

Mr & Mrs S Wortley

# Wisteria Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Wisteria Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service supported 96 people. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

We received mixed feedback about people's communication with the office. Most people spoke positively about how they were kept informed of changes. However, some people expressed frustration from contacting the office and not always getting a timely response. The registered manager had brought in a new system to help resolve this issue.

People were protected from the risk of cross infection as staff had been trained in infection control practice and procedures including effective hand hygiene techniques and wearing of all required personal protective equipment (PPE) in line with government recommendations. One person said, "They are brilliant at all that." Staff were supported to self-isolate where required. One person commented, "During this pandemic, I don't know what I would have done without them."

People were supported by staff who had received safeguarding training and understood how to keep them safe from harm or abuse. People's individual risks were assessed, and the service worked with people to manage and review these. The service had a robust recruitment and selection process that helped reduce the risk of unsuitable staff supporting people.

People and staff were given the opportunity to feedback through annual questionnaires and monthly reviews. Feedback was analysed and used to improve the service. Various audits were undertaken to ensure service quality was maintained.

The registered manager actively encouraged and supported staff professional development. This helped ensure that staff remained motivated and people were supported by knowledgeable staff in accordance with best practice guidance.

There was an open and supportive culture at the service. Staff told us they got on well and supported each other. They felt supported by the registered manager and owner. One staff member told us, "Of all the care companies I've worked they are the best."

The service had established positive working relationships with system partners such as district nurses, social workers, GP surgeries and local authorities. This was helping people to stay well for longer and enabling timely discharge home for people after hospital stays.

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 last rating for this service was good (published 16 May 2018).

#### Why we inspected

We received concerns in relation to infection prevention and control (IPC). As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wisteria Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Wisteria Care

## 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.

#### Inspection team

The inspection was carried out by an 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.

#### 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 9 March 2021 and ended on 11 March 2021. We visited the office location on 9 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and office staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly work with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were assured with the service's IPC practices and procedures. On occasions where people had tested Covid-19 positive, staff were informed in a timely way and supported to access testing and self-isolate in line with government recommendations.
- The service supplied staff with weekly Covid-19 test kits which they were using as required.
- Staff were trained in IPC. They told us they had a plentiful supply of PPE such as disposable aprons, masks and gloves. Supplies were held in people's homes. Regular spot checks had shown staff used this equipment appropriately when supporting people.

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

- People felt safe and were supported by staff who understood how to keep them safe from harm or abuse. Staff explained how they would raise any concerns internally or externally if they felt action was not being taken. One person told us, "I feel very safe with the carers."
- The service used internet mapping software to determine projected travel times for care staff between visits. Staff knew to speak with the management should they need more travel time due to circumstances such as adverse weather or road works.
- Staff told us they usually had a regular run of visits. A staff member told us, "They try to keep you going to the same clients." This meant, wherever possible, people had support from staff who were familiar with their needs and preferences.

### Assessing risk, safety monitoring and management

- People had individual risk assessments to help reduce risks in their lives including mobility, nutrition, skin integrity, home environment or medicines errors. Relatives comments included, "The carers are very aware of [name of person's] needs, and it's a relief to know [name of person] is being looked after well" and, "On one occasion, I did get a call from the carer to tell me that [name of person] had had a fall and the carer had called the ambulance and was on [their] way to hospital. The carer was really lovely, and I was pleased to get the call so quickly."
- The service had a lone working policy and required care workers to log in and out during visits using a phone application. Staff punctuality was monitored alongside visit duration.
- Missed calls were a rare occurrence. People told us, "They've never missed an appointment – they always turn up", "No, never a missed call – we're generally OK with the timings", "If they are going to be late, they phone me and tell me that they're on the way" and, "I've never been missed – there is always somebody coming."
- Health and social care professionals expressed confidence in the service people received. Two

professionals commented, "They've been brilliant. I did a review for a [person] this morning. [The person] said they couldn't have been any more helpful. I definitely feel they keep [the person] safe. They have gone above and beyond" and, "Some staff are very good and receptive. Where some staff have been less so I've highlighted it to the management and things changed. They were receptive."

- Where spot checks identified practice issues timely action was taken to ensure quality of care was maintained. This included additional training, supportive supervision and disciplinary meetings.

#### Staffing and recruitment

- There were enough staff to support the number of people they visited.
- The service had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. These included verified references from previous employers and criminal record background checks.

#### Using medicines safely

- People received their medicines on time and with support from staff with the relevant training.
- Staff competency was regularly checked to ensure safe practice.
- People's medicines records were complete and legible. The registered manager advised us they were moving to electronic care records by the end of March 2021. The service planned to inform people and their relatives of this change.

#### Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. These were reviewed by the registered manager to determine the root cause and any action required to reduce the chance of a reoccurrence. Learning was shared with staff.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received mixed feedback about people's experience of communication with the office. Comments included, "Whenever I phone the office, they are ever so nice and they sort things out", "We get very little feedback – when we call the office, there's no follow through", "I can't fault them – they always ask me if things are alright", "We couldn't ask for anything better – very responsive." We raised this with the registered manager. They advised us they had recently introduced a ticketed system to note calls and facilitate a timelier response. The registered manager said they would also review people's preferred means of contact.
- People and staff were given the opportunity to feedback through annual questionnaires and monthly reviews. Feedback was analysed and used to improve the service. For example, when staff had expressed dissatisfaction with travel times and rotas, geographical runs were introduced to reduce unnecessary travel. Where people had advised of a need for longer visits the service had contacted the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was an open and supportive culture at the service with staff telling us they got on well with each other and enjoyed working for Wisteria Care. Staff comments included "I think we have a good team. We go to each other for support. It is a friendly culture", "It's a lovely little company", "I like working for them", "There is a professional culture here. If something needs addressing it's done" and, "I think it's well led. Of all the care companies I've worked they are the best."
- The registered manager was described as being approachable and supportive. Staff were especially complimentary about how the registered manager had helped them with reasonable adjustments when required. Staff commented, "If I'm not sure of anything I can speak with [name of registered manager]", "[Name of registered manager] has said [their] door is always open" and, "I absolutely feel supported in my role. One of the reasons I returned to Wisteria Care was [name of registered manager]. I felt we could work well together." One person told us, "We know [name of registered manager], she seems very professional."
- Communication between the management and care staff had improved in response to feedback from the annual questionnaire. There was regular communication with care staff including via a daily email from the registered manager which included updates on people's needs, encouraging staff to get people's feedback and to pass on compliments to staff.
- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to "apologise, be transparent and hold [your] hands up if we did something wrong, working out what to do to

fix things, follow up, show people they have been listened to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated a good understanding of their role and responsibilities including when they needed to notify CQC, the local authority safeguarding team or the police of certain events or incidents such as the alleged abuse or death of a person.
- Staff were valued and rewarded. They received praise and recognition from management when they had performed well. The registered manager had bought staff gifts during the pandemic to thank them for their hard work.

Continuous learning and improving care; Working in partnership with others

- Auditing took place and included medicines charts, care records, early, late and missed visits, training and accident/incidents. Where issues were identified, actions plans were put in place with timescales identified for these to be resolved.
- The management of the service supported professional development. Staff and records confirmed this. Staff were encouraged to discuss their learning needs and career aspirations in supervision and appraisals. One staff member said, "They are always wanting people to progress like when we have appraisals, they always ask about my training needs and any support required." The registered manager expressed, "Whatever piques the interest of staff I support them to do."
- The registered manager said they felt supported by the owner. They commented, "[They have] always been at the end of the phone when I want [them]. [Name of owner] has backed me 100% from the first day I started here." Another staff member told us, "[Name of owner] interacts with all the staff which is wonderful."
- The service understood the importance of creating and sustaining close and positive relationships with other parts of the health and social care system. The service had partnered with two local authorities to support timely discharge of people from hospital and assessment in a more suitable environment.