

Wessex Care Limited

Wessex Care Community Services

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

Wessex Care Community Services is a domiciliary care agency providing personal care to 13 people at the time of inspection. The service provides support to adults over and under 65 years, people with learning disabilities, physical disabilities, sensory impairment and people living with dementia.

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

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

At the time of the inspection, the location did not 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.

Right Support:

People had support that met their needs from a consistent team of care staff. Policies and procedures were in place for staff to work safely and in a person-centred way. Risk management systems were in place and regularly reviewed so changes could be made when needed.

Right Care:

People had care that reflected their preferences and wishes. They knew their care workers well and felt comfortable and safe receiving support. There were enough staff available to carry out timely scheduled visits and people told us staff never missed a visit. Staff had been recruited safely.

People had their medicines as prescribed and staff had training on how to administer medicines safely. Staff had training on safeguarding and understood how to keep people safe from avoidable harm.

Right Culture:

Staff told us there was an open, inclusive culture which meant they felt safe to raise any concern or share their ideas. Communication was good and we were told there was good teamwork. People, relatives and staff all thought the service was well managed, they felt able to approach the management at any time.

Quality monitoring systems were in place which helped monitor and improve quality and safety. Incidents

and accidents were recorded and reviewed, and staff worked in partnership with healthcare professionals where needed. All people and relatives we spoke with told us they would recommend this service to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 30 January 2018).

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?

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.

Wessex Care Community Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 February 2023 and ended on 2 March 2023. We visited the location's office on 22 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 3 people and 6 relatives about their experiences of care received. We also spoke with 4 members of staff, the head of care, operations director and business director. We reviewed care records for 3 people including medicines records, quality monitoring information, feedback received about the service, accidents and incidents, 5 staff recruitment files, supervision records, training information and policies and procedures.

We also emailed 3 healthcare professionals for feedback about the service but did not receive any replies.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people felt safe using the service. Comments included, "The service is very good, I feel quite safe with them [staff]", "I feel safe when I am with the staff, definitely. They are very vigilant" and "[relative] is completely safe with staff. [relative] is happy with them all and used to the care coming in now."
- People were protected from risks of abuse as staff had received safeguarding training and understood their responsibilities to keep people safe. One member of staff said, "I would report abuse to [head of care], then if it was not dealt with, I would go higher."
- Staff were confident any concerns would be dealt with appropriately by management. The provider had links with the local authority safeguarding teams.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and management plans were reviewed regularly. The head of care told us they would also be reviewed if people's needs and risks changed.
- Risk management included assessments of people's moving and handling needs. If there was equipment to be used there was guidance in place from health professionals. One member of staff said, "We have some customers who use a hoist and stand aid. With the hoist normally the occupational therapist (OT) will show us what straps to put on and how to use it."
- The head of care confirmed they worked closely with Occupational Therapists (OT) to make sure people had the equipment they needed, and all staff were shown how to use it safely. If there were any issues OT's could be contacted at any time to review people's needs.

Staffing and recruitment

- People and relatives told us they were happy with the staff team and their visit timings. Comments included, "I am very satisfied with everything. They [staff] are pretty punctual and come at [time] which is a good time for me. It is a small consistent team and I know them all. They do let me know if they are going to be late" and "[relative] gets the same, small team all the time. They [staff] have built up a rapport with [relative] and have never missed a visit."
- People received care and support from sufficient numbers of staff. The provider told us recruitment of staff had been a challenge. In order to keep people safe, they had only accepted packages of care they knew they could support consistently.
- Staff had been recruited safely. All the required pre-employment checks were carried out and records kept on staff files.

Using medicines safely

- People had their medicines as prescribed as systems were in place. Staff had training on administering medicines and senior staff checked their competence annually.
- The head of care carried out medicines audits to make sure staff were following the provider's policies and procedures.
- Where people had medicines through topical patches staff recorded where on the body the patches were applied. This made sure the patch application was rotated to help prevent skin irritation.

Preventing and controlling infection

- The provider told us they had stocked up with personal protective equipment (PPE) prior to the COVID-19 pandemic so had never been short of stock.
- Staff had received training and guidance on infection prevention and control and were updated regularly. We found there was pictorial guidance in people's care records for staff to be prompted about good handwashing techniques.

Learning lessons when things go wrong

- Incidents and accidents were recorded with action taken to prevent reoccurrence. Learning was shared with teams and the wider organisation.

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 outstanding. 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.

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

- The service was managed day to day by the head of care. Feedback from staff, people and relatives was that the service was well managed. Comments included, "It is all well run and managed, [head of care] would put it right. I can't fault them in any way", "I do think it is well run. This service is the best I have had. [head of care] is very easy to get hold of, and she will always get back to you" and "I speak with [head of care] every week. She always gets back to me, communication is good."
- The service was small and concentrated to Salisbury and some surrounding villages. The provider told us this enabled them to build good relationships with people and their families. New business was often through recommendations from existing or former users of the service. One relative said, "I would 100% recommend [the service]. It is a two-way process; I know I can ask them to do anything for me and I support them in any way I can."
- Senior management were open and transparent, they encouraged staff to report any concerns however small. Systems and policies in place supported staff to provide person-centred care.
- Staff told us about how proud they were to be able to support people to maintain their independence and remain living in their own homes.

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

- There had been no incidents which came under the duty of candour process. The provider was aware of their responsibility to be open and honest with people where needed.

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

- There was a registered manager in post. Day to day management responsibilities were carried out by the head of care who was supported by the provider's senior management team.
- There was a clear staffing structure in place which all staff were aware of. Staff had contact details for all senior management and directors in the organisation and there was an effective on call system.
- The operations director told us they regularly made it clear to staff they could all be contacted at any time if needed. One member of staff said, "Everyone is approachable in the office. Everything is well organised [head of care] is fabulous, she is great. The office has a relaxed feel."

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

characteristics

- People and relatives were able to share their views and feedback regularly. The service carried out formal surveys to gain people's views and also completed reviews of care. Comments included, "They [staff] do involve us- if they have a question, they will ask me for the relevant information" and "I feel included in [relative's] care. They [staff] message me frequently- communication is always very good."
- Feedback from people was listened to and used to make improvements where needed. For example, one person had shared they were not happy with how staff made their bed. This was important to them, so a picture was taken of how they liked their bed to be made. This was shared with staff so they could follow the person's preferences.
- Staff had regular opportunities to share their views. There were regular team meetings and supervisions were carried out monthly. One member of staff said, "It is so well managed. You always have someone to phone, someone to ask, we are a very good team. We have a group chat and we share everything; we are aware of what is going on."

Continuous learning and improving care

- Quality monitoring systems were in place and carried out monthly where required. The provider had moved to a new system for their policies which also had a selection of audits they could use.
- The operations director told us they had not finalised which audits suited their service yet so were trying a selection to evaluate what information they generated.

Working in partnership with others

- Staff worked in partnership with many local healthcare teams to make sure people's health needs were met. We saw in people's records guidance from professionals such as nurses and occupational therapists.