

Wight Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Wight Home Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults. Not everyone who used the service 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. At the time of our inspection there were 59 people receiving personal care from the service.

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

People's care plans were up to date and contained person centred information. Risk assessments were completed for people which identified any risks, but these required further detail to ensure staff had the information they needed to mitigate risks. The provider took immediate action to make these improvements and staff demonstrated they knew people well and knew how to safely meet their needs.

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. However, some improvements were needed to the records made in relation to this.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. The provider was meeting people's needs in line with this guidance.

People were supported to be safe. There were systems and processes in place to ensure people were protected from the risks of avoidable harm. The provider had a policy and procedure for safeguarding adults and staff understood their responsibilities.

Staff had completed training in the safe administration of medicines and had their competency re-assessed annually or when needed. People were encouraged to maintain their independence to self-administer their own medicines, where possible. People who required support to administer medicines, were happy with how they were supported.

Staff had received appropriate training that equipped them to support people. Safe recruitment procedures were in place to help ensure only suitable staff were employed.

Staff felt they were supported by the management team and had regular contact to ensure they were informed of any important information or changes.

The management team had processes for monitoring visits and endeavoured to ensure that office staff contacted people when care staff were held up or were running late for visits.

Systems and processes were in place to monitor the service and identify and drive improvement. This included regular spot checks, audits and feedback surveys. The provider had developed an action plan to ensure they were able to identify and make any improvements needed in a timely way.

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 27 April 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wight Home Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wight Home Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by one inspector and one Expert by Experience [ExE]. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had a temporary manager in post who we will refer to as 'the manager' throughout this report. The provider had recruited a new manager who was going through an induction process and would be submitting an application to register with CQC.

Notice of inspection

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

Inspection activity started on 11 January 2023 and ended on 20 January 2023 We visited the location's office on 11 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including our monitoring review of the service completed in October 2022, previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including 2 directors, 1 of which was the nominated individual, the manager, and care staff. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included eight people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant to ensure safety some aspects of the service needed to improve. There was an increased risk that people could be harmed if improvements were not made.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people had been assessed. However, risk assessments did not always provide detailed information about people's needs. This is important to help mitigate risks. For example, one person had a diagnosis of diabetes. Although their care plan identified this, there was insufficient information for staff to describe all the risks associated with this condition or how to mitigate them. This meant the person could be at risk if staff did not recognise when they needed to seek medical intervention.
- Another person required a hoist to move safely. Although, staff had received training in how to use this, the person's care plan did not identify all the risks that could occur when using this type of equipment. We discussed this with the manager and provider, who took immediate action and updated people's risk assessments to include additional information. We reviewed the updated risk assessments as part of our inspection.
- However, staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, staff were able to describe people's needs and understood identified risks, including how to use a hoist, health needs or what to do if a person had a fall. One staff member told us, "There are always two of us if we have to use a hoist, we know how to do it safely." Another said, "I feel I know how to look after people safely and we know our clients [people] well. If I found a person on the floor, I would check them over and call for assistance, if needed I would call an ambulance."
- People confirmed staff understood their needs and could safely meet them. One person said, "I feel safe, they [staff] know what they are doing, I've not felt unsafe."
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

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 MCA 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 found the service was working within the principles of the MCA and staff supported people to make choices. However, some records needed additional information, and this was completed by the end of the inspection.

Staffing and recruitment

- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included Disclosure and Barring Service (DBS) checks, obtaining up to date references and investigating any gaps in employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The management team monitored any missed or late visits to people. Their system alerted them after 15 minutes if staff had not arrived for their scheduled care visit. This enabled action to be taken such as an alternative staff member attending if there was an unavoidable delay, which would impact on the person's safety.
- People and their relatives told us staff usually arrived on time and stayed as long as was needed, although recently there had been some impact from staff sickness. Nonetheless, they confirmed they received their scheduled visits. Comments included, "They [service] can be a bit short staffed when they have illness but normally no problems", "Sometimes they [staff] are late but they let me know", "They are never late, sometimes the traffic may make them a little late but not a lot. I don't worry as know they will be here" and "Yes, there are enough staff to meet my needs and requirements."
- The provider's training records showed staff had received training in a timely way to equip them to do their roles, safely and effectively. For example, the providers training records showed, staff had received training in medicines administration, safeguarding, nutrition, food hygiene and moving and handling. Where refresher training for some staff was slightly overdue, we saw this had been identified and staff were being supported to be able to update their training.
- Staff comments confirmed they had received training to equip them in their role. Staff comments included, "We have lots of training and get reminded to keep it up to date" and "The training is good, we know what to do and can always ask if we need support or additional learning."

Using medicines safely

- Safe systems were in place should people require support with their medicines.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. One staff member said, "We are trained how to give medication safely and there is always someone on-call if we have a query about service users' [people's] medication."
- Information about topical creams people were prescribed was in their care records and medicine administration records [MAR] charts. However, further information was required to ensure staff understood where specific topical creams should be applied. We discussed this with the manager and provider and saw this had already been identified in a recent audit. We were assured they were in the process of implementing an improved system.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.
- People and their relatives confirmed staff administered medicines when required to do so. One person said, "The staff support me with my medication. I get them on time, and they document it."

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse. There were clear processes in place for investigating any safeguarding incidents.
- People told us they felt staff knew them well and could keep them safe from harm. Comments included, "Yes, I'm very safe. They [staff] care, are reliable and friendly lovely people", "I feel safe" and "Staff know me well and keep me safe."
- Staff had received training in safeguarding adults and understood they should report any potential abuse. One staff member said, "I report any concerns to the manager, or I could report to the [local authority]"

safeguarding team."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The manager knew how to seek support from external professionals when they required additional guidance.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The provider and management team had a comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care. For example, people's care plans contained person-centred information that captured people's individual likes and wishes. Care plans described how staff should support people with their assessed needs and demonstrated the importance of their individual wishes and the impact on their wellbeing.
- People and relatives were happy with the service provided. Comments we received included, "They [staff team/service] are all very good. If I have a problem, I give them a ring", "I have phoned [the office] a couple of times. They also called to say that they would let me know later during the day who was covering a call. They email the rota for next week in advance, with who and when, I've no concerns" and "They [staff and management] are all very approachable."

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

- There was a clear management structure in place, consisting of the provider who was also the nominated individual, the director of community services, an acting manager, who was returning to their role as the deputy manager and senior staff. They were all clear about their roles and responsibilities. There was no registered manager in post, but a new manager had been appointed and was applying to register with CQC.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were accessible to staff.
- There were systems and processes to monitor, assess and evaluate the service. The manager had developed an action plan which evidenced where improvement was needed and when the required action would be completed. For example, they had recognised the information around risks in people's care plans needed improving and were taking action to make improvements, as referred to in the safe section of this report.
- Audits were completed to monitor systems within the service were working effectively. These covered areas including care plan reviews, safeguarding, dignity and respect, pressure injury prevention, infection control and medicines management.
- The previous performance rating was prominently displayed on the providers website.

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

- The management team promoted a positive culture and staff told us they felt supported in their role. One staff member said, "I really enjoy working for the service, they are supportive, and we have enough time to spend with the people we support." Another said, "It is a good company to work for."
- People's needs, and preferences were used to develop care plans which reflected their individual preferences and diverse needs. Staff could access people's care plans through the electronic care record system or in people's homes, where paper care plans were stored.
- Regular conversations were had with people, and their relatives to ensure the care provided continued to meet their needs and they were satisfied. People and their relatives did not think they were always formally asked for feedback but did feel action was taken when needed. They knew how to contact the management team. Comments included, "I am satisfied most of the time. There was a carer I had a problem with, so I asked that person not to come again", "I filled in a feedback form a little while ago, I do not have any issues" and "Yes, I filled in a questionnaire."
- The management team also carried out 'spot checks' of staff conduct. During spot checks the senior staff observed staff practice and approach, to ensure they worked safely and displayed a respectful attitude.

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 manager understood their responsibilities under the Duty of Candour and there was a clear process in place. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The management team were working in accordance with this regulation within their practice.
- Throughout the inspection the management team were honest and open with us. They were eager to ensure processes in place kept people safe and protected them from harm.

Continuous learning and improving care; Working in partnership with others

- Where incidents or accidents occurred, staff made records, and this was reviewed, and action taken where needed. Staff were informed of any changes through their hand-held electronic care record devices or in person.
- The provider had a complaints procedure. We saw records that confirmed complaints were recorded and responded to appropriately. Action was taken where needed.
- The manager and provider kept up to date with developments in practice through working with local health and social care professionals. In addition, they signed up to regular newsletters and bulletins from nationally recognised social care organisations such as CQC, Skills for Care and Medicines and Healthcare products Regulatory Agency (MHRA). This meant they kept up to date with current best practice.