

## Wandsworth Borough Council

# Wandsworth Home Care Service

### Inspection report

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### 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?

Requires Improvement 

### Overall summary

The inspection took place on 16 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in. The previous inspection of the service had been on 14 November 2013 and the provider was meeting all of the regulations checked.

Wandsworth Home Care Service provides short term assessment and enablement services to people in their own homes to help them be as independent as possible. The service is for people who have been discharged from hospital or whose health has deteriorated.

# Summary of findings

The service is known to people who use the service as the Short Term Assessment and Reablement Team (START) however they are changing their name to Keep Independent Through Enablement (KITE).

There was no registered manager in post. This was a breach of Regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some of the things people who used the service told us were, "They help you in any way", "This is a very good service" and "I cannot fault them". The majority of people were very happy with the service they had received and felt they had been supported to meet their needs.

One professional told us, "The service is valued by the public". They said they had high expectations and assumptions about the quality of the service because they had consistently delivered high quality care and support.

People using the service were supported to stay safe. The staff had been trained to understand and respond to safeguarding concerns. People had the information they

needed about this and felt the staff helped keep them safe. Risks had been assessed and people had the equipment they needed to stay safe and to support them to move safely around their environment. Staff arrived on time, stayed for the agreed length of time and provided the agreed care.

The staff had the training and support they needed to care for people. They took part in regular meetings with their manager and were employed in sufficient numbers. People using the service felt the staff were suitably skilled and competent.

People felt well cared for and had positive relationships with the staff who supported them. They felt their dignity was respected and told us the staff were kind and caring.

People using the service helped to create their own care plans. They received short term support from the provider to meet specific goals which they had agreed to. The provider worked with other professionals to make sure these needs were reassessed and people received on going care and support from other services if needed after the Wandsworth Home Care service stopped.

Although there was no registered manager in post, the provider had employed someone to manage the service. There were systems to monitor quality and to gain feedback from people who used the service and staff. There were plans to develop the service and these reflected analysis of feedback about how well the service had worked.

# Summary of findings

## 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. The provider had appropriate procedures and policies for safeguarding people and the staff were aware of these.

Risks to people in their environment and connected to the care and support they received had been assessed and were appropriately managed

People were given the support they needed with regards to the medicines they were prescribed.

There were sufficient numbers of staff employed.

Good



### Is the service effective?

The service was effective. The staff were well supported and trained. Their skills and competencies were monitored and they were provided with the information they needed to care for people.

People had consented to their care and treatment and had been involved in planning this care and setting their own goals and objectives.

People were given the support they need to prepare food and drink and people who were at risk of poor nutrition were monitored and appropriate care plans were in place.

The provider worked closely with other professionals to make sure people's health and wellbeing were monitored and they received the services they needed to stay healthy.

Good



### Is the service caring?

The service was caring. People told us the staff were kind and caring, that their privacy and dignity was respected and that staff listened to them.

They were able to contribute their ideas and felt valued and supported.

Good



### Is the service responsive?

The service was responsive. People's needs had been assessed and recorded in care plans. They had individualised goals which helped them to plan things they wanted. People told us they contributed to these goals and the service helped them achieve these.

The provider liaised with other professionals and people using the service to make sure they received continuing care from other agencies if they needed this.

Complaints were listened to and acted upon. We saw evidence of investigations into complaints and how the findings of these investigations had been used to improve practice.

Good



# Summary of findings

## Is the service well-led?

The service was not always well-led. There was a manager employed by the provider but they were not registered with the Care Quality Commission and therefore had not been subject to the checks associated with registration to ensure they were fit to be in day to day charge of the service.

People using the service, other stakeholders and staff felt the service was well managed. They were able to contribute their ideas and felt that systems to monitor and improve the service were sufficient.

The provider had plans to redevelop and improve the service and these plans reflected feedback from stakeholders.

## Requires Improvement



# Wandsworth Home Care Service

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was someone who had personal experience of caring for a person with dementia and had also worked with older people and people who have dementia.

Before our inspection we looked at all the information we held about the service. This included looking at notifications of significant events. We also asked the

provider to complete a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We asked 50 people who used the service, 50 relatives of people who use the service and 28 community professionals to complete surveys about their experiences of the service. 14 people who used the service, two relatives and three community professionals returned completed surveys. We spoke with 15 people who used the service, or their representatives and six members of care staff on the telephone. We also contacted and spoke with two professionals who commission a service.

During the inspection we spoke with two members of staff, the manager and a senior enablement officer. We looked at care records for four people who used the service, including records of the times and dates they had received support. We looked at the records of complaints, the provider's own quality monitoring surveys, records of accidents and incidents and other records relating to quality and service improvements. We also looked at the recruitment, training, appraisal and supervision records for four members of staff.

# Is the service safe?

## Our findings

People told us they felt safe. They said they felt safe with staff and with the service in general. People told us they were given information about the provider and who to contact if they had concerns about their safety.

Before people started using the service the provider assessed risks in their environment and to their health and wellbeing. For example, each person had a mobility risk assessment. Copies of these assessments were kept at people's homes and in the provider's office. We looked at risk assessments for four people who used the service. These were appropriately detailed and indicated how risks could be minimised, for example with the use of equipment to help keep people safe. When people's needs changed assessments had been reviewed. The staff told us they had seen copies of risk assessments for everyone they supported.

Staff told us they had been trained to use any equipment people needed, such as hoists. Two of the senior staff had been trained to assess people for small and basic items of equipment. They told us that if someone identified a need which could be met through additional equipment they carried out an assessment and organised for this.

The aim of the service was to support people for a short term to develop specific skills or meet specific agreed needs and this sometimes meant people were supported to take risks. People told us the staff supported them to do this and to develop their independence. They gave examples of being supported to use the community, the gym and improve their mobility around their own homes. People told us they felt the provider gave them the support they needed to gain confidence in these areas and they felt safe trying new things. One professional told us, "they really do keep people safe and help protect them." They spoke about a specific example where the provider had created a care plan with the person based around keeping them safe and monitoring the person as they tried new things rather than providing physical support and care.

The provider monitored missed and late visits to people. We saw evidence of this. There had been no missed visits in the three months preceding the inspection. Investigations were undertaken when care staff were late or missed a visit to someone. These included an analysis of what went wrong and what could be changed in the future. The

provider had a telephone monitoring system to monitor when staff arrived and left people's homes. These were monitored daily by senior and on call staff who responded to any deviations from the agreed care plans by speaking with the person receiving the service and the staff. People confirmed this and told us the provider contacted them if staff were running late. One person said, "they always ring me if [staff] is not going to be here on time, I do not have any worries, I feel I can trust them." Another person told us, "I can telephone them if I feel something is wrong or want to ask them about my visits."

People's records included information on the visits they had received since they started using the service. We saw that staff generally arrived at the agreed time and stayed for the right length of time. Where staff had not stayed for the full amount of time the reasons for this had been explained in the daily log books and we saw that on these occasions the person using the service felt they did not need the staff to stay longer.

Staff told us they understood about safeguarding people. They said they had received recent training and this was regularly updated. They also told us senior staff discussed safeguarding as part of their individual supervision meetings. We saw evidence of this in four staff files we looked at, where we saw that safeguarding and whistleblowing had been discussed. Staff were able to tell us what they would do if they suspected someone was being abused or at risk of abuse. They told us they would speak with their manager and if necessary report the concerns directly to the safeguarding team.

There was detailed information for people using the service and staff on the provider's safeguarding procedures. Records of safeguarding concerns showed that procedures had been followed and protection plans were created to help keep people safe when there was an allegation of abuse.

There were enough staff employed at the service. People told us they usually had the same regular care workers so these staff got to know their needs. The provider had undertaken checks on people's suitability to work with vulnerable people before they were employed. These included references and criminal record checks and a formal interview. No new staff had been recruited to the service since the last inspection. Many of the staff had worked at the service for a long time. .

## Is the service safe?

People who received support with their medicines told us they were happy with the support they received. One person said, “they remind me what I need to take when” and another person told us, “it was part of my plan to make sure I knew when to take my medicines and the staff helped me with that, now I am much more confident.” They said the staff were appropriately trained and competent. All

the staff had been trained in medicines management and those we spoke with confirmed this. We saw evidence of this and of competency assessments in the four staff files we examined. The staff maintained records of medicines administration and care plans included details about people’s needs with regards to medicines.

# Is the service effective?

## Our findings

People told us they felt the staff had the skills they needed to support them. They said the staff arrived on time and carried out their tasks in a suitable way. One person told us, "The staff are really good, they know what they are doing" and another person said, "They seem to have a lot of training, I have no concerns about them, they are skilled." The staff had all received training in enablement to make sure they understood what this meant and had the skills to support the people using the service to work towards individual goals. The manager told us the staff worked closely with other support agencies to have a greater understanding about people's holistic needs. For example, a local rehabilitation centre had offered training for staff and some of the staff had learnt how to support people with using gym and other equipment. Some of the senior staff had been trained by Occupational Therapists to assess and supply people with small equipment items. This meant that if a specific need was identified for a person, most of the time the service could assess this and make sure the right equipment was in place without having to refer the person for outside support. All the staff had received regular training in manual handling techniques and some of the senior staff were manual handling assessors. This meant they could train and assess staff using new equipment or when they were supporting a new person.

One member of staff told us, "I have all the training I need, and I can ask for additional training if I feel there is an area I would like to know more about." We looked at a sample of staff training records. We found training was up to date and included regular training in enablement, dementia, manual handling, safeguarding, infection control and food hygiene. The staff were also first aid qualified and this training was updated regularly. The staff worked closely with physiotherapists and other professionals to make sure they had up to date information on how to meet individual needs. There were weekly multidisciplinary meetings to make sure information was shared and the staff supporting each individual had the skills they needed to do so.

Staff told us they had regular opportunities for training. They said they were well supported and had the information they needed to do their jobs. One person told us information was texted or emailed to them directly so they knew anything they needed to know about the people they were caring for, the organisation and their job. Another

member of staff said, "I always feel confident that I know what I am supposed to be doing and how to do it." The staff had regular individual meetings with their manager. We saw evidence of quality monitoring checks which took place whilst they were supporting people and appraisal meetings. Specific training needs and individual development were discussed at these meetings. The staff told us they felt there were good systems of support and told us they could speak with a manager at any time. One member of staff said, "We are very well supported, and I have regular meetings with my manager." An out of office hours on call system was available to offer support and the staff told us they used this when they needed.

People had consented to their care and treatment. One of the criteria for receiving a service from Wandsworth Home Care was the person using the service needed to engage and agree goals which they would work towards. Therefore people without capacity to consent or who did not consent to their care and treatment were not considered eligible for the service. People told us they were happy with and had the information they needed to make decision about their care.

The staff had been trained to understand about capacity and the Mental Capacity Act 2005. They were able to describe how they would monitor people's capacity to make decisions and the procedures they would follow to alert the manager if someone's capacity to make decisions deteriorated.

The provider was not responsible for supplying food and drinks for people who used the service, although some people received support to prepare meals and drinks. Two people we spoke with told us this was the case. They said the staff did this "very well". We saw that initial assessments included information about people who were at risk from poor nutrition. The provider told us that when people had been assessed as at risk of poor nutrition, support with this was included as part of their care plan and this was monitored.

The provider worked closely with other professionals to ensure a consistent approach to meeting people's health needs. The manager told us they took part in weekly multidisciplinary team meetings to review people's needs. We saw evidence of this in people's care records. Different



## Is the service effective?

healthcare professionals had access to computerised care notes so they could share information. We saw that this had been used by the provider and other professionals to monitor people's health and wellbeing.

The staff told us they knew what they would do if someone became unwell or their needs changed. They explained

how they would speak with the person, their representatives and senior staff so that the appropriate healthcare could be provided. We saw evidence of this in care records where a change in someone's health had been reported and acted upon.

# Is the service caring?

## Our findings

People told us the service was caring. Some of the things they said were, “They were absolutely wonderful. They were kind caring and very polite”, “All the carers are lovely”, “They talked to me and took an interest in me”, “They would help you in any way. They made phone calls for me”, “They were very good people”, “They understood my needs.” People told us the care workers were kind and treated them with respect.

The staff told us they enjoyed supporting people and getting to know them. One member of staff said, “I love my job, it gives me such satisfaction helping people.” Another member of staff told us, “I am part of making things better for each person I support and that is really important.” They said they enjoyed getting to know individuals. One member of staff said, “It’s a bit sad when we say goodbye to each person as we have got to know them at a time when they needed us, but it’s really rewarding to see them achieve their goals.”

The care records we examined showed that staff monitored people’s wellbeing and contentment and recorded this. There was evidence that staff acted on any concerns about people’s comfort or wellbeing. The senior staff in the office told us they had regular contact with people using the service. People told us the office staff were understanding

and listened to them. One person said, “The staff in the office are always there to listen and if I have any problems in the evening or weekends there is a phone number and I can call someone.”

People who used the service had been involved in setting their own goals and objectives for the support they received. Some of the things they said were, “They [the provider] visited me and we talked about what I wanted during the time they were with me, they wrote it all down and that is what the care staff do”, “I feel very able to express my views about what I want, they listen to me” and “they understood what I wanted and always asked me if I was happy with the help they gave me.”

We looked at a selection of the provider’s own feedback forms completed by people who had used the service. They confirmed that people thought staff were caring, kind and helpful. People felt their privacy and dignity had been appropriately maintained and they felt the service had enabled them to achieve the things they wanted.

The provider told us they worked alongside another local agency to provide specialist support for people whose first language was not English or who had expressed a wish for carers from the same cultural background.

The provider was part of the Dignity Champion - Dignity in Care Campaign and Dementia Friend - An Alzheimer’s Society Initiative. Staff were given information and training about these areas and expected to follow specific guidance to ensure people’s dignity was respected.

# Is the service responsive?

## Our findings

One professional told us the service worked with them to develop shared goals to help promote independence and support people. They said, “They try to do so much more than just keeping people clean.” People told us they received a service which was individual to them. One person said, “They really understood my needs” and another person told us, “Yes, I think I did receive a personalised service, they helped me plan goals which were important to me and then the staff worked with me to improve my mobility and confidence.” People told us they were supported to be independent.

The provider met with people to carry out an assessment of their needs before they started using the service. We saw copies of these and they were reflected in care plans. Everyone had a care plan which outlined their needs and how the service would meet these. These were clear and individualised. The daily notes recorded by staff showed that care plans were followed. The provider told us they discussed everyone who used the service at weekly multidisciplinary team meetings, making referrals to other

health care professionals where needed. We saw evidence of this and how the service had responded to changes in people’s needs. For example as people regained skills or developed new needs. The provider told us that if someone’s enablement plan was not working they looked at alternative care provision with the commissioners of the service. One commissioner confirmed this. They told us, “Sometimes what we planned does not work out and [the provider] tells us what care they feel the person needs, we work together to make sure we get it right for the person.”

People told us they were able to make complaints and these were listened to. One person said, “I had a few niggles and they sorted them out for me.” We looked at records of recent complaints. These included thorough investigations and feedback to the complainant. There was evidence the service had learnt from and taken action following complaints. This action included retraining staff, reviewing procedures and changing people’s care plans. We saw evidence of discussion with staff following complaints to make sure the staff were aware of changes they needed to make to their practice.

# Is the service well-led?

## Our findings

There was no registered manager in post at the time of this inspection and there had been no registered manager in post since April 2013. It is a condition of the provider's registration with the Care Quality Commission that there is a registered manager in day to day charge of the service.

This was a breach of Regulation 6 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

The provider employed a manager who oversaw the day to day operations of the service. This person was due to leave the service shortly after the inspection. The provider told us they were employing a new manager who would apply for registration with CQC.

One professional told us the service was well-led and managed. They said the manager was "excellent" and told us how he was open minded and willing to look at things from different perspectives. They said the organisation had "well-led objectives which translated to all levels of staff with everyone working together to enable people". Another professional told us that they worked closely with the service and felt there was good joint working.

Staff told us the service had a positive culture. They said they knew about changes and service developments and were able to contribute their views. One member of staff said, "They listen to me, if I have a problem I tell them and I feel they listen and act on it." Another member of staff told us, there is good information, they text us, they talk to us and they ask us what we think." The staff told us the service was well managed and they respected their manager. One member of staff said, "He is a good manager, he knows what it is like to do the job and he understands what it is like for us." Another member of staff told us, "I do not have a problem with the way the service is managed, [senior staff] listen to me and what they tell me is sensible."

The London Borough of Wandsworth had reviewed the service and created a plan to develop it further. The manager told us this plan reflected an analysis of what worked well and what needed to be changed. The service worked closely with other local authority departments and we saw evidence of this joint working. Staff had been invited to consultation events and workshops to discuss the development of the service. A new structure, new job roles and more emphasis on enablement for people who used the service were due to start in early 2015. We saw evidence of consultation and a plan to develop the business. This had clearly defined and measurable goals for the future of the service.

The provider asked people who used the service to complete surveys about their experience when the service ended for them. We saw a sample of these and they were all positive. However, the provider had not analysed the results of these surveys and they were filed in a way which made it difficult to track when the comments had been received.

The provider carried out at least two unannounced checks on each member of staff each year in people's homes. These checks included talking to people using the service about the care staff and their competency. They also included direct observation of their work.

The provider monitored the time of arrival and departure for all visits. Senior staff made sure people received visits at the correct time and for the correct length of time. We saw evidence of this.

Each person's needs were assessed at the beginning and end of their time with the service. This helped the provider to monitor how successful their support with enablement had been. People were asked for their feedback on the service. Commissioners who we spoke with told us the service was largely successful with people achieving their individual objectives.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers</p> <p>The provider did not have a manager in post who had been registered by the Care Quality Commission as required by the conditions of the provider's registration. Regulation 6</p>