

# Ella UK Limited Hewitt House

### **Inspection report**

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Orrell
Wigan
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Date of inspection visit: 12 August 2020 13 August 2020 17 August 2020 18 August 2020 19 August 2020

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Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?	Good •
Is the service effective?	Good •
Is the service well-led?	Good •

## Summary of findings

### Overall summary

#### About the service

Hewitt House is a domiciliary care service based in the Wigan area of Orrell, Greater Manchester. The service provides personal care to people living at home and is operated by Ella UK Limited. At the time of the inspection, the service was providing personal care to 34 people.

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

People who used the service and their relatives told us the service was safe. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. Staff recruitment procedures were robust and there were enough staff to care for people safely. Correct infection control procedures were followed and the feedback we received was that appropriate personal protective equipment (PPE) was worn by staff.

Staff received the necessary induction, training, supervision and appraisal to support them in their roles. People were supported to eat and drink by staff. 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.

We received positive feedback about the management and leadership from everybody we spoke with including staff, people using the service and relatives. Staff told us there was a positive culture at the service, with good team work throughout. Appropriate governance and quality assurance systems were in place to monitor the service effectively.

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

Rating at last inspection (and update) Hewitt House registered with CQC on 8 January 2019 and this is the first inspection.

#### Why we inspected

Prior to our inspection, we received concerns in relation to people's care needs not being met and risks not being managed. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only.

The concerns we received related to staff recruitment, induction and training. We also received information of concern about the safe management of people's medication. We used this information when both planning and carrying out our inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions (Caring and Responsive). We therefore did not include them in this inspection. As this was a focused inspection and did not cover all five key questions, an overall rating for the location will not be

produced.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

### 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.	
Further details are in the Safe section below.	
Is the service effective?	Good
The service was Effective.	
Further details are in the Effective section below.	
Is the service well-led?	Good
The service was Well-Led.	
Further details are in the Well-led section below.	



# Hewitt House

### **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 an inspector.

Service and service type This service is a domiciliary care service. It provides personal care to people living in their own homes.

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.

#### Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Our inspection was carried out between 12 and 19 August 2020. This included one site visit to the main office location (17 August 2020). Further inspection activity was completed by telephone and email, including speaking with people and reviewing additional information sent to us by the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service, including Wigan local authority. 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.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We also spoke with five members of staff including the nominated individual, registered manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three medication administration records (MAR). We also looked at three staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.

### Is the service safe?

# Our findings

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

This was the first inspection we had undertaken at Hewitt House, therefore this key question has not previously been rated.

Prior to our inspection, we received information of concern regarding the management of medication, and staff recruitment. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

Using medicines safely

- People received their medication safely.
- Medication administration records (MARs) were completed accurately with no missing signatures.
- •Both people who used the service and relatives told us medicines were given as required.
- •Staff had received medication training and had their competency assessed to ensure medicines were given safely. A medication policy and procedure was available and provided information about how medicines should be given correctly and as prescribed.

Staffing and recruitment;

•Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working for the service. Risk assessments were completed where staff had prior criminal records.

•There were enough staff working for the service to care for people safely. People told us they had not experienced any missed visits and were contacted by staff if they were going to be late .

•Staff rotas were used so staff knew where they needed to go to deliver care. These were monitored by management to ensure people's care visits were on time. The feedback we received from staff was that their rotas were managed effectively. A member of staff said, "There are enough staff and my rotas are brilliant." A person using the service added, "Unless there is bad traffic obviously, they are always on time."

#### Infection control

- People who used the service told us staff followed correct infection control procedures and said PPE was always worn when delivering care.
- Staff had received both infection control and hand hygiene training.
- •An infection control policy and procedure was in place which provided details about how the spread of infections could be reduced.

#### Assessing risk, Safety monitoring and management

•Risks to people were well managed. People had individual risk assessments in place which covered areas such as the home environment, infection control, hazardous substances, fire safety, trips/falls, choking and eating/drinking. These contained details about how risks would be managed.

•Emergency 'grab sheets' were completed for each person and provided details about people's care needs in the event of an evacuation.

• Moving and handling competency assessments were carried out for staff to ensure correct techniques were used when assisting people to transfer safely.

Systems and processes to safeguard people from the risk of abuse

•People who used the service and their relatives told us they felt the service was safe. One person said, "I have a feeling of safety and re-assurance. I couldn't do without them." A relative added, "It is a safe service for people to use."

•Appropriate safeguarding systems were in place. Staff demonstrated their understanding of safeguarding and told us training was provided. Staff were clear about the processes they would follow and who they would report any concerns to.

•Safeguarding allegations were reported to Wigan Local authority as required.

Learning lessons when things go wrong

•Accidents and incidents were monitored closely, with details recorded about any actions taken to prevent re-occurrence.

### 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.

This was the first inspection we had undertaken at Hewitt House, therefore this key question has not previously been rated.

Prior to our inspection, we received information of concern regarding staff induction and the support they received to undertake their role effectively. We reviewed these areas during this inspection and did not identify any concerns or shortfalls.

Staff support: induction, training, skills and experience

- Staff received the necessary induction, training, supervision and appraisal to support them in their roles. People who used the service and relatives said they felt staff were well trained.
- •A staff induction programme was in place to provide staff with an overview of working in care and for the service. The care certificate modules were also completed which are a set of standards care staff complete if they have not worked in a care role previously.
- The service used a training matrix to record the training staff had completed. This showed staff had completed training in areas such as moving and handling, safeguarding, infection control and health and safety. Staff told us there was enough training to help them deliver care effectively.
- Staff received regular supervision sessions which provided the opportunity to discuss their work and receive feedback about their performance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

•The service worked alongside a number of other healthcare professionals in the Wigan area to ensure people maintained good health. This included dentists, podiatrists and assisting people to have their sensory equipment checked. Staff supported people to attend these appointments as necessary.

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

•People told us they received enough to eat and drink. The feedback we received from people who used the service and relatives was that staff always provided assistance with meal preparation if this was part of the care package, or left people with something to eat later in the day. One person said, "The staff do all of this for me. They always leave me with a nice meal before they go."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices;

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.

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.

• Staff had received mental capacity training and had an understanding of the legislation.

•Where people lacked capacity, relatives were involved and consulted with, to ensure the care provided was in people's best interests.

• People told us staff sought their consent before providing care. Written consent forms were also held within people's care plans.

• Prior to new care packages commencing, initial assessments were completed by the service to ensure they could meet people's needs. This was done alongside, people using the service and their relatives to ensure they were involved in the process.

### 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.

This was the first inspection we had undertaken at Hewitt House, therefore this key question has not previously been rated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

•We received positive feedback from everybody we spoke with about the management and leadership at the service. A person using the service said, "The manager always seems very nice whenever I have had to call them about anything." A member of staff also said, "It's brilliant and they can't do enough for you."

•Staff told us there was a positive culture at the service, with good team work throughout. One member of staff said, "It is really good working here, I really enjoy it. It is one of the better companies I have worked for." Another member of staff said," They really are a good company to work for and I am not just saying that."

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

•Both the registered manager and provider were clear about their roles. A quality monitoring audit was completed to ensure the service provided to people could be monitored effectively and help the service to continually improve.

•Spot checks and observations were carried out of staff undertaking their work to ensure care was being delivered correctly. Competency assessments were also carried out with regards to medication and moving and handling.

•Notifications were submitted to CQC as required for incidents such as expected deaths and safeguarding allegations. These are legally required to be sent to CQC so we can decide if e any further action needs to be taken.

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

•Systems were in place to involve people using the service, relatives and staff in how the service was run. This included the use of satisfaction surveys and staff meetings so that feedback could be sought and used to make improvements.

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 and registered manager understood the requirements and their responsibilities under the duty of candour.

Working in partnership with others

•The provider and registered manager also worked in partnership with a number of other agencies in the

Wigan area including social workers, podiatrists, district nurses, doctors, physiotherapists and opticians.