

Wisdom Healthcare Limited

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Inspection report

Flat 1
Hanover House, 11 George Street
Wolverhampton
WV2 4DG

Tel: 01902420571
Website: www.wisdomhealthcare.co.uk

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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

About the service

Wisdom Healthcare Ltd is a domiciliary care agency providing care and support to people living in their own homes. At the time of our inspection there were 22 people receiving a service and all received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by sufficient numbers of staff who had been employed through the provider's safe recruitment processes.

Staff received training on safeguarding and knew how to identify and report any concerns.

Risks had been assessed and management plans put in place. Staff administered people's medicines as prescribed.

People's needs were assessed prior to their service starting. The registered manager assessed needs in a range of areas including support needed for eating and drinking. Staff worked with healthcare professionals to make sure health needs were supported.

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.

People and relatives thought staff were kind and caring. People's privacy and dignity were promoted and maintained by staff who recognised the importance of treating people respectfully.

People were involved in their care and were encouraged to share their views and preferences. People had personalised care plans which were regularly reviewed by staff.

People had the opportunity to record end of life wishes and the staff worked with professionals to provide appropriate end of life care.

People, relatives and staff all felt able to approach the registered manager and were positive about their leadership style. Quality monitoring was in place and feedback was sought and used to make improvements to the service.

There was a complaints policy in place which people and relatives were aware of.

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 (published 20 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Wisdom Healthcare 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

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

This 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. Inspection activity started on 30 September and ended on this date.

What we did before the inspection

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse. We checked for feedback from local authorities and commissioning bodies.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care

provided. We spoke with three members of staff and the registered manager.

We reviewed a range of records. This included three people's care records, three 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe because the service was reliable, and carers had consistently arrived on time for their visit. If needed, the registered manager would provide care and support, so people knew there was always a member of staff available that they knew. One person said, "Yes I feel safe. They are very reliable, and I have no doubts about them coming in. They work well with (person) and I have got to know them well."
- Staff had received training on safeguarding and were knowledgeable about the different types of abuse. Staff told us when they would report any concerns and were confident management would take the appropriate action.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The registered manager assessed and reviewed potential risk to people. There was written guidance in place to ensure staff supported people safely.
- Staff received training in infection prevention and control. Staff confirmed they had access to gloves and aprons which they used when needed.

Staffing and recruitment

- People were supported by staff who had been recruited safely. The necessary pre-employment checks had been carried out. This included a check with the disclosure and barring service (DBS). The DBS helps employers to make safer recruitment decisions.
- There were enough staff deployed to meet people's needs. People told us they usually had the same staff.

Using medicines safely

- People were supported to take their medicines as prescribed. People had a medicines administration record (MAR) which was used to record what medicines were given and when.
- Staff received training on medicines administration and were observed to make sure they were competent.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and investigated. Staff were encouraged to reflect on what had happened to identify any learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported by a staff team who worked well with each other and other agencies to provide care and support.
- Staff were aware of people's health problems and signs of change to look out for. For example, staff caring for people living with diabetes or dementia. They told us what they would do if they were concerned and they would record all action taken.
- Staff worked with healthcare professionals to make sure people had the care they needed. People were referred to professionals such as community nurses in a timely way.

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

- People had their needs assessed by the registered manager prior to any service starting.
- The service used a range of assessment tools to make sure needs were assessed in line with national guidelines. For example, moving and handling and risk of falls.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service then updates as needed. Where appropriate, staff completed the Care Certificate as part of their induction.
- Training was provided to make sure staff had the skills they needed to carry out their roles. All staff we spoke with told us they had received training and updates when they needed them.
- Staff had the opportunity to speak one to one with the registered manager about their personal development and training.

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

- People were supported to eat and drink where needed.
- People's needs for eating and drinking were recorded in their care plans. Those who needed more encouragement to eat and drink had food and fluid charts for staff to complete.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found they were.

- People were always supported to make their own decisions. Staff had been trained on the MCA and applied the principles to their daily work.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were positive about the staff and the care they provided. One person said, "The carers are really lovely, every one of them. I am so happy with them and they give me good support."
- People were being supported by a staff team who really enjoyed the work they were doing. A comment from a staff member was, "I enjoy working for Wisdom Healthcare as I am supported to provide quality care."
- The registered manager and staff were knowledgeable about people's needs and spoke with respect about how they provided support. People's preferences were known and likes, and dislikes recorded.
- Staff had been recruited based on their values and experiences.

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

- People and relatives told us they were involved in making decisions about their care and support.
- People were encouraged to share their views when management carried out staff observations. One member of staff told us, "We ask for feedback from people and they are happy to do so."
- People and relatives were confident if they spoke with the management about changing anything they would be listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the need to promote privacy, dignity and independence. One person said, "The carers encourage (person's) independence."
- People's records were kept securely in the office.
- Staff we spoke with gave us examples of how they respected people's dignity. One member of staff said, "I make sure people are covered up when I am doing personal care, make sure doors are closed. I always explain exactly what I am going to do before I do it." Another member of staff told us, "I take the lead from the person, make sure I am not telling them but asking what they would like me to do next."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had a plan of care in place with details for staff to know how to meet their needs.
- People had been encouraged to express what was important to them which the registered manager had recorded. There was information about who was involved in people's care and support and who was important to them. One person said, "The manager did an assessment and I was involved with the care package and the care plan is working well. I have no complaints. I requested all female staff and that is what I have got."
- Details of the care provided to people had been recorded in daily notes which were completed by staff at the time of the visit. We saw records were completed in full and written respectfully about people's care.

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.

- People's communication needs were identified and recorded in their care plans. The registered manager told us information could be provided in different formats if needed.

Improving care quality in response to complaints or concerns

- People had access to the complaint's procedure within the service user guide. The complaints process was outlined step by step and clear. There was additional information provided for people to know how to escalate their complaint if they wanted to.
- People and relatives told us they would not hesitate to complain if they needed to. They felt assured that the registered manager would sort out any issues if they arose.

End of life care and support

- People were being supported at the end of their lives. People's needs were recorded in their care plans with details of who to contact if needed.
- Staff had received training in the principles of end of life care. Skills of staff were matched to individuals who received this type of care.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Without exception the comments about the management of the service were positive. People, relatives and staff all were complimentary about the registered manager and care staff. One person said, "The manager has contacted me and is coming to check again this weekend. She keeps an eye on her staff. She appears to me to run a good company. She is very caring in the way she appoints her staff. If I need anything they would always help. They do anything I ask but they have it all under control."
- People and relatives were complimentary about the care they received. Staff told us they would recommend the service to relatives or others because the care was of good quality.
- The registered manager promoted a culture of speaking up and learning. Staff we spoke with all told us they were able to approach the registered manager and report any concerns.

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 management was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.
- The registered manager carried out audits to monitor the quality of the service provided.

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

- Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns.

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

- People had been encouraged to give feedback about the care provided. Surveys had been completed and the response had been positive.
- Staff we spoke with all told us they were able to come to the office at any time and feel welcomed, or ring at any time. One member of staff said, "It is a very nice atmosphere in the office, you can come in with confidence and be yourself." Another said, "You can phone up at any time and speak to the manager."

Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to provide quality joined up care to people.