

Wright Homecare Limited

Wright Homecare Limited

Inspection report

71 Meadow Lane
Newhall
Swadlincote
Derbyshire
DE11 0UW

Tel: 01283215912

Date of inspection visit:
25 November 2015

Date of publication:
07 January 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

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 25 November 2015 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 October 2013, there were no concerns identified in the areas we looked at.

The service had a registered manager. 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 chose how to spend their time and staff sought people's consent before they provided care and support. Some people did not have capacity to make certain decisions. It was not clear how some decisions had been made and whether people should make the decision for themselves. We saw some people may have restrictions placed upon them as they were not able to go out alone and may not have the capacity to make a decision about their safety. Applications to ensure these restrictions were lawful had not been made. You can see what action we told the provider to take at the back of the full version of the report

People were supported to take risks at home and when out and encouraged to do the things they liked to do. 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 levels were sufficient and flexible to support people and to provide them with opportunities to pursue their interests. People were involved with a range of activities including going out to social clubs and maintaining relationships with friends and family.

People were supported to take their medicines and systems were in place to ensure that people received their medicines as prescribed and to keep well.

People were supported to eat and drink the food they liked. Staff knew how to support people to eat well and maintain a healthy diet.

People were treated with kindness and compassion by staff who knew them well. People were given time and explanations to help them make choices. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

People who used the service and relatives knew how to make complaints and staff recognised changes in people's behaviour which may indicate they were not happy. 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 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 supported to stay safe and provided with the support to reduce the risk of harm. Staff knew how to recognise harm and how to report this to ensure people were protected from further potential abuse. There were sufficient staff to meet people's agreed support needs and recruitment procedures meant checks were carried out to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's consent was sought when providing support although where people may lack capacity; decisions were not always made to ensure people were supported to be safe in the least restrictive way. Staff received training to meet the changing needs of people and supported to eat and drink the foods they liked.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring, respected their privacy and promoted their independence. People were encouraged to be independent and staff helped and guided people to make choices about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the review of their care and decided how they wanted to be supported. People were supported to raise concerns and staff identified changes in behaviour which may indicate a person was unhappy. Staff responded to these changes to improve the support they received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the support they received and were asked how they could improve the support and service. Staff told us they were supported in their role and able to comment on the quality of service and raise any concern. Systems were in place to assess and monitor the quality of care.

Wright Homecare Limited

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 visited the service on 25 November 2015. The inspection team consisted of one inspector and the inspection was unannounced. Our last inspection was carried out in October 2013 and there were no concerns in the areas we looked at.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt was relevant.

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, five members of care staff and one health care professional. 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

People told us and other people indicated through body language and gestures that they felt safe and secure with the staff. One person told us, "The staff look after me." Another person smiled and nodded their head enthusiastically when we asked if they were supported to keep safe. One person went out alone and staff explained how the person kept safe. The registered manager told us, "[Person who used the service] is a well known person in Swadlincote. They love to go out and they let us know where they are going. We have telephone numbers of the places they like to visit and if we are concerned we call. They have always lived in this area and know how to get about and definitely know what they want to do." Care records confirmed that risks had been assessed to ensure they were safe whilst not limiting their independence.

One person had specialist equipment to mobilise. Staff explained how the equipment was used and the procedures for supporting the person to get out of bed and into a chair. The staff also explained how to support the person to sleep in a comfortable position and how the pressure relieving mattress worked. The staff demonstrated a good knowledge of the equipment to ensure it was used correctly to keep the person safe. We saw records which showed that daily and weekly checks were carried out to ensure the equipment worked correctly. Risk assessments were in place for relevant aspects of individual care to minimise the risk of harm and we saw these matched the information staff spoke to us about.

People were protected from abuse as the staff understood how to safeguard people and knew what action to take if they suspected people may be at risk of harm or abuse. The staff described different forms of abuse and what they would look for and had undertaken training in safeguarding adults. One member of staff told us, "We work so closely with people here that we notice the small things that change. If we thought for one moment that something was wrong we'd report it." The staff explained what they would do if they had concerns about any person's safety and felt confident to raise any concerns with the registered manager or provider. The registered manager told us that they understood their responsibilities around referring safeguarding issues to the lead authority.

When new staff started working in the service, they told us that that recruitment checks were in place to ensure they were suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work. One member of staff who had been recently recruited to the service told us, "I had to wait quite a while before I started working here, but the manager made it clear I needed all my checks back before I started."

There was enough staff available to provide people with care and support. People told us they were happy with the support provided and they were able to do the things they wanted to do. The registered manager explained how the staffing provided was organised flexibly so people could be involved with activities. One member of staff told us, "We have more staff later in the day, as during the day there is only one person here. We want to make sure we are here when people are here so we can support people and do what people want us to do."

We saw people were supported to take their medicines at the correct time. The staff explained the

medication procedures and there were effective systems in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

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. 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).

We checked whether the provider 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 staff told us that some people may lack the capacity to make certain decisions. For example, whether to go out alone and keep safe or whether to take medicines. Capacity assessments had not been completed to establish whether people had capacity to make certain decisions. We saw one person had equipment to monitor their movement at night and the staff informed us that the person did not have capacity to make a decision about whether this equipment was used. The ethics of using this equipment had been considered but there was no evidence to establish why the monitoring equipment was being used in their best interests.

We saw some people had restrictions placed on them as they could not leave the home without support. The staff told us that these people would not be safe and needed support and may not have the capacity to make a decision about how safe they were. The staff told us that when people wanted to go out or approached the front door to be opened, they would speak to the person and explain they would go out later with a member of staff, but the people didn't go out unsupported. An application to lawfully restrict one person's liberty had been made five years previously, but no further action had been taken to ensure this assessment was carried out. This meant this person and other people who used the service did not have an authorisation to lawfully restrict their liberty.

This evidence demonstrates there was a breach of Regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who had received an induction and training before providing care. One member of staff described their induction. This consisted of spending time shadowing more experienced members of staff and spending time with each person, so that they could get to know each other. They told us they were working towards completion of the Care Certificate. The Care Certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The member of staff told us, "We've recently completed training to understand autism. I really enjoyed this and it helped me to understand people's behaviour. I now understand that we need a consistent approach and when certain behaviour happens, we all say the same thing." We saw where people had complex needs staff supported people consistently and we heard the same response given to one person. Another member of staff told us, "It helps [person who used the

service] if we all respond the same way. If we all do different things, they can become upset."

People were supported to meet their health needs and received support from specialist health workers to meet their needs. One person received support from a physiotherapist and one member of staff told us, "The physio has been brilliant. They've helped us to know how to move [person who used the service] and how they need to sleep and be comfortable. They've also helped us to understand what support they need for breathing more easily. We spoke with a health care professional who told us "The staff have been very supportive and we work closely to ensure [person who used the service] is supported properly." Each person had a health plan that had been completed in an easy read format. We saw that health professional's advice was included in people's care records and staff demonstrated they had a good understanding of how they followed this.

People were supported to eat and drink what they liked and we saw people eating their evening meal together, which was a relaxed experience. One person told us they enjoyed their meal, they told us, "It was nice." We saw one person needed support to eat and did not want the meal that had been prepared. Two other different meals were prepared and a member of staff told us, "It's really important [person who used the service] eats well, as they cannot afford to lose weight. We know what [person who used the service] likes to eat and as they are not able to speak with us, we try different foods until they show us they are happy." The care records included information about how they were supported to eat and advice from health care specialists which we saw was followed.

People's health needs were monitored by staff and other health professionals, such as doctors and nurses. One person told us, "I go to the doctors when I'm not well with staff." Relatives told us the staff supported people to attend appointments and keep well. One relative told us, "If there are any problems, they will always call the doctor and seek help." Information relating to people's health care needs was recorded in their health action plan including contact details in the case of emergencies. We spoke with a health care professional who told us, "If there are any concerns, the staff don't hesitate to contact me. They staff know people well, so recognise where there are any changes." People had health passports which provided useful information when people attended hospital or other health appointments. One member of staff told us, "It's good that it's in one easy folder, as we can just grab this is people need to go to hospital in an emergency."

Is the service caring?

Our findings

Parents and relatives of people who used the service told us the staff were caring. One relative told us, "It's a lovely homely place. The staff are always kind and pleasant." Another relative told us, "The staff are really dedicated and committed. We are really pleased that [person who used the service] lives here. It means a lot to us that we know they are so well cared for."

People had developed good relationships with staff. The staff knew what was important and of interest to each person and understood people's different communication styles. We saw staff communicating in different ways with people to ensure people had the opportunity to express their wishes and be understood. We saw that staff recognised where people may feel sad or wanted to spend time with them. One member of staff told us, "Not everyone is able to speak with us so it's important that we recognise what people are trying to tell us. Most of us have been here for a long time and have good relationships with people." One relative we spoke with told us, "The staff are very supportive and it's lovely to see what [person who used the service] does and how well they get on with the staff." Another relative told us, "The staff do that extra bit. When [person who used the service] went into hospital, the manager made sure there was a member of staff with them all the time. This made everything so much better for them."

People were supported by staff who were motivated and enthusiastic and people were helped to be involved with activities that interested them. The registered manager and staff worked flexibly to enable people to attend social activities and understood the importance of these and maintaining friendships. People were supported to close develop relationships with other people and maintain relationships with family members. One relative told us, "We are always made to feel welcome whenever we or anyone in the family visits. It's like visiting anyone else in our family; we can visit at any time."

People were treated with respect and kindness. The staff knew each person, their personal histories and their interests well. People were comfortable and happy around staff and there were smiles and laughter between them as they chatted. The staff talked with people about their lives, who and what mattered to them and significant events.

People told us they could make choices and decisions about their care. We saw that people were asked whether they wanted to help us with the inspection and whether we could look at their care records. Staff helped people to understand information about their choices so they could make a decision.

We saw people's privacy and dignity were promoted and respected. One person wanted to spend time in their bedroom and this was respected. When people were offered a drink or snack, the staff knocked on their door and asked them if they wanted to join in or to have a drink in private and their decision was respected.

Is the service responsive?

Our findings

People were included in the development and review of their support plan. One person had a review of their care and told us their parents were visiting so they could be included. The staff confirmed that people were able to invite family and friends to their review and they were supported to read and understand any information. We spoke with relatives and one relative told us, "We always come for [person who used the service]'s review. We talk about the support they receive and if they want anything to change. We are not left out and it's good that we can all speak together about it." We saw care records reflected any changes to any support and one member of staff told us, "We're very good at talking with each other here. I think it helps that we are such a small team, so we know if anything changes." The care records included information about each person including their personal histories, individual preferences, interests and significant relationships. One member of staff told us, "It's important that we have this written down so we all now we are doing the same thing and know what people want."

People spoke with us about their hobbies and interests and told us they enjoyed going out shopping, to a local social club and spending time with family and friends. One person told us, "I like dancing." One person had been shopping for Christmas gifts for their family and another person had been out independently to the local town. With support from staff, they told us they liked to go to the local pubs and walking in the local area. Other people attended a local day service provision and told us they were involved activities which promoted life skills. One person proudly showed us the food they had cooked and shared this with other people after the evening meal. Another person told us about their trip to Blackpool and their holiday adventures. One member of staff told us, "We try and do as much as we can. We ask people what they want to do and then get something arranged."

People's concerns and complaints were investigated. Some people were unable to raise their own concerns but had access to an advocate. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. One member of staff told us, "We have to help people to speak out. We know people really well and if we are worried about people and they show different behaviour, we talk with them and sometimes have to try and work what is the problem. We never ignore those little changes." Relatives told us they would raise a concern with the registered manager. One relative said, "I've never had any cause for concern. I'd certainly voice this and wouldn't be happy for [person who used the service] to be living here if I was worried. We are very happy."

Is the service well-led?

Our findings

The provider and registered manager had a clear set of values to provide individual support and to promote people's independence. The staff were clear of their role and told us, "We all want to do well. This is more than a job for us. The people here mean a lot to us all. We have all known them for a long time and are committed to providing the care people want." The manager explained how the home had been purchased so people could stay in the local area together. They told us, "I supported people in a larger home that was closing. These people meant a lot to me so we set up this home so they could stay together and stay in this area." Staff told us the provider and registered manager were approachable and supportive. A member of staff told us, "They are always around and always available if we need support. They are very committed." Another member of staff told us, "The manager always reminds us that if there is anything we need, they are always there for us."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The registered manager analysed accidents and incidents to identify any patterns or trends. This enabled them to take action if needed to minimise the risks of a re-occurrence.

The local authority had visited the service to monitor the quality. We saw they had identified that some improvements were needed with record keeping and further training was required. We saw an action plan had been completed to identify how the improvements were to be made with timescales and the provider had organised the training for all the staff. This showed that the provider had responded to make improvements to the service.

Staff told us that they were encouraged to contribute to the development of the service. We saw that staff meetings were held for them to discuss issues. During these meetings, staff told us they were able to discuss how to improve the service, the support provided and raise any concerns. These meetings were also used for updates for training and to ensure staff knew of changes within the service.

Staff knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice to the provider or registered manager. One member of staff told us, "We are a small team and we see everything. We care too much for people not to say anything and I know the manager would do the right thing."

The provider completed an annual survey of the views of people who used the service, relatives, staff and professionals. One relative told us, "We had a questionnaire to complete but we didn't have any suggestions about improvements they could make. We are really happy with this service." A summary of the findings was prepared and shared with family members and discussed individually with people who used the service. A member of staff told us, "We are always looking at ways to improve though, we don't just look at this once a year."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person failed to act in accordance with the Mental Capacity Act 2005 where service users were unable to give consent to care and treatment, because they lacked the capacity to do so.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users had their liberty of movement restricted.</p>