

Wesleycare Limited

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Inspection report

Unit 8
Hollins Business Centre, Rowley Street
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Staffordshire
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Date of inspection visit:
09 February 2018

Date of publication:
20 March 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Wesleycare on 9 February 2018. The inspection visit was announced. We gave the provider 48 hours' notice that we would be inspecting the service so we could be sure the registered manager and staff were available to speak with us.

Wesleycare is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at set times agreed with them. At the time of our inspection there were nine people who received personal care through Wesleycare, all of whom were located in the Worcestershire area.

There was a new registered manager in post who had received confirmation of their registration on 2 February 2018. A requirement of the service's registration is that they have a registered manager. 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.

This was the first inspection of the service following its registration with CQC. The service had only been operating for a few weeks even though it had been registered with us since October 2015, and therefore the new manager was developing systems and processes to ensure people received a quality service.

People were positive about the care they received and were complimentary of the care staff that supported them. People said they felt safe when supported by care staff. Care staff understood how to protect people from the risk of abuse and there were processes in place to minimise risks to people's safety, which included information about people's individual risks in their care plans.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

All care staff had been provided with a staff handbook containing the policies of Wesleycare to support them to provide safe and effective care to people. Care staff received specialist training on how to manage medicines so they could safely support people to take them.

People received a service based on their personal needs and care staff usually arrived to carry out their care and support within the timeframes agreed.

People told us care staff maintained their privacy and dignity. People's nutritional needs were met by the service where appropriate.

The registered manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before giving care.

The manager/provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people, staff, and record checks. People knew how to raise concerns if needed. However, no one had made an official complaint at the service.

However, monitoring and quality systems required improvement to show the findings of checks performed at the service, so that lessons could be learnt to improve the service. Record keeping required improvement to ensure there was a full record of people's care available in the provider's office.

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.

People felt safe with staff, who had been recruited safely. The registered manager had procedures in place to report and investigate accidents, incidents and safeguarding issues when these arose. People had risk assessments and risk management plans in place, which provided staff with the information they needed to minimise risks. There were enough staff employed to ensure safe care for people. Medicines were administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction and training so they had the skills they needed to effectively meet people's needs. People made choices about their care. Where people could not make decisions for themselves, important decisions were made in their 'best interests' in consultation with health professionals. People were supported to see healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People received care and support from care workers who understood their individual needs. People said care workers were caring, kind and respectful and always ensured their privacy, dignity and independence was maintained.

Is the service responsive?

Good ●

The service was responsive.

People had personalised records of their care needs and how these should be met. People were able to raise complaints and provide feedback about the service. Where people wished, there was end of life care planning in place which took into account any special requirements or wishes people had.

Is the service well-led?

The service was not consistently well led.

Improvements were needed to ensure records kept in the office matched those in people's homes. Quality assurance systems required improvement to document the findings of such checks, and how improvements were made. People were happy with the support they received and were invited to comment on the quality of the service when the registered manager visited their home. The registered manager had an open door policy and staff felt supported in their roles.

Requires Improvement 

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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 checked 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.

The office visit took place on 9 February 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the registered manager was available to speak with us. The inspection was a fully comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Following our inspection visit we received feedback from three people who used the service and one person's relative.

We received feedback from four members of care staff, the newly appointed registered manager and a member of office based staff.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and daily logs. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager/the provider made to assure themselves people received a quality service. We also looked at recruitment and supervision procedures for members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Is the service safe?

Our findings

We found people felt safe with staff who visited them in their home, and that people were supported by enough staff who usually arrived on time. One person said, "I am very happy with everything. I have no complaints or concerns."

Everyone we spoke with told us they felt safe receiving support from the care staff that visited them. People had no worries or concerns about the arrangements to maintain the security of their home. Some people had a 'key safe' or device where staff accessed their home if people were unable to open the door. Care staff were aware of the importance of keeping people's homes secure following their calls. They made sure doors were left locked and secure when they left.

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff told us they were comfortable with raising any concerns they had with the registered manager, and were confident any concerns would be investigated and responded to. Staff also understood they could report safeguarding concerns to other authorities if they had concerns. The registered manager had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC. We found there had been no reportable safeguarding concerns at the service.

Care staff attended regular infection control training and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

Procedures were in place to record any accidents and incidents that occurred to show when and where accidents happened, and whether risks could be mitigated to reduce them happening in the future. However, the registered manager told us there had been no accidents or incidents at the service.

Risks to people's health and wellbeing were identified in two of the three care records we reviewed. For example, medicines administration was risk assessed to show whether people had their medicines managed by staff, or whether they were able to administer their own medicines. Records explained what the risks were in each scenario, and what actions staff should take to minimise any errors in the administration of medicine.

However, we found one person's documents did not show any of their risk assessment documents. The registered manager told us, "There are copies of these in the person's home, along with their other care records." The registered manager explained that there had not been a consistent approach to record keeping at the service previously. As the new registered manager, they intended to hold a copy of all records in the office as well as in people's homes. This would mitigate against the risk of any records going missing, and would provide a record of all care arrangements in the office for staff to access.

All care staff had been provided with a staff handbook containing the policies of Wesleycare to support them to provide safe and effective care to people.

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There were sufficient staff employed by the service to ensure people received their agreed calls at the time they should. In addition, the registered manager kept their training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were unexpectedly absent due to illness or travel conditions were poor.

There was a system in place to record the arrival and leaving time of staff on the paper records everyone had in their home. The registered manager used the information generated to highlight where staff may arrive late and the reasons why this occurred. The information reassured the registered manager that staff arrived on time, and no calls were missed. The registered manager told us there had been one missed call recently, which had been due to a clerical error; the call had not been added to the staff rota. They explained they had spoken to the person regarding their missed call, apologised, and re-scheduled the call. Apart from this one error, calls were usually on time.

The registered manager told us they employed sufficient staff to cover all their existing calls to ensure no temporary or agency staff were needed.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Each person that was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed. MARs were kept in the person's home so they could be completed each time a medicine was given. One person told us, "They are very good with my medicines."

Some people required medicines to be administered on an "as required" basis. There were procedures in place for the administration of these medicines to make sure safe dosages were not exceeded and people received their medicine consistently. There were checking procedures in place to ensure people received their daily medicine as prescribed.

Is the service effective?

Our findings

New staff members were provided with effective support when they first started work at Wesleycare. They completed an induction to the service and started working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. Staff also worked through a probationary period to ensure they had the skills needed.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. A staff member told us training was delivered according to the needs of the people they supported, for example, in how equipment should be used in the person's home. One staff member said, "The training was good. Even though I have a lot of experience in working at nursing services, my training has been refreshed and kept up to date here."

The registered manager told us they intended to continue to support staff through a system of regular meetings with their manager, and yearly appraisals. Regular meetings with staff would provide an opportunity to discuss personal development and training requirements. One staff member told us, "We hold regular meetings with the manager and with other colleagues. Regular meetings have a positive impact on the running of the service and increases staff morale. We are always updated with vital information of our work." Another staff member said, "In our meetings we have the opportunity to contribute creatively to any issues involving our work."

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives, and included discussions on each person's individual needs such as their mobility, likes and dislikes. The registered manager was introducing improvements to the assessment procedure at the time of our inspection visit. The assessment procedure was being developed to include more information on people's advanced decisions, and their personal circumstances, so their care could be more tailored to their long term wishes. The registered manager would then review people's care regularly to ensure care records were kept up to date and continued to meet people's needs.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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.

Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to do so. The registered manager understood their responsibilities under the MCA. They knew if people lacked the capacity to make all of their own decisions, records were required to show how decisions were reached in their best interests following mental capacity

assessments. The registered manager told us they planned to introduce paperwork at Wesleycare that could be used to assess and record people's capacity, and who had been involved in decision making, if in the future they supported people who lacked the capacity to make their own decisions. They also planned to ask relatives and advocates for evidence of their legal authority to be involved in care decisions when people joined the service.

People we spoke with managed their own healthcare appointments or relatives supported them with this. The registered manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were living with a condition such as diabetes.

Is the service caring?

Our findings

People told us they enjoyed the company of care staff, and that they got along with them well. One person said, "They are lovely, they do just what I want and what I like." Another person said, "They are very good, caring and look after me and the dog."

People told us that by having staff from Wesleycare come into their home, this had supported them to remain independent and stay living in their own home.

Staff took pride and enjoyment from their work. One staff member said, "Helping others is my passion. I enjoy making a positive change in someone's life."

People were cared for by a consistent staff team that visited them regularly, which helped people feel secure with staff. Staff told us they felt supported in their work by the manager and other colleagues, and supported each other as a team.

Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care; covering people and asking family or visitors to leave the room during care.

Staff told us they respected that people also needed to have their personal care and support packages kept confidential by staff. One member of staff said, "I do not talk to anyone about an individual's private information unless they give their consent, and only if it is to improve their care."

Is the service responsive?

Our findings

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes. Comments from people included, "They will do whatever I ask."

Care records we were able to review contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. People were involved alongside family members in care planning and regular reviews of their care.

People told us staff wrote information about all the care they had provided in the daily records that were kept in their home. This information acted as a handover of information, so other care staff always knew what care people had received. One person told us, "The records in my home are all up to date. Staff write in them every day what they do."

People told us communication between them and the care staff was good. Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community.

We found some people had end of life care arrangements in place if they chose to involve Wesleycare in their plans. The registered manager respected people's decisions to discuss these arrangements with their family, and only involve the service if the person was not supported by family members. The arrangements people had in place included decisions that had been made regarding whether they should be resuscitated following a cardiac arrest. The registered manager told us, "We are planning to ask new clients, where people have these types of decisions in place, we ask the person or family members to tell us about this as part of our initial assessment."

People confirmed they had been given the complaints policy which was included within the information guide which was located within their homes. There were systems in place to manage complaints about the service. However, the registered manager told us there had been no complaints made about the service.

Is the service well-led?

Our findings

This was the first time the service had been inspected. We spoke with the new registered manager who explained they had just taken on this role; they were registered with CQC on the 2 February 2018. Up until that time the registered manager had been in another role at the service. The registered manager was also the provider of the service.

The registered manager acknowledged records of the care people received were available in the office, so that these could be referred to in an emergency situation. The registered manager understood they needed to develop their own systems of record keeping now they had begun their new role. They had made plans to do this by keeping copies of people's care plans and risk assessments at the office.

Monthly audits were undertaken to check a range of information, which included staff timesheets, arrival times, daily records of people's care, and medicines records. However, these checks were conducted by the registered manager in the person's home and were not recorded. This meant the registered manager was unable to demonstrate their learning from quality checks, and whether any required improvements had been identified. The registered manager explained they were new in post, and they would continue to complete these checks, but planned to record them in the future. They explained they planned to bring daily records and MAR records back to the office each month, to keep on file and conduct audit checks.

Staff were monitored and supported using a range of techniques including observed practice, which the registered manager used to assure themselves people received a safe service from staff. One person told us, "Staff record everything they do, then the manager comes in about once a week and checks everything with us."

We saw a clear management structure was in place to support people and staff. The registered manager was supported by a member of staff who worked alongside them in the office, and experienced care staff who worked in people's homes. Staff told us they felt valued by the registered manager. A staff member told us, "The manager is very approachable, ready to help staff with work related issues and any concerns. The manager's door is open to all the staff for any assistance they may need."

The registered manager understood their legal requirements to notify us of any significant events that occurred at the service, and their legal responsibilities to display the rating on their website.

The registered manager operated an 'open door' policy, where staff could call into the office if they needed to. They intended to introduce structured staff meetings at the service, but said staff could call in to the office, or request a meeting at any time. An 'on-call' telephone number was also available for staff to call if they needed support outside of office hours.

The registered manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place.

