

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

Wrightcare

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ 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	Wrightcare
Registered Manager	Mrs. Brenda Wright
Overview of the service	<p>Wrightcare is a domiciliary care agency that provides care and support to people in their own homes. The agency operates out of an office in Carlisle and covers an area to the east of the city.</p> <p>The agency provides personal care for predominantly older people with various needs including dementia.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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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 announced 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 1 October 2013 and 3 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

This was the first inspection since this agency had been registered with the Care Quality Commission. We found that the providers had worked hard to put in place all the policies, procedures and systems required to provide care to older people in their own homes.

People told us they were happy with the care provided and said, "I know all the girls that come to help me and I couldn't manage without them". Family members also told us they were happy with the way Wrightcare operated. They said, "It makes such a difference when the same girls visit and my relative is so much more relaxed because of it".

We saw that people's care and support needs had been assessed prior to the service starting and from this assessment a personal plan of care had been put in place. Risk assessments were relevant and up to date and ensured people supported by and working for Wrightcare were kept safe.

Staff training was in place and all the staff had been recruited safely with all the required legal checks in place before they started work.

Quality monitoring audits were completed to ensure people received a level of care and support appropriate to their assessed needs.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

This was the first inspection of this service and we measured this outcome by talking to the manager and members of the staff team to check how much they involved people in the support the agency provided. We spoke to people who received care and support and their relatives, looked at care records and spoke with staff to establish if people were involved in the planning of their care.

The manager confirmed that when the agency received a request to provide care and support an initial meeting was arranged with the person who was to receive the care and members of their family. Sometimes the social worker attended too. During this meeting an assessment of needs was completed to ensure that the agency was able to provide the support required to meet the assessed needs. A risk assessment of the person's home was also completed to ensure people receiving care and staff providing care were kept safe. Times and length of visits were discussed and when the manager was sure there was sufficient staff to provide the support required a date for the first visit was confirmed.

The agency provided a guide for people to read that outlined what was provided also for those people not supported by social services a contract was drawn up. We were able to see copies of this when we visited people in their own homes. They were also advised of the scale of charges of the cost of care and support.

During our inspection we spoke to the manager and members of the staff team and they all confirmed that they involved the people they supported as much as possible. This was also confirmed by relatives we were able to speak to. Comments included,

"The staff care for relative very well and they are more relaxed because the same team of carers visit".

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

Our judgement

The provider was meeting this standard.

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Reasons for our judgement

During our inspection visit to this service, we looked at a sample of four care records, which belonged to people who used this service. We saw that people's care and support needs had been assessed prior to the service starting and from this assessment the plan of care had been put in place.

People's care plans provided staff with information about the level of care and support each person needed. We noted that people had been involved with the development of their care plans and, where necessary, people's relatives and social workers had also been involved. Care plans identified the areas that people needed help with and the things they could manage to do for themselves independently.

Each person also had a daily log completed by the staff member who visited them which recorded what they had done with or for the person and any changes in the person's health or welfare. We were able to visit people who received support from Wrightcare in their own homes and read the care documents that were held there. These were well written and provided detailed information for each member of staff when they visited. Relatives we spoke to told us they were also able to write in the care documents if they had anything they wanted the staff to be aware of.

We saw that risk assessments had been carried out to ensure people were safe receiving care from and working for the agency. The needs assessments, care plans and risk assessments had been reviewed regularly and any changes in the care needs were discussed with the manager and social worker if this was appropriate.

As this agency had only been operating a short time the staff team was only small and relatives told us how much they appreciated having the same team of carers supporting their family members. They said, "It makes such a difference when my [relative] knows who is coming and this has been the case since day one".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we met and spoke to the staff who worked for Wrightcare they showed a good understanding of the need to protect vulnerable adults. They were aware of their role and responsibility to report any concerns they may have and said they would tell the manager immediately. They knew the signs and symptoms to look for particularly when people had limited communication skills.

Staff had all completed training in protection of vulnerable people. Those who had already completed their qualification in health and social care said this subject had been covered in their course.

We spoke to one person who used this service and they confirmed that they "always felt safe with the staff" when they were in their home. Relatives also told us they never had any worries about the staff that provided care and support but if ever they did they would not hesitate to contact the manager.

The care Quality Commission (CQC) had not received any concerns regarding the protection of vulnerable people nor have we received any referrals from social services.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff who had been appropriately and safely recruited.

Reasons for our judgement

At the time of our inspection Wrightcare was providing support to six people by a staff team of five support workers plus the managers. We saw evidence that the provider had policies and procedures in place that ensured people were recruited safely and that all staff had a contract of employment.

We looked at four of the staff personnel files and could see that there was a sound structure in place for the recruitment and selection of staff. This included completing an application form, attending for interview, giving the names of two referees, including their current employer, to confirm their experience and suitability for the job. The staff confirmed that, although they knew the providers when they applied for their jobs, the recruitment procedure was clear and in line with the policies the agency had in place.

The provider also applied to the Disclosure and Barring Service (DBS). This checked the applicant was a suitable person to work with vulnerable people. The DBS has recently replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The provider had set up their DBA checking system with an external company to complete the legal checks on their behalf.

All staff had completed an induction programme and had worked with the managers until they felt confident and comfortable with their role and responsibility of caring for vulnerable people.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

As this was the first inspection of this service we discussed with the managers the deployment of staff and the system used for ensuring there was sufficient staff to provide the care to people the agency supported.

At the time of our visit the agency provided care to seven people with a total staff team of seven support workers some of whom worked part time hours and others full time hours. Because the staff team was small it meant that the people who used the agency were supported by at least one of the same carers at each visit many of which were 'two staff' calls

Relatives said, "It makes such a difference when the same girls visit and my relative is so much more relaxed because of it".

During our visit we spoke to four members of staff and asked them what it was like to work for Wrightcare. All of them said it was a good place to work. "I had a good induction programme and shadowed a more experienced member of staff until the managers and I thought I was able to work by myself".

Other staff said, "It is nice to work for a small agency as you really get to know the people you support".

When we looked at the rosters we saw that the manager had ensured that staff visits were situated in areas that did not involve long journeys between calls.

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 people who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

The service had systems in place to support staff to be suitably skilled to meet people's needs. Staff we spoke to told us they had good access to training to help them carry out their work. The service had an induction programme in place which explained all the key policies and provided training on safeguarding, manual handling, food hygiene, equality and diversity, medication and infection control.

The service had a system of supervision in place which gave staff opportunities to discuss their work and professional development. The manager told us that, in future annual appraisals to monitor performance and support staff in their roles and responsibilities would be introduced. Supervisions were part of the service's regular spot checks of care which were carried out in people's homes. We saw documentation used for staff supervision and spot checks which were detailed and covered areas such as completing documentation, observation of care, medication and food hygiene. This showed that the service was managing and supporting staff to provide care safely.

Weekly staff meetings occurred to discuss any concerns staff may have had and to review the dependency needs of people using the service. The managers and staff told us that these were an important part of their job and were invaluable especially when staff first started to work at Wrightcare.

Any staff that had not already completed their health and social care qualification were working towards National Vocational Qualification (NVQ) level two and the managers had both started NVQ level five.

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 in place to assess and monitor the quality of service that people received.

Reasons for our judgement

Staff completed a daily log after each visit to a person receiving a service. The manager told us that these records were collected regularly and checked by members of the management team. This ensured that the service was being provided as stated in the person's care plan.

Spot checks were made by the managers to ensure people were receiving their care and support in the way they wanted it. Part of the quality audit system included questionnaires to be completed by people who used this service or their relatives.

As this agency was small the providers, one of whom was the registered manager, were part of the staff team providing the care and support. They confirmed that this also gave them the opportunity to ask people for their views about the staff and how they were being cared for. Relatives told us they had no problems contacting the manager at any time and that, "lines of communication were excellent".

The agency had used an external company to provide a full set of policies and procedures including a system of regular 'updates' that ensured the agency remained up to date with current legislation.

Risk assessments were in place and reviewed at the same time as the care plans unless there were changes to a service user's condition that needed a reassessment.

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.

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