

Wesleycare Limited

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Inspection report

Unit 8
Hollins Business Centre, Rowley Street
Stafford
Staffordshire
ST16 2RH

Date of inspection visit:
23 January 2024

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29 February 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wesleycare Ltd is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people, younger people, people with physical disabilities and people living with dementia. At the time of our inspection there were 39 people using the service.

People's experience of the service and what we found:

At the time of the inspection there were enough appropriately skilled staff to meet people's needs and keep them safe. However, governance systems were not always in place to mitigate the risk of there being a lack of staff to support people. Staff told us they received support and supervision but there were no records available to evidence this.

People told us they were happy with their care and that the registered manager responded when they had concerns. We found risk assessments and risk mitigation plans were in place and medicines were managed in a safe way. Staff understood how to protect people from poor care and abuse and the service worked with other agencies to do so. Staff promoted equality and diversity in their support for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good. The inspection was undertaken on 2 February 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Wesleycare Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to the provider's governance systems. Please see the action we have told the provider to take at the end of this report.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	Requires Improvement ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Wesleycare Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of a CQC Operations manager, a CQC regulatory coordinator and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 8 people who used the service and 2 relatives. We spoke with 5 members of care staff plus the registered manager, care coordinator and the newly recruited deputy manager.

We looked at care records for 3 people who used the service. This included care plans, risk assessments and medicines records. We looked at the recruitment records for several members of staff and the governance systems the provider had in place to monitor the quality of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the time of the inspection there were sufficient numbers of safely recruited staff to support people. However, the provider did not have a contingency plan in place in the event of a staffing crisis.
- Staff had been trained to fulfil their roles and they told us that they received regular spot checks and supervision, however there were no records to evidence that these had taken place.
- People and their relatives told us they felt safe with their carers. One person told us, "I always feel safe with the carers and my first impressions were, reliable, diligent, caring and kind. That hasn't changed over the last year".
- We saw daily records that showed when people required 2 staff to support them with their assessed needs, 2 staff attended to the call.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training in safeguarding people and knew what and who to report to if they suspected abuse. One member of staff told us, "If a person is not given the care they need or been mistreated I would escalate it. I would tell my line manager".
- The registered manager knew the local safeguarding arrangements if they suspected someone had suffered abuse.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People told us they felt safe, and they had clear and comprehensive risk assessments in place to support staff to be able to care for them safely.
- Staff we spoke with told us how they would stay with someone if they fell or had an incident and ring and report to the care coordinator.
- We saw that when an incident had occurred this was logged on a daily monitoring record kept by the care coordinator. We saw what action had been taken at the time of the incident which would mitigate the risk of a further occurrence.

Using medicines safely

- People were supported to receive their medicines safely.
- People had comprehensive medicine care plans and risk assessments which outlined how their medicines were stored and administered.
- Staff has been trained to administer medicines however we could not see that their competency to

administer medicines was regularly checked. A staff member told us, "Yes I have been trained, I need to check before administering that it's the right person, the right time and right route".

- No one we spoke with raised any concerns around the administration of their medicines.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had sufficient PPE to be able to follow safe infection control procedures. However, we could not see that staff's competency in safe infection prevention and control was checked through spot checks as there were no records made available.

Is consent to care and treatment always sought in line with legislation and guidance?

- 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 MCA 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.
- The provider was working in line with the Mental Capacity Act.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- The provider's governance systems did not always effectively monitor the quality of care provided to drive improvements.
- The provider did not have a business contingency plan in place to ensure safe staffing and at the time of the inspection there was a heightened risk of a lack of available staff.
- The provider had not informed the commissioners of the heightened risk so they could put potential plans in place to mitigate the risk of people not receiving the care and support they required.
- We could not be assured that staff were receiving regular support and supervision. The registered manager was unable to show us any records of staff competency checks. This included checking staff's competency for medication administration and infection and control practice.
- There was no formal system to gain feedback from people to ensure that they were happy with their care. This meant that the provider may not always be aware of issues that required improvement in the quality of care being provided.

This was a breach of Regulation 17, (1), (2) (b) of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People we spoke with all spoke well of the care they received. They told us that they would recommend the service to others. One person told us, "I have suggested to friends that if they needed extra support to contact the agency. As far as I am concerned, they are just fine". Another person told us, "I have contacted the registered manager several times and she has always managed to sort out any questions I have had".
- Staff told us they felt supported to fulfil their roles and attended staff meetings. There was a 'social media' chat where staff were kept informed of any changes to their routines. One staff member told us, "There is a group chat to praise staff and with comments about clients that we need to know".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider understood their responsibilities within the duty of candour and had acted appropriately when things had gone wrong.

Working in partnership with others

- The provider worked in partnership with others. This included, liaising and working with people's GPs, district nurses and occupational therapists to support people's healthcare.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of effective governance systems in place to monitor the quality of the service and ensure continuous improvements.</p>