

# Review of compliance

Wisdom Health Care Limited Wisdom Healthcare Limited	
<b>Region:</b>	West Midlands
<b>Location address:</b>	49 St Pauls Crescent St Pauls Crescent Walsall West Midlands WS3 4ET
<b>Type of service:</b>	Domiciliary care service Supported living service
<b>Date of Publication:</b>	May 2012
<b>Overview of the service:</b>	Wisdom Healthcare Ltd is a domicilliary care agency.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Wisdom Healthcare Limited was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review to check whether Wisdom Healthcare Limited had taken action in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 17 April 2012, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

Wisdom healthcare has provided care since November 2011. We spoke to one person receiving care and four relatives of people who use the service due to their limited communication skills. All of the relatives and the person we spoke to were happy with the service provided and were complementary about the staff. One relative said, "the staff are kind and incredibly patient." Another relative said, "they are nice girls, very friendly." People's plans of care and assessments have improved since the last inspection. The relatives and person we spoke to said that staff had explained their care records to them and always documented the care on a daily basis. The manager has implemented a quality monitoring system to continually review the quality of service delivered.

### What we found about the standards we reviewed and how well Wisdom Healthcare Limited was meeting them

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

#### **Outcome 16: The service should have quality checking systems to manage risks**

**and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We carried out this review as a follow up to our inspection in January 2012 to see if improvements had been made. We had raised concerns about the lack of assessments and plans of care for people and inadequate quality monitoring systems.

People should all have an individual written care plan which identifies risks to people's health and well being and what people need to meet their needs and preferences as well as information on how to minimise identified risks. We were told that the agency had increased their number of clients to 20 people. We asked to see the records of five of those clients. It was pleasing to see an improvement in the documentation. All of the records we saw contained individualised risk assessments and corresponding care plans to meet people's individual needs. One person and four relatives we spoke to said that their records were kept in their homes and staff had discussed the care plans with them. This meant that staff had clear information to follow to meet people's individual needs. One relative commented how detailed and clear the daily records were. She said she was impressed with the excellent levels of communication between herself and the staff and that she was always kept informed.

All of the relatives and one person we spoke to said that staff were kind and respectful. One relative said, "they are nice girls, very friendly." Another relative said, "they are kind and incredibly patient - they have patience of saints."

Everyone we spoke to said that staff were usually on time and phoned to say if they were going to be late. Two relatives commented that on some occasions staff had not

phoned when they were late. Noone reported any missed calls.

At our previous inspection several relatives expressed that they would like consistency and fewer number of carers. All of the relatives we spoke to said there was now no more than six carers and that the same carers were attending. This meant that staff know people's individual needs and people received a consistent service.

**Other evidence**

No further evidence

**Our judgement**

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

At the previous inspection in January 2012, we raised concerns as to how the manager assured himself of the quality of care delivered by the agency staff they were using. Two relatives had expressed concerns about the inconsistency in knowledge amongst carers. The manager told us that he had since employed more staff and now had 14 of his own staff. He had not needed to use agency staff for the past two months.

The manager showed us training certificates for the mandatory training that staff had received. Staff that we spoke to confirmed that they had received their mandatory training. A team leader we spoke to said that the manager was trying to get her on an NVQ management course and "train the trainer" course. This demonstrates that the management are supportive of developing their staff to meet people's needs.

The manager has set up a system whereby two team leaders are responsible for carrying out spot checks and supervisions on their designated staff members. We saw written documentation that these spot checks had commenced. A recently appointed team leader said she was commencing her supervisions next week and was hoping to complete them within a month. The plan is to do spot checks every month and supervisions every two months. Staff we spoke to confirmed that they had received spot checks. The team leader and the manager also attends visits to provide support to staff and assess with the family or person how well the care package is being delivered. A relative we spoke to confirmed that there is ongoing dialogue between herself and staff about the care package her mother is receiving and she was very happy with the care delivered.

We saw minutes of staff meetings which had taken place every two months. The managers have meetings with their team leaders who then hold meetings with their designated staff. This should help to ensure staff are kept updated of changes and feel supported in their roles. Staff we spoke to said they felt supported by the management.

There was evidence that care plans are being reviewed regularly. They have also developed a finance record where staff are responsible for people's finances. This is kept in people's care plans. Staff we spoke to confirmed that this is now used. This should help to ensure people's personal finances are safeguarded.

The manager proposes to send questionnaires out to people who use their service and their families and commissioners in June, to gain their feedback on the quality of service delivered. However, families are encouraged to feedback to the manager any concerns they have on an ongoing basis. The relatives we spoke to said that the management were receptive to suggestions and had made changes where requested.

**Other evidence**

No further evidence

**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 receive.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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