

Wilnash Care Limited

Wilnash Care Limited

Inspection report

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Date of inspection visit:
10 February 2017
28 February 2017
16 March 2017

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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

The inspection of the office location took place on 10 February 2017. On 28 February 2017 we visited people in their own homes to receive face to face feedback on the service they received. On 16 March 2017 we contacted people and relatives for feedback about the service they received. Wilnash Care Limited provides personal care and support to people living in their own homes. There were 32 people being supported by the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

When we last inspected the service on 5 August 2016 we found breaches of regulations 9, 10, 12, 16, 17 & 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to manage people's medicines safely, there was insufficient care planning in place to ensure people's individual needs were being met, people's dignity was not always respected or maintained, the staff team were not provided with support or supervision to ensure they were able to meet people's specific health needs. The provider's governance and monitoring systems had failed to identify and address concerns about the lack of training for staff to meet people's specific health conditions. We took action using our regulatory powers and urgently imposed a restriction to ensure Wilnash Care Limited took no further admissions, and sought urgent assurances to ensure people were kept safe. We also placed the service in Special Measures and kept the service under review along with referring our findings to the local authorities safeguarding and commissioning teams.

Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements and therefore improved the quality of the service provided at Wilnash Care Limited.

At this inspection we found that the service had significantly improved. People told us they received care and support that met their individual needs. People were involved in the development, planning and review of their care.

Staff knew people well and treated them with dignity and respect. Care plans were personalised and contained detailed information about people's support needs and risk assessments were detailed and specific providing staff with all relevant information to ensure risks were both identified and mitigated where possible. Staff knew how to recognise and respond to any allegations of abuse. Medicines were managed safely.

People were supported by sufficient numbers of staff and these were recruited through a robust process

which helped ensure staff were suited for the roles they performed. Staff were inducted and received on-going training and support. Staff had individual supervisions, team meetings and regular contact with office staff to share good practice and discuss any concerns.

People were supported to make their own decisions, and to retain where possible everyday living skills and abilities and their choices were respected. Their views were obtained through a variety of communication feedback methods and people's views were taken into account.

The service demonstrated they had systems and processes in place to monitor and improve the service to achieve a consistently good standard of care and support for everyone who used the service. There was a call monitoring system in place and spot checks were carried which ensured visits to people were provided at the agreed times.

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 ●

Staff were aware of abuse and how to report any concerns.

There were sufficient numbers of staff available to meet people's needs at all times.

People were supported by staff who had been recruited via a robust recruitment process.

People's medicines were managed safely and they received them in a timely way.

Is the service effective?

Good ●

The service was effective.

People received support that was effective and met their assessed needs.

Staff received training and support relevant to their roles.

Staff sought people's consent before providing care. Staff were aware of MCA principles.

People were encouraged to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring way.

Staff knew about people's individual needs and wishes.

People's privacy was respected and they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in decisions about their care where possible and appropriate.

People were supported to participate in activities and attend events within the community.

There was a complaints process in place and people's concerns were acted upon.

Is the service well-led?

The service was well-led.

People, their relatives and staff felt the management of the service was consistently good.

The provider had systems and processes in place to monitor the quality of the service.

The service demonstrated a people first approach which was transparent and inclusive.

Good ●

Wilnash Care Limited

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 was planned to check whether the provider was 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.

This inspection was carried out on 28 February 2017, 10 March 2017 and 16 March 2017. The visit to the office location, phone calls and home visits to people and their relatives were carried out by one inspector. We gave the provider 48 hours' notice that we would be visiting the office to make sure that the appropriate people would be there to assist us with our inspection.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

On 10 March 2017 we visited people in their own homes to ask for feedback about the services they received. As part of this inspection we telephoned people on 16 March 2017 to obtain feedback on the service provided. We asked three social care professionals and one commissioner for their feedback about the provider and the services they delivered.

We talked to a total of 16 people who used the service and five relatives. In addition we talked to five staff members and the registered manager. We also contacted and spoke with two social care professionals and commissioners who gave us feedback about the services offered by Wilnash Care Limited.

We looked at documents relating to four people and other documents and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.

Is the service safe?

Our findings

At the previous inspection carried out at Wilnash Care Limited in August 2016 we found that the risk assessments in place were not personalised or detailed enough to support staff to keep people safe. At this inspection we found that this had significantly improved.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as mobilising independently, eating and drinking, skin integrity and risks associated with the person's home environment. These assessments were detailed and had identified potential risks to people's safety and the controls in place to mitigate risk.

We looked at the individual risk assessments for four people which we found had all been updated within the past six months. For example we saw a risk assessment for a person who was at risk of choking. This document detailed the risks and the control measures in place to help protect them from harm.

Staff were aware of the measures in place to keep people safe. We asked staff about how they ensured they minimised the risk to people within their own homes. One [staff member] told us, "We are always mindful of the risk that are present when working in people's own homes, for example trip hazards and the kitchen and bathroom areas. We try our best to reduce these risks by discussing our concerns with the person themselves." This meant that people were protected by information that was both up to date and accurate in order to protect and maintain people's health and welfare.

At the previous inspection of Wilnash Care Limited in August 2016 we found that two care staff had not undergone a robust recruitment process which ensured they were of sufficient good character to work unsupervised with people, before they were employed by the service. We found a further two staff files only contained character references and no professional references. At this inspection we looked at the three most recently recruited staff and found that they had all had been through a thorough recruitment process before they commenced employment at the service. All Criminal record checks were also in place for the files we reviewed.

At the previous inspection to Wilnash Care Limited in August 2016 we found that people who had been assessed as requiring two staff to support them with their personal care needs had on occasions, only been provided with one staff member. This placed people at risk of harm. At this inspection we checked the staff rotas for January 2017 and February 2017 and found that this had improved and people who required two staff to assist them received this care consistently. When we visited people in their own homes they confirmed this was the case. One person told us "Yes, we always get two staff now. Things have improved greatly since you last came to visit us." We checked the daily logs for two people who required two staff to support them and these logs confirmed two staff had attended on the day of our visit. People told us that staff always arrived at the expected time and one person told us, "I have never had a missed visit and if one of the [staff] was a bit late I am sure they would call and tell me, but this have never happened and that's one of the good things about Wilnash Care, they are reliable."

At the last inspection to Wilnash Care Limited in August 2016 we found that staff were not always aware of how they might safeguard people if they felt they were at risk of abuse. At this inspection we found this had improved. All five staff we spoke with knew about potential abuse and how to report any concerns. One staff member said, "I would report any concerns to the manager and am confident they would deal with any concerns appropriately. However I am know that I can also phone CQC direct if I wanted to but the manager is very open and is always on hand to talk things through if we have a concern." Another staff member said, "We have all been trained on how to raise a safeguarding and if we have any concerns we can discuss it in a staff meeting." We observed that information with contact numbers were displayed in the office so that care and office staff had a visual reminder of who they needed to contact if they needed to report any concerns.

At the previous inspection carried out at Wilnash Care Limited in August 2016 we found that the service had failed to manage people's medicines safely. At this inspection we found that this had improved. We spoke with five staff who all confirmed that they had received training in the administration of medicines and that they had been assessed as competent by a senior care manager before they assisted or supported people with their medicines. The registered manager and senior staff members observed staff competencies in the administration of medicines when they completed spot checks in people's homes. We saw evidence that confirmed the checks had taken place. One person who we visited told us, "I have a mountain of tablets so it's nice to know that the care staff are there to help if I get into difficulty or if I drop one of my tablets." A relative we spoke with told us "When I visit my [family member] I see that they offer support to [name] and stay with them until they have taken all their tablets and I have also seen them explain what each tablet is for, which is very reassuring that the care staff know what they are doing."

We found that medication administration records (MAR) had been completed and audits had taken place. Any Issues were noted together with the action that had been taken. Action included staff supervision, further training or competency checks. We also found that the medicines policy had now been updated.

All four people we visited within their own homes and three relatives we spoke with confirmed that staff minimised infection and cross contamination because they used the appropriate personal protection equipment (PPE) such as gloves and aprons where appropriate.

Is the service effective?

Our findings

At the previous inspection of Wilnash Care Limited in August 2016 we found that not all staff had received an induction into the service and the people who they cared for. We found at this inspection that this had improved. New staff were now required to complete an induction programme followed by a period of shadowing an experienced member of staff before they worked unsupervised. During this time they also received training relevant to their roles, and had their competencies observed and assessed in the work place. We spoke with staff member about their recent induction programme and they told us "My induction lasted one week, the training was really good and I was also shadowed by a permanent staff member until I felt confident to work by myself and of course, also until the manager felt I was competent to do so." We also have spot checks and observation sessions on how we care and support people." Another newly appointed staff member told us "I did moving and handling, first aid, health and safety, infection control and medicine training."

At the previous inspection of Wilnash Care Limited in August 2016 we found that staff had not been provided with the necessary training to carry out their role effectively. At this inspection we found this had improved. People who used the service and their relatives were positive about the care provided. One person we spoke with told us, "I feel the care staff have the right training to help look after me. One relative told us "There used to be occasions when there were a lot of changes to the rota but this has improved since the new manager started and now everything has settled down and we know exactly what and who is coming."

People received care and support from staff who had been trained and supported to meet their needs in a safe and effective way. This included in areas such as moving and handling, medicines, infection control, emergency first aid, safeguarding, privacy and dignity, equality, diversity and health and safety. All 16 people we spoke with told us they considered that staff were both competent and confident in providing the care to them. One relative told us "We always have two carers now as my [family member] needs to be hoisted and they do this with confidence and professionalism. They make sure they are safe and comfortable before they start to move me them." I have only two words to describe Winash Care and that's professional and caring."

A social care professional we spoke with told us, "Wilnash Care Limited employs care staff who really do care about people and I have seen the service improve greatly in the past six months. I find them to be well trained and competent in the care they provide to vulnerable people." A relative commented about the care the service provided to their relative, "Wilnash Care provide a professional service which we have found suitable for our [family member's] care."

At the previous inspection of Wilnash Care Limited in August 2016 we found that none of the care staff employed had received training in The Mental Capacity Act 2005 (MCA). We also found that there were not always sufficient systems in place to assess whether people had the capacity to consent to their care and treatment. In some care plans relatives had signed to indicate consent, but there was no accompanying capacity assessment to explain why people could not consent for themselves, or best interest decision made in relation to the person's capacity to consent.

The Mental Capacity Act 2005 (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. At this inspection we found that this had improved. We looked at the care plan of one person who we visited and they told us "The care staff always check I understand what they are going to do, even though it's the same each day." One staff member confirmed, "We cover this issue in our induction and it's also covered in our Mental Capacity training so we know and fully understand what is meant by capacity and how that is incorporated into our everyday work." We saw from the four care plans we looked at that where people's photos had been taken or personal information had been shared with other professionals involved in their care, consent had been obtained and documented within the person's plan of care.

All five staff we spoke with had a good understanding of the five principles of the Mental Capacity Act. One staff member told us what actions they would take in case they felt a person may lack capacity. "I have seen a recent assessment about [name] capacity in their care plan. I saw that this included information about their abilities and choices to make their own decisions." When we asked one person [staff member] about Mental Capacity Act training they told us "MCA - I have done this training recently and what it basically means is that people cannot be deprived of any of their liberties unless this practice has been assessed as a part of a best interest meeting. For example if you were concerned about a person who maybe unsafe outside of their home, you wouldn't just open the door and let them cross the road. You would need to make an assessment of the risks involved to keep them safe and then it may mean that it would be in their best interests to have someone go out with them."

People told us that staff always asked permission before they provided their care and support and they also told us they were supported by staff to take informed decisions about their care and support. One person we visited confirmed that staff always ask permission before they provide their care. They told us "All the staff who come to help me are respectful, polite and honest. They would never start helping me until they had asked first and if they did I would tell them to be more respectful."

At the previous inspection of Wilnash Care Limited in August 2016 we found that information that related to people's dietary requirements lacked sufficient detail, which meant that people were at risk of having their needs in relation to nutrition and hydration neglected. At this inspection we found that in each care plan we looked at there was a nutritional screening tool that had been completed, in order to monitor and review people's dietary needs and their weight. We found evidence within the daily records we looked at that people were supported with their meals, where necessary. One person told us "They staff always make sure I have a drink before they leave and if I need any little extra help with getting my meal, they do it for me. Another person told us "When the care staff come in and help me with my care they also have a quick check in my fridge to see that I have plenty of food for my lunch and supper. They would never leave me without food or drinks." We saw the individual care plans recorded people's likes and dislikes with regard to their food choices; this included any religious or cultural factors that needed to be considered.

People we spoke with told us that their day to day health needs were met and that they were supported to access health and social care professionals when necessary. One relative stated, "I really appreciate the care staff helping out with attending some appointments with my [family member] as I cannot always come along as I live a long way away."

In addition people told us that care staff had assisted them with making appointments with other professionals such as the dentist and chiropodists. We saw from the care plans we reviewed that these also contained relevant information needed in an emergency or if people were admitted into hospital. For example, medicines the person was taking, next of kin details, known medical conditions and any allergies

they may have had.

Is the service caring?

Our findings

At the previous inspection of Wilnash Care Limited in August 2016 we found that people had not received the care and support they required due to late and missed calls and also people had not been provided with the correct number of care staff to meet their needs. We found that this had a negative impact on their wellbeing. For example where people were required to take their medicines at specific times of the day these had been delayed due to late calls which placed their health and welfare at risk of harm.

At this inspection we found this had improved and people now received their visits within the allocated time and people also received the correct amount of staff which ensured their care needs were met. People told us they were happy with the service, care and support they received. They told us staff were kind, caring and compassionate. They also spoke positively about the registered manager and the office staff and said how helpful they were whenever they had any dealings with them. One person said, "I could not wish for nicer care staff, they are all so lovely and kind." One person we visited told us "The calls are much more regular now, in the past six months I mean. I now know who is coming and what time they are expected, give or take a few minutes."

Another person we spoke with told us "They are wonderful, I am lucky as I have had the same care staff for a long time now which makes such a difference and they always make sure they cover me up when they wash me, it's what I would expect of anyone."

Care staff and the registered manager demonstrated that they knew people very well and when they told us about people they described in detail how they offered support. Staff spoke in a kind and sensitive way and one member of staff told us, "We are a friendly team who know each other well and I know that every [staff member] who is employed to care for people does it to the best of their ability and nothing is too much trouble."

People and where appropriate their relatives, were involved in the development, planning and reviews of the care and support they received. Care records were detailed about people's wishes and views about what they expected from the service and staff demonstrated an in-depth knowledge about everyone they supported. For example there was a profile about the person which gave staff some very useful information about the person's life, family and details that enabled care staff to understand more about the person's life before they reached the point at which they needed care and support. This information helped staff to see people in a positive light.

Staff were able to tell us what was important to each person they supported which demonstrated they were able to offer care and support to people in a way that promoted people's wishes. For example one person's care plan described, in detail how they liked their bath prepared and run, using a particular type of bubble bath and flannel.

People and their relatives told us staff were respectful and protected and maintained people's privacy and dignity when offering care and support. One person told us "The (staff) make sure my dignity is respected

when they support me with washing me". One staff member told us, "We always make sure we close curtains and bedroom doors closed when we offer people personal care. We maintain and promote people's dignity whilst we provide them with intimate support, just as we would like the same respect offered to us." This approach from staff demonstrated that staff were mindful of people's dignity and privacy.

We saw that care plans reflected people's choices and were written in a respectful way which incorporated people's wishes and helped staff to care for people in a dignifying manner. People were cared for and supported by staff who were trained and understood the standards set by the registered manager with regard to how to support people and their family carers.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

At the previous inspection to Wilnash Care Limited in August 2016 we found that the service had failed to fully identify people's individual needs or provide sufficient information for care plans to be developed. At this inspection we found this had improved. The registered manager had completed a detailed review of each person's individual care needs and created a comprehensive person centred care plan. We saw that people's care plans now contained detailed information in relation to their background and social history in order for care staff to have a better understanding of each person's needs.

People's care and support needs were provided in a way that suited them and met their changing needs. We saw evidence that people's needs were now assessed before the service commenced. People were asked about the times they wanted their care to be provided and the service provided was flexible. One person told us "The care staff are all knowledgeable about the care I need. The attention I get is over and above what the care staff are expected to do." For example one person told us how one staff member takes the trouble to warm their towel on the radiator before they get out of the shower. They told us "This makes them special and not just care staff who come in and do the basics." Staff demonstrated that the support was provided was specific to what people wanted and not just the availability of staff.

The registered manager told us they would not take on a care package if they could not meet the person's needs in the way the person wanted. One relative told us "We chose this agency because they are smaller and I feel that this helps with both communication and reliability. They get to understand the (person) but also they get to understand and support the family as well, we look forward to them coming as have a chat."

People's care plans were personalised and paid attention to detail. They gave clear guidance to staff on how to support people and what was important to people. The registered manager told us, "When we first meet and assess the person we always ask what their expectations are so we are clear what they expect us to deliver, what is important to them and also to make sure we can deliver and meet their individual care needs." The care plans we reviewed were written in a personalised person centred way which gave a clear and detailed insight of what people needed from the service and about how they would like that to be provided.

Staff were able to describe in detail all the important things about the people they supported. For example, one staff member told us a person liked to have a cup of tea before being assisted with personal care. While another person liked to wash themselves as much as they were able to manage and then call the care staff to assist them with parts they could not manage. This helped people to retain their independence.

At the previous inspection to Wilnash Care Limited in August 2016 we found the complaints policy was out of date and gave incorrect and out of date information to people. At this inspection we saw that the registered manager had produced an up to date complaints procedure with all the relevant and current contact details, which included the details on how to contact The Care Quality Commission (CQC). We found that people we spoke with and visited were aware of how to raise a concern or make a complaint if they needed to. We saw evidence of both a service user guide and a copy of the complaints procedure in each person's

folder. Regular quality monitoring spot checks were carried out by the registered manager and as part of the visits people were asked if they were happy with the service which gave them an opportunity to put things right before it became a formal complaint. One relative we spoke with told us "We made a complaint last year about the late calls to our [family member] which meant that we on occasions had to provide the care ourselves which was completely unsatisfactory. However the service is much improved since the new manager came and we have not had any reason to complain since."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Is the service well-led?

Our findings

At the previous inspection of Wilnash Care Limited in August 2016 we found that there had been no registered manager in post since August 2014. We also found that the provider had failed to notify the Commission of a safeguarding incident that had occurred in July 2016. We found that there were no systems in place to audit the service in order to identify improvements that needed to be made. The lack of effective governance at this service meant that the management staff had insufficient oversight of their care delivery and could not always guarantee the accuracy of records or resolve persistent issues. At this inspection we found these issues had been resolved and systems were now in place to monitor and review the service.

We found that people were positive about the way the service was now managed and operated. The registered manager led by example, they supported, mentored and guided staff to deliver personalised quality care to people. The culture of the service was to provide good care and it was clear that since the new registered manager had been appointed there was a clear vision for the development of the service. The registered manager told us that their priority was to make a difference and to continually make improvements to the service through local knowledge and education.

Staff told us the registered manager was 'Open and approachable' and provided support not only in relation to their professional role but also on a personal level. One staff member told us "The manager is always aware that the job we do can be challenging and emotionally draining and they are always available for a chat or for a bit of extra support." The registered manager told us "We are a small and friendly team here at Wilnash and that means we all look out for after each and when necessary if staff have any personal emergencies during work time, we always try to accommodate these and provide the support they need. For example if they have problems with family emergencies or if their car breaks down."

The registered manager demonstrated an open and inclusive approach and ensured they gave consistent messages and delivered good quality care. The also told us "I have an open door policy here and staff know they can always pop in and see me if they have any concerns or issues about their work." We saw this approach first hand during our visit to the office where we saw care staff call in for a social chat or to discuss specific issues that related to the people they supported.

Staff told us they met regularly to discuss all aspects of the service and all staff we spoke to felt respected and consulted about the service delivery. There were regular staff meetings where everyone had an opportunity to contribute. These meetings provided staff with opportunities to discuss people who used the service, any changes or concerns and share positive experiences.

Staff and the registered manager were all focused on the quality of the service and were clear on what their roles and responsibilities were. People and their family carers told us the service had improved with regard to reliability and care staff arriving at the agreed visit times. We saw that there was a system in place to provide 'Out of hours' contact for staff if they required support or guidance outside of the normal office hours.

We found that there had been an improvement in the systems to monitor and review the service provided. These included audits and obtaining feedback from people who used the service and staff, as part of an annual satisfaction questionnaire. Spot checks were now carried out in people's homes in order to check that staff arrived on time, followed the care plan and treated people with dignity and respect. The registered manager used the spot checks to observe staff's practice and mentor and guide staff to follow best practice when delivering care and support.

We found that the registered manager had worked hard to update all relevant policies since the last inspection was carried out. This included policies that related to medicines, safeguarding, care planning, recruitment and the complaints policy.