

Welead Healthcare Services Ltd

# Stockport

## Inspection report

1 Castle Street  
Stockport  
SK3 9AB

Date of inspection visit:  
29 June 2022

Tel: 01614806647

### 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

### About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the agency supported two people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Processes for recruitment need to be more robust to ensure all checks were completed. We have made a recommendation about this. People felt their care was safe and the support was flexible and reliable from the agency. Staff demonstrated a good understanding about safeguarding people from the risk of abuse and training was provided. Staff managed medicines according to national guidelines. Staff followed infection prevention and control guidance and wore appropriate personal protective equipment (PPE) when providing personal care. Staff supported people using positive risk taking, supporting their independence.

The agency had a system and staff to ensure people received support and guidance with their healthcare and nutritional needs. They 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 supported this practice. Staff training was ongoing and comments from staff were positive about access and training courses on offer. Staff we spoke with confirmed this.

People told us staff were kind and patient when in their homes. One person said, "Lovely people, we don't know how I would manage without them." One person told us the management team contacted them to be consulted about the service and make changes where necessary. One person said, "We have only had them for a short time however they have contacted us for our views, and I like that they make changes to suggestions we have." Staff protected people's privacy and dignity and promoted their independence.

No complaints had been received however there was a complaints procedure which was made available to people.

The service at present is small however the management team had recently developed an auditing system which was ongoing to maintain oversight of the service and make improvements where necessary. A senior staff member said, "As we grow our Quality assurance and auditing systems will develop with it." Quality assurance processes ensured people were able to give their views of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The service was registered with us on 01/10/2020 and this is the first inspection.

### Why we inspected

This was a planned first inspection based on their registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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 ●

# Stockport

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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

This is a small service, so we gave them 48 hours' notice of the inspection. This was because 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 information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. In addition, we spoke with three members of staff, the registered manager/provider and a director of the service, we looked at a range of records. This included one person's care records and three staff recruitment files.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

# 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 good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Recruitment procedures were in place however they needed to be more robust to ensure all checks were done prior to employment. For example, a full employment history should be requested to ensure suitable staff were employed. One staff member did confirm the recruitment process they went through was thorough and checks had been obtained prior to starting work.

We recommend the service review their application for employment form to ensure all checks are completed prior to employment. Since the inspection visit the service had implemented the changes in line with the guidance.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Effective safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe in their own homes.
- People we spoke with had no concerns about their safety. One person said, "They have been great and make us feel comfortable and safe."

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

- The registered manager had identified and managed risks to people's safety. People's care records including risks linked to people's home environments and equipment were identified by the provider to keep people safe.
- The registered manager had a system to review incidents to ensure risks were reassessed to prevent reoccurrence where possible and update any actions that were identified. However, none had occurred at the time of the inspection. A member of the management team said, "We have a process to review and do a lesson learnt session should any incidents happen."

### Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible.
- Staff had received medicines training and had their competencies assessed, staff spoken with confirmed this.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors to their office from catching and spreading infections.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



# 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 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

- The registered manager and senior staff carried out assessment of people's needs before agreeing to provide their support and care. People were included in developing their plan of care and tasks required to support them. One person said, "We went through things together and changed things around after a week to suit me, the agency is very good."
- The management team continued referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported staff to ensure people received effective and appropriate care which met their needs.
- Peoples rights were protected. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to provide people's care. One staff member told us training was good and always accessible.
- Staff told us they completed a range of training to give them the skills and knowledge to provide people's support. They said this included induction training, moving and handling and medication. Staff said they felt well supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had the skills to provide support people needed with preparing their meals and drinks should future assessments be made.
- Care plans detailed where people may need support to monitor health needs and where they require support to attend any healthcare appointments and what risks they entailed.
- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

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.

- Staff had an understanding of the MCA and were assured by their knowledge. A staff member confirmed this.

# 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. Respecting and promoting people's privacy, dignity and independence

- People were treated with respect, compassion, patience and kindness from staff. For example. One person said, "We have been with them for a short while but the kindness and patience has been fantastic, lovely staff."
- Staff knew about people's preferences and how best to support them and enable people to be as independent as possible. This was evident when we spoke with people.
  - The service had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs.

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people.
- Where a person may struggle to express their views in words, staff had detailed understanding and know-how of the indicators that alerted them to signs of agitation and unhappiness or other emotions. Policies were in place to support them should the situation arise.

# 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. 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 received personalised care, which met their current and changing needs. Records were written in a person-centred way with the involvement of the person and their relatives.
- Information about people's social hobbies and interests were written in care records. This helped staff get a better understanding of the people they supported. Staff told us they try and match staff to people who might have similar interests. This helped develop relationships and stimulate people who received a service. One person said, "We have the same carers and have things in common which helps."

### 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.

- Records had a communication needs assessment and detailed where people had communication needs and what staff should do to ensure the person understood them.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. No complaints had been received. We asked one person about the process to make a complaint and they were aware of the procedure to follow should the situation arise.
- The registered manager assured us complaints would be taken seriously in accordance with their policy. No formal complaints had been received by the agency.

### End of life care and support

- Where required end of life plans would be put in place and staff would have appropriate training. At present the agency had not supported people on end of life 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Although this was a small service by talking with people, we found a positive culture throughout the agency. It was clear their aim was to provide a high standard of care. One person said, "So far they have been brilliant and set good standards for our family, cannot fault them,"
- Staff told us they felt supported and valued by the management team. One staff said, "We have a good owner and senior staff at the office that support me."
- The registered manager had the skills and knowledge to lead the service well. Comments received confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 management team had introduced auditing systems to maintain ongoing oversight and continued development of the service. The service was small however a member of the management team said, "As we grow our Quality assurance and auditing systems will develop with it."
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished so far.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and their concerns and worries would be investigated.

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

- Systems and processes continued to be developed to ensure people and relatives were consulted. For example, at the moment informal discussions were held with people and their families to be involved and provide feedback of the agency. The registered manager explained more formal approaches such as surveys and regular visits to people would be in place as the agency develops.
- The registered manager had an 'open door' policy, so people could contact them directly to discuss any concerns in confidence.

Working in partnership with others

- Records and discussion demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received support they needed.