

Wishes Care and Support Yorkshire Ltd

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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?

Good ●

Summary of findings

Overall summary

About the service

Wishes Care and Support Services is a domiciliary care agency providing care and support to people in their own home. At the time of inspection, the provider delivered services to 163 people. Not everyone who used the service received personal care. The Care Quality Commission (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 had been made since the last inspection. Systems and processes in place ensured people were protected from abuse. Staff had the knowledge and skills to protect people from abuse and people said they felt safe.

Improvements have been made to staffing levels, the service had recruited new staff to ensure appropriate staffing levels. A thorough recruitment process was in place to ensure staff recruited were suitably trained and skilled to carry out their role.

Care plans were detailed and person-centred and provided clear guidance to staff on how to care for people effectively. Care plans were regularly reviewed and updated when required.

Medicines were managed safely.

People and their relatives told us the management and staff were approachable and knowledgeable. Regular audits carried out helped improve the service when needed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and support provided to people maximised their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values,

attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

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

The last rating for this service was requires improvement (published 17 September 2021) and there was 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.

At our last inspection we recommended that systems and processes were in place to safeguard people and that there were enough suitably trained staff. At this inspection we found improvements had been made.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wishes Care and Support Yorkshire 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wishes Care and Support Yorkshire

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

The 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 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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

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. The inspection was carried out from the 24 November 2022 to 6 December 2022.

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, owner, deputy manager and carers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to ensure risks were appropriately assessed or managed to keep people safe. 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.

- People received good support to help them live safely at home. People had personalised care plans and risk assessments in place to reduce risks, which were regularly reviewed. One staff member said, "Care plans are regularly reviewed and if people's needs change this will be immediately updated so everyone knows the care has changed."
- Staff were knowledgeable about risks associated with people's care.

Staffing and recruitment

At our last inspection a recommendation was made for the provider to review their contingency plans in the event of staff shortages to ensure appropriate numbers of trained staff were available to meet people's needs.

- There was enough staff to safely care and support people. The service had recently recruited new staff to ensure appropriate staffing levels were met. One staff member said, "We have enough staff, we work in areas and have set teams we work with, I work with a good team."
- The provider had appropriate recruitment procedures in place. These procedures included criminal records checks, identity checks and references from previous employers. This meant only suitable people were recruited by the provider.

Systems and processes to safeguard people from the risk of abuse

At our last inspection a recommendation was made for the provider to review systems and processes in relation to safeguarding.

- People were protected from the risk of abuse. The provider had effective safeguarding systems in place to help keep people safe.

- Staff had received safeguarding training and were able to appropriately raise any concerns.
- People told us they felt safe. One person said, "The carers are brilliant, I feel safe with them supporting me they know what I need support with and help me."
- Relatives were confident that their family member's received safe care. One relative told us, "I can rely on them, I have no issues and they provide good safe care." Another said, "All the staff are lovely, they are like an extended part of the family, I have no problems at all with the care they give [family member]."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely; Learning lessons when things go wrong

- Medicines were managed safely.
- Staff received training to administer medicines and had their competency checked.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- Regular medicines audits were carried out and action taken when issues arose and used to improve practice.

Preventing and controlling infection

- People were protected from the risk of infection.
- People and their relatives told us staff wore the appropriate personal protective equipment (PPE) and staff understood the importance of wearing PPE.

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

At our last inspection the provider had failed to establish effective systems to assess, monitor and improve the quality and safety of the service and mitigate risks 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

- The provider had systems and processes in place to ensure regular audits were taking place to improve the quality and safety within the service.
- Management were approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Care was centred around the needs and preferences of people and staff were led by the pace of the individuals they were supporting.

At our last inspection the provider had failed to submit statutory notifications to CQC. This was a breach of regulation 18(1)(2) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (Registration).

- The registered manager understood their role in terms of regulatory requirements and ensured CQC were notified of significant incidents that had occurred.

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; Working in partnership with others

- The provider understood their responsibility to be open and honest when things went wrong.
- The provider regularly engaged with people who use the service to check if they were satisfied with the service provided.

- People and their relatives spoke positively about the service. One person said, "Staff and management are great, I have no concerns about the service they provide me with good quality care and understand my care needs." One relative said "Staff are really good; they know how to care for [family member] and have the skills and knowledge to do so. Staff are respectful and friendly; we get on really well with them all."
- Care plans showed collaboration with other professionals such as the dietician, advice and guidance given was recorded in care plans.
- Improvements had been made in relation to specialist training. Staff who required specialist training to support people received this.