

Healing Cross Healthcare Limited

The Wykeham

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?	Good ●

Summary of findings

Overall summary

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.

About the service

The Wykeham is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. At the time of the inspection, 4 people were receiving support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

Right Support

There were systems in place to keep people safe from abuse. There were risk assessments to monitor and mitigate risks to people. Staff were recruited safely and there were enough staff working at the service. No one at the service was being supported with medicines administration, but the service kept information about people's medicines to support with risks to them. Staff were trained in infection prevention and control. There were systems in place to learn from incidents and accidents. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care

People's needs were assessed so the service knew whether they could meet their needs. Staff received an induction, were trained and supervised in their roles. People could be supported with eating and drinking if required. Staff recorded care effectively and worked with health and social care professionals to ensure people received good care.

Right Culture

Feedback from people and relatives indicated staff were caring. People and relatives were able to make choices with people's care. People were treated with respect and dignity and supported to be independent.

People's needs were recorded in care plans which were personalised and provided instructions for staff. People's communication needs were recorded so staff could meet their preferences. Staff supported people with activities of their choice. There had been no complaints about the service but there was a process in place for people and relatives to follow.

The service provided a person-centred culture with relatives and staff providing positive feedback about how the service was managed. People, relatives and staff were able to engage in the service. There were quality assurance measures to ensure people were provided with good, safe care. The service worked with other agencies to support people.

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 the service was good (published 19 December 2018.)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led.

Details are in our well-led findings below.

Good ●

The Wykeham

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 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 and specialist housing.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. 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.

During the inspection

We spoke with 3 members of staff, which included 2 care staff, the registered manager.

We reviewed a range of records. This included 4 people's care plans. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following our site visit we spoke over the phone with 2 people and 1 relative about their experience of care. We continued to seek clarification from the provider to validate evidence found.

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

- There were systems in place to safeguard people from abuse.
- There had been no safeguarding concerns or alerts raised but the registered manager was able to tell us what they would do should they receive one. A person told us, "Yes [I feel] 100% [safe with staff]."
- Staff had been trained in safeguarding people from abuse and told us they would follow the provider's safeguarding policy if necessary. The policy informed staff what steps to take if they suspect abuse as well as a procedure about how and to whom to report abuse. One staff member told us, "Safeguarding is when you look after people to keep them safe from harm or abuse."

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure people received safe care. People told us staff knew the risks to them. One person said, "They know risks to me, and they know how to care for me. I have turns and they know what to do to support me."
- Care plans and risk assessments were personalised and covered specific risks to people using the service. At the time of the inspection the registered manager had recently archived a lot of historic information from the care plans. In doing so, not all information was available to us immediately. However, they were able to provide this information and it was apparent staff knew people and the risks to them.
- Health conditions were recorded along with instructions to support carers with associated risks. This meant the service sought to mitigate risks to people.

Staffing and recruitment

- Staff were recruited safely. The provider checked potential employee's suitability to work with vulnerable people. Employee identities were verified, criminal histories sought and checked, and references from previous employers gathered.
- People and relatives told us staff were punctual. One person said, "They come and do their duty and stay their time." Another person said, "[Staff] will tell me when they are going to be late, but they aren't usually late and will keep me updated." Rotas indicated there was sufficient staff to provide care for people, as well as cover if necessary.

Using medicines safely

- Medicines people used were recorded and risks for their use outlined. At the time of our inspection people's medicines were not administered by staff, but by themselves or relatives. However, staff had been trained to administer medicines and care plans contained important information about the medicines used and the risks associated with them.

Preventing and controlling infection

- Staff at the service sought to prevent and or control infection. Staff wore Personal Protective Equipment (PPE) when required and records indicated they had been trained in infection control. One person told us, "They wear PPE when they have to and get rid of it when they are done."
- There were supplies of PPE in the service office for distribution to staff and people, and the provider had policies on infection prevention and control and COVID-19.
- Infection control was a recurring theme for discussion in team meetings. One staff member said, "we wear all the PPE and we wear gloves and prevent contamination."

Learning lessons when things go wrong

- There were systems in place to support the service learn lessons when things went wrong.
- There had been no incidents, accidents, complaints or need to raise safeguarding alerts since our last inspection. However, there were policies in place to support staff and management should incidents occur. The registered manager told us they would follow their policies, liaise with external agencies if required and seek to improve care if things went wrong. A staff member told us if an incident occurred what they would do. They said, "it depends on the incident I might call 999 but would also call the manager and let them know."

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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's needs were assessed before they began using the service. One relative said, "They came [to my] home and asked me lots of questions and how to care for [person]." Assessments were completed to ensure that people's needs could be met. They covered people's healthcare needs and social circumstances, and were in line with the law, recording people's protected characteristics.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and appraisal. One person said, "Some [staff] are new and it takes a little bit of time. Most of the ones I have had, I have had for a long time and they know me [and are experienced]." Staff received an induction when they began working for the service. This was so they could be properly prepared for their roles. Inductions included training, shadowing and reviewing policies.
- Staff received training to embed and or enhance work practice. One relative told us, "Yes I think they know what they are doing." Training included safeguarding of vulnerable adults, moving and handling and infection prevention and control, as well as many others. One staff member told us what training they had done. They said, "We have Infection Prevention and Control training and Moving and Handling training, fire safety and diabetes and safeguarding."
- Staff were supported through supervision and appraisal. One staff member said, "We get supervision. During supervision we talk about the day-to-day work and if there's issues what to do and they [management] ask our feelings." The registered manager held regular supervision with staff where they could raise concerns about their work and identify professional development goals.

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

- The service could support to help people eat and drink healthily. At the time of our inspection no people were being supported around their nutrition needs. However, people's dietary needs and preferences were recorded in their care plans, so staff knew how to support them if required. The registered manager was also able to show us food and fluid record templates to assist with the monitoring of people's nutrition and hydration to support health care professionals meet people's needs.

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

- Staff recorded people's care appropriately. One relative said, "They keep notes of [person's] care and [staff] notes everyday what they do." Staff recorded duties and tasks completed with people in care notes which the management team and family members could review. These notes could also be used by health and social care professionals if required.

- Staff supported people with their health care needs. People's health care needs were recorded in their care plans and risk assessments. If required, the service worked to guidance and instruction provided by healthcare professionals. Similarly, staff at the service had supported people attend health care appointments.

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 Act 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. We checked whether the service was working within the principles of the MCA.

- Consent to care was in line with law and guidance. Care plans were signed by people to indicate their consent to care. Where people were unable to consent to their own care, relatives or advocates did so, providing it in their best interests.
- People's capacity to make decisions was recorded in their care plans as well information about whether others had Power of Attorney for making decisions.
- People and relatives told us that people were offered choices with their care. One person said, "Yes they do [seek my consent before providing care]." A staff member confirmed, "We have people's consent [in care plans] and we ask their consent when providing care." Another staff member said, "we work in people's best interests. They might have a power of attorney to help make decisions."

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 our last inspection we rated this key question good. At this inspection the rating has remained 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 treated well by staff. One person said, "I can say 100% [staff are caring, because] they have been attentive to my needs." One relative told us, "They are very caring." Spot checks, feedback and compliments recorded by the service showed positive feedback about how people were cared for.
- People's equality and diversity was respected. People's needs and characteristics were recorded in their care plans and staff were trained in equality and diversity.
- Care plans recorded people's cultural needs and people were supported in a culturally sensitive manner. For example, we saw people's faith was recorded. This meant the service took people's diversity into account when supporting them. One staff member told us, "I have taken people to [place of worship] many times. I don't discriminate! I will eat [faith appropriate] food with them if it makes them feel comfortable." Another staff member said, "Some, clients celebrate [important faith specific event] and we will ensure we adjust our times so they can celebrate."

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

- People and relatives were able to express their views and be involved with decisions about their care. One person said, "I told them that I only wanted a female carer, I was able to tell [registered manager] what type of person I am and who I want [to care for me]."
- Care plans were signed to document people's or relative's involvement. Care plan completion and reviews and spot checks provided different means for views to be expressed and feedback received.
- People were also in regular contact with the registered manager who made it their business to ensure carers were providing care in line with people's choices. This provided further means for people and or relatives to be involved in decision making around care.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person said, "I think so. The newer ones are learning but they do [respect my privacy and dignity.]" One staff member said, "I will close the door [to do personal care] and make sure that no one comes and always ask the person if it is ok."
- People's confidential information was stored in locked cabinets and or on password protected electronic devices. Staff also told us, "We have to keep confidentiality and we don't disclose people's personal information."
- People's independence was promoted. Staff told us they encouraged people to be as independent as possible. One staff member said, "We encourage them to do as much as they can." Care plans provided instructions for staff which sought to empower people as much as possible and get them to do what they could for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People received personalised care. Staff knew what people liked and disliked. One person said, "[Staff] knows my pattern and they know me." People's needs and preferences were recorded in care plans. Care plans contained personalised information about people's needs and choices.
- Care plans were regularly reviewed or as and when necessary, such as when people's needs changed. Areas covered included people's health conditions, potential risks to them, how people wanted to receive care and how they liked to spend their time.

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.

- The service met people's communication needs. Care plans contained information about people's communication needs and preferences. The registered manager told us they could support people with different communication needs by obtaining large print format or different language text.
- One staff member told us about working with people with different communication needs. They said, "we've trained with a little bit of sign language, or we might ensure people with hearing issues have hearing aids or we can write for people, but you can also sometimes tell through body language." Another staff member said, "We tend to always have brief of clients we look after but not everyone has the same needs, sometimes nonverbal people look for actions rather than loads of words."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they were supported to be involved in activities they liked. One relative told us, "Yes, they do support with activities. [Person] goes out a lot and when staff come [person] initiates they want to go out. Staff make sure they hold [person's] hand. They do everything I ask them to do." Care plans recorded what activities people liked to do.
- Care notes indicated people were supported with activities they liked to do which people and relatives confirmed. A staff member said, "We support with activities, for example we will go to the park and play ball, and it depends on peoples age and need but we will participate and do something they want to do."

Improving care quality in response to complaints or concerns

- People told us they felt they would be able to raise complaints and concerns. A person said, "I would go to [registered manager], I have -their number. I have never had to make a complaint." One relative said, "I [would] call [registered manager] and I would tell them if things were not done properly. I've never had to complain." There had been no complaints at the service.
- The registered manager told us they would follow their complaints policy if they received a complaint and would use it to improve care where possible. The complaints process was provided to people in a service user guide.

End of life care and support

- At the time of our inspection no one at the service was at end of life. However, care plans provided the opportunity for people to record their end of life wishes if they wanted to. The provider was also able to provide training for staff on end-of-life care should the service begin working with people who required this type of care.

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 good. At this inspection the rating has remained 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 promoted a positive person-centred culture. Staff and relatives were positive about how the service was managed. People told of instances where the registered manager had gone above and beyond their remit and supported them when dealing with difficult issues. One person said, "I had an issue when I went to hospital... Staff went above and beyond and stayed extra time because I couldn't do the things I normally do." One relative said, "From my experience they are brilliant." One staff member said of the registered manager, "[Registered manager] is a very good manager and very supportive and always asks us to develop and update ourselves with training and learning."
- Documentation and the policies at the service sought to be person centred. Care plans were personalised, and policies sought to place people at the centre of their care.

Continuous learning and improving care

- The service sought to continuously learn and improve care. Quality assurance measures gave the provider insight as to whether the services systems and processes were working well or whether improvements could be made.
- Measures, such as spot checks and telephone calls to people cared for, were completed regularly. One staff member said, "They [management] do spot checks. They check on staff on how they are doing [their job] and get the client's feedback too."
- During our inspection we saw the service had worked with people for long periods of time and had accumulated large amounts of information, most of which had been archived. We discussed the key elements of people's assessments and care plans with the registered manager, and which parts should be maintained and or regularly reviewed. They were keen to ensure they worked to best practice and viewed the inspection as an opportunity to learn and improve working practices.

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

- People and staff told us they felt they were able to engage in the service. People said they were able to provide feedback through regular phone calls with the registered manager and during spot checks. One relative said, "[Registered manager] themselves [phones] and I get a chance to give feedback." All feedback we read and heard about the service was positive.
- The service held regular staff meetings, with discussion topics such as people's care, training and infection prevention and control. Staff told us they could be involved with meetings and make suggestions that could

impact on the care provided to people. One staff member said, "We have meetings. Generally, staff are given a platform to relay what is going on with their clients...[registered manager] is very open to change and looks to improve[the service]."

- People's equality and diversity characteristics and or needs were recorded, the service supported people with their cultural needs. Staff told us about supporting people with cultural events such as attending faith specific events and supporting with cultural needs around diet.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had roles identified through job description. There was a management structure in place.

- The registered manager worked to ensure care was carried out as it should be in accordance with law. The registered manager was clinically trained and was aware of regulatory requirements and knew they were supposed to provide information to both the local authority and CQC with respect to certain matters.

Working in partnership with others

- The provider worked in partnership with other agencies. The provider had forged links with various local authorities and some health and social care professionals. They worked with these agencies and shared information where required. These relationships sought to enhance people's care.