

Care Wisdom Services Ltd

# Care Wisdom Services Ltd

## Inspection report

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## Ratings

Overall rating for this service	Insufficient evidence to rate
Is the service safe?	<b>Insufficient evidence to rate</b>
Is the service effective?	<b>Insufficient evidence to rate</b>
Is the service caring?	<b>Insufficient evidence to rate</b>
Is the service responsive?	<b>Insufficient evidence to rate</b>
Is the service well-led?	<b>Insufficient evidence to rate</b>

# Summary of findings

## Overall summary

### About the service

Care Wisdom is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. 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. At the time of our inspection there was 1 person using the service.

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

There were outdated policies in place with regards to safeguarding and complaints however, staff knew how to raise a concern if they had any. The person using the service, or their representatives were unaware of how to raise any concern or complaint. After the inspection, policies on safeguarding and complaints were updated to reflect correct information on how to raise concerns and to who.

There were no current quality assurance processes in place, the service had not been operating for very long so there was not enough evidence to see how effective governance processes will be. The provider had not collected sufficient information with regards to recruitment to ensure they were employing staff that were of good character and meet the requirements of the role. Following the inspection, the provider had ensured that the required information would be collected and recorded.

The person using the service received care and support specific to their needs and wishes. The person's choices were respected, and staff involved the person in decisions in relation to the care and support being delivered. Staff had access to the person's care and support plan which detailed the level of support required.

Staff recorded the person's food and drink so that everyone involved in the person's care were aware they had sufficient fluid and nutrition during the hours they were supported.

The person was supported by the same core staff and this enabled them to build a positive rapport with staff. Staff and the person were aware of how to raise concerns if they felt the need to do so.

The person told us they 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 systems in the service supported this practice.

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 provider did not care or support for 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.

People were satisfied with the care and support received from staff and had positive things to say about the staff. However, as the service had only been operating for 8 weeks at the time of this inspection, we were unable to obtain sufficient information and evidence of consistent good practice to rate the service at this time.

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

This service was registered with us on 05 February 2021 and began operating on the 03 October 2022 and this is the first inspection.

#### Why we inspected

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

#### 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?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our safe findings below.

**Insufficient evidence to rate**

### **Is the service effective?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our effective findings below.

**Insufficient evidence to rate**

### **Is the service caring?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our caring findings below.

**Insufficient evidence to rate**

### **Is the service responsive?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our responsive findings below.

**Insufficient evidence to rate**

### **Is the service well-led?**

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for this key question.

Details are in our well-led findings below.

**Insufficient evidence to rate**

# Care Wisdom Services Ltd

## 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

This inspection was carried out by 1 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 5 days' 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.

#### What we did before the inspection

We reviewed information we had received about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who is also the nominated individual.

The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including care records, risk assessments and staff files and other records in relation to the management of the service.

We also spoke to 1 member of staff, the person using the service and their representative.

# 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 not been rated because there was not enough information and evidence to rate this service at this time.

### Staffing and recruitment

- The provider had not made enough checks to ensure staff met the requirements of the role.
- One staff member had not provided a full work history on their application form. There was no evidence this was queried with them during the application process. Following the inspection, the provider took action to ensure there was a full employment history for the staff member and will ensure this practice is in place when recruiting new staff.
- Other pre-employment checks were carried out, this included full Disclosure and Barring Service (DBS) and suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Health questionnaires had been completed by staff to ensure they were able to carry out their jobs.

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

- People were safeguarded from abuse.
- At the time of the inspection, the policy for safeguarding was unavailable however, after the inspection, the provider ensured a new and updated policy was in place with correct information on how to report a concern. As this was a new policy and there have been no safeguarding concerns raised, we were unable to judge how effective the policies and procedures were.
- The person and their representatives were unsure how to raise concerns, following the inspection, the provider sent a copy of the complaints procedure and service user guide to the person and their representatives.
- Staff had received safeguarding training and were able to describe how to report any concerns if they had any.

### Assessing risk, safety monitoring and management

- The provider had assessed and identified risks to the person using the service.
- The person's care records contained information about these identified risks along with guidance for staff about how they should be managed to keep the person safe.

### Using medicines safely

- The service was not administering medicines at the time of the inspection. The provider told us that they had access to medication training if they were required to do this in the future.

### Preventing and controlling infection

- The provider had systems in place to minimise the risks of infection.

- There was a new infection control policy in place with details of good hand washing techniques and specific information in relation to COVID-19.
- Staff were trained in infection control and knew their responsibilities with regards to wearing suitable PPE [personal protective equipment] for certain tasks.
- Staff told us "I wear my mask when I visit people's homes and I will change my gloves and apron after each task".

#### Learning lessons when things go wrong

- At the time of the inspection, there had been no accidents or incidents. As the service had only been operating for 8 weeks, we were unable to determine how effective systems and processes were in relation to responding to accidents and incidents.



# 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 for this newly registered service. This key question has not been rated because there was not enough information and evidence to rate this service at this time.

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

- Records showed that the person using the service and their representatives had been involved in assessment of their needs prior to them using the service. This enabled the provider to identify the support they required.
- The person had only been with the service for 8 weeks at the time of the inspection. There had already been a 6 week review of the care plan. The provider spoke of future plans to review and update the care plan as they got to know the person more.

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

- Where the person required support with their meals, there was information within their records to inform staff of how the person wanted to be supported.
- The person using the service required support with all of their meals. At the time of the inspection, the provider was supporting the person with their morning meals each day. Staff documented the meals that were prepared and provided which the provider monitored to ensure the person was eating and drinking enough.

Staff support: induction, training, skills and experience

- Staff felt confident in their roles and felt supported by the provider.
- Training programmes were delivered to staff once they joined the service. There was also additional training available such as medication training and end of life care training if there was a need for these.
- The provider was in regular contact with staff for support and guidance as and when this was needed.

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

- Staff documented the support provided during each visit. This enabled the provider to become aware of any changes in the person's support.
- At the time of the inspection, there had been no opportunities to work with external health agencies or professionals as the service was new.
- The provider informed us of the process they would follow if the person's needs changed or if they required additional support.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA and codes of practice. The provider understood their role and responsibility under this act.

# 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 not been rated because there was not enough information and evidence to rate this service at this time.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated the person with kindness and respect.
- The person and their representative told us "[staff member] is good, quite chatty. It was difficult in the beginning for [person] but it is ok now" and "oh yes, [staff] are easy to get along with".
- Care records contained information in relation to their religion and how the staff communicate with the person around this

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff supported the person using the service in a way which involved them in every day decision making and promoting independence.
- The person and their representative learnt a lot from staff's approach in promoting independence so the person could maintain their daily life skills.
- The person using the service told us "I know I can tell them anything I like, want and need".
- Staff told us "I know [person's] routine but I always give choice, what to eat or what they want to wear".

# 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 not been rated because there was not enough information and evidence to rate this service at this time.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The person and their representatives were involved in the planning of the care and support that was provided. The person's care record contained information and guidance for staff about the person's preferences and choices for how care and support for their needs should be delivered.
- The registered manager, who was one of the staff members who regularly supported the person and had got to know them and understood their needs, preferences and choices.
- At the time of this inspection, the service did not support anyone who required end of life care and support.

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.

- The person's preference for communication had been disclosed during the assessment process so staff had the information to promote effective communication. This included things like if the person needed to wear glasses.

Improving care quality in response to complaints or concerns

- The person using the service was happy with the service they were receiving.
- If the person and their representative did have any concerns, they were not sure of how to report this or who to speak to. After the inspection, the provider had updated their complaints policy and provided this to the person and their representatives.
- At the time of the inspection, there had been no complaints or concerns raised. Staff told us "If I have any concerns, I will raise them with my manager."

# 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 not been rated because there was not enough information and evidence to rate this service at this time.

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

- There were some systems in place to monitor and review the service but as it had not long been established, we were unable to ascertain how effective these systems were.
- The provider was initially unclear of the reporting process. However, following the inspection, we were provided with policies and procedures which clearly indicated how to report on accidents and incidents.
- The provider ensured staff were up to date with their knowledge of the care and support for the person using the service.
- Some quality assurance checks had taken place which included a review of the care plan and a spot checks.

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

- The service had an open culture. Staff spoke positively about the provider and felt well supported by them.
- The service had only been operating for a short time however, as the provider is involved in delivering care and support to the person who used the service, they were able to meet with the person and their representatives on a regular basis.
- Staff had good knowledge on how to support the person according to their needs and wishes in a positive manner.
- Staff said, "I enjoy my job and I am happy with my manager."

Continuous learning and improving care

- The provider monitored and reviewed the quality of service that people experienced. This included reviews of the person's care and support once they started to use the service and unannounced spot checks on staff to review their working practice whilst carrying out their duties.

Working in partnership with others

- The provider detailed how they would work in partnership with external agencies in relation to a person's care and support as and when required.
- At the time of the inspection, the provider had not had the opportunity to do so as they had only been operating for a short period of time.

- The provider had begun attending meetings held by the local authority to build positive partnerships with external agencies.