Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Workwise Healthcare Limited

Workwise Healthcare Limited, 21 Woodhouse Road, Mansfield, NG18 2AF

Tel: 01623642853

Date of Inspection: 28 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Workwise Healthcare Limited
Registered Manager	Mrs. Edwina Creed
Overview of the service	Workwise Healthcare Limited is located in Mansfield Nottinghamshire and provides personal care and support to people in their own homes. On the day of our inspection 176 people were in receipt of a service.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2013, talked with people who use the service and talked with carers and / or family members. We reviewed information sent to us by commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Prior to our inspection we reviewed all the information we had received about and from the provider. We spoke on the telephone with 17 people who received personal care in their homes to determine their views on the quality of the service. We also spoke with four relatives or representatives of people who used the agency. We spoke with the registered manager, the managing director, two directors and three care workers. We also looked at service information and care plans.

Consent had been given by people to their care and support which we found met their needs. People told us they were asked for their views and wishes about the care and support they wanted.

People received the support they needed to take their medication safely. A care worker said, "I would never give someone medication without knowing what it was for. If I didn't know I would find out."

The care workers we spoke with felt they were supported by the agency to fulfil their roles and had received sufficient training. A person who used the service said of the care workers, "Brilliant girls –excellent, pleasant personalities, trustworthy, respectful."

We saw the provider had internal quality, monitoring and audit systems in place. We saw the complaints procedure and the compliments received in the last 12 months.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes. People we spoke with said they had been asked for their consent to care and support. They told us they had been asked for their views and wishes and that they felt these were respected.

The majority of people we spoke with said they had signed their care plan when their needs were first assessed. Some people were not sure whether their care plans had been updated. One person we spoke with who used the agency told us their care plan had only been updated once in about 8 years and this had been done recently at their request. However one relative said that their family member's care plan had been changed when their needs had changed.

In the care plans we looked at we saw that there was a care/support plan consent form which people who used the agency had signed to show they were in agreement with the care package. These were also signed and dated by the member of staff from the agency who had compiled the care plan.

This form also had a section for completion when the person who used the agency had been assessed as not having mental capacity and the care plan had been compiled in their best interests.

The Mental Capacity Act 2005 (MCA) is legislation used to protect people who might not be able to make informed decisions on their own about the care they received.

As well as the consent form we saw records of two stage capacity assessments which showed how decisions had been made in the best interests of people who lacked capacity. This demonstrated that the provider had acted in accordance with legal requirements.

The director told us staff received training on the Mental Capacity Act and records viewed

confirmed what we were told. The care workers we spoke with showed a good understanding of the Mental Capacity Act legislation and best interest decisions. They described how they gained consent from people who used the agency on a daily basis. One care worker said, "I never do anything for someone without asking first and I always give people choices, it is important to promote independence as much as possible." Another said, I always ask people if it is ok to help them with their medication, I would never just give it to them."

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we looked at the records for 8 people who used the agency. We found that, following the initial assessment of people's needs, a comprehensive care plan had been compiled. We saw 3 different styles of care plan. The director told us one of these was a new format which they had recently introduced. This was informative, well organised and easy to follow.

The plans documented the areas the person required support with such as personal care or medication. There was information which was person centred within the care plans we looked at, which identified what was important to people as an individual. We also found records that contained risk assessments to identify any internal and external environmental risk factors within people's homes. We saw that systems were in place for reviewing and auditing the care plans on a regular basis. This meant the agency had taken steps to identify the changing needs of people.

Care staff we spoke with said the care plans gave them necessary and relevant information to provide the care and support that people required in their own homes. One care worker told us that although they had read the care plan, they still regularly asked the people they supported if they wanted anything doing differently. A key worker told us they were responsible for reviewing people's needs, and that care workers informed them of any changes so care plans could be kept up to date as people's needs changed.

We asked people who used the agency what their views were on the care they received. One person said, "The girls wrap me in a warmed towel after a shower – that makes such a difference." Another said, "They sometimes bring me cake and have a little natter." Another person we spoke with told us how the night before her care worker had forgotten to roll her trousers down. She described how there was a knock on the door much later as the care worker had realised she had forgotten and came back. This demonstrated that the agency was caring and responsive to people's needs.

The majority of people told us that calls were usually reasonably on time. Four people said that they were informed by the office or carer if they were going to be late and four people told us they were not informed. Of the people we spoke with two of them told us

that they had calls which had been missed.

Approximately half of the people we asked about continuity of care workers told us that they usually had the same workers. The provider may wish to note there were some concerns raised about lack of continuity and the fact that the agency office did not always inform or consult the clients about changes.

There were arrangements in place to deal with foreseeable emergencies. We saw that the provider had a business continuity plan in place and the director told us what the systems and procedures were for emergencies and out of hours support.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Where someone needed assistance with taking their medication there was a care plan that had been agreed with the person, which authorised care workers to support or administer a person with their medication.

We saw that the provider had a detailed 'Assistance with medication' policy and the care plans we looked at informed care workers what support was required with medication where relevant.

We looked at medicine administration records (known as MAR sheets). We saw these records had been completed correctly. We also saw records which showed that the MAR sheets had been audited by the registered manager and any issues raised as a result had been acted upon.

Most of the people who used the agency that we spoke with managed their own medication. Those who received assistance with their medication expressed no concerns in this area. They told us they felt care workers were competent and reliable and supported them in the way they needed.

There were arrangements in place to ensure medicines were safely administered. We saw there was guidance provided on when and how care workers should administer medication. In care files each appointment time identified whether the person required any assistance with prompting or administering medication during that visit.

The care workers we spoke with told us they had received training in the safe handling and administration of medication. One care worker told us, "I would never give someone medication without knowing what it was for. If I didn't know I would find out."

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard.

Reasons for our judgement

We spoke with people who used the agency about the care workers. Most people thought that staff were sufficiently trained although one person felt that some care workers needed more training. One person told us they thought the care workers did not get enough support from the staff in the office.

Comments about the care workers included, "Brilliant girls –excellent, pleasant personalities, trustworthy, respectful." Another said, "A lovely set of girls, like me daughters. Quite satisfied."

We spoke with the director who told us that all new staff completed an induction programme based on common induction standards. We spoke with a recently employed care worker who told us that during the induction process they had completed some initial training, shadowed other care workers and had signed to confirm they had read the company's policies and procedures. They told us that training covered areas including health and safety, medication administration, food hygiene, safeguarding vulnerable adults and moving and handling.

Care workers we spoke with told us they had regular training sessions. One care worker said, "The training is fantastic, I cannot fault it. I've never had training like this before."

We looked at three staff files. We saw records of direct observation of care workers performing their duties in people's homes, supervision and appraisal meetings. An appraisal is an evaluation of a member of staff's performance and is usually provided annually by the provider. A care worker we spoke with told us that they felt the supervision meetings were useful and gave them the opportunity to discuss client's needs, training or any other issues.

We looked at records of staff meetings. We saw that the minutes reflected the issues which had been discussed such as time sheets, the supervision system and any issues which related to people who used the agency.

The care workers we spoke with told us they were provided with a uniform, aprons and

gloves. They also told us they felt supported by the provider with any training requirements and staff were able to obtain further relevant qualifications. For example one care worker we spoke with told us that she had asked to do further training in dementia. The director us that a number of care workers had obtained or were working towards nationally recognised qualifications in health and social care. This was a national vocational qualification (known as NVQ).

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

We found that the agency had an auditing process in place to ensure that care plans and risk assessments were reviewed on a regular basis. We found that the key workers performed auditing procedures in people's homes, such as direct observations of care workers to ensure staff were competent and were delivering the care package as detailed in people's care plans.

People who used the agency were asked for their views about the service they received, as part of the company's internal assessment processes and monitoring systems. We asked the director if they had sent a questionnaire or survey to people in the last year. We saw that a summary of responses to a questionnaire had been compiled in March 2013.

The analysis of the survey concluded that 90% of people who used the agency and responded to the questionnaire were happy with the standard of care and service provided. Comments included, "Carers do a good job but sometimes could do with more support from office staff." When commenting on their family member's care, a relative said, "(Name) is very happy and satisfied with the care he receives."

When we spoke with people and asked them if they had been asked to give feedback about their experience of their care and support, most people could not recall being asked for feedback. Others said they had received a questionnaire. One person told us they felt it was pointless responding as previous contact with the agency office had been unsatisfactory and felt it would change nothing. They said, "You shouldn't need to tell them." Another person who used the agency with whom we spoke was of the opinion that if the office had not received complaints they would assume all was well so there should be no need to ask for feedback.

We looked at the complaints policy and procedure and viewed complaints received in the last 12 months. We saw that these had been dealt with in accordance with the provider's complaint procedure. We also saw that lessons had been learned from some complaints and changes made as a result.

The majority of people we spoke with confirmed they knew how to make a complaint. One person told us they had made a complaint about a care worker and this was acted on as they did not come again. However another person told us they would not complain because they were not satisfied with responses from the office.

We found that two recorded incidents included in the complaints records should have had a statutory notification completed and sent to the Care Quality Commission. The provider may wish to note that the registered manager has a statutory duty to notify the Care Quality Commission about certain events in a timely manner in accordance with the Care Quality Commission (Registration) Regulations 2009. We discussed this with the director who said they would ensure this was done in the future.

The director told us how they had used a Health and Safety audit to improve safety. Recommendations had been made in the audit relating to falls in snow and icy conditions. As a result the agency had produced a leaflet which gave staff extra guidance on how to maintain safety in these conditions.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk