

Wide Way Care Limited

Wideway Care Limited - 10a Station Parade

Inspection report

10a Station Parade
Barking
Essex
IG11 8DN

Tel: 02085945070

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Wide Way Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of the inspection there were three people receiving personal care from the service.

People's experience of using this service and what we found

People and their relatives told us they were not always involved in the planning and review of their care and support. People's preferences and changing needs were not reviewed and documented by the service. The service did not follow up on identified risks for people using the service and clear records were not maintained. Medicines were not always administered safely and staff competency to administer medicines was not checked. People were protected from the risk of infection. The service had safe staff recruitment practices. Staff demonstrated an understanding of safeguarding. However, some staff were unsure of the process for whistleblowing. We have made a recommendation about whistleblowing processes.

People and their relatives felt staff knew them well and were happy with the approach and interactions with the care staff. People and their relatives told us they were treated with dignity and privacy was respected. However, the provider did not seek feedback from people or their relatives about the quality of the service. Staff supported people and showed an understanding of equality and diversity. We have made a recommendation about accessible information formats.

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. However, this was not always documented in people's care records. Staff received training to support people and to meet their needs, however this training was not always reviewed in a timely manner. Staff did not have regular supervision meetings with the management team to identify any training or development needs. Staff supported people to eat and drink enough to meet their needs.

People told us they knew how to complain about the service and would do so if necessary. People were supported to maintain good health. The provider worked with health professionals to ensure people received health care.

The provider did not have robust systems in place to monitor the quality of the service provided. We found up to date records were not kept regarding quality checks or improvements made to the service. The service did not record how they learned from accidents and incidents and did not notify the Care Quality Commission of such events, as they are required to do. We have made a recommendation about systems for processing notifications.

The management team and staff worked together well. Staff told us the management team were approachable. Staff were supported outside of working hours and confirm the management team was

available.

This service was last inspected in June 2013. We did not give a rating but found they met the regulations we inspected.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective, caring, responsive and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to risk assessments and medicines, person centred care, staff training and governance of the service at this inspection.

Enforcement

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Wideway Care Limited - 10a Station Parade

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was absent from the service.

Notice of inspection

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

Inspection site visit activity started on 1 May 2019 and ended on 7 May 2019. We visited the office location on 1 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

Before inspection we looked at information we held about the service. We also contacted the local authority

safeguarding team for their feedback about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with three members of staff including the director, marketing manager and a care worker.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessment, care plans, training data and quality assurance records. We spoke with one relative of a person using the service and four care workers.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management

- Prior to receiving care and support from the service people had a care plan completed by the NHS continuing care team or referring local authority. We looked at these records which showed risks identified in people's care plans did not follow through to risk assessments completed by the service.
- One person's care plan at time of referral highlighted risk of malnutrition, health deterioration, developing pressure ulcers, social isolation and high risk of aspiration through feeding. These risks were not included in the person's risk assessment document and there was no guidance for staff to ensure they supported the person safely. Another person's risk assessment identified risks associated with a 'history of fits/seizures' and 'controlled drugs being prescribed'. The risk assessment completed by the service did not include guidance for staff of actions to take to minimise or mitigate risk. There was no mention of risks associated with controlled drugs in the document. A risk was also identified of the person being left without support during the night. There was no assessment or guidance for staff to manage or mitigate the risk.
- Not all staff were aware of risk assessments and we did not see records that the risk assessments were reviewed by the service.
- Failure by the service to include all risks identified at the time of referral and to provide guidance to staff on how to mitigate and manage those risks put people using the service at risk of possible harm.
- Staff told us they would report any incidents to the management team. The service had accident and incident reporting forms however, records of completed forms were not available. The service was unable to demonstrate evidence of learning from accidents and incidents.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Using medicines safely

- There was a lack of oversight regarding staff competency to administer medicines. Staff competency for medicines administration was not evidenced on staff records or on the training log we looked at.
- Staff told us they had received medicines training during their induction and were able to tell us how they administered medicines and what they would do if an error occurred. However, we did not see refresher training or competency assessments.
- We looked at one person's medicines administration record (MAR) and saw when medicines were administered the chart was marked with a code and not staff signature which meant the staff member could not be identified. We spoke with the marketing manager about best practice in medicines recording. They devised a new form to include staff signatures when medicines were administered. They sent a copy of this to us on 2 May 2019.
- Following the inspection, we requested MAR charts for March and April 2019 for two people using the

service. When received we noted they on were not consistent with information we had been given during the inspection about the system for recording medicines administered. This showed there were inconsistencies in the recording of medicines.

- Recommendations from the outcome of a safeguarding investigation in May 2017 highlighted the need for the service to carry out medicines training for staff and review their competency. The service was unable to demonstrate learning or that they had acted on the recommendations. This meant people were at risk of unsafe care.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- People and their families and told us they received their medicines at the correct times. One relative told us, "Medicines are always given. Staff are very conscientious and medicine is only not given when [person] refuses staff tell if this has happened that's the only time medication gets missed."

Systems and processes to safeguard people from the risk of abuse

- Staff were not always sufficiently guided regarding support available in whistleblowing procedures. The service had a whistleblowing policy and staff told us they would feel comfortable to raise concerns. However, staff were not always sure of how they could report concerns other than to the senior management of the service. We looked at the provider's policy which stated, 'Where an incident of serious concern is alleged the person making the allegation must report this directly to Personnel Department at Head Office.'

We recommend that the provider seeks guidance from a reputable source regarding whistleblowing processes

- People and their relatives told us they felt safe. When asked if they felt safe one person said, "I'm happy with the service I get." A relative told us, "[Person] is safe because staff are exemplary."
- The provider had a policy and procedure for safeguarding adults from abuse. Staff understood what abuse was, the types of abuse and the signs to look for. This included reporting their concerns to the management team. One staff member said, "Definitely the manager, I would report it to."

Staffing and recruitment

- Safe and effective recruitment practices were followed and people received care when they required it. People and their relatives told us staff were always on time and stayed for the agreed length of time to carry out personal care and support. One relative said, "Staff are always on time and sometimes stay longer than they need to." People told us they did not feel rushed by staff.
- When people required two staff to support them with personal care they told us and records showed the appropriate number of staff were always present. Staff rotas confirmed there were staff available to ensure people received the care they required at preferred times.
- Staff told us they had enough time between visits and were very rarely late. Staff told us if they were delayed they would call the management team who would relay a message to the person using the service.
- Checks such as Disclosure and Barring Service (DBS) criminal record checks, employment history, references and proof of person's identity and eligibility to work in the UK had been carried out during the recruitment process. This meant the service could be assured that staff employed were suitable to provide safe care and support.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand

washing, using personal protective equipment such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross contamination.

- The service had infection control procedures in place. Staff told us they had completed infection control training however, records relating to this were not available.

Learning lessons when things go wrong

- The service did not have records of how they learnt from incidents or complaints.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was a lack of oversight of staff competence to carry out their role which left people at risk.
- Staff did not receive regular supervision. Staff told us and records showed staff employed for over one year had only received one supervision which was combined with a spot check meeting in the last 12 months.
- Staff told us they received safeguarding training on induction, however, some said this was before they started working at the service. The training log provided did not include safeguarding of vulnerable adults training and staff were unsure of the dates they had completed this training. We could not be sure if and when the training had taken place.
- The provider kept records of required training staff needed to complete in manual handling, basic life support, fire safety and food hygiene. We looked at the provider's staff training log for the staff records we reviewed. We found gaps in the completion of training. One staff employed for over a year had not completed any required training. Another staff member had not completed fire safety training. There were instances of training expired for more than 18 months for basic life support and manual handling training for other staff.
- The competency of staff was not checked by the service following training received from external training providers specifically around medicines administration and moving and handling. When asked about training to use equipment one staff member said, "Hoist, sliding sheet and commode, I have had training from a different [before joining Wideway Care]."

This demonstrates a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service did not consistently assess people's needs. People using the service and their relatives told us they did not have care planning meetings with the service following the commencement of care. One relative said, "There was a care plan when they started that was continued from another agency." However, another relative told us the service carried out a review soon after admission as they felt the referral had not identified all the person's needs.
- The service told us people's needs were assessed guided by the care plan completed by the referring service. Wide Way Care Limited then decided if they could meet the person's needs. One relative told us, "I don't think they sought preferences. We had to tell them ourselves. We told them what we think [Person] needs."
- When asked about care plans and reviews, staff were not always fully aware of the care planning process. One staff member told us, "There is a care plan but I am never involved in it or reviewing it."

- The provider's policy stated a further assessment would be carried out within four weeks, however we did not see records of this. One relative said, "There have been no meetings to discuss care plans or to review in the time [Person] has been with Wide Way." This meant people's needs were not consistently reviewed or recorded by the service.

This demonstrates a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Ensuring consent to care and treatment in line with law 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 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 principals of the MCA.

- Records showed that people, where appropriate, had consented to the care and support provided. Where people were unable to make their own decisions, their files did not always contain MCA assessments or records of best interests' meetings.
- Care staff had a good understanding of the MCA and told us they had received training.
- When asked if staff sought consent before carrying out care and support one person responded, "Yes."
- Staff told us how they sought consent. One staff member said, "I always say what I'm going to do and ask permission and consent. I offer choices of clothes, food, we ask if you had enough would you like more, we offer drinks."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with maintaining nutrition and hydration and their preferences were met. One relative said, "We cook the meals and freeze them or prepare fresh. The carers are very good at giving meals and making sure [person] is encouraged to eat and drink."
- Staff were aware of people's dietary requirements. A staff member said, "[Person] needs special diet and has other dietary requirements because [Person] can't eat certain foods." They then explained the types of food the person enjoys and how they ensured they prepared this for them.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other external professionals. The management team gave examples of instances where this had occurred and we saw this documented in the persons file.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. One relative said, "Staff let us know if there are any issues with [Person's] health and we get it sorted."
- Staff gave examples of how they supported people to maintain their health. This included reminding people to complete their physiotherapy exercises, support to maintain their mobility by going for daily walks.

Staff told us they would notify the office if people's health needs change and if they required input of a health professional such as GP or district nurse.

- The service told us they liaised with healthcare professional to ensure people maintained their health. We saw records of this in the daily record log.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were, "Caring" and they were treated and supported well. Staff were described as, "Exemplary" and "Courteous." One relative told us, "The carers keep us informed and keep very good and detailed daily notes."
- Staff knew people well and were able to give examples relating to people's preferences. One staff member told us, "I get to know [person] well. I involve the family and we talk about [person's] needs and make sure family are updated daily."
- Staff respected people's equality and diversity. One staff member told us, "[Person] likes doing things a certain way, have a very strong faith. So, I respect this and we have talks about things that interest [person]"

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to express their views about care and support. One relative said, "[Office staff] are hard to get hold of and when [Person] started with Wide Way and we had to try and pin [office staff] down, they didn't respond to emails." They told us there was no response to their requests for a schedule of the person's care and staffing rota. They waited three weeks before office staff responded. They explained, recently office staff failed to respond to emails when they requested information regarding staff providing annual leave cover for their relative's care worker. They eventually received the information they needed from another care worker.
- When people requested changes to their care delivery this was not always recorded by the service. Staff told us one person changed the time they wanted their bed time call so they could watch a favourite television programme. We did not see records of this process in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity, privacy and independence was promoted. One person told us, "I do things for myself and [staff] help me if I can't." Staff told us they promoted people's independence by encouraging where possible to do things for themselves.
- When asked if staff respected their dignity one person said, "Of course." Relatives of people using the service told us the ways in which staff respected their loved one's privacy and dignity. One relative said, "The carers maintain [persons] dignity and always close curtains and keep her covered when giving bed baths."
- Staff told us how they respected people's privacy and dignity. One staff member said, "I never open curtains while doing personal care. I never leave [person] undressed. I do personal care in privacy to maintain [person's] dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service did not review care plans to reflect people's preferences or changes in their needs. People and their relatives told us they had not participated in care planning meetings. The provider's policy stated, 'Formal review of the client's care needs is held between the worker and the manager monthly', and 'The results of such reviews are recorded on an appropriate monthly review sheet.' Care plans we looked at showed one person had been using the service for seven weeks and another person for 14 months. There were no records that reviews had taken place.
- Care planning reviews were not completed when there were changes to people's preferences. The management team told us they telephoned staff to inform them when there were changes. There was a reliance on verbal communication which meant staff were not provided with detailed written information at the time they were supporting people. There was a risk information and preferences could be misinterpreted or not acted upon when there were staff changes. There was a risk people could receive inappropriate care which did not meet their needs or reflect their preferences.

This demonstrates a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- When people began using the service they were given information in written format. This included a confidentiality agreement, how to complain about the service and care planning. The service did not have this information in other accessible formats. We recommend the service seek guidance from a reputable source regarding accessible information.

End of life care and support

- The service was not providing support to people on end-of-life care.
- The service did not support people to discuss and manage plans when they reached the end of their life. Records confirmed that staff had not received end-of-life training. The provider told us that they did not currently take on packages of care for people who needed palliative care.

Improving care quality in response to complaints or concerns

- The service told us they dealt with complaints and concerns as they occurred and made the necessary changes. However, we did see correspondence relating to one concern which had been resolved with

assistance from the local commissioning team. Formal records were not kept of complaints or outcomes. This meant the service did not monitor complaint trends or outcomes.

- People and their relatives felt staff knew them well and were happy with the approach and interactions with care staff. Staff gave examples of choices they gave people in relation to their care and support. They told us they offered choices at meal times, when carrying out personal care and supporting people to get dressed.

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.

Inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service did not always support people to express their views and did not seek formal feedback from people or their relatives. One relative told us they did not receive regular telephone calls, surveys or feedback forms. The Marketing Manager told us they telephoned people and their relatives to "Ask how they are finding the service." They told us the outcome of telephone calls was not formally recorded and they were unable to evidence this or demonstrate changes they had made to improve the service. We looked at the provider's 'Review of care service' policy which stated, 'Independent telephone or spot-visits to clients monthly to verify that the care services continuing to be provided to the agreed standards.'
- The management team told us they aimed to visit people when their relatives were available to give feedback, but this had not happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have robust systems to assess, monitor or improve the quality and safety of the service provided. We were told care planning and daily recording audits were carried out, but there were no records of this. Records were not adequately maintained to show monitoring, action plans and outcomes. Systems were not in place to monitor or review care plans and risk assessments. We discussed these findings with the director. They told us, "That's where we are short, we don't have systems in place to write down how we deal with things or how we can change and make improvements."
- Spot checks to check how staff delivered care and support were completed and recorded. However, spot checks were not consistently carried out. We found staff had received one spot check in a 12-month period. There was a lack of supervision and competency checks for staff. Where we were told of system checks, these were informal and there were no records of these being completed. There were no records of plans to improve the quality and safety of the service which meant progress was not monitored.
- We discussed these findings with the director. They told us of plans to implement a system for recording care given and monitor staffing and times, "We need to keep records and make sure they are clear."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were not routinely involved in the planning and review of their care and support.
- Staff told us they attended staff meetings although we did not see records of these meetings. However, staff told us they could speak with the marketing manager at any time and they felt the management team

were approachable.

- We found a lack of oversight of the management and running of the service could result in a risk to people using the service and the quality of service they receive.

These findings demonstrate a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- The service did not send statutory notifications to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. Notifications were not submitted to inform us the registered manager was absent from the service. The service did not submit notifications of safeguarding investigations. Two safeguarding investigations by local authority safeguarding teams had taken place. The marketing manager and director explained they were unaware notifications should have been submitted. We advised of the regulatory requirement to submit notifications.

We recommend the that the service review processes to ensure that they meet the regulatory requirements.

Working in partnership with others. Continuous learning and improving care

- The service worked with local authority commissioners and healthcare professionals.
- The management team attended local authority forums to share best practice.
- Staff told us they found the management team approachable and enjoyed working at the service.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The service did not review care plans to reflect people's preferences or changes in their needs. Regulation 9 (1) (a)(b)(c)(3). Person centred care</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff employed by the service did not receive appropriate support, training, personal development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2)(a). Staffing</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use service were not protected against the risks associated with their health conditions and of receiving unsafe care and treatment.</p> <p>There was a lack of oversight regarding staff competency to administer medicines.</p> <p>Regulation 12 (2)(a)(b) g). Safe care and treatment</p>

The enforcement action we took:

Notice of Decision to impose condition on your registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess and monitor quality of the service were not established and operated effectively. The provider did not assess monitor and mitigate the risks relating to the health, safety and welfare of people using the service.</p> <p>Regulation 17 (1)(2)(a)(b). Good governance</p>

The enforcement action we took:

Notice of Decision to impose condition on your registration.