

Wright Care 2012 Limited

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Inspection report

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Cumbria
CA1 2RU

Tel: 01228511650

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This announced comprehensive inspection took place on 12 July 2016. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we needed to ensure there were people in the office to assist with our inspection.

Wright Care 2012 (Wright Care) was re-registered on 14 March 2014 and this is the first inspection since the service was re-registered after the agency became a limited company. At the time of our inspection Wright Care was providing care and support to 30 people, with a variety of needs.

Wright Care is registered with the Care Quality Commission (CQC) to provide care and support to people living in their own homes in the Carlisle area of Cumbria. Care is provided to older people, some whom may be living with dementia, sensory impairment and other complex needs.

There was a registered manager in post at the time of our inspection. 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 kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

The registered manager was able to accommodate last minute changes to the care schedules if requested by the person who used the service or their relatives.

Staff received training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes.

Medicines were managed safely and people received their medicines in line with their prescription.

The registered provider had a procedure for receiving and handling complaints about the service. People knew how they could complain about the support they received.

All staff had completed training in infection control and protective clothing was available to staff at all times. This helped to prevent cross infection.

There was an informal system in place to monitor the quality of service 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.

There were processes in place to help make sure people were protected from the risk of abuse and staff had received training in keeping vulnerable people safe.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There was sufficient staff available at all times to provide flexible and appropriate support to people.

Medicines were handled safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received appropriate training to ensure they had up to date information to undertake their roles and responsibilities.

People were included in the planning of their care and their decisions were respected.

The registered manager was knowledgeable about the Mental Capacity Act and ensured any decisions made were in people's best interest.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy and made sure their dignity was maintained at all times.

People said their care was delivered in the way they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs.

People said the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

The registered provider had a procedure for receiving and handling complaints about the service.

Is the service well-led?

Good ●

The service was well led.

Staff said they were well supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager was aware of her responsibilities and ensured action was taken in response to concerns raised.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Wright care 2012 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 announced inspection took place on the 12 July 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that there would be people in the office to assist us with the inspection. At the time of our inspection Wright Care provided care and support to 30 people in their own homes.

The inspection was carried out by one adult social care inspector.

The registered manager of the home had not completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were aware of the reasons this had not been done as the registered manager had not received the document. However we did find the registered manager had received confirmation that CQC had received a list of people who used the services and external health and social care professionals who were familiar with the service. The PIR provides an opportunity for providers to share information and evidence about their service. This is used by CQC to help plan inspections. The information providers give us is considered alongside all other sources of evidence, including inspection visits. However, judgements about the overall quality of services and ratings of a service are not based on the PIR only but on information gathered across the whole inspection process, which was designed to be able to proceed without a PIR in the event of technical or other difficulties.

During our inspection we contacted five people, or their relatives, who received support from the agency, four members of the staff team and two social workers from the adult social care team. We looked at the care records for five people who used the service, training records for three staff and recruitment records for four staff. We also looked at records relating to complaints and how the provider checked the quality of the service. We spent time with the registered manager discussing how the service was run.

Following the inspection visit we reviewed the information we held about the service and contacted the local authority commissioning and other social care professionals for their views of the agency.

Is the service safe?

Our findings

People we spoke to told us they felt safe with the care and support provided by this agency. One person told us, "Yes I always feel safe with the girls that support me. I have no worries at all". Relatives said, "My relative is completely relaxed when the girls are with her so I have no worries on that score".

People and their relatives told us that the staff treated them in a way that protected their human rights and one person said, "The staff are very good and treat me in a way that makes me feel special and not a trouble like others have".

We contacted staff and asked how they ensured people were protected from bullying or the risk of abuse. Staff explained that they had all had training in how to keep people safe and that this had been discussed during their induction period. Staff were able to demonstrate their knowledge about different types of abuse how they would raise concerns if they thought people were at risk of harm or abuse. We asked staff what they would do if they had any concerns about people's safety. One person said, "I would report it to the senior or the manager immediately". Another said, "I would speak to the manager and I know she would listen and take action. I am here to make sure the people I support are kept safe at all times".

Assessments were undertaken to identify any risks to the person using the service and to the staff supporting them. During the initial assessment meeting with the person who required support the registered manager completed a risk assessment of the home environment in order to ensure the safety of the staff and the person they were going to support. Any subsequent changes to the environment were reported to the registered manager who then updated the risk assessment.

The registered manager had completed the 'train the trainer' course in moving and handling so that staff knew how to assist people in a safe way. They were also trained in the use of the various aids needed to help with mobility such as hoists and stand aids.

Any accident or incidents were recorded in the daily notes and reported to the registered manager.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and meet their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. Some people who were supported by Wright Care needed two members of staff to provide the care and support they required whilst others required one only. The registered manager confirmed that she would never accept a new package of care if she did not have sufficient staff to people's needs.

We looked at the recruitment records for four members of staff. We saw that thorough checks had been carried out to ensure that new staff were suitable to work, often alone, in people's homes. Application forms were completed and the process also included making sure that new staff had all the required employment background checks and security checks with the Disclosure and Barring Service. References were taken up,

one of which was their previous employer. People could be confident that the staff who visited their homes had been recruited using safe procedures.

Staff supervision was very much on an informal basis though spot checks were carried out. We recommended to the registered manager that formal records of any staff supervision, informal or face to face, be kept in each staff personnel file.

All staff had completed training in the safe handling of medicines and the agency had policies and procedures in relation to this. The medicines administration records were forwarded to the office on a weekly basis so that the registered manager could audit the records. This meant that any errors could be picked up quickly and helped the registered manager to ensure people received the correction medicine in line with their prescription.

Staff had completed training in infection control and protective clothing was available for all staff who provided personal care.

Is the service effective?

Our findings

People were supported by a staff team who had the skills and knowledge to provide appropriate care and support. We found, during our inspection, that most of the staff training had been done 'on line' through an external training provider. We discussed with the registered manager the need to also provide face to face training for the staff rather than rely solely on an electric training system. She confirmed that plans had been in place to source face to face training just prior to last December when the agency office was flooded. She was now in the process of contacting local training companies to organise face to face training in all the mandatory subjects.

Some of the care staff had completed training in social care up to level three and there were 10 members of staff to be enrolled with Lakes College to start their training in September 2016. Ties training was linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge.

Staff supervisions were on an informal basis, apart from one annual appraisal meeting, and so not always recorded. Staff told us that the registered manager did supervise them 'on the job' whilst they were providing care and they could arrange a meeting with her any time they wanted to discuss their professional career or any other matter. We discussed the importance of appropriate record keeping with the registered manager and recommended that every supervision meeting with staff, however short, should be formally recorded on each personnel file. The staff we spoke to told us that communication with the registered manager was excellent and that she was "contactable at any time, day or night".

We saw that people who used the service were included in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. We saw that people had signed their care plan and had signed their contract agreeing to the provision of their care and support.

Some people who used the service were not able to make important decisions about their lives. The registered manager was knowledgeable about the Mental Capacity Act 2005 and how to ensure people's rights were protected and any decisions made were in people's best interest.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that it was.

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.

Staff were aware of the MCA and its implications but had not completed formal training. This was to be organised the week following our inspection visit.

People's care records included the details of their GP so staff could contact them if they had concerns about a person's health or the person requested them to do so. We saw that where staff had more immediate concerns about a person's health they would contact the registered manager and call for an ambulance, if required, to support the person and their healthcare needs.

People told us that they did not always require support from staff with making or eating their meals although they told us that the staff provided the assistance if they required it.

We contacted the social services commissioners following our inspection but they had not received any complaints.

CQC had received two concerns from people who wished to remain anonymous but we were able to discuss the nature of the concerns with the registered manager. She was aware of these concerns and thought that we may have received information regarding them. We checked the relevant records but were unable to find any foundation for the concerns that had been raised.

Is the service caring?

Our findings

People who used the service were happy with the staff and said they got on well with them. One person told us, "They are fantastic and are all lovely". People received care, as much as possible, from the same team of carers which they very much appreciated. When the care package started people were introduced to the staff who would be coming to support them. When cover was required due to sickness or leave the person knew the replacement staff member coming to support them. One person told us, "It's the same group of carers and that is what I like. Before I came to Wright Care I counted I had been sent 50 different carers so I never knew who was coming. It is not like that now".

Another person told us, "The care given by my team of carers is excellent. I have been with other agencies before but these girls are super and the best ever. They provide my support in the way I ask".

We spoke to one of the social workers about this agency and were told, "This agency is always good. I never have any problems at all and the staff go far beyond their duty".

A relative of a person who used the service told us, "The staff really care about people and my relative is very happy with the girls. I used another agency at first and I didn't like it at all so I soon changed to Wright Care and have had no problems about their care. I know she always looks forward to the girls coming to see her".

Staff were respectful of people's privacy and we were told that their dignity was maintained at all times.

One member of staff told us, "I really love my job and it is a lovely agency to work for. I have sufficient time to give the people I support the care they deserve. I worked in a care home before but I really like the one to one care you get working for a care agency".

The registered manager was also hands on with the care and acted as a carer on her own or as part of a 'double up' team. People we spoke to told us it was "lovely to see the manager when she comes". People told us that the registered manager always asked them if they were happy with the care they received.

The registered manager was knowledgeable about the local advocacy services that could be contacted to support people if they required. An advocate is a person who is independent of the service who can support people to make decisions about their lives or to raise concerns about their support.

Is the service responsive?

Our findings

We asked people and their relatives if they thought Wright Care was responsive to the needs and wishes of the people they supported. They agreed that all the staff knew what they were doing and always responded very quickly to any changes needed.

Following an enquiry for a package of care the registered manager or the senior carer completed an initial assessment of needs to make certain the agency had the staffing capacity to meet those needs. This included a risk assessment of the person's property to ensure the safety of the staff as well as the person the agency would be supporting. The needs assessment covered every aspect of the care and support required to maintain people's health and wellbeing. From the information gathered, care plans were developed outlining how people's needs were to be met.

We looked at five care plans and saw they were written in a positive and personal way. Each of them detailed clearly the level of care and support required to meet the assessed needs. The manager told us the agency provided a variety of care packages ranging from 15 minutes just to administer medication to some for 11 over hours.

When we spoke to the staff they told us that communication with the registered manager was excellent. One staff member said, "If I notice anything different about the people I support I ring the manager immediately and she sorts it out. Nothing is a problem and if the care plan needs updating to reflect the changes this is done right away and the staff are notified". This prompt action ensured that people's needs were fully met and their health and wellbeing protected.

Care staff told us they encouraged people to maintain as much of their independence as possible and support was available to assist people when they went out into the community. The registered manager and the staff told us that communication and relationships with family members and friends was very important and should always be maintained.

The provider had a complaints procedure in place and details of this were contained in the 'Service user guide' a copy of which was given to each person who received care and support from Wright Care.

We contacted the social services commissioners following our inspection but they had not received any complaints.

CQC had received two concerns from people who wished to remain anonymous but we were able to discuss the nature of the concerns with the registered manager. She was aware that we may have received information concerning the agency but we were unable to find any foundation for the concerns that had been raised.

Is the service well-led?

Our findings

This service was managed by a suitably experienced and manager who was registered with the Care Quality Commission. She had been the registered manager since the agency was first registered. Everyone we spoke to told us they thought the service was well managed. People who used the service and the relatives we spoke to said that they had frequent contact with the manager, who was also 'hands on' providing care and support.

We found, through discussion, that the registered manager was aware of her responsibilities in running the service. She ensured action was taken in response to any concerns raised to improve the quality of service provision.

When we spoke with a senior manager from adult social care they told us the service was well managed and provided care to people with more complex needs that other agencies were unable to take on.

Staff received regular support and advice from the registered manager via phone calls, texts and face to face meetings. Staff said the registered manager was available if they had any concerns. They told us, "I know if I have any problems I have that support and back up." They said the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

There were systems in place to monitor the service provision although most of this was done on an informal basis. Continuing checks were completed on the medicines charts and safety within peoples' homes and the care plans. The registered manager often went out as part of a 'double up' team or as a single carer and was able to speak to people and ask them for their opinions about the service.