at the service.

The registered manager worked effectively with other organisations to ensure staff followed best practice. They told us they had regular contact with local authority care managers and health care professionals and they welcomed their views on service delivery. They attended provider forums run by a local authority where they learned about good practice carried on by other care providers. They said they had used some of what they had learned at the forums to make improvements at the service. For example they had provided staff with training they had learned was relevant to the people they were supporting. The registered manager also showed us feedback from a health care professional following a recent incident involving a person using the service. The health care professional felt that staff had done a good job in light of the particular circumstances. They asked the registered manager to share this positive feedback with staff.