

Wide Way Care Limited

Wideway Care Limited - 10a Station Parade

Inspection report

10a Station Parade
Barking
Essex
IG11 8DN

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wide Way Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. 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

There were systems were to ensure people were protected from risk of harm. The registered manager and staff were aware of procedures to follow to safeguard people. Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. There were enough staff to meet people's needs and the recruitment procedures were robust. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again. Medicines were well managed on people's behalf. There were systems in place for the monitoring and prevention of infections.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively. They had opportunities on a regular basis to discuss their learning and development through one-to-one meeting with the registered manager. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People were supported by staff and external health professionals to maintain their health and wellbeing.

People received care and support in accordance with their preferences, interests and diverse needs. They were involved in the planning of their care. There was a complaints procedure in place and people knew how to make a complaint. People had the privacy they needed and were treated with dignity and respect at all times. They were supported to be as independence as possible.

There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people. There were effective procedures in place to monitor the quality of the service and where issues were identified action was taken to address these to promote continuous improvement. Regular audits and checks took place. The service worked in partnership with other organisations to support and care for people.

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 the service was requires improvement (published on 28 September 2019) and there were breaches of Regulation 9 (person centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (staffing). 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 homes. It provides a service to older adults.

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 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 since the last inspection. We also used information gathered as part of monitoring activity that took place on the 9 January 2023 to help plan the inspection and inform our judgements. 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 requested an updated action plan from the registered manager regarding the breaches we found at our last inspection. We used all of this information to plan our inspection. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed before and after the inspection.

During the inspection

We spoke with the registered manager and the director of the service. We reviewed a range of records. This included people's care records and medicine administration records, risk assessments, staff training and supervisions and audits. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection, we spoke with relatives to obtain their views of the service. We also contacted 2 members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;; Learning lessons when things go wrong

At our last inspection, we found the systems were not always effective in assessing and managing risks to people while they received a service. This was a breach of regulation 12 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.

- At this inspection, we noted potential risks about people's safety were assessed to ensure they were supported to remain as safe as possible.
- Risks assessments covered areas such as nutrition, moving and handling, and medicines management. This gave staff guidance on what action they should take to reduce risks and to keep people safe.
- Staff knew about people's health needs and ensured they were safe when carrying out any tasks. Risk assessments were reviewed and updated to reflect any changes in people's needs.
- Staff were encouraged to report any new risks they had identified to the registered manager so that appropriate action could be taken to ensure the safety of people who used the service.
- At our last inspection, we also noted the service had accident and incident reporting forms however, records of completed forms were not available. The service was unable to demonstrate evidence of learning from accidents and incidents.
- At this inspection, we found there was a system in place to record accidents and incidents.
- Records showed accidents and incidents were recorded in detail, and these were investigated by the registered manager to prevent or minimise them from happening again. For example, there was a near miss where a person became wobbly and fell back into their chair whilst trying to stand up. This incident was reviewed by the registered manager and actions taken to ensure the person remained as safe as possible when standing from their chair.

Using medicines safely

At our last inspection, we found there was a lack of oversight regarding staff competency to administer medicines. Staff competency for medicines administration was not evidenced on staff records or on the training log. There were also inconsistencies in the recording of medicines. This was a breach of regulation 12 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.

- Medicines were managed safely in line with national guidance. The service had suitable arrangements in place to protect people against risks associated with the unsafe management of medicines.
- Relatives told us that they did not have any concerns about how staff help their family members with taking their medicines.

- Staff had received appropriate training to ensure they were competent to help administer medicines. The service had a medicine policy which outlined the safe handling of medicines.
- There were competency assessments to check on staff knowledge regarding medicine management.
- Medicine administration records were completed correctly and there were no missing signatures.
- The MAR records were regularly checked by the management team to ensure staff followed the provider's medicines policies and procedures and people had received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we noted staff were not always sufficiently guided regarding support available in whistleblowing procedures. Staff were not always sure of how they could report concerns other than to the senior management of the service. We recommended that the provider seeks guidance from a reputable source regarding whistleblowing processes.

- At this inspection, we found the provider had a whistleblowing policy in place. Staff we spoke with were made aware of the provider's whistleblowing policy and knew which other agencies to contact outside the service to report any concerns. One staff member told us, "I will report any abuse to the manager and if nothing is done, I will contact social services or CQC."
- There was a policy for the safeguarding of people. We saw staff had received training on safeguarding procedures. They knew the course of action to take should they suspect an incident of abuse had taken place.
- Relatives told us they had no concerns on the way staff provided their family members with the care and support they needed.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support.
- The registered manager ensured people's visits were covered by the appropriate care staff with the appropriate skills to care for the person.
- Records showed people were supported by the same staff members unless the staff were on leave or not well.
- We looked at staff files and saw checks had been undertaken before new staff started working for the service. We saw evidence of identity checks, references being taken and checks had been carried out with the disclosure barring service (DBS) for each staff member. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field.
- The provider also carried out checks to ensure that staff could work lawfully in the country.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- Staff had received training in the prevention and controlling infection and were aware of their responsibilities.
- Staff were provided with PPE (personal protective equipment) such as gloves and aprons as part of infection control and prevention measures.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection there was a lack of oversight and regular supervision of staff to carry out their role competently. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- During this inspection, we found people were supported by staff who had received supervision and relevant training.
- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs. The provider had a training programme in place for all staff to complete whilst they were employed at the service.
- The competency of staff was checked on a regular basis by the management team following training received.
- Staff had received training in a number of areas such as food hygiene, mental capacity, moving and handling, managing challenging behaviour and safeguarding. One member of staff told us, "The training is very good, we do a lot of training."
- Relatives felt staff knew what they were doing and had received appropriate training. A relative said, "The staff do a very good job."
- We saw that plans and processes were in place to ensure all staff received the support they needed. Staff received regular supervision. This meant that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.
- Staff were given an opportunity to discuss any work-related issues, such as any training needs as well as needs of people using the service.
- New staff received an induction, which covered their familiarisation with the service, people who used the service and the provider's policies and procedures. They also undertook some training during this period as well as shadowed more experienced staff until they were confident to work on their own.

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

At the last inspection we noted the service did not consistently assess people's needs. People using the service and their relatives told us they did not have care planning meetings with the service following the commencement of care.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 9.

- During this inspection, we found that before people started using the service the management team carried out an initial assessment of their needs. This was done with the involvement of the person and their relatives and covered a number of areas such as people's care needs, wishes, and past histories. This helped to ensure if the service would be able to meet people's needs.
- A relative confirmed to us that they were involved in their family members' initial assessment.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection records showed that people, where appropriate, had consented to the care and support provided. Where people were unable to make their own decisions, their files did not always contain MCA assessments or records of best interests' meetings.

- At this inspection we found the records had improved and people were supported as far as possible to make everyday decisions about their care and support.
- Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The management team and staff understood the importance of people having the right to make their own decisions.
- Staff received training on the MCA and there were policies and procedures for them to follow.
- People were able to make day to day decisions about their lives. For example, they were able to spend their time as they wished or did things they liked.
- Staff asked people for their consent before providing them with care and support. One relative told us, "The staff always let my [family member] know, before they do anything with them."

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

- People were supported to eat and drink enough to help keep them healthy.
- Staff were aware of people's food preferences and acted in accordance with people's wishes. One member of staff told us, "[Person] likes to eat fish."
- Care plans included people's preferences and the support they may require with meals. For example, a person liked to eat soft food, this was recorded to ensure staff were aware of the person's preference.

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

- People were supported to maintain good health and to access healthcare services when they needed.
- People were referred to other health care professionals such as GPs, as needed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At the last inspection we noted people were not always supported to express their views about care and support and when people requested changes to their care delivery this was not always recorded by the service.

- At this inspection we found people were able to contribute and have their say about the care and support they received. They were encouraged to choose how they wanted staff to support them.
- From looking at records and discussion with the management team and staff, we found people were able to make choices and were involved in decisions about their day.
- Staff were knowledgeable about people's preferred routines as those were recorded.

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

- Staff had a good understanding of equality and diversity. Each person was treated as an individual regardless of their abilities, background or lifestyles. One member of staff told us, "We need to treat people equally."
- Relatives commented positively about the service and the care and support provided by staff. A relative said, "The staff are really good."
- People knew staff who supported them and were treated well by them.
- Staff were aware of people's wishes and preferences. This helped them to ensure people's individual needs were met.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they respected people's privacy and dignity. One staff member said, "I close the door and the curtains when providing personal care."
- People were encouraged to maintain their independence. Staff knew how much people were able to do for themselves and what assistance they needed. For example, people were encouraged to hold on to their cups when having a drink.
- Information about people was treated in confidence. Staff knew that information provided to them in confidence should not be used or disclosed except to another authorised person and they had to seek the person's consent first.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question 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

At the last inspection the provider had not always reviewed care plans to reflect people's preferences or changes in their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans had appropriate information about their preferences for their support and contained guidance for staff on how to support people safely. This helped to ensure staff had the information they needed to meet people's needs.
- Staff had a good understanding of the care needs for people they supported and were able to tell us what people did and didn't like and what support they needed.
- Care plans were reviewed regularly and also when people's needs changed. This was done with the involvement of people who used the service and their representatives.
- Staff mentioned care plans provided them with enough information to enable them to meet people's needs.
- Care plans contained information about people's preferences for their care, their likes, dislikes, needs, preferences and cultural requirements.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At the last inspection we found that when people began using the service, they were given information in written format. This included a confidentiality agreement, how to complain about the service and care planning. The service did not have this information in other accessible formats. We recommended the service seek guidance from a reputable source regarding accessible information.

- During this inspection, we found people's communication needs were assessed and information on how to communicate with them was included in their care plans.
- Information was made available in accessible formats to people who used the service as needed. For example, staff used pictures to ask people what they would like to eat.
- The registered manager was also trained in a system of communication using visual gestures and signs, as used by deaf people.

- Some staff were able to speak other languages as well as English.

End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection.
- People's end of life care wishes had been recorded. These helped to ensure people received the care and support they wanted when approaching the end of their lives.

Improving care quality in response to complaints or concerns

At our last inspection, we noted that formal records were not kept of complaints or outcomes. This meant the service did not monitor complaint trends or outcomes.

- During this inspection, we found there was system to record complaints and what was done in response.
- People and their relatives were given the contact details for external agencies which they could contact if they felt their complaints had not been resolved satisfactorily. A relative told us, "I will talk with [the registered manager] if I have any concerns."

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 the last inspection this key question was rated as inadequate. At this inspection this key question 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.

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

At the last inspection, we noted the management team did not always support people to express their views and did not seek formal feedback from people or their relatives.

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 on longer in breach of regulation 17.

- During this inspection, we found the provider had systems for people and their relatives to give feedback on the quality of the service being provided. These were gained through satisfaction surveys as well as monthly visits to people who used the service. There were also monthly telephone calls made to relatives of people who used the service to gain their views and to check if they had any concerns.
- Relatives and staff told us they were very happy with the service. The registered manager operated an 'open door' policy and was in regular contact with people, relatives and staff to ensure the service ran smoothly.
- A relative told us, "The manager is very helpful, we are in touch regularly, they came and visit to carry out a risk assessment."
- Staff told us the management team were very supportive. A member of staff told us, "The manager is very good, and they listen to what we have to say."
- The registered manager was aware of requirements in relation to the duty of candour. They knew they had to be open and transparent with the people using their services, whether or not something had gone wrong.

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

At the last inspection, we found the service did not have robust systems to assess, monitor or improve the quality and safety of the service provided. Records were not adequately maintained to show monitoring, action plans and outcomes. Systems were not in place to monitor or review care plans and risk assessments. we found spot checks were not consistently carried out. There was a lack of supervision and competency checks for staff. There were no records of plans to improve the quality and safety of the service which meant progress was not monitored.

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.

- During this inspection, we noted there were systems in place to quality assure the services provided, manage risks and drive improvement.
- The registered manager carried out regular spot check on staff to ensure people received the care and support they had requested and agreed to.
- Staff received regular supervision and the registered manager monitored their competencies.
- We looked at the care records of people who used the service and found they contained sufficient information about them. There were daily records being kept by staff on what care and support they had provided to people.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits.
- People and their representatives were kept informed of any changes happening with the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, we noted people, and their relatives were not routinely involved in the planning and review of their care and support. Staff told us they attended staff meetings although we did not see records of these meetings.

- We found a lack of oversight of the management and running of the service could result in a risk to people using the service and the quality of service they receive.

These findings demonstrated 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.

- During this inspection, we noted the registered manager was in contact with people who used the service on a regular basis and encouraged them to have their say about the care and support they received. Relatives confirmed this.

- There were staff meetings held where staff were able to share ideas with each other as well as contributed to the running of the service. We found a number of topics were discussed during those meetings including any changes in people's care needs. Staff were encouraged to discuss any issues they might have or share ideas to improve the service people received.

- Staff had access to a range of policies and procedures to guide them in their roles and to ensure people received safe care and support from staff.

- People using the service were given equal opportunities, regardless of their background, abilities, or lifestyle. The provider had clear guidance in place for how people should be treated.

At the last inspection, we found the service did not send statutory notifications to the Care Quality Commission when the registered manager was absent from the service and when there were safeguarding investigations. We advised the provider of the regulatory requirement to submit notifications. We recommended that the service review processes to ensure that they meet the regulatory requirements.

- During this inspection, we found the registered manager was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered manager, so that we could see the actions they had taken.

Working in partnership with others. Continuous learning and improving care

- The registered manager worked closely with a number of health and social care professionals and this

helped to ensure people's changing needs were fully met.

- The registered manager kept themselves up to date with best practice as far as health and social care was concerned.
- The registered manager regularly visited CQC website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.