

Wise Home Care Limited

120 Buxton Road

## Inspection report

23 Roe Farm Lane  
Chaddesden  
Derby  
DE21 6ET

Tel: 07834832922

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05 August 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

120 Buxton Road is a domiciliary care service. It provides care for people living in their own homes. CQC regulates the personal care and support. There were six people who received personal care at the time of the inspection.

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.

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

Improvements were needed to ensure people were protected by robust recruitment practices. One recently employed member of staff did not have the required police check in place at the time of the inspection.

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 did not fully support this practice.

Quality monitoring was undertaken and kept under review by the provider to drive improvement. Tools used however had not effectively identified areas that required improvement found at this inspection.

Staff worked within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

The registered manager and staff team knew how to protect people from abuse and the procedure to follow to report concerns. People and their family members spoke highly of the staff and management team. People told us staff were polite, caring and friendly towards them. People's needs, including their safety in relation to care were assessed and monitored.

Where people were supported with their medicines these were managed safely. Medicines were administered by staff that had received training and had their competency to administer medicines assessed. When needed people were supported to access health care professionals to support their well-being and manage their dietary needs.

The views of people and their relatives were sought including involvement in decisions relating to their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10 January 2018 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

### Enforcement

We have identified a breach in relation to recruitment procedures at this inspection. You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 120 Buxton Road

## 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 undertaken 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who was also the registered manager would be in the office to support the inspection.

Inspection activity started on 05 August 2022 and ended on 17 August 2022. We visited the location's office on 05 August 2022.

#### What we did before the inspection

We did not ask the provider to send us a Provider Information Return prior to this inspection. 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. However, we offered the registered manager the opportunity to share information they felt relevant with us at this inspection.

The inspection was informed by other information we had received from and about the service. This included feedback from the local authority and notifications from the provider. A notification is information about important events, which the provider is required to send us by law. We used all this information to plan our inspection.

During the inspection

We looked at three people's care records to check the care they received matched the information in their records. Only three staff including the registered manager were employed. We reviewed two staff files to see how staff were recruited and looked at training records. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We spoke with one person that used the service and contacted three people's relatives to get their views of the service. We also received feedback from a member of staff that worked at the service. The registered manager who was also the provider was available at the time of the inspection visit.

After the inspection

As the registered manager also covered care calls, to reduce the amount of time spent in the office, we reviewed some documents via email. This included people's care records and audits undertaken so that we could see how the provider monitored the service to drive improvements. They sent this to us within the required timeframe.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Some pre-employment checks had not been made before staff worked with people. These checks help the providers make informed decisions as to the suitability of staff. For one person that had been in employment for four weeks, no criminal records check to the Disclosure and Barring Service (DBS) had been requested. (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 registered manager told us she believed the police check, which was on file, from the person's home country was sufficient. The other member of staff did not have reference checks in place. The registered manager stated that because this person was well known to them, they did not feel references were necessary.

Recruitment procedures were not established and operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the registered manager sent evidence to show a DBS check has been requested and the staff member was working under supervision with a DBS first check in place. A DBS first check involves a check of the adults' barred list to find out whether the applicant has been barred from working with adults. This can be used before a person receives their full DBS check. This provides some reassurance to providers and enables staff to work under supervision until a full DBS check is received.
- The registered manager did confirm after the inspection that reference checks have been requested. We have asked the registered manager to send us evidence of these references when received.
- There were enough staff to meet people's needs. People confirmed care calls took place within the agreed timeframe. People had a regular staff team and told us they were happy with that. One relative said, "I like this service as it's small, so my relative has the same carers which they need as they would struggle if different people were going to them."

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff and told us staff respected their homes and promoted their safety. One person said, "The staff use the key safe to let themselves in and always lock up when they leave. They make sure I am safe."
- Staff received training in safeguarding and knew to report concerns to the management team. Staff also received training in whistleblowing and were able to explain what this meant. Whistleblowing policies protect staff from being treated unfairly by their employer if they have raised concerns about a person's

care.

#### Assessing risk, safety monitoring and management

- People's health and care needs were assessed. Care plans were in place to guide staff on how to support people in their preferred way. Risk assessments were completed to enable care to be provided in a way that reduced risks to the person and staff.
- People's care records were kept securely. Staff has access to people's records on a password protected app that was available on their phones. Staff also had access to paper copies of people's care records and confirmed they read through these before providing care to any new people.
- People and their relatives confirmed they had a copy of their care package within their homes which included care plans and risk assessments.

#### Using medicines safely

- People were supported to take their medicines in a safe way. Where staff helped people with their medicines, people told us this was managed well. Staff recorded when medicines had been administered, or when appropriate, if medicines were not required or refused on the medicines administration record (MAR) charts.
- We saw and staff confirmed that they received training for medicines management.

#### Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE).
- People told us staff followed guidelines to reduce the risk from infection transmission. One person told us, "The staff always wear their PPE."
- Staff confirmed they had supplies of PPE and completed regular testing for COVID-19. This meant the risks from infection transmission was reduced.
- The provider ensured they continued to deliver a safe service during the pandemic. COVID-19 risk assessments and contingency plans were in place to minimise the risks to people.

#### Learning lessons when things go wrong

- The registered manager was able to show that a live tracker was in place to support them in checking staff arrived at calls within the agreed timeframe. This helped them to take action to ensure people received the support they needed.
- The registered manager and staff team understand their responsibilities to raise concerns and report any safety incidents to the appropriate authorities.

# 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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The registered manager and one staff member had received training in the MCA. However, further training was needed. We found capacity assessments needed clarity to demonstrate how a person's capacity had been assessed; and to ensure a person's mental capacity was assessed independent of their mental health.
- Some people did not have capacity to make decisions about their care. The registered manager and staff team had a good understanding of the support people needed to make decisions. This was reflected in their care plans and in discussions with relatives. One relative discussed how their family member could become distressed when receiving personal care and how staff stopped and gave their family member time to feel calmer before supporting them.
- People's rights were protected. People and relatives told us the staff checked that they consented to their care and treatment before providing it.

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

- People were supported safely because assessments regarding people's health and care needs were in place. These were kept under review and updated to reflect any changes.
- Staff had access to people's care plans and risk assessments before providing care to new people so they could understand how to meet people's needs. On-going access to these records was provided to staff on their phones. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff received the training they needed to meet people's needs. We looked at the training provided to staff and saw a training programme was in place.
- Inductions were completed. Newer staff undertook an induction programme and worked with the registered manager to understand and gain knowledge about their role. A staff member confirmed their competency was checked by the manager during their training.
- People and relatives told us they felt staff were competent. One relative said, "I think they are brilliant; they know what they are doing. My relative has come on leaps and bounds since using this service."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people managed their own meals and drinks, or their family did this for them. Where people were supported by staff, they confirmed they were supported to eat well. Care plans were in place to guide staff regarding the support the person needed.
- Care staff had been trained in relevant areas to help them provide nutritional care to people. This included training on food hygiene, to ensure food was prepared and served hygienically.
- The registered manager worked with health care professionals to ensure people received support needed. For example, the registered manager had contacted a person's GP regarding their nutritional needs and supplements had been prescribed to enhance their diet.
- People and relatives told us they were supported to access healthcare services and support when needed. One relative said about the registered manager, "She has been so helpful in getting us the support we need for my relative."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were treated respectfully and supported well. One relative told us, "I can't fault them, the staff are lovely." A person using the service told us, "The staff follow my care plan and are very respectful. I am very happy with the support I get."
- People confirmed that staff supported them to maintain their dignity and independence. One relative told us, "My relative is much happier having a male carer supporting them with their personal care than when I was helping. It has really made a difference as their dignity is so important to them."

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

- People and their relatives told us they were involved in making decisions about their care. One person told us, "I am fully involved in the support I get; nothing is done without my agreement."
- Staff understood the importance of enabling people's choices in their care. One member of staff told us they would talk with the person before providing any care to ensure they were happy for them to continue. A relative told us "My relative can be resistant to care but the staff are wonderful and give my relative time to understand and lots of reassurance."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had choices and control in their care decisions. One person told us, "Everything was discussed with me and the support I get is what I need, and it's done the way I prefer."
- Staff understood how to provide personalised care to people as they worked with them on a regular basis. This enabled them to get to know the person.
- Care plans reflected people's choices and decisions and recorded where they had been involved in discussions about their care. People's lives, their interests and what was important to them had been discussed and recorded to help care staff understand the person they cared for.
- People and their relatives confirmed they liked the staff who supported them. One person told us, "Lovely staff, I am very happy with the service." A relative said, "We have used a few agencies, and this is by far the best. The care is very good, very personalised and the communication is very good."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were able to effectively communicate with people. People's communication methods were recorded, and assessments were in place where needed

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint if needed. Information on the provider's complaints process was provided to people. One person told us, "I have never had to make a complaint and can't imagine ever having to, but I would call registered manager if I needed to."
- A complaints policy and procedure were in place which included a procedure for recording any complaints. No complaints had been received by the registered manager.

End of life care and support

- People's preferences and wishes for support upon reaching the end of their lives was detailed in their care plans.
- Staff were able to promptly provide information to healthcare professionals in the event of a person's

health deteriorating or a medical emergency 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms detailing recommendations about emergency treatment, were in people's care records when relevant.

- The registered manager and one staff member had received end of life care training. The other member of staff was due to complete this as part of their induction training.
- We spoke to the relative of a person's who was receiving end of life care. They were very complimentary about the support provided to their family member. They told us the staff were, "kind, considerate and respectful."

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager who was also the provider had not ensured their responsibility to keep people safe through safe recruitment practices was met. Following the inspection, the registered manager has taken action to address recruitment practices.
- Quality assurance systems and processes were in place to enable the registered manager to monitor the safety and quality of the service. Although the audits undertaken had identified some areas for improvement, they had not been effective in identifying the areas for improvement that we found. Following the inspection, the registered manager confirmed they will undertake further learning to enable them to develop mental capacity assessments.
- Systems were not in place to ensure all records, such as care plans included a date that they were written. This makes it difficult to know if the care plans are up to date and valid. The registered manager confirmed the date when each care plan is written will be included.
- The registered manager shared their knowledge with staff through staff meetings, supervisions, and communications.

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

- Staff were supported and told us they felt listened to by the registered manager.
- People were encouraged to provide feedback about the service. The registered manager told us they had sent out a satisfaction survey to all people using the service, but only one person had completed it. People told us they saw the registered manager on a regular basis and that their views and feedback were sought on a regular basis during the care calls.
- The registered manager was aware of duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. Systems were in place to ensure compliance with duty of candour.

Continuous learning and improving care; Working in partnership with others

- People were supported by trained staff. Staff confirmed they received training to support them in providing quality care to people.

- An open and proactive approach to learning was sought by the registered manager. They told us they were keen to learn and develop their understanding and knowledge.
- People using the service and relatives told us they were treated as individuals and in a respectful way.
- The registered manager worked closely with the local authority to ensure the service developed.
- The registered manager promoted the use of assistive technology and worked with professionals such as occupational therapists to maximise the use of technology to enhance people's quality of life and independence.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not established and operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.