

Wilaade Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Wilaade Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. At the time of the inspection the service provided support to 25 people, all of whom were in receipt of 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

Following the last inspection a quality assurance system had been implemented. However, this had not addressed areas of inconsistency we found within the records of timings of care visits for some people. The registered manager acknowledged further work was required to ensure the quality assurance system was robust in driving positive outcomes for people.

People and their relatives told us they received care from familiar staff and were happy with the standard of care provided.

People liked the staff who were providing their care and support. People and their relatives told us the staff were kind and professional. One person told us, "The staff are very professional in how they support me. They do not rush me and take time to chat. I am very happy with the care they provide."

Individual care plans and risk assessments had been completed which provided guidance to staff on the delivery of person-centred care. Staff were familiar with people and were knowledgeable of individual risks relating to the delivery of their care and support.

Pre-employment checks of staff had been completed which included checks of criminal records, obtaining references and exploring employment gaps. Staff completed an induction which included shadowing of experienced staff, training, and checks of their knowledge and skills.

People and their relatives told us they felt safe. Staff had received safeguarding training and were confident in their knowledge of recording and reporting safeguarding concerns.

Staff were aware of measures to take to reduce the risk of spread of infection. People and their relatives told us the staff wore face masks, aprons and gloves when providing care and support and disposed of this appropriately. The registered manager required all staff to complete weekly COVID-19 tests and recorded the results of these. Where staff members received a positive COVID-19 test result they were required to isolate at home in line with government guidance.

We received several positive comments about the staff and the care provided which included, "It is a good

team who work well with my relative." And, "The service is positive in its approach and staff are consistent."

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

Rating at last inspection and update

Since the last inspection the provider has made changes to their registration when they became a limited company. This meant the service was re-registered with us on 16 January 2020. The last rating for the service was requires improvement published on 19 January 2019 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

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 changed from requires improvement to 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 Wilaade Care Services 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.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice for the inspection. This was because we needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We looked at all the information which we hold about the service including notifications. We used all this information to plan our inspection.

During the inspection-

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 1 February 2022 and ended on 10 February 2022.

We spoke with two people using the service and four relatives about their experience of care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow recruitment procedures consistently to ensure the suitability and safety of staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff checks had been completed as part of the recruitment process. This included Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Staff files contained references and gaps in employment had been explored by the provider.
- Staff had completed robust inductions which included shadowing experienced staff, training and had received checks on their practice and understanding.
- Staff told us they had received supervisions and appraisals of their work. The registered manager undertook regular spot checks of staff working in the community ensuring they demonstrated safe practice.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff told us they had received safeguarding training. Staff had a good understanding of their responsibility to record and report concerns both internally and to external organisations.
- People and their relatives told us they felt safe with the support provided by the care staff. One person told us, "The staff know what to do and this makes me feel safe." A relative told us, "Knowing the care staff are visiting during the day provides reassurance that [Family member] is being cared for."

Assessing risk, safety monitoring and management

- Care plans had been completed with people and their relatives. Where associated risk had been identified, clear actions were recorded for staff to follow.
- Staff told us the registered manager provided prompt updates to the team following changes made to individual care plans and risk assessments.
- Staff spoken with were familiar with people's needs and associated risks and actions to take to reduce risk and harm to people.

Using medicines safely

- Medicines were administered safely.
- Staff had received training in the safe administration of medicines. Senior staff completed checks of staff practice to ensure they demonstrated the skills and knowledge required.

Preventing and controlling infection

- The provider had systems and policies in place to promote infection control.
- Staff had completed infection control training. In addition, specific training had been provided for staff relating to COVID-19 and good infection control practice. For example, wearing of personal protective equipment (PPE) including a face mask, gloves and aprons and disposing of these safely following use. Staff told us they had an adequate supply of PPE and were able to request replenishment of their stock with the registered manager.
- The registered manager had encouraged staff to obtain their COVID-19 vaccinations.

Learning lessons when things go wrong

- Team meetings and staff supervisions provided opportunity to discuss concerns raised and actions to take to address these and make improvements.
- The provider had an improvement plan in place which was shared with the staff. This provided detail of actions required to drive positive change in the company.

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 requires improvement. This meant the service management and leadership was inconsistent. At this inspection the rating for this key question has remained the same. Despite improvements since the last inspection, we could not improve the rating for well-led on this occasion because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

At our last inspection the leadership and oversight of the organisation was inconsistent. There were not sufficient arrangements in place to monitor the quality and safety of the care and support provided. This was a breach of regulation 17 Good governance of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Quality monitoring processes had been implemented to drive improvement in the service. The registered manager acknowledged this required review and oversight to ensure it was robust and effective in driving change and positive outcomes for people.
- Some people we spoke with told us the call timings were not always consistent. We discussed this with the registered manager at the time of the inspection. They acknowledged further work was required to ensure punctuality with the care visit timings was consistent for all people.
- Staff told us they received a weekly rota which allowed for adequate time to travel between care visits. Relatives told us they were contacted to advise if staff were going to be late to arrive.
- Staff meetings were held regularly and were used as a forum to discuss concerns, wellbeing of staff and people, review feedback received and findings of audits and quality checks. Staff told us they felt confident in raising suggestions and felt these would be listened to and valued.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider understood their responsibility in notifying the CQC of reportable incidents when required.
- Staff received regular supervision and spot checks on their standard of work and delivery of care. Staff told us their supervision meetings provided them opportunity to discuss their wellbeing, performance and training opportunities available to support the development of their skills and knowledge.

- People were asked for feedback on their delivery of care. We saw completed review forms which evidenced positive feedback and comments from people.
- People and their relatives told us they found the registered manager to be approachable and felt confident concerns were listened to and addressed.
- One relative told us, 'The staff are very good at communicating changes and concerns.'

Working in partnership with others

- The registered manager and staff team worked closely with people, their families and professionals to ensure the care and support was reflective of people's needs.