

Wellbeing Care Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Wellbeing Care Solutions Ltd is a community-based care provider that provides personal care and support to people in their own homes. At the time of our inspection there were 8 people receiving personal care.

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

The provider's audits in place to monitor the quality of the service were not effective and had not identified where risk assessments were lacking in detail and where recruitment processes needed to be more robust. The provider's oversight had not identified where staff had not been trained in the Mental Capacity Act (MCA) or where they had relied on training from previous employers to ensure staff were working in line with company policy. Feedback forms were used to gain people's views of the service and people's response was positive.

Risk assessments lacked detail on how to guide staff to support people's specific needs, however, people received support from regular staff who knew them well. Staff knew how to keep people safe from harm. Medicines were managed safely and staff followed infection control guidance and had access to personal protective equipment.

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; however, the policies and systems in the service did not always support this practice as the provider had failed to provide training in the MCA for their staff.

People were supported by staff who were kind and caring. People's privacy, dignity and independence were respected by staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process which people were aware of to share any concerns.

Rating at last inspection

This service was registered with us on 05March 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified a breach in relation to regulation 17 (good governance) at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Wellbeing Care Solutions 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. 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.

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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the nominated individual, the registered manager and a care worker. 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 three people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at support plans. We spoke with one person who used the service and three relatives about their experience of the care provided.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risk assessment documentation provided guidance to staff and showed the actions taken to manage and reduce risks to people. However, some risk assessments were not sufficiently detailed and required more information, for example, more detail on how to support someone with diabetes.
- Where it was identified that some risk assessments required more detail; the registered manager had been unaware of the level of detail required to guide staff. We discussed this during the inspection and the registered manager understood why more detail was necessary and told us this would be addressed immediately. There had been no impact on people as they had the same regular staff who knew how to meet their individual support needs and they were supported regularly by health professionals.

Staffing and recruitment

- There were recruitment processes and recruitment checks undertaken before staff were appointed, ensuring suitable staff were employed. Some checks were not always completed robustly and further improvement was required to ensure the provider had taken every precaution to ensure suitable staff were appointed. For example, we identified where employment history had not always been fully completed and one staff member had not had a new DBS check (Disclosure and Barring Service) completed when she started work; the provider having relied upon her DBS check from previous employment and there was no risk assessment in place. A new DBS check has since been carried out.
- The service was fairly new and the registered manager was actively recruiting for more staff to ensure they could maintain their standard of care. The registered manager and the nominated individual were currently supporting with care calls. One relative told us, "The two owners are hands on."
- People and relatives told us that they generally received their calls on time and that if the carers were running late, they would call ahead to let them know.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with, felt people were safe. A relative told us, "Even when I'm not here, I feel comfortable knowing they [Wellbeing Care Solutions] are looking after [person]."
- Staff knew how to recognise potential abuse and protect people from it and described the actions they would take where people were at risk of harm. A staff member said, "I would report to the manager and if they did not take any action, I would report to a social worker or CQC."
- Whilst there had been no accidents or incidents recorded at the service since it opened, the care manager was aware of the importance of recording and investigating such events.

Using medicines safely

- People's medicines were managed safely. Medication administration records (MARS) we observed were completed accurately. One relative told us, "There are no problems."
- The provider had a medication policy in place to guide staff on how to support people safely with medicines.

Preventing and controlling infection

- The provider had an infection control policy and staff told us how they followed good infection control practices to prevent the spread of infection. People we spoke with confirmed this; one relative said, "They bring gloves and aprons regularly and put them on every time."
- PPE (personal protective equipment) was readily available to staff.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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 found the service was not consistently working with the principles of the MCA as they had not provided any training around the MCA for their staff. However, staff we spoke with did have some understanding of the MCA from training they had completed with previous employers. One staff member told us, "The MCA is about providing care in people's best interest and the least restrictive way." People at the service had capacity meaning this had not impacted on people.

Staff support: induction, training, skills and experience

- Staff who did not have any previous care experience completed the Care Certificate when they commenced work. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. However, where staff had previous experience in care, the provider had sometimes relied on training carried out by previous employers instead of carrying out their own training to ensure staff had the correct level of competency and working in line with their company policy.
- Staff had not received training in people's specific health conditions, for example, diabetes. This was discussed with the registered manager who confirmed she would ensure she would source appropriate training to ensure staff were competent to support people's individual needs.
- Staff completed an induction programme and shadowed experienced staff before commencing work.
- All staff were given opportunities to review their individual work and development needs.
- Staff had received supervisions with their manager.

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

- There were basic oral health care assessments in place for people, however, these required further

information to give staff more guidance on how to fully support people with their oral health care.

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed and this was evidenced in records we saw.

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

- The provider carried out an assessment so they could be sure they could support people safely and how they wanted.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

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

- People were supported to eat a healthy diet and staff knew people's individual dietary requirements.

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 and their relatives told us they were supported by kind and caring staff. One person told us, "I can honestly say, I wouldn't swap them for the world. One relative said, "We can have a laugh and a joke with the carers. They make it the best experience it can be because we get on so well."
- We found people's equality and diversity needs were respected and staff had completed equality and diversity questionnaires.
- Staff told us they enjoyed working at Wellbeing Care Solutions. One staff member said, "I really love to work with them [Wellbeing Care Solutions]."

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

- People and their families were involved in care planning and their views and wishes were respected and this was documented in people's files.
- Staff told us how they supported people to make decisions for themselves. For example, one carer explained how she would always ask the person what they would like to wear after having a wash.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "They [Wellbeing Care Solutions] are really, really good, kind, caring and gentle. They take time to talk to [person] and make them smile a little bit." A staff member told us, "If I am washing the bottom half, I will cover with a towel. Dignity is key."
- People were encouraged to maintain their independence. One staff member told us how one person had lost the use of one of their arms and they encouraged the person to use their good arm to support the other one and maintain their mobility.

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 organisation and delivery.

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. People were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care. Staff knew people's individual needs.

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.

- People were asked about their preferred communication method during the initial assessment and this was clearly recorded in their care plans. The registered manager told us how people could be offered alternative forms of documentation, for example, whether they needed documents printed in large text, if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There had been no complaints since the service opened. One person told us, "No problems whatsoever, I can't fault them."
- Staff told us they felt comfortable to raise any concerns with the registered manager.

End of life care and support

- There was no-one receiving end of life support during the inspection.

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 service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's oversight and audits to monitor the quality of the service were not effective. For example, they had not identified where some risk assessments were lacking in detail to guide staff on how to support people safely. They had not identified where risk assessments had not been implemented for people's specific needs, for example, around diabetes. We found staff understood key risks to people, however, documentation was not always in place.
- There were no risk assessments in place to record any risks about the environment staff were working in. The registered manager told us she did check the environment to ensure it was safe for people and staff and had made referrals to the local fire service when needed but had not recorded this clearly to provide guidance to staff.
- The provider's oversight had not identified where staff had not received training by the provider to ensure staff competency and had sometimes relied on training carried out by previous employers. For example, staff had not received training in the Mental Capacity Act, however, staff we spoke with did have an understanding of the Act.
- The provider told us in information they had provided prior to the inspection, that they completed spot checks on staff to ensure their competency, however, these had not been recorded. The registered manager and the nominated individual were, however, currently working closely with staff to complete people's care calls and had knowledge of staff capabilities. A staff member told us, "When I started working alone the manager came and assessed me. She checked if I was doing everything right and she gave me feedback."
- The provider's oversight and gap in knowledge had not identified where one staff member's DBS check had not been completed and they had relied on an old DBS from a previous employer. This was discussed with the registered manager during the inspection and the importance of obtaining a new DBS or using a DBS that is transferrable to ensure only suitable staff were employed.

The provider's failure to ensure that effective systems were in place was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

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

- People and their relatives spoke positively about the service. One person said, "I think it [Wellbeing Care Solutions] is a good system, 10 out of 10." A relative stated, "It is an absolutely outstanding service. I couldn't recommend them enough"

- People and their relatives told us there was good communication between them. One person said, "I speak to the manager regularly."
- Staff told us the registered manager was approachable. One staff member said, "I feel very supported, I am happy, I am learning every day."

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 registered manager was open and honest during the inspection about where the service needed to improve, for example, where risk assessments required more detail to guide staff.

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

- Feedback forms were used to gain people's views of the service. Feedback we saw was very positive. One relative said, "[Name of registered manager] was always very polite, professional and sensitive to [person's] needs and met them to the best of her ability."
- People and relatives we spoke with, told us how they had regular contact with the registered manager and nominated individual. One person said, "If there is something bothering me, the beauty of it is, we can talk and they listen to me."

Continuous learning and improving care

- The registered manager told us they would arrange for staff to receive specialised training, for example, around diabetes to ensure staff had the correct level of skills and knowledge to meet people's needs.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance and auditing systems were not effective and further improvement was needed to ensure that they were consistently effective in ensuring people consistently received safe care and treatment.