

Wisdom Healthcare Limited

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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

The inspection was carried out on 7 April 2017 and was announced.

The provider of Wisdom Healthcare Limited is registered to provide personal care and support to people in their own homes. At the time of our inspection there were 18 people receiving personal care and support from staff who visited them in their own homes. The frequency of and duration of visits people received within their homes varied depending on people's needs.

There was a registered manager in post who was not present during the inspection visit but the branch manager was. The branch manager was in the process of completing an application to become the 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 were supported to remain safe in their own home because staff were aware of the risks associated with people's needs and home environments and how to reduce these. Staff were knowledgeable about the different types of abuse and knew how to report concerns. The provider followed well managed recruitment procedures to make sure potential new staff were suitable to work with people who used the service.

The branch manager assessed staffing levels dependent on people's level of needs. People were supported by staff who had the necessary skills and knowledge to understand and meet people's needs. Staff felt supported and had access to training relevant to their roles. Staff put into practice the knowledge they had gained which included seeking people's consent before supporting them and respected their decisions. Staff provided information to people in a way they understood to support them to make their own decisions.

People were offered choice about what they wanted to eat and drink with staff checking where necessary people were eating and drinking sufficiently to meet their individual needs. People who needed staff assistance with their medicines were supported with these so their health needs were not at risk of deteriorating. Staff also worked closely with local health and social care services and supported people whenever this was required to access any specialist support they needed.

People were supported by staff who were caring and showed respect towards them. Staff had formed positive caring relationships with people who used the service and their relatives. People were supported to remain as independent as possible due to staff knowing people's individual likes and dislikes. Staff were mindful to support people in a way which maintained their dignity and upheld their right to privacy.

People received individualised care which reflected their needs and wishes. People benefitted from a flexible service which was responsive to changes in their needs and requirements. People were given

opportunities to comment on the quality of the service and felt comfortable to raise any concerns with staff or the branch manager who they knew well.

There was a positive working culture where staff and the branch manager worked together to provide good quality care. People who used the service, relatives and staff found the branch manager easy to approach and helpful. Quality checks were developed and implemented on an on-going basis to continually drive improvements in the service people were provided.

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 keep safe by staff who were aware of the risks associated with their needs and how to reduce these. Staff were able to recognise the different signs of abuse and knew how to report concerns. People were supported to take their medicine as prescribed where this was required to maintain good health.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to their role. Staff sought people's consent before supporting them and people were assisted to make their own decisions. People were offered choice of what they wanted to eat or drink. Staff monitored people's health and supported people where required to access health and social care services.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. Staff had formed positive working relationships with people and their relatives. People were actively involved with the care and support so they received care which respected their choices and levels of independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs were responded to as and when they changed and staff made sure the care they provided met their individual needs and preferences. People felt comfortable to raise concerns should the need arise and were confident these would be responded to.

Is the service well-led?

Good ●

The service was well led.

People found staff and the branch manager friendly and approachable. There was a positive working culture where staff and the branch manager worked together to provide good quality care. The branch manager was developing the check they had in place so they were able to effectively monitor the quality of the service and drive improvements.

Wisdom Healthcare 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 checked 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 7 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector.

We looked at the information we held about the service, such as statutory notifications about accidents or serious injuries; we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided to people. The local authority are responsible for funding some people who use the service and monitoring the quality of the care provided. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care. We used this information to plan the inspection.

We spoke with four people who used the service, two relatives and four care staff by telephone. We sampled four people's assessments of their care and support needs including medicine administration records and people's identified risks.

We met and spoke with the branch manager about the running of the services people received. We looked at records about the management of the service such as three staff recruitment files, staff training, incident and accident records, complaints, compliments and quality checks on care records and staff practices.

Is the service safe?

Our findings

People told us they felt safe with the support provided by staff. One person described to us how they had been concerned at first about how they would be able to trust people coming into their home. The person told us their trust in staff had grown over time and they would now, "Trust them [staff] all" and they "Feel very safe." Another person said, "They [staff] make me feel safe and confident just by helping me with what I need and being so lovely which puts me at ease." A further person told us they felt safe because staff, "Know what they're doing which is very important to me."

Staff we spoke with showed they understood how to identify and report any situations where they thought people may be at risk of experiencing abuse. This included making contact with external agencies such as the local authority and the Care Quality Commission. We saw from records staff had received training about how to keep people safe.

Staff had access to people's care records where possible risks to each person's wellbeing were considered and assessed, for example risks relating to nutrition and medicines. We saw that each person's care record detailed the measures that had been put in place to address any risks which had been identified. For example, where people were at risk of falls and/or their skin becoming sore staff were provided with detailed guidance on actions to take to address these risks. These actions included supporting people to walk with their aids and assistance provided to people so cream was applied to their skin where this was required.

People told us how staff had put into practice their knowledge of the risks to their wellbeing and how the care provided was successful in supporting them to remain well and safe. One person told us staff assisted them with their particular health needs which had helped to reduce the risks of infections. Another person described to us how staff had assisted them in applying cream to their legs which had, "Made an awful lot of difference" as this practice had reduced the risk of their skin deteriorating. A further person described how staff were vigilant when they walked to ensure they were as safe as possible but also retained their independence.

The branch manager and staff took action to reduce the risk of people having accidents. For example, the branch manager and staff had helped to make sure people had been provided with equipment to help prevent them having falls. We saw through the recording of accidents how healthcare professionals had been contacted so people's needs could be assessed for any equipment they may require to support them, such as occupational therapists. One staff member told us how occupational therapists had been contacted to see if a person would benefit from any equipment to help them when walking and bathing.

The branch manager had taken steps to ensure the safety of staff, all of whom worked on their own for much of the time. For example, staff had been alerted when there were any potential hazards in people's homes. The provider told us she encouraged staff to contact her whenever they needed advice or had any worries about their safety. Confirming this approach, one staff member said, "If I have any problems I know I can contact [the branch manager]."

People who used the service and relatives described staff as reliable and usually punctual. One person told us, "They [staff] really know me well" and was reassured by this as they felt knew how to support them safely. Another person said, "If they're late it is because of bad traffic or had to stay with another person a bit longer. I always know they are coming and they have never let me down." Staff told us people would be contacted to let them know if they were going to be significantly late for their care call. The branch manager assessed and planned their staffing based on the care hours provided and people's individual care needs. They told us they were not taking on any additional work until they had recruited more staff.

Staff we spoke with told us they were unable to start work with people until references and Disclosure and Barring Service (DBS) checks had been made. The DBS assists employers to make safer recruitment decisions and helps prevent unsuitable people from working within health and social care. Records we looked at confirmed the necessary checks had been made.

People who needed staff assistance to take their medicines were supported safely. One person told us, "They [staff] cream my legs each day and give me my tablets." One relative said staff provided support to their family member so they had their, "Eye drops and tablets" as prescribed. If people needed support to take their medicines at the right time, staff signed medicine records to confirm that this had been done. We saw systems had been put in place to monitor medicine records to identify any errors in record keeping or administration. Only staff who received training on the safe management of medicines administered them. The branch manager told us when staff practices were observed this also included the management of medicines.

Is the service effective?

Our findings

People we spoke with told us they felt staff had the knowledge and skills to provide the care and support they needed. One person told us, "The girls [staff] who come to see me seem to know what they are doing. They help me in the right way with my care so I don't feel embarrassed." Another person said, "[Staff member's name] is certainly taking care of me. Cared for in the right way for my age and abilities." One relative we spoke with told us, "They know how to care for [family member] and take every care when they help with the pills and eye drops."

All new staff received an induction into the service. This included working alongside experienced colleagues where they became more familiar with people they would be supporting and learnt about people's needs. One new member of staff told us they had found other staff and the branch manager very supportive when they first started work. They had worked with more experienced staff before working on their own and support was provided to complete higher level qualifications. Another staff member said they had the opportunity to participate in training and to read people's care plans. Staff were positive about their training opportunities and felt able to approach the branch manager should they wish to undertake additional training. Staff told us they regularly met with the branch manager. They found these meetings beneficial as they were able to discuss any concerns they had as well as receiving feedback on their practice and development.

Staff we spoke with reflected the knowledge and skills they had to provide people with the care they needed. Examples of this were staff describing how they cared for people who experienced walking issues, problems with their skin and how they promoted the importance of checking whether people had enough to eat and drink.

People we spoke with told us they were confident in the support they received from staff when needed with their meals and drinks. One person said, "They [staff] are really helpful as they help me to have my meals and drinks, they put these close to hand on my table so I don't have to struggle." We also spoke with people who were not assessed as needing this support and they told us staff still always checked they were eating and drinking enough to stay well. One person told us staff always ensured they had access to drinks. Another person said staff checked with them if they needed a snack and/or a drink before they left their home. We saw that any specific nutritional or dietary requirements people had were recorded in their care plans. This helped to ensure people were supported to have enough to eat and drink.

Staff monitored people's well-being and worked with other professionals to promote good health. This was confirmed to us by people we spoke with who told us they were supported to access healthcare services. Staff would help them seek professional medical advice or treatment when needed. One person told us, "I am in no doubt the girls [staff] would get the doctor for me if I became ill and could not do this myself." Another person said how staff had assisted them by going to their doctor's surgery for them. One relative described how the branch manager had assisted in obtaining aids for their family member. We saw information about people's health needs had been recorded in their care records to ensure staff understood the support people required in this area.

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. 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people who live in their own homes must be made to the Court of Protection. There had been no applications made at the time of our inspection.

People told us staff always requested their permission before supporting them. One person said, "They [staff] always ask if I am happy with what they are going to do." Another person told us, "They [staff] are wonderful in how they check with me what I would like and always discuss with me what they are going to help me with before they do anything. This makes me feel valued." Staff told us the people they supported were able to make decisions about their day-to-day support. One staff member said, "With some people we'll slow things down, explain what we need to do clearly so they understand and we'll simplify choices that we give them. Their consent is obtained before we do anything." Another staff member told us they assumed everyone had capacity unless proven otherwise. The branch manager told us where there were concerns about people's capacity they would follow the best interest process involving the person as much as possible, their relatives and relevant professionals to ensure people's rights were protected. In addition the branch manager would use staff meetings to remind staff to consistently document in care records on a daily basis when they had obtained people's consent.

Is the service caring?

Our findings

People we spoke with were complimentary about how staff provided their care and support in a kind and friendly way. One person told us, "I think the care I get is very good. They (staff) are always ready to do anything for me." Another person said, "They're lovely girls [staff]. They're all very nice and polite." One relative told us, "The care my [family member] gets is very good, I can't fault any of them [staff]."

Staff had formed positive caring relationships with people who used the service and relatives. People told us they received care from staff they were familiar with and had the opportunity to build relationships with because they saw them regularly. People described being supported by staff who knew them well and were friendly and caring. One person described to us how they liked to have, "A chat and laugh" with staff. The person went on to explain how they got on really well with staff and how they looked forward to seeing the staff each day. Another person said staff knew them well and were friendly, caring and did not rush them which they were appreciative of. One relative told us, "The care my [family member] gets is good and they are all polite."

People told us they were supported to make decisions about their care and support needs. They felt staff took time to promote their choices and listened to how they liked things done. One person said, "They [staff] always chat to me and check if they can do things for me, how I want things to be done and when." Another person explained how the branch manager came to see them at their home to discuss their care and support needs before their home care service started. The person told us the branch manager asked them what they needed assistance with and what times they would like their care provided. The person was confident the care and support they received was, "In tune with their expectations" and had worked very well for them.

One staff member told us the branch manager always had an initial meeting with people to discuss how they wanted their care provided. Staff spoke about the importance of involving people in what they were doing. One staff member said, "We have to respect people's choices. We talk to people and ask them how they want us to care for them" and check people's satisfaction with the care and support provided.

People were treated with dignity and respect. When asked if staff promoted their dignity one person replied, "They certainly do." They went on to tell us they found staff respectful towards them and never made them, "Feel awkward or embarrassed when helping with my personal care" but made them feel at ease. Another person described how staff ensured their privacy and were mindful not to make them feel embarrassed when assisting them with intimate personal care. One relative we spoke with said, "They [staff] are all very respectful and recognise this is our home."

When people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw in care records a variety of arrangements had been made which respected people's wishes while ensuring people were safe and secure in their homes. Staff also recognised the need to maintain people's confidentiality. They told us they only shared information with people's consent and on a need to know basis.

People were supported to maintain their independence to support them in their wishes to stay in their own homes. One person said, "With their help I am able to live in my home in the knowledge I have the care when I need it." People spoke about the positive support staff gave them in helping them to retain as much independence as they could. One person received support with their personal care. They told us staff provided the assistance they required but they were mindful about what the person could do for themselves. Another person described to us how staff gave them the confidence they needed to keep their independence by being observant when the person was doing things, such as walking which made them feel safe too. Staff recognised it was important to maximise people's independence to enable them to continue living in their own homes. One staff member told us they encouraged people to wash the areas they were able and offered assistance with the hard to reach areas. Another staff member said, "What we're trying to promote is people's independence, at all times."

Is the service responsive?

Our findings

People told us the support they received was tailored to their individual needs and preferences. One person told us, "They [staff] do know what I like and we get on very well together." Another person said, "If I ask or tell them [staff] to do something they do it." One relative we spoke with said, "They [staff] do know what my [family member] likes and make sure that is what they do." Another relative said the care and support their family member was provided assisted them and made it possible for their family member's care needs to be met within their own home.

The branch manager explained people's care and support needs were always assessed prior to their care service starting. People who used the service and staff spoken with confirmed this was the case. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. For example, one person described how they had completed their assessment of their needs with the branch manager and were able to be in control of how they preferred their care, They said their care was planned, "Exactly how I wanted it" and staff adapted the care and support they required as their needs changed. People said staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care such as washing and dressing, using the bathroom and getting about safely.

People spoken with gave us examples of how at different times staff had responded to their needs. One person described how they were impressed by staff practices. They told us, "They [staff] are helpful to me. Anything I need from the GP they get in touch with them for me. They never go before time and have a chat to me; they [staff] are wonderful." Another person said, "It's nice to have familiar faces call round, they are reliable." In addition we saw in people's care plans the information reflected people's individual needs, such as one person felt the cold and liked to have a blanket to cover their legs. Another person's care plans noted staff needed to fill the kettle with a small amount of water so person could lift their kettle.

The branch manager was reviewing people's care plans on an on-going basis. This work included the branch manager checking people's care needs had been consistently reviewed with information recorded to reflect the information was up to date. For example, the branch manager acknowledged the documentation they were using to monthly review people's waterlow score, [a tool used to primarily assess the estimated risk for the development of pressure sores and/or skin ulcers], showed the regular monthly reviews had not consistently been recorded. Although this had not impacted upon staff meeting people's as we found staff had advised the branch manager if people's skin became sore and/or red and/or other changes in people's needs. The branch manager showed and told us they were currently reviewing all care documentation to ensure it remained effective.

Staff spoken with told us when they reported changes in people's needs and abilities to the branch manager and they would undertake a review straight away. One person who used the service told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities

changed. One staff member told us, "The daily records tell us what we need to know, whether they are okay, any problems, if they are not well. There is enough detail to understand what is going on." Another staff member told us, "Whenever extra time is needed or equipment for a person this is looked at and actions taken." The branch manager told us, "When people's needs change these are reviewed and care plans updated." We saw care plans had been reviewed and where equipment was required the branch manager and staff supported people to obtain the specialised equipment they needed. The staff and the branch manager were proud of how they were flexible and able to respond to people's needs to support them to live at home with the care they required.

There were arrangements were in place to investigate and respond to people's concerns and complaints. We looked at one complaint which had been received by the branch manager. We saw this was dealt with appropriately in line with the provider's complaint process. People who used the service and relatives spoken with knew they could telephone the branch manager at the office if they wanted to make a complaint or raise a concern. One person told us, "I know how to complain. I can always ring the office if I need to." Another person said they would, "Ring the office and speak with [the branch manager] if I have any concerns and I am sure she would sort it out for me." Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the branch manager to make a complain.

Is the service well-led?

Our findings

People who used the service and relatives we spoke with were positive about the service they received and told us they considered the service to be well-led. One person told us, "It seems to be well run [the branch manager] is very approachable. All the staff, "Help enormously, I look forward to them coming." Another person said, "[The branch manager] comes round, very caring lady. We talk about gardening, we share this passion." One relative told us, "They're [staff] all lovely. [The branch manager] is very nice and makes sure everything is okay."

At our previous inspection visit we found the provider had not returned the Provider Information Request [PIR] which we had asked for. [The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make]. At the time this was because there was thought to be an issue with the provider's email system and there was a risk information about people's care may not reach the provider from external agencies. However, at this inspection visit we found the provider's email systems were operating so the risk of them not receiving and sending information about people's care had been reduced. While speaking with the branch manager about the provider's website they told us action would be taken so people could access information about the ratings from inspection visits made by CQC.

The branch manager told us they encouraged people who used the service and staff to share their concerns and opinions to help them improve the quality of the service. People who used the service and relatives told us they had many opportunities to feedback to the branch manager because she often provided care herself and conducted regular reviews of care. In addition we saw people had completed the most recent satisfaction surveys [completed in October 2016] which were positive about the quality of the service provided. We also saw a number of thank you cards people had sent. One person had written, thank you for, "all the kindness and care you have shown to my mother over the last few years." Another person had written, "She loved the familiar faces and your different characters, the jokes and the sing songs."

We found the branch manager provided care herself on a near daily basis as they were recruiting for staff to cover care calls. The branch manager showed they knew everyone who received care and support. She told us, "I like to make sure everyone is okay. We don't let people down. We try to accommodate people" and treat people as individuals. ...I believe in person centred care." Reflecting this approach, the branch manager was clearly very well known to, and respected by, everyone connected with the service. One person said, "I like [the branch manager]. She comes and looks after me. She's a nice lady." Another person said, "I have confidence in [the branch manager]. I think she does a very good job." In addition we heard how the branch manager had noticed a person's cream was not effective in treating their condition and an alternative was prescribed which proved to be successful.

Throughout our inspection visit the branch manager showed they had an open and responsive management style which set the cultural tone for the service. For example, in the way she readily acknowledged she was working on the identified areas of improvement which had been highlighted by commissioners. One example was the work they were progressing to make sure reviews of people's needs

were undertaken on a consistently regular basis. In addition we discussed one person's care plans did not provide detailed guidance for staff on how to support the person with their particular needs. The branch manager immediately rectified this shortfall on the day of our inspection visit. We knew from speaking with the person this had not impacted upon staff practices as they were satisfied staff recognised exactly how to provide the care they required.

The branch manager showed us they were committed to their management role and was in the process of applying to CQC to become registered with us. Staff we spoke with appreciated the branch manager's supportive leadership style which assisted them to develop good team working practices. One staff member said, "[The branch manager] is very approachable and supportive. She definitely looks after us girls [staff] very good boss." Another staff member told us, "[The branch manager] does shifts herself and is fully aware of every person." These arrangements helped to ensure people consistently received the care they needed. We noted there were on-call arrangements in place for staff to get management support and advice should they need it out of hours. Staff confirmed they were comfortable in doing this as they knew they would always be listened to and advice would be available.

Staff also told us they always read the records kept in each person's home. These described the care which had been provided and noted any changes which needed to be made. They said these arrangements helped to ensure they provided flexible support which responded to people's current needs. Staff were aware if they had any concerns about the running of the service which could not be addressed internally they could use the provider's whistleblowing procedure.

Although the branch manager told us they felt supported by the business manager they did also acknowledge their greatest challenge was the recruitment of staff which was on-going at the time of our inspection visit. The branch manager shared with us their vision was to successfully recruit staff whereby they would not have to do as many care calls so they were able to focus some more time on ensuring the management of staff was increased. For example, the branch manager acknowledged at times it was difficult to maintain regular staff meetings and one to one meetings with staff because they had to cover some care calls. The branch manager also told us with the recruitment of a senior staff member in place they would be able to delegate some of the quality checks, such as the checks undertaken on the quality of staff practices when they were providing people's care.

The provider had systems in place to monitor the quality of the care provided. For example, the management team had developed regular checks of the daily communication records to make sure staff were delivering care in line with each person's care plan. People's medicine records were also now being checked to ensure staff were completing them correctly. The provider and the branch manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We discussed with the branch manager about notifying us when suspected abuse had been reported. The branch manager understood their role and responsibilities in ensuring the right action had been taken to reduce the risks of harm to people who used the service.