

Wii Care Limited

# Wii Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 12 July 2017. The inspection was unannounced.

Wii Care Limited was registered to provide personal care services to people living in their own homes, mainly in the Medway area. There was an office base in Rochester in Kent. When we last inspected the service there were 82 people receiving a service. At this inspection there were five people receiving a service. Two people lived with relatives and three others lived alone in the community.

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. The registered manager was also the registered provider of the service.

At our previous inspection on 16 and 19 January 2017 we found breaches of Regulations 9, 10, 11, 12, 16, 17, 18, 19 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to provide care and support which met people's needs and preferences. Medicines had not been properly managed. Risks to people had not been adequately assessed. The provider had failed to carry out adequate employment checks. Consent to provide care and treatment had not been undertaken with the relevant persons. Complaints had not been dealt with effectively. Systems to monitor quality and safety were not always operated effectively and records were not always accurate and complete. Sufficient numbers of staff were not deployed to be able to provide the assessed personal care needs of people using the service. The provider had failed to provide care and treatment to meet people's needs. People had not always been treated with dignity and respect. The provider had failed to display their rating and had failed to notify CQC of events and incidents. We asked the provider to take action to meet Regulations 11, 19 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We took action against the provider in relation to Regulations 9, 12, 16, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received an action plan on 30 March 2017 which stated that the provider had met Regulations 11 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009 by 01 March 2017. They planned to meet Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 31 May 2017. At this inspection we found the provider had not implemented all of the improvements they had identified in their action plan.

Medicines records, risk assessments and administration required improvement. When medicines had special instructions for administration these were not included in the information for staff.

Risk assessments were in place to help to keep people safe. However, the risks identified and the control measures recorded to manage the risks were basic and generalised. The risk assessments had not been personalised and did not mitigate all the risks associated with people's health and care.

The provider and registered manager had made improvements to the processes in place to monitor the quality and safety of the service provided. However, further improvements were required to ensure the provider and registered manager continued to improve the service. None of the issues we found during our inspection had been picked up by the provider and registered manager. Records, documents and policies were not all accurate.

The provider and registered manager had carried out sufficient checks on new staff before they started employment to ensure they were suitable to work with vulnerable people. However, two out of four staff files contained missing and inaccurate information which put the quality of the checks carried out in doubt.

The provider had safeguarding procedures in place for staff to follow to keep people safe. Staff knew what signs to look out for that might suggest people were at risk of harm. Staff were able to describe what they would do if they had concerns and who they would report these to. The provider and registered manager did not have a copy of the local authorities safeguarding protocols, policies and procedures. We made a recommendation about this.

People's capacity to make their own choices and decisions had been considered following the principles of the Mental Capacity Act 2005. However capacity assessments conflicted with information about the person which had been detailed in their care plan. Capacity assessments were not decision specific. We made a recommendation about this.

People's needs had been assessed to identify the care and support they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People's care plans detailed what staff needed to do for a person. The care plans did not always include information about their life history and were not always person centred. We made a recommendation about this.

Staff had received training relevant to their roles. One staff member had not attended training relating to all of the assessed needs of a person they worked with on a regular basis. We made a recommendation about this.

There were suitable numbers of staff deployed on shift to meet people's needs. Staff had adequate time on their schedules to provide people their assessed care needs and had time to travel to the next person without rushing or cutting people's care short.

Staff received support through one to one supervision meetings. Staff competency to perform their role was checked by the training manager to ensure training delivered had been put into practice.

People told us they thought the staff were caring and they enjoyed their visits. People were given the time and care they needed to be able to maintain their independence and dignity.

Staff supported people whilst maintaining their privacy. Confidential records were securely stored.

Complaints had been adequately recorded, investigated and managed by the provider and registered manager. A complaints procedure was in place detailing the process of how to make a complaint and how it

would be handled and responded to.

People's views and experiences were sought through review meetings and through surveys.

People were supported to be as independent as possible.

Staff felt well supported by the provider and registered manager. They felt they could raise concerns and they would be listened to. They were able to freely access the provider and registered manager when they needed to and we saw that staff visited the office to do this.

Relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

Medicines administration records were not completed correctly and information and guidance for staff was not always available.

Safe recruitment processes were not in place to make sure new staff were suitable to work with people alone in the community.

People were protected from abuse or the risk of abuse.

Suitable numbers of staff were deployed to meet the assessed care needs of people living in their own homes.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Staff had received training and support relevant to their roles.

Staff had a good understanding of how to support people to make decisions. Mental capacity assessments conflicted with information found in people's care plans.

People received medical assistance from healthcare professionals when they needed it. People were generally supported by their relatives to meet their health needs.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

### Is the service caring?

**Good** ●

The service was caring.

People and their relatives told us they found the staff caring, friendly and helpful.

Staff were careful to protect people's privacy and dignity and

most people told us they were treated with dignity and respect. People's information was treated confidentially.

People spoke well about most of the staff and looked forward to their visits.

### Is the service responsive?

Good ●

The service was responsive.

Complaints had been recorded and responded to appropriately.

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the service.

People and their relatives had been asked for their views and these had been responded to.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider and registered manager had improved the systems and processes to audit, monitor and improve the quality and safety of the service provided. However further improvements were required.

Records were not accurate and complete.

Staff told us they were well supported by the provider and registered manager.

# Wii Care 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. 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.

This inspection took place on 12 July 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, we reviewed previous inspection reports, information from whistle blowers, complaints and concerns that had been passed to us by people, relatives and the local authorities.

We spoke with three staff including care staff and the registered manager, who was also the provider.

We telephoned two people and met with two people and one relative to ask them about their views and experiences of receiving care.

We contacted health and social care professionals including local authorities care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records. These included five people's care records, medicines records, risk assessments, staff rotas, four staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the provider and registered manager to send additional information after the inspection visit, including training records, policies and some contact telephone numbers. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

At our previous inspection on 16 and 19 January 2017 we found breaches of Regulations, 12, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines had not been properly managed. Risks to people had not been adequately assessed. The provider had failed to carry out adequate employment checks on new staff. Sufficient numbers of staff had not been deployed to be able to provide the assessed personal care needs of people using the service. We took action against the provider in relation to Regulation 12 and 18. We asked the provider to take action to meet Regulation 19. The provider sent us an action plan on 30 March 2017 which stated that they had met Regulation 19 by 01 March 2017.

People and their relatives told us that they had consistent staff that arrived on time to meet their care needs. One relative explained that the care visit had been altered to respond to their family member's changing needs. The care visit was now at a later time in the morning which suited their family member better.

At the previous inspection risks to people had not been adequately assessed or well managed. At this inspection we found that some risk assessments were now in place to help to keep people safe. However, the risks identified and the control measures recorded to manage the risks were basic and generalised. The control measures were chosen through a drop down menu box on the provider's electronic care recording system. This meant that the options were quite limited and not individual and specific to the person. For example, one person had arthritis and osteoporosis. The risk assessment did not include the increased risk of falling due to pain and the increased risk of fractures through falling due to osteoporosis. Some of the general risk assessments had not been tailored to each person as they referred to 'the service user' and included information not relevant to the person.

Many risks identified through care planning had not been assessed further to ensure control measures were put in place to manage the risks appropriately. For example, one person used a frame to help them to walk around. They had many falls in recent months, causing bruises. Staff had often found the person on the floor of their home when they arrived for a care visit. A specific risk assessment of falls had not been carried out to identify measures to help to minimise the risk. One person had behaviour that challenged at times. Although this was identified within the care plan a specific detailed risk assessment with guidelines for staff had not been put in place. Although support given was by one member of staff who knew the person well, it was important that crucial information was in place in case an alternative staff member needed to cover.

One person received 'live in' care once or twice a year to enable their permanent carers to take a break. The rest of the year the person was supported once a week by the service for a period of five hours to attend activities and socialisation. During the period of live in care in April 2017, no specific risk assessments had been put in place to identify risk areas specific to this time. For example, the person had difficulty sleeping at times and had routines important to them. The person was faced with potential risk if these were not followed or were unknown. Medicines were administered at night so this was an area of support that was not normally provided during the once a week support. There was no specific lone working risk assessment for the staff member, to keep them safe and the person they were supporting during the period of live in care.



Some people managed to administer their own medicines and some people had relatives who assisted them with this. Other people required the support of staff to administer their prescribed medicines. Where this was the case, a care plan was in place with the required support recorded. Where people needed the support of staff to administer creams, body maps were in place for each cream to show staff which area of the body the cream needed to be applied. A general medicines risk assessment was in place. However, risks had not been identified for people's prescribed medicines. One person's risk assessment stated there were no risks with their prescribed medicines when there were clear risks. For example, the person was prescribed a blood thinning medicine. There is a side effect of increased risk of bruising and bleeding with this medicine so this should have been highlighted to staff in a risk assessment.

A schedule of the medicines people were taking was in place as well as the medicines administration record (MAR) for staff information. However, the schedule did not have a date when it was documented so it was not clear if it was up to date or not. We saw on one person's record that the MAR showed they had been prescribed new medicines and these were not included in the schedule. The schedule included a column to highlight the side effects of each medicine. However this was not always accurate as it omitted the important side effects of a blood thinning medicine. Information about why medicines had been prescribed for people was also not included. This would make sure staff had an understanding of what they were responsible for administering and why it was required. When medicines had special instructions for administration these were not included in the information for staff. For example, one person was prescribed a medicine to be taken once a week. It is important when taking this medicine that the person has no food and remains upright for at least 30 minutes after taking the medicine to prevent side effects. This guidance was not recorded anywhere for staff when administering this medicine.

One person had some of their medicines in pharmacy filled blister packs. There were two blister packs. The MAR chart stated 'blister pack' on two separate lines for staff to sign. One blister pack was signed for once a week and the other once a day in the evening. On the medicines schedule for staff information, where the person's medicines were listed, it was recorded that one weekly medicine was in a blister pack and four evening medicines were in a blister pack. The medicine schedule also showed that another medicine, to be administered each morning was in a blister pack. No blister pack was signed for each morning on the MAR chart and the medicine was not separately recorded on the MAR chart. This meant it was unclear whether the person was receiving this medicine at all or whether it was included in the evening blister pack and the medicine schedule was incorrect. One person had recently been prescribed a weekly medicine administered by a skin patch. This was not included on the medicine schedule, however, it was included on the MAR chart. We asked the registered manager and a member of staff about this. They told us the person's relative administered this medicine once a week. The person's relative also confirmed this was the case. However, this was not recorded anywhere in the care plan or on the MAR chart. The first weekly administration of the patch had been signed for by a member of staff. This could be misleading if a new member of staff visited the person to provide their care.

Some people were prescribed 'As and when necessary' (PRN) medicines, for example Paracetamol for pain. The provider's medicines procedure included the use of a 'PRN protocol' to make clear to staff administering medicines why the medicine was prescribed, when it should be given and how often it was safe to administer. PRN protocols were not in place where PRN medicines were prescribed. This meant that staff may not fully understand how the medicine should be safely used for the individual.

The failure to assess and mitigate individual risks and to carry out safe administration of medicines was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider had failed to carry out adequate employment checks. At this inspection we found that the provider and registered manager had not recruited any staff since we last inspected the service in January 2017. We checked four staff files; these were staff that were still working with people on a regular basis. Two out of four employee files showed there were gaps in employment history. One staff member had a gap of employment between 1968 when they left school to 1998, which had not been explored. Another staff member had completed an application form which showed no gaps in employment. However, training records showed that they had worked for Wii Care in 2012. The application form had not listed this employment; this showed they were working elsewhere on the dates supplied. This called into question the accuracy of the information provided and whether the employment checks had been adequate. Interview records did not evidence that the provider or registered manager had explored reasons for these gaps.

The failure to establish and operate effective recruitment procedures was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had also completed a regular declaration to update the provider and registered manager as to whether there were any changes, which may affect their DBS. Employer references had been gained and checked for all staff.

At the previous inspection sufficient numbers of staff had not been deployed to be able to provide the assessed personal care needs of people using the service. At this inspection, we found this had improved. There were only five people receiving a service, three staff provided this care and support. The provider and registered manager had a small team of bank staff listed who could provide care if and when the three staff were not available. Staff rotas and people's daily records detailing care provided showed that people had regular and consistent staff. People and their relatives confirmed this. Staff had sufficient time to travel in between care visits which meant they were able to give people their full visit time. We spoke with the provider and registered manager they told us they had learnt from previous mistakes and would ensure if given the opportunity to do so that they would only take on certain packages of care. They also said they would restrict care rounds to ensure that there were no more than five people assigned to a staff member on each care round.

People were protected from abuse and mistreatment. The staff we spoke with had a good understanding of their responsibilities in helping to keep people safe. Staff told us they would have no hesitation raising concerns with the appropriate people if they needed to. Staff were confident the provider and registered manager would deal with any issues taken to them for their attention. Staff had access to the providers safeguarding policy. However, the provider's safeguarding policy did not reference or link to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. It contains up to date information and relevant telephone numbers to support staff making alerts about abuse. We spoke with the provider and registered manager about this. They did not have a copy of the local authority protocols in place; they searched their computer records as well as paper copies of policies. This meant that the provider and registered manager did not have all of the up to date information and guidance about keeping people safe.

We recommend that the provider and registered manager sources the local authority's policy, procedure and protocols.

Environmental risk assessments had been carried at the initial assessment, before support commenced. The outside of the person's home was visually inspected for hazards such as uneven pathways, steps up to the property or poor street lighting. Inside the property was checked for hazards and details such as where the water stop cock, electric fuse box and smoke alarms were situated were recorded.

Although most accidents and incidents had been recorded by staff in detail, we saw that some incidents had occurred and an incident form had not been completed. On one occasion, a body map had been completed showing bruising as the result of a fall; however, an incident form was not completed to attach the body map to. We spoke to the registered manager about this who was surprised and said they would speak with staff to alert them to the importance of recording all incidents as they occurred.

Staff were provided with appropriate equipment to carry out their roles safely. For example they were issued with gloves, aprons, uniforms and identity badges when they started. Staff confirmed that they could access more equipment when required. There was a stock of personal protective equipment (PPE) kept in the office which staff could access regularly to stock up.

## Is the service effective?

### Our findings

At our previous inspection on 16 and 19 January 2017 we found breaches of Regulations 9, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent to provide care and treatment had not been undertaken with the relevant persons. The provider had failed to provide care and treatment to meet people's needs. There was a lack of experienced and qualified staff to carry out supervisions for care staff. We took action against the provider in relation to Regulation 9 and 18. We asked the provider to take action to meet Regulation 11. The provider sent us an action plan on 30 March 2017, which stated that they had met Regulation 11 by 01 March 2017.

People and their relatives told us that office staff carried out checks and observations of the care staff whilst they carried out care visits. Comments included, "Office staff visit very often to check [staff member] and the care"; "[Staff member] does cream on legs and medicines. [Staff member] rings me if mum is too confused or if she is concerned about her. She's [staff member] called when she has fallen" and "Office staff come and visit to observe and ask questions".

At the previous inspection consent to provide care and treatment had not been undertaken with the relevant persons. At this inspection people's ability and capacity to make decisions for themselves was recorded in their care plan. One person's care plan stated they had the capacity to make their own decisions. It went on to say that the person's relatives made some decisions on their behalf. However, the care plan did not clarify why this was the case or the type of decisions the relatives made. We visited this person and one of their relatives in their home. We found that the person at the time of our visit was confused about what they were able to do for themselves and what care they received from staff. This evidences the importance of making care plans clear and capacity assessments decision specific so that staff have all the information they need to work safely with the person.

A mental capacity assessment had been carried out with each person. These had all been completed by the registered manager. Every person's assessment stated the person had capacity to make the decision, however, the decision the assessment related to was not recorded. This meant it was not clear what the mental capacity assessment related to. We asked the provider and registered manager about this and they said it was relating to people's capacity to consent to receiving care in their own home. One person's mental capacity assessment stated they had the capacity to make the decision about receiving care. However, in their care plan it clearly stated the person made only simple decisions such as a choice of foods or a choice of activities. According to the care plan, relatives and a health and social care professional made all other decisions on their behalf. It was therefore unclear whether people had the capacity to make decisions or not or which decisions relatives or others made on their behalf. This is an important area where clarity is required otherwise people's basic rights may be undermined. One person's mental capacity assessment stated they had the capacity to make the decision to consent to care. However, their relatives had signed the consent forms on their behalf. There appeared to be a lack of understanding about the main principles of the Mental Capacity Act 2005 and how to support people to maintain their basic rights. Staff were clear that they ensured people's decisions were respected. For example, one person had not wanted to get dressed so staff respected this. Staff shared how they involved people in decision making. For example by showing

people the different options of food, clothes and drinks.

We recommend the provider and registered manager seeks advice, guidance and training from a reputable external source to ensure a greater understanding of the Mental Capacity Act 2005, ensuring people's basic rights are not undermined.

Some people were able to make their own meals and some people had relatives who cooked for them. Some people did require the support of staff to cook their meals and serve them each day. Where this was the case, care plans detailed what food people preferred and if they required assistance to eat their meal. For example, one person had sandwiches and snacks at lunchtime and a ready meal of their choice prepared for their evening meal. Another person liked to have cold meats and steamed vegetables made at lunchtime. Where people liked to eat their meal and whether they preferred staff to stay with them while they ate or preferred staff to leave so they could eat alone was detailed. Where necessary, staff completed a food and fluid chart when they had assisted people with their meal. Listing what the person had eaten and what they had to drink. This helped communication with the next staff to visit or with people's relatives, ensuring people received the right amounts of food and fluids each day.

People's relatives or main carers usually took the lead supporting people to maintain their health and wellbeing. Staff did assist people with acquiring appointments where necessary. If relatives were not available to attend an appointment with their loved one, staff would step in and help, or if the appointment required the attendance of staff and a relative. For example, the provider's training manager and a staff member attended a meeting with one person and their relative with a health and social care professional. The meeting was held at the person's home and was to discuss an assessment for specific equipment to support the person to maintain their independence at home. The equipment was ordered and the training manager intended to provide the training to staff in how to use the new equipment safely. Staff were clear about what action they would take if they arrived at a person's home and found them to be not acted in their usual manner. This meant people's health needs were well met by staff who knew them well.

At the previous inspection there was a lack of experienced and qualified staff to carry out supervisions for care staff. At this inspection staff received regular supervision with their line manager. Staff supervision is a one to one meeting with a manager or senior member of staff. It is intended to enable managers to maintain oversight and understanding of the performance of all staff to ensure competence was maintained. This assists in ensuring clear communication and expectations between managers and staff. Supervision processes should link to disciplinary procedures where needed to address any areas of poor practice, performance or attendance. Staff files we looked at showed that staff had received regular supervision and spot checks had been carried out by the training manager. It was noted that not all supervision records had been signed by both the line manager and supervisee. The provider and registered manager shared that this had been put in place to enable the training manager to check that training learnt in the classroom had been embedded into practice. Staff who had been in post for longer than one year had an appraisal.

The provider and registered manager told us that staff had appropriate training and experience to support people with their individual needs. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding, dementia and food hygiene. We reviewed the training matrix and found the three staff members providing care to people on a weekly basis had attended all the training that was relevant to people's current care needs. Except one staff member who worked with a person who could sometimes display behaviours that others would consider challenging. The person also had an autistic spectrum condition. The staff member had not attended training which was relevant to meeting this person's needs.

We recommend that the provider and registered manager seek training from a reputable source to ensure staff are trained to meet people's needs.

Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard.

Some staff had completed the nationally recognised 'Care Certificate' by Skills for Care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Other staff were working towards completing this.

# Is the service caring?

## Our findings

At our previous inspection on 16 and 19 January 2017 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action against the provider in relation to this.

At this inspection we found there had been improvements.

People told us they liked the staff and they were kind and caring. Comments included, "She [staff member] is kind and caring"; "I am happy with the care"; "[Staff member] is nice, she is my carer"; "I am happy with the care I get from [staff member] we get along just fine".

Relatives also generally thought the staff themselves were caring and knew their loved ones reasonably well. One relative said, "We are very happy with the care we receive from Wii Care for my mum".

At the previous inspection we found that people were not always treated with dignity and respect. At this inspection we found that people were treated with dignity and respect. One person shared how the staff respected their personal wishes and preferences in relation to their home. "[Staff member] respects my home". They told us they didn't like staff using their toilet. The staff member that provided them their care respected this. People confirmed that the staff either used the key safe to enter their homes (if this had been agreed) or they rang the doorbell and waited to be let in.

Care plans guided staff to encourage people to be as independent as possible when carrying out their care and support.

People and their relatives (where appropriate) were involved in their initial assessment, describing how they wanted their care and at what times. People had signed to say they had been involved in developing their care plan.

As the provider supported a small number of people, this meant people could choose the times they had their support and this could be honoured. Staff were also consistent, people received support from the same members of staff.

People received care that was not hurried or rushed. One staff member shared how they spent longer with people to ensure they had time to chat. The staff we spoke to spoke with fondness about the people they supported and tended to know people well. A person told us, "We have a laugh and a chat".

Staff maintained people's privacy. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. One staff member said, "I would close curtains, when providing personal care". They also explained how they only undressed one half of the person's body at a time.

People were given a service user guide at the commencement of their support. This detailed the information they needed to know about the service provided and what to expect. Information such as how to make a complaint and who to was incorporated into the guide.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.



## Is the service responsive?

### Our findings

At our previous inspection on 16 and 19 January 2017 we found breaches of Regulations 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and support which met people's needs and preferences. Complaints had not been dealt with effectively. We took action against the provider in relation to Regulation 9 and 16.

At this inspection we found there had been some improvements, people were listened to, complaints had been dealt with effectively and people received care that met their needs.

People and their relatives told us that the care and support they received was responsive to their needs. One person told us, "She [staff] helps me make drinks, makes my bed and even waters the garden if it is needed. She also does meals if I want her to". Another person said, "She always says to me, is there anything else I can do before I go".

At the previous inspection the provider had failed to provide care and support which met people's needs and preferences. At this inspection we found the provider and registered manager had invested in an electronic recording system. The provider and registered manager told us people's personal information and care plans were stored on the system giving easy access to staff via their mobile phones. The intention was that staff electronically recorded when they had completed essential assessed personal care tasks. We were told if staff did not do this, an alert was sent directly through the system where it would be flagged with the registered manager who could investigate immediately. However, during the inspection, we found the electronic system was not working. Staff told us this had been the case for a few weeks but they could not say exactly when. People's personal information and their care plans had been printed off previously and copies were kept in a file in people's own homes so that people, their relatives and staff could still access it. Paper copies were also kept in the office. This meant the benefits of the system and the backup of live alerts was unavailable. The provided and registered manager could not tell us when the system would be functioning again.

Each person had an initial assessment before care and support was commenced to determine people's wishes and needs. A record was made of when people wished to have their support visits, the times and the days of the week. Some people required staff to visit them three times a day every day of the week and some only once a day. Others had support only once a week, to socialise and attend activities. A description of the care tasks people required, how they liked to have their support and where to find things in their home were recorded for each care visit. Reminders for staff were also recorded. For example, reminding staff to make a note of what people had eaten so their relatives knew, and to make sure they left drinks and snacks available before they left.

One person who had 'live in' care once or twice a year so their permanent carers could take a break did not have specific care plans to cover this period. One member of staff had supported the person for two weeks in April 2017 and no specific care plans covering this period were in place.

There was very little personal information about people in their care plan. For example, a recording of people's life history, what their interests were and who was important to them such as friends and relatives. Only one person had this information documented in their care plan.

We recommend the provider and registered manager seeks advice and guidance from a reputable external source to develop person centred care plans, enabling a more holistic approach to people's care and support.

At the last inspection complaints had not been dealt with effectively. At this inspection we found that office staff visited people in their homes to check if they were happy with the support received and identify any changes required to the care plan. One visit in April 2017 highlighted one person's need for an extra care visit as they were experiencing increased falls. It was felt the extra visit was needed to support the person to be safer in their home. The record stated the registered manager would contact the person's relatives to discuss. Rotas showed an extra care visit had been arranged relatives also confirmed this.

An easy read copy of the complaints procedure was in each person's care file. The easy read version advised people to take their complaint to the provider and did not give further guidance if they were not happy with the response to their complaint by the provider. This version, which was given to people for their reference, did not include details of the Local Government Ombudsman (LGO). This is the body people can go to outside of the organisation if they are not happy with how the provider handled their complaint. Two complaints had been received by the provider since the last inspection. These had been handled and recorded appropriately with an investigation and response to the complainant documented.

Satisfaction questionnaires were given to people to complete on a regular basis to gain their feedback. Questionnaires had been sent out in March 2017 and June 2017. All the feedback we looked at was good, all five people were 'very satisfied' with their support. One person's relative had written, 'I could not be happier with the care and support that Wiicare provide to [person]. [Person] looks forward to going out on a Saturday with key worker [staff name]. [Person] has come on leaps and bounds with the support of his keyworker. Wiicare have been an amazing support to not only [person] but as a family too. Always at the end of the phone when needed for a chat or support with [person's] behaviour'. People had been sent letters asking if they wanted to provide feedback as a testimonial. One testimonial was received from a person during the inspection dated 12 July 2017 which read, 'Very good, get what you asked for'.

## Is the service well-led?

### Our findings

At our previous inspection on 16 and 19 January 2017 we found breaches of Regulations, 17 and 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took action against the provider in relation to Regulation 17. We asked the provider to take action to meet Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider sent us an action plan on 30 March 2017 which stated that they had met Regulation 20A by 31 May 2017 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009 by 01 March 2017.

At this inspection we found that auditing systems were in place to monitor the quality and safety of the service. The provider and registered manager had carried out audits of care plans and medicine administration records and had monitored complaints and accidents and incidents. Although audits had been undertaken of care plans and medicines administration, no concerns had been identified by the registered manager. This meant the issues we identified in these two areas through our inspection could have been addressed earlier if they had been found and actioned.

The provider and registered manager had failed to identify that recruitment records were missing information and that mental capacity assessments required improvements. Staff file audits had taken place since the last inspection. The audits had not identified that one staff members copy of their car insurance had not been updated (it had expired on 24 July 2016).

The provider and registered manager told us that they had kept people and their relatives informed about the service and concerns that CQC had raised. The provider and registered manager said that they had written to people and copies of these letters were in their files. We checked the files and care records and found no such letters. We spoke with one person and they confirmed that they had not been written to or communicated with in relation to the service. They explained that they had only known that staff were leaving or that staff had left because staff were telling them and all of their regular care staff ceased coming to provide their care. The provider and registered manager had not acted in an open and transparent way with people and their relatives.

The provider and registered manager had reviewed and developed some policies and procedures since our last inspection. Some policies and procedures did not provide all the information staff needed. For example, the adult safeguarding policy did not contain all the relevant information staff required. The complaints policy had been updated in March 2017 but this listed the old Health and Social Care Act 2008 (Regulated Activities) Regulations from 2010. These regulations were replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found evidence in the inspection that policies were not always followed. For example, the falls prevention policy dated 01 August 2016 stated, 'The appropriate professional will also be contacted e.g. falls risk advisor, occupational therapist if there are changes in the service users health or they begin to fall a falls risk assessment will then be carried out'. It also stated that when a fall happened, 'If an individual is involved in a fall and they are unable to get up again without more than a little assistance, a top to toes first aid survey should be carried out to make you aware of the possible

extent of any injury. If no obvious injury is found and the individual is not complaining of any pain and is able either to get up themselves or with a minimal amount of assistance they should be assisted to their feet and sat down to recover. Advice should be sought from the office in these circumstances. When they are sufficiently recovered gentle questioning should take place to determine the reason for the fall. All this must be documented in the individual's notes and reported to the person in charge. A cause may or may not be established but the GP must be informed who with further tests will be able to determine the cause, if this is thought necessary'. One person had frequently fallen and action had not been taken as listed in the policy. The lone working policy stated that staff working alone in the community will have a risk assessment in place to mitigate the risks. We checked staff files and were unable to locate and risks assessments relating to lone working. We spoke with the provider and registered manager and they confirmed there were no lone working risk assessments in place for staff.

The provider had moved premises from 8a Centre Court, Sir Thomas Longley Road to Unit 4A, Centre Court, Sir Thomas Longley Road since we last inspected the service. This new address had not been communicated effectively to people receiving the service, documentation, policies and letters had different addresses on (including 6a Centre Court). We checked the documentation in people's homes and this was also the case. One person told us that they now were able to contact the service with ease however this had not always been the case. They explained that the telephone number listed on their care file in their home stopped working and they were unable to get hold of people, which had caused them some concerns. The service user guide which the provider and registered manager had updated and given to us as evidence in the inspection had two telephone numbers that no longer worked and the address of 6a Centre Court. This evidences that records were not accurate or complete.

The provider and registered manager were required to make further improvements to ensure that adequate systems and processes were in place to adequately monitor and improve the service. Further improvements were also required to improve the quality and accuracy of records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A relative told us they were happy with the care and confirmed they had met with the provider and registered manager "To agree protocols and care".

The provider and registered manager had instructed an external consultant to provide guidance and audit the service. This took place on 14 March 2017. The consultant had provided a written feedback sheet to detail actions that the provider and registered manager needed to take. These actions had been completed to ensure improvements were made to auditing processes, pay processes and Information guides. The provider and registered manager was committed to improving the service for people, their relatives and staff. They told us, "I don't ever want to be where I was. Looking back on that, we want to follow through and improve. Overall thing for us is working within our capacity. We need to be doing more than we need to in relation to quality assurance".

We checked Companies House records in relation to Wii Care Limited before the inspection and found that the provider had not changed their registered address with them. We spoke with the provider about this during the inspection and they immediately sent a change of address notification to Companies House and provided us with confirmation that this had been completed.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The provider and registered manager knew their responsibilities in relation to reporting important events such as deaths, serious injuries and safeguarding concerns that had occurred. There had not been any of these situations to report.

At the previous inspection the provider and registered manager had not displayed the rating of the last inspection on their website, which is where most people, relatives and professionals would look when trying to find a care provider that provides care in people's own homes. The provider and registered manager had however displayed their rating in the office. At this inspection we found that the rating was still not on display on the website, despite the provider and registered manager telling us this would be completed by 31 May 2017. They checked their website and found that there were a number of items that were missing or moved which meant that parts of the website had stopped working. They immediately contacted their website engineer who made some changes. By the end of the inspection the link to the inspection report and rating was on display on the website.

The provider and registered manager had invested in a new electronic care planning system. The system had been piloted and tested by staff and all five people's care plans had been created using the system. The system was not accessible to staff and was not working during the inspection. The new system was designed to enable staff to use mobile phones to record all care tasks carried out within people's homes. The system had the added function to allow people's relatives to log in and check on care their family member had received and check documentation. The provider and registered manager told us that this function had not yet been rolled out to relatives as the system provider was still carrying out tests on its functions.

Staff meetings took place on a regular basis. Staff received a monthly newsletter from the provider and registered manager which gave them information about important events such as new systems coming, training sessions, reminders about pay, confidentiality and report writing. Newsletters evidenced that staff were reminded about the importance of effective recording. The newsletter kept staff informed about vacancies and updates about the business. We observed staff coming and going from the office and talking with the provider and registered manager. This meant that staff found the provider and registered manager approachable.

Staff gave positive views about the leadership of the organisation and the support they received. One staff member told us, "I feel well supported by [provider]. Would talk to [supervisor] if concerned and she reports on to [provider] if he needs to know". Another staff member said, "I get paid regularly. I think that there have been improvements".

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to assess and mitigate individual risks and to carry out safe administration of medicines. Regulation 12

### The enforcement action we took:

Conditions were placed on the providers registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was required to make further improvements to ensure that adequate systems and processes were in place to adequately monitor and improve the service. Further improvements were also required to improve the quality and accuracy of records. Regulation 17

### The enforcement action we took:

Conditions were placed on the providers registration

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider has failed to establish and operate effective recruitment procedures. Regulation 19

### The enforcement action we took:

Conditions were placed on the providers registration