

Unendoro Limited

Vancouver House

Inspection report

111 Hagley Road
Birmingham
West Midlands
B16 8LB

Tel: 01214525047

Website: www.wisteriacare.org.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 September 2016. This was an announced inspection.

The provider registered with us in November 2014. This was their first inspection since they have been registered with us.

Vancouver House, also known as Wisteria Care, provides a domiciliary care service to people living in their own homes. At the time of our inspection, 21 people were receiving the regulated activity, personal care, from the provider.

There was a registered manager in post at the time of our visit. 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 2008 and associated Regulations about how the service is run.

The service was not always safe or well led because the provider had not always ensured that they had followed safe recruitment practices and risk assessments and care plans were not always consistent in providing significant information to staff. The provider had not always implemented effective quality assurance practices to identify the shortfalls found during the inspection and information that they were legally obliged to tell us had not been sent.

People were protected from the risk of abuse and avoidable harm as staff were aware of the processes they needed to follow. People were supported by enough members of staff who knew them well enough to ensure their needs were met. We also found that people received their prescribed medicines as required.

The service was responsive because care was planned in a person centred way that took in to consideration people's individual care needs.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed. People were also supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were friendly, caring and supportive. People received the care they wanted based on their personal preferences and likes and dislikes because staff took the time to get to know people well. People were also cared for by staff who respected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

People received care and support with their consent, where possible and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People and their relatives felt involved in the planning and review of their care because staff communicated with them in ways they could understand. People were also encouraged to offer feedback on the quality of the service and knew how to complain.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had not always followed safe recruitment practices.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had received adequate training and have the knowledge and skills they required to do their job confidently.

People received care and support with their consent, where possible, and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

People received care and support to maintain a healthy diet and had food that they enjoyed.

People were supported to maintain good health because they were supported to access health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were friendly, caring and supportive.

People received the care they wanted based on their personal

preferences and dislikes because staff were dedicated and committed to getting to know people.

People were cared for by staff who respected their privacy and dignity

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good ●

The service was responsive.

Care was planned in a person-centred way that reflected people's individual care needs and health related risks.

People and their relatives felt involved in the planning and review of their care

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, these had not identified the shortfalls found during the inspection.

The provider was not always meeting the registration requirements of CQC because information that the provider was legally obliged to tell us, had not been sent.

Everyone we spoke with were consistently positive about the registered manager and most staff felt supported in their work.

Vancouver House

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 was planned to check 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.

This was an announced inspection. We gave the provider 48 hours' notice to let them know we would be visiting the service, because we needed to ensure someone would be available at the office. The inspection took place on 28 September 2016 and was conducted by one inspector.

Sometimes before an inspection we ask the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. A PIR request had not been sent to the provider on this occasion.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also received feedback from the local authority with their views about the service provided to people by the provider.

During our inspection, we visited the office location and spoke with the registered manager and one of the Directors. We also reviewed the care records of three people, to see how their care was planned and recorded. We also looked at training records for all of the staff that worked for the provider and at three staff files to look at recruitment and supervision processes. In addition, we looked at records which supported the provider to monitor the quality and management of the service, including feedback surveys, compliments and complaints as well as the policies and procedures for the service.

After the site visit, we conducted telephone interviews and spoke with three people who used the service and three two to see what they thought of the care and support they received. We also spoke with five members of staff including the registered manager, a Director and three care staff.

Is the service safe?

Our findings

People we spoke with told us they thought there was always enough staff available to meet people's needs. One person told us, "They always turn up and they are always on time". Another person said, "They always stay the full amount of time and longer if they have to, it's never rushed". A relative we spoke with told us, "She [person] has one carer most of the time who is absolutely brilliant, but sometimes, mainly at weekends, they [provider] have been using temporary staff who haven't been as good, but [person] understands". Staff we spoke with confirmed that it was difficult to cover all of the visits and that people had complained about the amount of temporary staff being deployed because the quality of care that people were receiving had not been consistent. One member of staff told us, "It can be hard, and some of us feel 'burnt out' because we are so busy and we don't like to rush people, but I am worried that the quality of care we are providing will be affected soon because it's not a realistic expectation". The Director told us that it had been difficult during the summer months to cover staff holidays and weekends but they are actively recruiting at the moment. People we spoke with did not report having experienced late or missed calls, but people did report a notable difference in the quality of care they received due to the increased use of temporary staff.

Staff we spoke with told us that they had completed an application form, an interview, a police check and had provided references and proof of identification as part of the provider's recruitment process. The Director told us that they used a recruitment agency to recruit staff and we saw that they had a recruitment policy and procedure in place. However, records we looked at showed that the provider was not always adhering to their recruitment policy and therefore were not always fulfilling their roles and responsibilities associated with the safe recruitment of staff. We saw that some staff files did not have sufficient references or risk assessments, where required. For example, we saw that one person only had one reference on file and the Director told us that the recruitment agency had failed to provide the additional documents. We looked at the recruitment policy which clearly stated that where only one reference is available, a comprehensive risk assessment justifying the provider's decision to employ the person must be completed. This also applied to people who had a positive Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. A positive DBS is where previous convictions have been disclosed during the person's criminal history check. The Director told us that they had taken steps to ensure that this person was safe to work with people, however these measures had not been recorded and a risk assessment was not completed as per policy. The Director and registered manager assured us that they would follow the policy and procedure more strictly in future.

Staff we spoke with and records we looked at showed that people had risk assessments in their care files that were specific to their individual care needs. We saw that these were reviewed regularly. However, we found that some of the information that related to people's risks and care needs in the provider's initial assessment or in the person centred care plans, had not always been included in their risk assessments. This meant that important information about risks to people may have been missed. Nevertheless, people we spoke with told us that they felt staff knew their care needs and associated risks well. Staff we spoke with told us that they visited the same people regularly, which meant they got to know their individual care needs and any associated risks without having to rely on the records. However, we found that during weekends,

the provider relied heavily on temporary staff and therefore this confirms the importance of consistent and comprehensive care plans and risk assessments, to ensure that staff have the relevant information to provide care to people safely.

Everyone we spoke with told us that they were happy with the care that people received from the provider and they were satisfied that people were safe. One person told us, "They [staff] are great, they make sure I am safe". Another person said, "I feel very safe with them [staff], they are very helpful you know". A third person said, "They treat me very well". A relative we spoke with told us that the staff were 'exceptional' and another relative said, "The care is fantastic, it means I don't have to be there [at relatives home] as early as I used to be because I know she is being looked after and is safe".

All of the staff we spoke with felt that the provider promoted the safety of people. Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training, which covers what we need to do if we suspect someone is at risk; we would report it to the office straight away and document it". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that where a safeguarding concern had been raised, this had been reported appropriately and fully investigated by the relevant authorities.

Staff we spoke with knew what action they needed to take in an emergency. One member of staff told us, "I have a lot of experience so I am confident I know what I would do in an emergency, for example if I found someone on the floor, I would check whether they were responsive and then follow the necessary procedures, call for help, check airway etc. If they were conscious I would make them as comfortable as possible without moving them too much and call for an ambulance to check them over for any injuries". Records we looked at showed that staff received emergency first aid training and they were confident that they had the knowledge to know how to respond in the event of a medical emergency.

Some of the people we spoke with told us that staff supported them to take their medication and we found that staff had received training on the safe administration and management of medicines. One member of staff said, "Some people just need reminding to take their tablets because they forget and other people need us to assist them a bit more; we always write on the chart (Medication Administration Chart) when we have given someone their tablets".

Is the service effective?

Our findings

People we spoke with felt that staff had the skills they required to care for them safely and effectively. One person said, "They definitely know what they are doing; they are very good". Another person told us, "Most definitely skilled, they know exactly what they are doing". A relative we spoke with said, "They are very skilled, they are brilliant".

Most of the staff we spoke with told us that they received adequate training and support to ensure they had the knowledge and skills they required to care for people safely. One member of staff said, "I had a good induction with training and shadowing; I definitely felt ready and confident to work on my own". Another member of staff told us, "We have training which is good". We found that new staff learned the practical skills through a two week shadowing programme whereby they spent time observing and working with more experienced staff. However, some members of staff felt that more practical based training would be beneficial. They said, "We do a lot of paper and e-learning but we never get any practical hands-on training like manual handling or first aid, I think that is what is missing". We fed this back to the registered manager and Director at the time of our inspection for them to consider in the future.

The registered manager told us and records we looked at showed that all of the staff received on-going training and supervision to make sure they keep up to date with the training that they require to do their jobs effectively. They also told us that they carried out observations and spot checks on staff performance to ensure care was delivered to a high standard and as required. Staff we spoke with who had been working for the provider for a longer period of time, confirmed that they received regular training updates and felt that they were supported by the provider to maintain and update their knowledge and skills. We saw that records of staff training were kept within each staff members' personal file, which were up to date and reviewed during supervision. The provider also kept a record of annual refresher training to ensure all staff were kept up to date.

We were told and records showed us that the provider offered regular supervision to staff and that most staff felt supported in their jobs. One member of staff told us, "I feel very supported; [Director's name] and [Registered Manager's name] are very supportive with everything. They have been supportive about my religion and some of my preferences around that as well as other personal issues; it's very good". Another member of staff said, "I get the support I need, supervision is every one to two months and team meetings, any problems and I can just talk to him [Director]".

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We always give people choices".

Another member of staff said, "One person I care for has Alzheimer's disease, but she can still tell me what she wants and needs; if I or she has difficulty understanding, I can speak with her son and between us we work it out; we all work together".

The MCA (2005) also requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and to notify the local authority, who will in turn submit an application to a 'supervisory body' (Court of Protection) for the authority to deprive of a person's of their liberty in order to keep them safe, for example. The provider was able to articulate their understanding of the legislation relating to the deprivation of liberty and was aware of their responsibilities within a community service. They told us that they are not currently providing care to anyone who is being unlawfully restricted and therefore no applications had been made to date, but they were aware of the process that they would need to follow if this was required in the future.

Some of the people we spoke with told us that they received support from staff with their dietary needs. One person said, "They [staff] help me with anything I need, was dress, meals..." We saw that people had care plans relating to their dietary needs which included information about their likes, dislikes and preferences as well as any specific requirements relating to their health conditions. For example, we saw that some people required a soft diet or nutritionally rich supplement drinks. Staff we spoke with were able to tell us about people's dietary needs and their food preferences. One member of staff told us about a person's allergies and how they needed to be careful when supporting them with their meals. They said, "We have to check the labels on foods carefully".

We found that people were supported to maintain good health because the provider liaised with external health and social care professionals to ensure that people's physical and mental health needs were met. Records we looked at showed that the provider had liaised with social workers, occupational therapists, and GP's to ensure people received the care and support they required. The registered manager told us, "In one instance we noticed that a person's memory was deteriorating so we supported them to access the memory assessment service".

Is the service caring?

Our findings

Everyone we spoke with were consistently positive about the caring approach of the service and the individual staff members. One person we spoke with said, "I can't praise them [staff] enough, they are lovely". They went on to say, "They always do what I need them to do and they never rush, they are very helpful". Another person said, "They [staff] are great, brilliant, very caring and will do anything for you". A relative we spoke with told us, "They [staff] are just fantastic! They go above and beyond, you know they do what they need to do and if they have time left, they will do extra things as well, they go the extra mile, they really are exceptional". Another relative said, "They [staff] are superb! They cheer her [person] up no end, make a right fuss of her, they put her lipstick on for her which she loves, always happy and smiling. [person] really looks forward to seeing them". A member of staff we spoke with told us how important it was to them to make a difference to people's lives. They said, "I love my job, I need to care for people, I love making a difference; I like to build relationships with people, not just rush in and rush out, every person matters to me. Some people don't see anyone other than me, so I make time for them, make them smile, I like to know they are happy before I leave".

Relatives we spoke with told us that this kind and caring approach extended to their contact with the staff too and that they had also felt supported by the care staff. One relative told us, "It is such a help having them and they are so kind, caring and approachable. I can go to any of them at any time about anything. I have [Director's name] mobile number, so I can just call or text them; nothing is ever too much trouble; I feel supported too".

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. They said, "We see the same people so we get to know people really well and their families". Another member of staff said, "We always talk to people to get to know them more but what I like is that if you are going to see someone for the first time, their care plans are so informative, we can read all about them so we can start conversations".

Everyone we spoke with told us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One person said, "They [staff] are very respectful and do what I need". Another person said, "I see the same girl [staff] most of the time so they know me well, but they always check if there is anything else I'd like". We saw that people were encouraged to offer their feedback on the service they were receiving and to make any suggestions or changes to their care.

Everyone we spoke with told us that staff supported them to remain as independent as possible and they received the help they needed, when they needed it, in the way they wanted it. One person said, "I can do a lot for myself, I am doing well at the moment so they only do what I need them to". Staff we spoke with told us of how they supported people to maintain their everyday skills as much as possible. One member of staff said, "We are very good at promoting people's independence and developing their skills; this is the only care agency I have ever worked where people have 'recovered' and developed their skills so much that they

no longer need us! It's brilliant!" Records we looked at showed that the provider had made referrals to social services to get people's care packages reduced because they had developed their skills and regained their independence and no longer needed as much support.

We found that people were treated with dignity and respect. One person said, "They help me shower and dress, but they are very conscious of my privacy". Another person told us, "They are very good (with regards to protecting the person's privacy)". One member of staff said, "We are as discrete as possible, we get to know people well and talk through it which puts people at ease".

Is the service responsive?

Our findings

Everyone we spoke with and records showed people and/or their representatives were consulted about their care; this ensured that people received the care they needed in the way they wanted it. One person we spoke with said, "They call me to see how things are going". A relative we spoke with said, "We had a fella [Director] come out to do a review". Another relative told us that the provider had been very responsive to their loved ones changing needs. They said, "They have been very good whenever anything has needed changing and [person's name] review is due soon, they always call us to book an appointment that is convenient for me too". We saw that staff had spoken to people about the service and engaged in conversations about whether they were happy or if they wanted anything in their care plans to be changed, which were then updated.

We found that the provider often asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. We saw questionnaires that the provider had sent out and that people had returned with their feedback. The provider had started to analyse the information to enable them to identify areas of development and we saw that they had started to implement changes in response to people's feedback. For example, the Director told us that based on the feedback they had received they had recognised that not all of the paperwork was relevant to everyone and that they were adapting their processes to ensure that every aspect of the service was person-centred.

During our inspection, we saw that the provider had a complaints procedure in place and the registered manager was aware of their roles and responsibilities in managing complaints. The registered manager told us that they facilitated all of the initial assessments with people and a part of this was making sure people and their representatives were aware of how to contact the management team and raise a complaint if necessary. Everyone we spoke with told us that they knew how to complain and were confident that any issues would be dealt with quickly and effectively. One person said, "I am very happy and have never had any reason to complain, but all of the information I need is in the book". Another person told us, "I haven't complained as such, I have called them to raise an issue and things have been dealt with very quickly". The registered manager told us that there were no outstanding complaints at the time of our inspection and we saw that where complaints had been made, these had been dealt with efficiently and appropriately.

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of registration. There was a registered manager in post at the time of our visit. Information we hold about the service showed us that the registered manager was not always meeting the registration requirements of CQC because information that the provider was legally obliged to tell us, had not been sent. This included information about the deaths of service users or safeguarding notifications. However, we found that the provider was working collaboratively with other external agencies, such as social services.

It was evident from speaking with the provider, staff and with people who use the services, as well as from the records we looked at, that the provider had some quality monitoring systems in place, such as quality assurance surveys, complaints processes and care reviews. However, we found that there was a general lack of formal and recorded quality assurance practices within the service such as auditing systems of care files, staff files, medicine administration and accidents and incidents, for example. We also found that the provider's record keeping systems were disorganised and they had difficulty locating some of the information that we asked for during the inspection; some information was not available at all. We found that the provider had not always identified the shortfalls highlighted during this inspection, such as the issues related to staff files. We fed this back to the registered manager and the Director at the time of our inspection and they acknowledged that this was an area for improvement.

We saw that there was a clear leadership structure within the service which had developed a mostly supportive, open and transparent leadership culture. People we spoke with told us that the registered manager and the Director were 'supportive' and 'approachable'. One person we spoke with said, "They [management staff] have always been very helpful; they are good at getting things sorted". A relative told us that they found the management team to be accessible at all times. Staff we spoke with told us that the registered manager had been consistently supportive. However, some staff members told us that they often felt that the provider had an unrealistic expectation of staff. One member of staff said, "It [service] has the potential to be brilliant but I think they expect too much of us; they expect us to do supervision or team meetings during our breaks that are unpaid hours and it feels disorganised at times". They said, "We are listened to but it seems nothing ever comes of it because [Director] can't make a decision or organise anything; he seems to get very stressed and this shows sometimes, it can be unprofessional". However, they went on to tell us that the management team are responsive to feedback and that they can be open and honest with them. We fed this back to the registered manager and the Director at the time of our inspection.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to, including CQC. One member of staff told us, "We have a whistleblowing policy; we know we can raise concerns with [registered manager] or [Director] or CQC". The registered manager told us that they were confident that staff would feel comfortable to raise any concerns with them but they also ensured that all staff were aware of the whistle-blowing policy that was in place. Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and records we looked at showed us how they reflected this within their practice, for example in their response to complaints.