

Wandle Healthcare Services Limited

# Wandle Healthcare Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

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 and specialist housing. At the time 27 older people, or those with dementia were using the service.

### People's experience of using this service

People and relatives raised some concerns were raised about the timeliness of call attendance. We have made a recommendation in relation to monitoring and improving lateness communications.

Risk assessments were clear in detailing people's care needs and how staff needed to support people safely. Staff were safely recruited to ensure they were safe to work with people. Infection control measures were in place when supporting people. Medicines were safely managed and records were accurate.

People were supported with their nutritional needs and supported to access healthcare professionals when they needed to. Staff received regular training, supervision and appraisal to support them in their roles. People 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 knew how to care for people well, and people appreciated the attendance of regular care staff. Steps were taken to ensure people's privacy and dignity were respected.

Care records were personalised in detailing how people preferred to receive their care. People were supported to be independent where they were able to be. Complaints and concerns were appropriately responded to.

The management team took steps to support staff in their roles, and respond to client needs as they arose. Quality assurance systems had improved to ensure regular checks of care quality were carried out.

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 requires improvement (published 14 March 2019) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

Requires Improvement 

### 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 

# Wandle Healthcare Services

## 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 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 48 hours' notice of the inspection. This was because it is a small service and 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the administrator. We spoke with seven people and six relatives. We reviewed four people's care records and looked at four staff files. We also looked at a range of other

documents in relation to the management of the service, including incident records and quality assurance documents.

#### After the inspection

We spoke with three support workers. We also reviewed information the registered manager sent us, including policies, the training matrix and call rosters. The provider also sent us additional evidence in relation to views received from people and relatives.

# 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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure risk assessments guided staff on how to support people safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

### Assessing risk, safety monitoring and management

- People's risk assessments were detailed in guiding staff as to how to support people safely. This included hoist guidance for moving and handling or how staff needed to help people to mobilise.
- Severity and likelihood of the risk occurring were assessed as part of the risk management process so risk management plans could be tailored accordingly. Risk assessments also detailed the steps staff needed to take to mitigate the likelihood of the risk occurring.
- Environmental and premises risks were assessed to ensure staff were able to support people to be safe in their own homes.

### Staffing and recruitment

- People and relatives reported that staff were not always on time to their visits, or that the office did not always contact them if they were running late. Furthermore, we were also informed that some staff did not always wear their uniform.
- We reviewed copies of the last two weeks rosters and did not find evidence to substantiate that staff did not have enough time between calls. Rosters showed that journey times had been accommodate to allow staff suitable travel time. The registered manager had developed an action plan in November 2019 to improve the timeliness of call attendance. In light of the above, we recommend the provider continue to review their call allocation communications.
- Records showed that some improvements were needed to ensure that staff supplied their full employment history. We raised this with the registered manager who took action to obtain this information from the current staff team. We were satisfied with the provider's response.
- Staff were subject to regular Disclosure and Barring Service Checks. This check supports providers to make safe recruitment decisions. The provider ensured staff had suitable references in place prior to commencing their roles.

### Using medicines safely

- At our last inspection medicines records were not always accurately completed to demonstrate staff

administered people's medicines at the times that they needed them.

- Records showed that medicines administration had been accurately recorded and that these records were complete.
- People's care records informed staff of the medicines people were prescribed, whether they had any allergies and how they should be supported to take them.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise potential signs of abuse, as well as how to report any allegations. They knew of the importance of highlighting concerns to management in a timely manner, as well as contacting external agencies where necessary.
- Records showed that there had not been any safeguarding concerns raised since our last inspection.

Preventing and controlling infection

- Staff were provided with suitable protective equipment to support people such as gloves and aprons. They understood the importance of practising good hand hygiene between care tasks.

Learning lessons when things go wrong

- Incidents and accidents were investigated in a timely manner, and to ensure that future potential risks were mitigated.
- Where incidents occurred, lessons learnt were shared with the staff team to prevent their reoccurrence. This was often via team meetings or one to one communications.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were assessed prior to them commencing the service. Where appropriate this included an assessment from the local authority.
- Records showed that best practice guidelines were followed, such as use of body maps to report injury or address skin integrity.

Staff support: induction, training, skills and experience

- People received regular training to support them in their roles. Records showed that staff were up to date in the providers training requirements.
- Staff that we spoke to expressed that they were knowledgeable in providing care to people. They were satisfied with the training they received and told us this was refreshed regularly.
- Prior to commencing work with the service staff received a full induction, including shadowing to ensure they could care for people independently. Staff also told us they received regular one to one supervision with management, and records showed that they were appraised annually.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected their dietary requirements. People and relatives told us, "Water and juice are always refreshed and left in a spill proof cup so that [person] can help herself and then they make a hot drink when they are here" and "We prepare things together – I quite like that."
- Care plans reflected people's food likes and dislikes so that staff were able to meet their preferences. Where people needed support with eating, or a specialised diet records guided staff as to how best to support them.

Supporting people to live healthier lives, access healthcare services and support ; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals. Records showed that the provider liaised with the ambulance service, district nurses and pharmacists where necessary.
- One staff member told us how they supported one person when the doctor visited; acting as a communication support so that they could express their needs.

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

The Mental Capacity Act 2005 (MCA) 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.

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.

We checked whether the service was working within the principles of the MCA.

- Staff understood their responsibilities in relation to the MCA. Comments included, "My understanding is a client is to be assumed to have capacity unless established that they don't. When decisions are made for them it should be in their best interest" and "It's important you don't make their [people's] decisions without their permission."
- Care records reflected whether people were able to make their own decisions in relation to their care needs.

# 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.

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 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

- Some of the people we spoke to reported that some staff conversed with each other in their own language, and that they found this disrespectful. We raised this with the registered manager who told us they would remove staff with a shared additional language from providing care to the same person. Furthermore, they will address this through supervisions and staff briefings. We will review their progress at our next inspection.
- Care records detailed whether people wished to practice a faith of their choosing. One person's care plan detailed how they wished for care staff to support them in following their faith every week.
- People and relatives told us they were well cared for. Their comments included, "[Staff member] is fantastic. [Person] always look fresh, is calmer and cared for when she has been. She is the most compassionate of the people that come and we have fed that back to the agency. She communicates with me well and is always so reassuring. She is uplifting for us all" and "They are very gentle and kind and I introduce them to anyone that comes as they are part of my life and they don't mind and always chat to my friends."

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

- Staff told us of the importance of ensuring people were supported to make choices about the care they received. This included, for example, the clothes they wish to wear each day and meals they wanted to eat.
- Care records showed people's preferences in their needs, and detailed specifics as to how they like to be washed or their bedtime routines. Records had been signed by the person or those that were important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people's privacy and dignity. Comments in relation to personal care included, "We close the curtains. You cover, you put a towel over them" and "If supervising with toileting, make sure the doors are closed."
- People were supported to carry out day to day tasks independently where possible. A staff member said, "I would prompt them to do it [task] independently, so they can do things for themselves. I would like her to do it by herself, e.g. she likes to drink by herself, I would pass her the cup and encourage her to place it to her lips. Some of them [people] lose confidence but prompt and help them to take a few steps, to gain their confidence."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- At our last inspection we found that care was not always personalised to meet the needs of people using the service. At this inspection we found that this had improved.
- Care records demonstrated that people were consulted on their care needs and wishes. One person had a clear care plan for each part of their daily routine, and this guided staff as to how to deliver care that met their preferences.

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.

- People's communication needs were clear within the care plans. Where people's verbal communication was limited there was clear guidance as to how staff should interact with them to ensure they were understood.
- The provider had measures in place to provide large print documents should people require them.

Improving care quality in response to complaints or concerns

- Records showed that complaints or concerns raised were appropriately responded to.
- The complaints policy was accessible to people, with staff telling us they were able to escalate people's concerns as they were raised.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure people's care records were up to date and care quality audits were not effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- Quality audit systems had improved. The provider now had a system to ensure that a proportion of care plans were routinely checked for content and to ensure they were up to date. Clear action plans were then implemented where additional improvements were identified.
- Incidents, accidents and complaints were also routinely analysed. This supported the learning of lessons, where any trends or patterns were identified.
- The provider had recently updated their electronic records system; therefore most care plans were in the process of being updated and reviewed as part of this system transfer. This system highlighted when reviews were due to ensure the provider was able to manage these in a timely manner.

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

- Staff felt well supported by management. Comments included, "Oh yes they are approachable, she's [registered manager's] always active and will send a message if busy that she will get back to you" and "It's good for me to speak to her, whenever I have a problem she will sort it and look to resolve it as soon as possible, and when we call about a client. Our manager is very good and kind."
- Regular team meetings were held in order to share best practice and discuss developments across the service.

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 provider understood the duty of candour and took steps to apologise when necessary. This included responses to complaints and concerns.
- Where we identified issues at the time of inspection the registered manager was prompt in taking action to provide additional evidence or take remedial action.

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

- Views of people were sought through quality assurance questionnaires. Staff were also subject to regular spot checks of their practice, providing an opportunity for the service to engage with people as to the satisfaction of their care. The most recent survey results led to an action plan to improve call time attendance.

Working in partnership with others

- The provider and staff worked alongside other agencies in meeting people's needs. This included commissioners and hospitals in ensuring people's care needs were met at point of referral.

- Staff regularly liaised with community groups individuals were involved in, as well as other healthcare professionals such as district nurses.