

Wright Care 2021 Ltd

# Wright Care 2021 LTD

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Wright Care 2021 Ltd is a domiciliary care service providing personal care to people who live in their own homes. At the time of our inspection there were 39 people using the service. People's needs included physical disabilities, learning disabilities and dementia-related conditions.

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.

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.

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

### Right Support:

People were encouraged to be as independent as possible. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice. Staff had essential training including awareness of specific disabilities. Risk assessments were in place but would benefit from more detail of the measures to reduce risk.

### Right Care:

The provider made sure there were enough staff to support people and keep them safe. The provider's aims and ambitions were for people to receive good continuity of care from a staff team who knew them well. Staff were knowledgeable about people's needs. Care was provided in a person-centred and flexible way. People said staff treated them with care and kindness and supported them in a way that matched their individual preferences.

### Right Culture:

The culture at the service was positive. People, relatives and staff said the service was managed in an open, approachable and inclusive way. Staff were complimentary about the values they shared with the provider and colleagues and the supportive team culture this created. The provider needed to formalise quality assurance systems to support the governance of the service going forward.

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

This new service was registered with us 12 May 2022 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a new service.

#### Recommendations

We have made a recommendations about risk assessment details and ensuring quality audits are sufficiently effective to identify shortfalls.

#### 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Wright Care 2021 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

The inspection was carried out by an inspector and an 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

We gave a short period notice of the inspection because we needed to be sure that the provider/registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2023 and ended on 19 July 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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

We spoke with 5 people and 5 relatives by telephone for their views. We contacted 8 support workers for their views.

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. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place to protect the people who used the service.
- The registered manager and staff had training in safeguarding people. They understood their responsibility to safeguard people.
- The provider had reported any concerns about people's safety in line with the local safeguarding authority procedures.

Assessing risk, safety monitoring and management

- The provider had a system to assess risks to the safety of people before undertaking their care. Risk assessments and care records were available to staff on an electronic record system so staff had constant access to it.
- People said they felt safe when being supported by care staff. They commented, "Very safe. The way [staff team] are with us makes us feel comfortable" and "I feel very secure when [staff member] supports me."
- Some people's care records did not set out enough information for staff about how to mitigate risks where people had distressed behaviour. The registered manager began to address this immediately.

We recommend the provider ensures risk records include risk-reduction strategies and sufficient detail to guide staff in a consistent approach.

Staffing and recruitment

- The provider ensured there were sufficient staff to meet the needs of people who used the service. Staff covered specific local areas so were able to travel quickly between people's visits.
- People and relatives were complimentary about the timekeeping of staff. Their comments included, "They're always on time and they stay for right length of time" and "They spend as long as we need them to."
- The provider had a safe recruitment policy although this had not always been followed in practice. In a small number of cases, not all checks had been recorded to demonstrate staff were suitable to work with vulnerable people. The provider took immediate action to address this.

Using medicines safely

- Overall, medicines were managed in a safe way if people were assessed as requiring support with this. Staff had training and competency checks in medicines administration.
- Medicines records were completed electronically so could be viewed by the registered manager at any time.
- The provider could not demonstrate a full system of medicine audits at the time of the inspection. We

found no evidence this had any impact on people using the service and the registered manager implemented a new audit process immediately.

#### Preventing and controlling infection

- The provider had infection prevention and control systems in place.
- Staff received training in this infection control and had access to supplies of personal protective equipment (PPE).
- The registered manager worked alongside members of staff to check their compliance with PPE requirements.

#### Learning lessons when things go wrong

- The provider used incidents to learn lessons and improve the safety of the service.

# 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 been rated 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

- The registered manager assessed people's needs before using the service to make sure the right care could be provided.
- People said they were fully involved in discussions about their care package and agreements about how their care was provided.
- The care assessments were used to develop an individual plan of care for each person.

Staff support: induction, training, skills and experience

- The provider had an electronic training system in place to make sure staff received essential training in health and safety. All staff completed induction training, which included awareness of autism and learning disabilities.
- People and relatives were complimentary about the skills of support workers. They said, "[Staff] know their job and it makes you feel better" and "They're definitely well trained. They ones that come to me are very experienced in care."
- Staff said they felt well supported by the registered manager. Their comments included, "[Registered manager] support us with anything we need" and "The support I've received has been endless, by management and co-workers." At the time of the inspection, formal supervision records were not available to view as the provider had recently changed IT systems.

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

- The provider assessed each person to check if they needed support with any dietary needs and preferences.
- People were assisted with meal preparation if this formed part of their individual care assessment.
- People gave positive feedback about nutritional support. They told us, "They'll make me a sandwich or whatever I want, I'm well fed" and "I choose my own meals and the staff are very good at making them."

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

- The provider worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- People and relatives were satisfied with the support the service provided to access health care services. One relative commented, "Staff have taken [person] to hospital appointments or doctor's appointments and they've reported back with the full details."

- People and relatives said staff were able to spot small changes in people's well-being and acted upon it. For example, one person told us, "When [staff member] visited me she realised something was wrong and she called an ambulance."

#### 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.

- The provider followed the principles of MCA. People were involved in decisions about their care where they had capacity to do so.
- The provider had consent forms for confirming people agreed to care tasks, managing their medicines and sharing information.
- People confirmed staff always asked their permission before carrying out any support. They said, "They always ask what I want" and "They say 'do you want us to do that, or do you mind if I do that'."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were supported by staff who were caring, kind and helpful.
- The provider aimed to provide continuity of care. Staff usually worked in small teams so they became familiar with people's needs and preferences.
- People commented very positively on cheerful attitude of staff. They told us, "They'll make you feel at ease. They're just so kind and caring", "They always come in smiling and friendly" and "[Person] has a good staff team. They have a sense of humour and have a good chat with [person]."

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

- People were encouraged to make their own decisions about their care and their views were sought.
- People said they had been fully involved in setting their plan of care. For example, one person commented, "[Registered manager] came and did a plan with me. She's been a couple of times recently and reviewed it."
- People said they were fully involved in expressing any changes they needed to their care package. One person told us, "[Registered manager] came and filled everything in that I needed done, and she rings to ask me if I need anything changed."

Respecting and promoting people's privacy, dignity and independence

- People's dignity was upheld and their privacy was respected.
- People said the support they received with personal care always upheld their dignity. For example one person told us, "Staff give me a towel to cover myself (during personal care)." Other people described staff closing doors and curtains when supporting them.
- Staff promoted people independence wherever their capabilities allowed. One person told us, "They have to help me wash but I like to do some parts myself and they always give me a few minutes in the bathroom so I can do that." A relative commented, "Staff have to help [person] dress, but always asks them 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 been rated good. This meant people's needs were met through good delivery of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service that met their individual needs.
- People and relatives commented positively on the continuity of care and said this meant staff understood how to support them. One person commented, "I get virtually the same staff all the time so they know what to do."
- There were individual care plans in place for each person. Although current staff were familiar with people's needs, the care plans would benefit from more specific detail to guide new staff. The registered manager addressed this immediately.

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.

- People's individual communication needs were respected and recorded in their care plan.
- At the time of this inspection, people had been provided with a written information guide about the service. The registered manager stated information could be provided in alternative formats, such as large print.

Improving care quality in response to complaints or concerns

- The provider had a procedure for managing complaints. People had information about how to make a complaint in their information guide.
- People were encouraged to give their comments and suggestions during visits by the registered manager.
- People and relatives said they were in regular contact with the registered manager and felt comfortable about expressing their views. For example, one person said, "If I rang [registered manager] and said I wasn't happy about something, she'd sort it out."

End of life care and support

- The service could provide care to people who were at the end stages of their life.
- Staff had some training in end of life care. The service worked closely with community nursing services where needed to support people at the end stages of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the governance of the service was not fully effective.

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

- The provider had quality assurance policies but these were not always being followed. For example, there was no 'schedule of audits' to identify or address the issues we found with the quality of some records. The registered manager began to put a schedule in place after the inspection.
- The provider's policies and procedures setting out how the service would be managed were not dated so it would be difficult to know if these were current.
- The registered manager also covered some care calls. This meant she could observe staff practices but also meant there was reduced supernumerary management time to ensure governance systems were followed. The registered manager had recognised this and had introduced some administrative support.

We recommend the provider continues to develop its system of quality audits to ensure these are sufficiently effective.

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

- The provider and staff team promoted a positive, personalised culture.
- People said they valued the service and their relationship with the provider and staff team. They commented, "It's the best service we've ever had and the staff that work for them" and "They've got some really good, caring staff who know what's what and are good at handling situations. They're just really nice people."
- Staff said they felt appreciated and supported by the provider. One staff member commented, "[Provider] has the clients and staffs' best interests to heart and will do anything to ensure everyone is safe, happy and supported."

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

- The provider engaged with people and their representatives. The registered manager sought people's views during care reviews and spot checks.
- People and relatives said communication with the registered manager was very good. They commented, "It's easy to get in touch with [registered manager], it's never an issue" and "I have [registered manager's] phone number and can contact her anytime."

Continuous learning and improving care; 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 provider was committed to continuous improvement. A new electronic care management system had been put in place following issues with a previous IT system.
- The provider understood their duty of candour and their responsibility to submit notifications to the Care Quality Commission when needed.
- The provider had been open, honest and apologised to people and those important to them when appropriate.

Working in partnership with others

- The provider worked alongside local health care professionals when people required their combined support.