

Wise Home Care Services LTD

# Wise Home Care Services

## Inspection report

526 Holloway Road  
London  
N7 6JD

Tel: 07946103976

Date of inspection visit:  
05 October 2022  
06 October 2022  
07 October 2022

Date of publication:  
01 December 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Wise Home Care Services Ltd is a domiciliary care agency that provides care and support to people in their own home. People receiving a service included those with dementia, mental health and physical disabilities. There were 3 people receiving care and support at the time of the inspection.

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

#### Right Support

People's needs, preferences and wishes were met by a dedicated care staff team who knew the people they cared for well. People were supported in a way which promoted safety. Risk assessments were in place and reflected people's current needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Right Care

People were protected from the risks of harm, abuse or discrimination because care staff knew what actions they should take if they identified concerns. There were enough staff, who had been safely recruited, working to provide the support people needed, at times of their choice. People received kind and compassionate care. Care staff protected and respected people's privacy and dignity and understood and responded to people's individual needs.

#### Right Culture

The registered manager and staff promoted a caring culture, where providing person centred care was the focus of the service. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People were asked to provide feedback on the care provided and they had confidence in the registered manager to deal with concerns appropriately. Care staff felt supported in their roles and were provided with the opportunity to discuss any issues which they may have in an open and inclusive way.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 June 2021). Breaches of legal requirements were found.

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 carried out an announced comprehensive inspection of this service on 29 April 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they 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, Effective, Responsive 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 Wise Home Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was 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 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** ●

# Wise Home Care Services

## 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

This inspection was announced.

We gave the service a short period notice of the inspection. This was because it is a small service and we

needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 October 2022 and ended on 07 October 2022. We visited the location's office 06 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 4 relatives about their experience of the care provided. We spoke with the registered manager and 3 care workers. We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also 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.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to assess and mitigate risks to ensure people's safety. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks associated with people's care had been managed effectively. People's medical conditions were fully assessed, and records included the level of detail needed to ensure safe care. For example, the record for a person with diabetes contained guidance to staff on how their condition or associated risks were to be managed.
- Monitoring systems had been established to ensure people's safety. We were assured that care staff knew when to act if a problem occurred.
- Robust systems had been established to review and update the care records when changes of need or incidents occurred. Where people had accidents these were recorded, people's safety had been managed and lessons were learnt.
- Environmental risk assessments were in place. These alerted staff to hazards around people's homes. There was information for staff on how to safely access people's homes.

### Preventing and controlling infection

At the last inspection, the lack of robust infection control measures placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) 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 12.

- People were protected from the risk of infection through the procedures that were in place.
- Care staff received infection prevention and control training (IPC). They told us about the processes they followed to protect people from the risk of infection. 1 care staff said, "I have completed all mandatory trainings including infection control. I observe high standards of hygiene to protect myself and the service users from the unnecessary spread of infection and also wear the PPE provided. I ensure hands are

thoroughly washed and dried every time where direct contact with the service user is involved, no matter how minor the contact."

- Relatives told us the care staff always wore personal protective equipment (PPE) when providing care. A relative said, "Yes they do wear PPE when they're washing her or any sort of personal care. They clean everything so well and put all the towels in the wash."

### Staffing and recruitment

At our last inspection we recommended the provider review the latest guidance on recruitment and implements changes to reflect them. The provider had made improvements.

- Safe recruitment practices were in place.
- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- Staff rotas we saw confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits.
- A relative said, "[Care staff] always comes on time, if there is any problem at all they will phone us. It's so rare though."

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

- Safeguarding policies were in place to help protect people from the risk of abuse. Care staff understood their responsibilities to identify and report any concerns and they had confidence in the registered manager to deal with any issues appropriately.
- Safeguarding training was provided to care staff which included refresher training, when needed.
- Care staff we spoke with were able to tell us about different types of abuse and what actions they would take if they identified someone was at risk. This included reporting their concerns to the registered manager or local safeguarding team. Records showed that concerns were identified and reported appropriately.
- Relatives we spoke with said, "We feel [person] is safe. I think [person] is okay with the care staff." And "Yes, [person] is being supported safely and well by the care staff."

### Using medicines safely; Learning lessons when things go wrong

- The service was not supporting people with medicines at the time of the inspection.
- Accidents and incidents were recorded and managed effectively. The registered manager reviewed the information and took appropriate action to reduce the risk of reoccurrence.
- Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

At the last inspection, there was a lack of robust needs and choices assessment which placed people at risk of receiving care that was not effective and safe. This was a breach of regulation 9 (Person-centred care) 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 9.

- People's needs were assessed before they started using the service.
- The assessment included people's care needs, what they wanted from their visits and individual preferences such as what time they would like their visits.
- Information from the assessments was used to develop the care plan. The assessments also helped to ensure staff had the appropriate knowledge and skills to look after people effectively.
- People and their relatives were involved in their care planning, which was reviewed at regular intervals or when people's needs changed.
- The service was flexible and responded to people's changing needs. For example, the service accommodated increases to care packages when people required additional support.

Staff support: induction, training, skills and experience

At the last inspection there was a lack of required training. This was a breach of regulation 18 (Staffing) 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 18.

- Care staff had the knowledge and skills to support people who they looked after.
- Care staff told us they received the training they needed to support people effectively. There was a training plan which showed what training staff had completed and where updates were required. Care staff told us they could ask for any additional training they needed to support people and it would be provided.
- Care staff completed an induction when they started working at the service. They told us the induction was thorough. A care staff said, "I had an induction before starting work where the relevant information and

training was provided. I was shown my tasks by an experienced person as this was part of the induction."

- Care staff received regular supervision and spot checks. Senior staff would attend a visit, unannounced with the staff member. This included observations of care staff supporting people, including ensuring correct IPC measures were followed. Care staff told us they felt supported by the registered manager and could discuss their learning and support needs with them at any time.

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

- Some people managed their food and nutrition independently or had support from their relatives. Where people required support with their food and nutrition, the level of support was agreed and documented in their care plan. This included preparing and assisting people to eat.

- Care staff had completed relevant training to ensure they handled and prepared food safely.

- Any concerns regarding weight loss or excessive weight gain was monitored and discussed with the person, their relatives and other healthcare professionals. For example, the Speech and Language Therapy team (SALT), dietician, community nurses and GPs.

- Care staff had a good knowledge of the dietary support people needed and supported them in a personalised way. Relatives told us they were happy with the support they received with their nutrition and hydration.

- Comments included, "They always make sure [person] has enough to drink. That's never been something we've had to worry about" and "[Person] really likes an egg in the morning so they do a soft one for him. He asks them for what he wants, and they just get it."

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

- People's health needs were managed effectively.

- Where people had been referred to other healthcare professionals such as occupational therapists and district nurses staff worked with them to help obtain good outcomes for people.

- Relatives confirmed care staff sought medical advice and implemented their training and knowledge when this was needed. A relative said, "They [care staff] know [person's] health background and know what they need. The care staff have certainly got an understanding of epilepsy and have learned how to position [person] in case of a seizure."

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 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.

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.

- Care staff worked in-line with the MCA. They ensured people's rights were respected, consent was gained, and people were supported to live their lives independently.

- The registered manager and care staff we spoke with demonstrated a good understanding of issues around consent and capacity.

- Information relating to whether relatives had lasting power of attorney in place was in people's care

records.

- Care staff actively supported people to make their own decisions. 1 care staff said, "I always ask their consent before supporting them and help them how they want to be helped."
- A relative said, "The care staff certainly wouldn't do anything without checking with [person] and us first. They are very respectful and they wouldn't do anything without asking first."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People received person-centred care. Care plans included bespoke information which supported care staff to care for them in a way which met their needs and preferences.
- Care plans included information about people's likes and dislikes, family relationships, routines, culture, religious observations and lifestyle choices.
- Relatives told us they were kept involved and informed. 1 person said, "We were very involved and we wanted to get it right from the start."
- Care staff completed daily care records for people which showed how they were meeting people's individual needs as recorded in their care plans. A care staff said, "I read the care plan to familiarise myself about the client's likes, dislikes and daily routine. For example, I check the care plan about what kind of food the person likes and dislikes."
- Visit times were agreed when people started using the service. These were arranged with people and their relatives. People were supported by a small team of staff who knew them well and visited them regularly.
- A relative said, "I would say the staff interaction with [person] is very good. It's like having a family member and [person] loves her and looks forward to her coming. [Person] feels very safe with the staff and they have bonded so well."

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 (AIS). The AIS 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.

- The registered manager was aware of the requirements of the AIS.
- People's communication needs were set out clearly in their care plan. This included any impairments that could affect communication, how they preferred to communicate and the support they needed from staff with this. This also included whether they wore glasses or hearing aids.
- Documents could be provided for people in accessible formats, such as large print, voice recording or having a staff member visit the person and read through them if needed.

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

- The service assessed people's social and cultural needs and developed plans to meet these.

- Staff supported people to maintain contact and meet with family and friends.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place.
- People and relatives were given a service guide when they started to use the service which contained information around how to make a complaint.
- Relatives told us that any complaints or concerns raised were addressed appropriately. A person told us about a concern they had previously, they contacted the office and the concern was addressed and resolved promptly.

# 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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) 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 17.

- Systems were in place ensure to the smooth, effective running of the service.
- Care staff were kept informed with information about people's changing needs through daily communication with the registered manager and through regular team meetings.
- The registered manager had introduced robust monitoring checks and audits to ensure improvements made since the last inspection remained consistent and effective.
- Greater levels of analysis of incidents and accidents took place, to ensure themes and trends were consistently identified, and onward referrals were made, for example, to the safeguarding team, occupational therapy team or GPs.
- The registered manager demonstrated qualities of strong leadership and was committed to driving standards of improvement at the service. Staff worked well as a team and autonomously when required.
- Staff were clear of the importance of their role to support people to live as independently as possible. Feedback received confirmed people and relatives felt they were treated with kindness and respect.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. All relatives and staff spoke highly of the registered manager and the service. People told us they could contact the office at any time. A relative said, "The manager listens well and is very kind. We feel quite happy with him."
- Staff feedback included, "The manager is approachable, and I feel he is fair and firm. He always encourages a culture of fairness among staff" and "my manager is friendly whom I feel I can talk to him about any concerns that I have."
- The registered manager was knowledgeable about people's needs and preferences and worked hard to ensure people's needs were met by the care staff team. People were involved in decisions made in all

aspects of their care to promote their safety and independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities to report any notifiable incidents to the appropriate agency.
- The registered manager understood the requirements of the duty of candour, in the event they needed to exercise this if something went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Quality audits and surveys were completed and reflected people's views and experiences of the service. Information was gathered through regular reviews, home visits, questionnaires and telephone monitoring.
- We received positive feedback from relatives regarding care and support they received. We saw records of compliments the provider had received from relatives and external professionals they worked with.
- The service worked with other healthcare professionals so that people's assessed needs were appropriately met, and their health and well-being maintained.
- The registered manager was positive and proactive about making changes to improve and develop the service.