

EsKe Limited

Care Wyvern

Inspection report

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26 February 2019

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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:

- Care Wyvern provides a domiciliary care service to people who live in their own homes. The registered manager and designated administrative staff are based at the agency's office. Care Wyvern is classed as a small agency which means that it provides support with personal care to no more than 100 people. At the time of this inspection the agency was providing support with personal care to 41 people.

Rating at last inspection:

- At the last inspection the service was rated Good. (3 September 2016)

Why we inspected:

- This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

- There were two registered managers in post. 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 told us they felt safe and supported by staff who visited them. Staff were mostly punctual and consistent at carrying out visits with people in a person-centred manner.

- One person told us, "Whenever possible, they are on time, they always phone before if there's any problem. If I need to change a time, I usually phone before and ask. If it's not possible I change/cancel the care visit." People were supported to continue living at home in a way that enabled them to be as independent as possible.

- Staff were trained and supported to be effective carers in a collaborative team. Where needed, staff were quick to support people to have access to health care professionals such as GPs, dentist and opticians or, when necessary, emergency services. One relative told us, "We would recommend them, they really care about the people."

- People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

- Care plans were created with people and relatives to ensure they were person centred and tailored to

peoples' needs and routines.

- The service was well managed by a supportive and progressive management team. People, staff and relatives were involved in helping the service improve.

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

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

Care Wyvern

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type:

- Care Wyvern is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.
- The service had two managers 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.
- Inspection site visit activity started on 25 February and ended on 26 February 2019.

Inspection team:

- Day one of this inspection was completed by an inspector and an specialist nurse advisor. A single inspector completed the inspection on day two We also had two experts by experience who made telephone calls to people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Notice of inspection:

- This inspection was unannounced

What we did:

- We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about.
- We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with both directors who owned the service, the operational manager, two registered managers and the business development manager. We also spoke with four care staff and one apprentice. We spoke with 16 people who received personal care and eight family members who were closely involved in peoples care and support. We also visited two people in their own homes. After the inspection, we contacted five health and social care professionals to seek their views on the service. Two responded.
- We looked at records relevant to the management of the service. These included eight care plans. We reviewed risk management plans, health and safety records, complaint and incident reports, six staff recruitment files, staff training records, medicine management records, and performance monitoring reports.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using Care Wyvern. Comments included; "Absolutely. They are a great bunch. I look at them as best friends."
- People were protected from the of risk abuse because staff knew how to respond to, and report, any signs of abuse. One staff member said "We have reported one recently, we told the local authority about it".
- The registered managers understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary.

Assessing risk, safety monitoring and management

- Some people had times when they could become unsettled or distressed. There was guidance in people's records on what action staff should take to support them at such times. For example, staff should not rush people when offering personal care.
- The provider carried out risk assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. Examples included falls, moving and handling, letting staff in the home and risks when people were on their own.
- There were systems in place to safeguard and protect staff. There was a lone working policy, which staff knew about and staff said they could contact the registered managers at any time and they would respond. One staff member said, "There is always someone in the office we can speak to." Another staff member said, "The registered managers gave us their personal numbers as well as having access to the on call outside of office hours."

Staffing and recruitment

- Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

- The number of people using the service and their needs determined staffing levels. The provider currently employed 42 staff members. The provider did not take on additional care packages until they had recruited additional staff, and staff told us they worked additional hours to cover sickness and annual leave. This meant people using the service did not have their care and support compromised.

- The provider produced a staff rota in advance. The rota recorded details of people's visit times and which staff would provide the visit. People we spoke with said staff sent this to them every two weeks but sometimes it changed. One person said, "They send a rota and if it changes generally they do let us know". The provider recorded no missed visits in January 2019,

Using medicines safely

- Although the majority of people managed their own medicines, where staff were required to assist some people with their medicines, this was done safely by staff. All medicine administration records (MARs) we saw had been filled out correctly with no gaps in administration.

- Support plans clearly stated what medicines the persons GP had prescribed and the level of support people would need to take them.

- Senior staff carried out regular audits. All staff had received training in the administration of medicines, which the provider regularly refreshed.

- The service had a medicines policy which was accessible to staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were knowledgeable of how to prevent the risk of infection. One staff member said, "I always use my gel". We observed staff wore aprons and gloves when carrying out personal care.

- One person told us, "They always wear their gloves and aprons when helping me wash."

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, when a person fell. This had been recorded in detail and followed up with additional training for the staff member to prevent reoccurrences.

- In the event of bad weather or a major incident the provider had a contingency plan in place that accounted for fire, flood, staff sickness or road works.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had suitable processes to assess people's needs and choices. Before they started using the service, the field care supervisor went out to assess people to check the service could meet the person's needs.
- Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop care plans for the person and deliver care in line with current legislation, standards, and guidance.

Staff support: induction, training, skills and experience

- Staff had appropriate skills, knowledge, and experience to deliver effective care and support. One person told us, "They are skilled, and the main person comes and inspects quite often, with every single carer, to make sure the procedure is being carried out correctly."
- Staff completed an induction when they commenced employment. There was a system in place to remind staff when their mandatory training was due. Staff also received training, which was relevant to the individual needs of the people they supported. For example, all staff had received training in Epilepsy and food and nutrition.
- The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs.
- Staff received annual appraisals to monitor their development. Staff told us, "The provider looks to develop everyone, if we show potential they will train us and promote us, its brilliant."

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

- Staff completed food hygiene training and evidenced they knew about good practices when it came to food. One person told us, "They always make my hot chocolate before they go and leave me a flask of water for the day".

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

- Staff supported people to access health care services as and when needed, for example GPs and dentist appointments.
- We saw records of correspondence between the agency and various other healthcare professionals such as occupational therapists, district nurses and GPs.
- Staff enabled consistent care by writing detailed records of care visits onto the electronic care management system. This system provided senior staff with real time information and enabled them to access information quickly.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered managers and staff had received training on the Mental Capacity Act 2005 (MCA). There was a policy which was accessible to staff. Staff we spoke with did not know how the act applied to their role.
- There was some confusion as to who should have a Mental Capacity assessment. Some people had some capacity but family members were directing their care and support.
- Staff had not considered any MCA assessments or best interest decisions in these cases. Staff assumed relatives had a legal power to make decisions but there was no evidence of this either. The operational manager told us they were currently working to improve this and had a plan in place to attend training and ensure staff completed assessments for anyone who was deemed not to have capacity in any area of their care and support.
- One relative told us, "They always ask my relative and explain what needs to be done and why."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were kind and caring. Comments included; "They talk to my relative while they are showering. They seem caring." And, "The older staff are wonderful, have more experience of life."
- Training records showed that all staff had received training in equality and diversity. Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age.

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

- Every person we spoke with told us they had met with care staff at the start of their package to talk about their needs.
- One person told us, "Yes, definitely involved with my care plan and they phone me after a review." Another person said, "Yes, a care plan, they normally talk it through with me". Another person rang in requesting a different carer because they felt the one they had sent was inexperienced. We observed staff acknowledge this and make arrangements for a more experienced care to attend.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was considered and upheld by staff. Staff closed people's curtains before providing personal care and spoke with people in a friendly manner.
- One relative told us, "They close the curtains and they keep the top bit of their body covered, while washing the lower part, and vice versa. They are quite shy, and staff are sensitive to that." One person said, "They treat me with dignity. Yes, gentle when I have my shower." Another person said, "Yes, they do respect my privacy. My records are kept in a folder in my house and on their phone. They put the folder on the side in my house where I want it".
- Peoples independence was respected and promoted. One staff member told us, "We encourage people to be as independent as possible." One person told us, "They help me to do as much as I can for myself."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Staff were able to explain the support people needed and what was important to people.

- People told us they were fully involved in planning their care. Comments from people included, "Yes, and we are having a revision on Wednesday." And, "(Name) came round and looked at the care plan with us." A relative told us, "I think someone is coming out in two weeks' time, they came 3 months ago, but (persons name) has been unwell recently."

- We reviewed eight care plans. All eight outlined peoples' care and support. For example, personal care, medicines, health, dietary needs, and mobility. Care plans recorded people's preferences which meant people felt they could maintain some control over the staff that supported them. For example, One person said, "If I really don't get on with someone they wont send them".

- The provider told us they sent regular communication emails to staff mobiles when people's needs had changed or when a coordinator had made a change to support staff. Staff confirmed they were informed and usually felt well prepared ahead of visits.

- Care plans were kept at people's houses for people and staff to access information easily. At the time of the inspection the provider was transitioning their care plans to an electronic system which enabled greater consistency and easier reviewing or updating. Staff told us, with peoples consent, family members could have access to records through their own electronic devices as part of this system.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with a guide that included the complaints procedure. We saw this in one person's home when we visited them.

- Complaints had been recorded, responded to and completed with follow up actions and or outcomes. For example, one person was unhappy with the call times. The provider acknowledged the complaint and apologised for the inconvenience when staff had not let them know the call times had changed.

- One person told us, "I would call the office girls if I wasn't happy but mainly the girls are fine."

End of life care and support

- The provider had completed the Gold Standards framework and all staff had received training in end of life care.
- People's end of life wishes and preferences were being explored by the service. We found they had recently had a new form added to their electronic system to capture peoples wishes around their end of life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were supported by a well-managed service which promoted person centred care. Staff worked as a team, were happy in their work and felt supported by approachable managers. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.

- Staff, people, relatives and professionals were positive about the management of Care Wyvern. Staff told us, "The owners go above and beyond, they even brought my husband a present when he helped get us to people in the bad weather". And, We get flowers on the anniversary of our start date, who else does that for their employees."

- The registered managers understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

- The registered managers were aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- There were two registered managers for this service. The provider had promoted both staff members who shared the role equally, as they both demonstrated good leadership skills.

- The registered managers were clear about their role and the expectations of them as the legally accountable people for the safety and quality of all people's care.

- Additional managerial staff were appointed since our last inspection. The provider explained this was to ensure improvements to the quality of care were made and sustained.

- New roles included a business administrator apprentice and a business development manager who also had the lead for recruitment. The provider told us, "We are top heavy on managers but we want to make

sure the service is well led".

- The management team's knowledge of compliance, legislation and best practice was generally satisfactory. Although the operational manager acknowledged they needed to get up to speed with the mental capacity act to further benefit the service and people who used it.
- There were regular meetings between the management team. We reviewed the minutes from the meetings, and saw various operational and quality improvement topics were noted and actions were identified

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

- People, and relatives were asked for their views about the agency via satisfaction surveys. The most recent feedback results showed that people were happy with the service they were receiving.
- Senior care staff met with people frequently to complete spot checks or obtain feedback about the service. One relative told us, "There have been quite a few surveys about (person's name), and how the care has been going".
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member told us, "We always talk about things, we can pop in and out of the office when we need to, they always listen to us".

Continuous learning and improving care

- The provider had a credible strategy for improvements at the service. This included proactively supporting staff to gain qualifications such as national vocational qualifications. On the day of the inspection the business development manager told us they were going to college for the afternoon, and there was an admin apprentice who went to college one day a week. The provider was also working to implement a new electronic care plan system.

Working in partnership with others

- The registered managers had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local commissioning teams, GPs and other health care professionals. This enabled the service to provide comprehensive care.