

Wisteria Care Agency Ltd

Wisteria Home Care

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?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 11 April 2016 and was carried out by one inspector.

This was our first inspection of this service since it had been registered with us.

The provider is registered to deliver care and support to people in their own homes in the community. Fifteen people received a service on the day of our inspection. People's needs related to old age, health conditions, and/or a physical disability.

The manager was registered with us. They and the provider were present during our inspection. 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.

People and their relatives told us that the service provided to them was safe. Staff had been provided with knowledge to protect people from harm and knew what actions to take in line with safeguarding procedures.

Staff told us they had access to a range of training opportunities to provide them with knowledge and skills to fulfil their role. Staff told us they felt supported and received regular supervision.

Staff had understanding of the principles regarding the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguarding (DoLS) to ensure that people would not be unlawfully restricted.

People told us that staff supported them with the preparation of meals which they enjoyed.

People told us that they were cared for by staff who were kind and caring.

Staff maintained people's privacy and dignity whilst encouraging them to be as independent as possible. People told us they were involved in making decisions about their own care needs.

People and their relatives told us they were involved in the planning of their care. Care plans contained individual information about people's preferences and support needs.

Systems were in place for people to make a complaint. People and their relatives did not have any complaints but if they did they were confident that they would be looked into and dealt with.

People and staff we spoke with spoke positively about the registered manager. The provider actively sought feedback from people and those that mattered to them through questionnaires, home visits and phone

contacts about the quality of the service.

The registered manager undertook regular checks on the quality and safety of the service.

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.

People told us they felt safe, and we found systems and processes were in place to promote people's safety.

Recruitment systems minimised the risk of unsuitable staff being employed to work at the home. There were enough staff to meet the needs of the people who used the service

Risks people presented or were exposed to had been risk assessed, and staff we spoke with were aware of the how to support people in line with these assessments.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained and supervised to ensure they could meet people's needs.

People were supported to maintain good health, and to prepare and eat food and drinks they liked and which met their needs.

Staff had knowledge regarding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) to ensure that they would not unlawfully restrict people who used the service.

Is the service caring?

Good ●

The service was caring.

People described the staff as being kind and caring.

People's dignity and privacy were maintained.

People's independence regarding their daily living activities was promoted.

Is the service responsive?

Good ●

The service was responsive.

People told us that the service provided met their needs.

People's needs and preferences were assessed.

Complaints procedures were in place for people and relatives to voice their concerns if they had the need.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff gave us consistent, positive feedback that confirmed that the service was well-led.

There was a leadership structure in place that people and staff understood.

Systems were in place to monitor the quality of service provided and to ensure that people's needs were met in the way that they wanted them to be.

Wisteria Home Care

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 inspection was carried out by one inspector. It took place on 11 April 2016 and was announced. The provider had a short amount of notice that an inspection would take place. This was because the office of the service may not always open. We needed to ensure that the registered manager or provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at notifications that the provider had sent to us. We tried to contact the local authority to get their view about the service but at the time of writing this report we were awaiting a response.

We spoke with two people who used the service and three relatives. We also spoke with two staff, the registered manager and the provider. We looked at the care files for three people, medication records for three people, recruitment records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes. We also looked at recent provider feedback forms that had been completed by people who used the service and their relatives.

Is the service safe?

Our findings

A person said, "No abuse or rough handling. The staff are very gentle". A relative told us, "Nothing like bad treatment. The staff are kind and good". A second person and other relatives we spoke with also told us that they had not experienced, or were not aware of any treatment or interaction from staff that worried them. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The registered manager told us and records confirmed that they had been worried in the past by a number of people's situations regarding the environment they lived in and their family. Although the staff were not involved in these situations the registered manager had reported the concerns to the local authority safeguarding team. The registered manager had also reported to the local authority when the staff had missed one call and had failed to give one person their medicine. This showed that systems were in place that ensured transparency and that concerns were reported to the local authority team to ensure that people would be prevented from experiencing harm.

A person said, "I feel safe with the staff". A relative told us, "They [their family member] is definitely safe with the staff". Staff we spoke with also confirmed that they felt that people who used the service were kept safe. A staff member told us, "I have no concerns about people's safety. Risks are highlighted in the care plans and our [the staff] procedures and training instruct us what we need to do to ensure people's safety." Staff we spoke with were able to describe a range of activities they completed in people's homes to ensure the premises continued to be safe for people. They also described checks they completed each time they supported people with care, such as checking their skin or mobility for signs of change.

The registered manager told us and records confirmed that they met with each person and their relatives regularly. They checked that the service was still meeting the person's safety needs and undertook new risk assessments to look at ways to reduce the risk of accidents and incidents. We saw that risk assessments were undertaken to determine any risk of uneven flooring or the impact of any clutter that could increase the possibility of falls and injury. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured by for example, hoisting equipment or unsafe moving and handling.

Staff we spoke with gave us a good account of what they would do in emergency situations such as finding a person who used the service was injured. Some staff told us how they had dealt with emergency situations in the past. This demonstrated that staff had acted appropriately to ensure that people got the required emergency medical attention they needed. Records that we looked at confirmed that no accidents or incidents had occurred when staff were supporting people. The staff and provider told us that there had not been any accidents which further confirmed that staff were aware of how to support people safely.

A person said, "I did have one missed call sometime back but that was sorted. The staff always come to me when they should at the right time. Another person told us, "The staff always come to me when they should". A relative said, "The staff come at the right time and stay for the amount of time they should" Other relatives also told us that the support their family members received was reliable. Relatives confirmed that staff were available to undertake their family member's care calls. Staff we spoke with told us that there

were enough staff to meet people's needs and keep them safe. The registered manager told us that some staff had left but they had continued to recruit new staff to ensure that there were adequate staff available. This was evidenced by records that we looked at and staff we spoke with.

A staff member told us, "All my checks were done before I could start work". We checked three staff recruitment records and saw that pre-employment checks had been carried out including the obtaining of references and a check with the Disclosure and Barring Service (DBS) had been undertaken. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. This showed that the provider had processes in place that they followed to ensure that only suitable staff were employed. However, we saw that in one case a staff member had declared on their application that they had a health condition. There was no risk assessment to confirm that they would be safe to work. The registered manager told us that they would rectify this.

People who used the service and their relatives told us that they were happy with the arrangements in place relating to the management of medicines. A person said, "I like to look after my own medicine and I do that". Another person told us, "The staff help me my tablets. They do this properly". Staff who supported people to take their medicines told us that they had received medicine training and we saw certificates to confirm that this was correct. We looked at a number of medicine records and found that all medicines were detailed in one section and that staff were signing in bulk to confirm that they had supported people to take the medicines rather than them signing to confirm that they had supported people to take each individual medicine. The registered manager told us that they would address this.

Is the service effective?

Our findings

A person who used the service told us, "The care is excellent". A relative said, "The service is very good. They [their family member] had care from elsewhere before and it was not good. This one is though". Other relatives we spoke with also told us that they were happy with the service provided. A staff member said, "All of us staff provide a good service to people".

A person said, "I get on well with the staff". A relative said, "They [person's name] have a very good rapport with the staff". The provider and registered manager told us that they had a 'matching process' when new people were to start having care. They told us that they carefully considered which staff member would be the best one in terms of personality and knowledge to ensure that the person's needs would be met.

A person told us, "New staff work with other staff. This helps them to learn". A staff member told us, "I had induction when I started. I went through policies and procedures and introduction to people". The registered manager confirmed that they had introduced the new 'Care Certificate' and that new staff were working towards this. The care certificate is an identified set of standards that care staff should follow to when carrying out their work. Staff files that we looked at held documentary evidence to demonstrate that the induction processes were in place. All staff we spoke with told us that they felt supported on a day to day basis. Staff we spoke with confirmed that they could contact the manager at any time for help, support, or advice.

We looked at three staff files and saw that staff had received some formal supervision sessions. During these sessions the registered manager discussed staff performance with them and their training needs. Records highlighted that if there were work issues these were discussed and monitored. This showed that there were some systems in place to support staff to ensure that they worked as they should.

A person said, "The staff know what they have to do". Relatives we spoke with told us that in their view the staff were adequately trained. A relative told us, "They [their family member] has dementia and the staff have a good knowledge of coping with this". Another relative said, "The staff work well". Staff we spoke with told us that they had received the training that they needed. A staff member said, "I did lots of training. I feel confident and able to do my job". Staff records that we looked at confirmed that they had received a range of training. This helped to ensure that they could support people safely and in the way that they preferred.

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 this is called Deprivation of Liberty Safeguarding (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures where personal care is being provided must be made to the Court of Protection.

A person said, "Every day before the staff do anything they ask my permission". People and relatives told us that staff involved them in day to day decisions about their care and this was also confirmed by relatives who we spoke with. We found by speaking with staff that they had knowledge of the MCA and DoLS. They knew that they should gain people's consent before providing care and support and ensure that it was delivered with people's best interests in mind.

A relative said, "The staff would know if they [person's name] were not well and would call the doctor or tell me". Staff told us that when there was a need they would support people to make doctor appointments and or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Records highlighted and staff told us that the majority of people who used the service lived with or received support from a relative. The registered manager told us that if staff identified that a person was in need of attention from healthcare professionals they would discuss this with the person and/or their relative for them to take action. Records we looked at confirmed this.

A person said, "The staff look in the cupboards and then ask me what I want to eat". A relative said, "The staff make sure that they [person's name] have enough to eat and drink". Records that we looked at confirmed that staff gave people food and drink options and supported them to eat and drink at each care call, to prevent a risk of ill health. Staff certificates that we saw confirmed that the majority of staff had received food hygiene training to ensure that they would prepare meals safely. This ensured people were able to eat food and drinks they enjoyed and which met their needs.

Is the service caring?

Our findings

People and relatives we spoke with told us that the staff were helpful, friendly and caring. A person said, "The staff are kind. I would not swop them for anything. They are really helpful. I love them". A second person told us, "I get on well with all of the staff. They are very nice and kind. Nothing is too much trouble". A relative said, "They are lovely girls [the staff]. They are wonderful and caring". Staff we spoke with told us that they felt that the service people received was very caring". Another relative told us, "I am really pleased with the two workers [the staff]. A staff member told us, "We [the staff] care about the people. We look after people as we would want to be looked after".

A person who used the service told us, "The staff are very polite. They [the staff] ensure my privacy and dignity at all times". A relative said, "The staff show them [person's name] respect at all times". Staff we spoke with told us how they promoted privacy and dignity in everyday practice which included, covering people when providing their personal care.

A person said, "The staff ask me every day how I want my care provided". A relative said, "The staff give them [their family member] choices and they are aware of how they like to be looked after". Another relative told us that their family member were always asked by staff how they wanted to be cared for. They felt that the staff listened and provided the care appropriately. A person told us, "I like to do what I can for myself and the staff encourage that. I am glad about that". A relative said, "They [person's name] are helped by staff to carry out small tasks independently". A staff member told us, "We encourage people to help themselves". A relative said, "The staff encourage them [person's name] to do what they can independently". This highlighted that the provider encouraged people to say how they wanted their care provided and to remain as independent as possible.

Relatives told us that they supported their family members to ensure that they received the care and support that they required in the way that they preferred. We saw that information was available in booklets to inform people of how they could access agencies for independent support [advocacy services] if they wanted this.

Is the service responsive?

Our findings

A person said, "The manager came and assessed what I needed to have done before I had the care". A relative told us, "They [the manager] did an assessment and included me to make sure that they had all of the information they needed to look after them [person's name]". On each care file that we looked at we saw a care plan that had been provided by the local authority that highlighted the person's needs and what care and support they needed. The registered manager said, "We are very strict we like to have all of the information we need before we say we will provide care so that we can ensure that we can meet people's needs".

Records that we looked at had information about people's needs. Staff we spoke with told us people's needs, likes and dislikes regarding their care. They told us that they had access to care plans and were aware of how people preferred to be cared for.

People and the relatives we spoke with confirmed that there were care plans in their or their family member's homes to give the staff instruction on how they should be looked after. This was confirmed by the registered manager. A person said, "My records are here all of the time so that I can look at them. The staff make a record of what they do each time they come to me". We saw that care plans that had been produced highlighted people's needs and how they should be cared for. We saw that people or their relatives had signed to confirm that they agreed with what was written in their care plans and the times of their care calls. We saw that the care plans were reviewed regularly with the involvement of people and their family.

A relative said, "If we need to change the times of their [person's name] calls they [the staff] always accommodate this". The registered manager told us that they provided a service that was flexible and responsive to people's needs and requests.

A person said, "The manager asks me how things are going and I filled out a form [provider feedback form] recently". Other relatives and staff told us that provider feedback forms were used to give them the opportunity to give their views and raise any issues about the service provided. The registered manager and provider both confirmed that they used feedback forms shortly after a person starts to use the service, and then three and six months later. They told us that all other people were asked to complete a provider feedback form at least twice a year. The provider said, "We try very hard to get people's feedback. We want to know what people and their relatives think about the service and ensure that they are happy with what is provided". We saw that feedback from people and their relatives in the completed provider feedback forms was positive and included, "We are more than happy with the care" and, "Happy with the care and quality". This showed that the provider had processes in place to get people's views to ensure that it met their needs in the way that they preferred.

People who used the service and their relatives told us that they were aware of the complaints process. One person said, "I have not got any complaints I am very happy with everything but if I did I would tell the manager". A relative said, "I have not got any complaints but if I did I am confident they would be

addressed". We saw that a written complaints procedure was included in information given to people and their families so that they would know what to do if they were not happy with anything. We found that no complaints had been made.

Is the service well-led?

Our findings

All people and relatives we spoke with told us that the service was good. A person who used the service told us, "I get a very good service". A relative said, "This service is well organised. I have a comparison because we used a different service before. This one is much, much, better". Other relatives we spoke with also told us that this was a good service. Staff we spoke with all told us that the service provided was well organised. The provider told us that running a well-led service of a high quality was important to them. They told us, "We are a small agency but do not want to grow fast. We want enough time at present to make sure that everything is running as it should before we expand". This evidence highlighted that ensuring that the service was well-led and of a good quality was important to the provider.

The provider had a leadership structure that staff understood. A registered manager was in post and the provider had an active role in the running of the service. Our conversations with the registered manager and provider confirmed that they knew all of the people who used the service well. A person said, "The manager is good I feel comfortable to ring them if I need to". Another person said, "The management is good. Approachable and helpful". A relative said, "I feel happy to ring and speak with the manager if I need to". When in the office we heard the registered manager speaking to a number of people who used the service and their relatives by telephone. It was clear that all people were familiar with the registered manager by the conversations we heard. We heard the registered manager asking how people were and showing an interest in them in a polite friendly way.

The provider knew that they must notify us of untoward incidents that included for example, serious injuries and abuse. We had received some notifications from the provider that confirmed they knew what they needed to notify us about. The provider told us, "If issues occur we analyse them and discuss them with the staff to prevent them happening again". We found that the provider took any incidents of concern seriously. Following a missed call staff had been interviewed and actions taken to prevent it happening again. For example, a new process where staff had to confirm to the registered manager that they have received and checked their call rota for the following week had been implemented. A staff meeting had been arranged to discuss issues and ensure that staff understood what they must do.

A person said, "Managers come and see that staff are working properly". Relatives and staff told us that the provider had some monitoring processes in place, these included the spot checking of staff work, audits of records and the use of provider feedback forms and telephone or personal contact from the provider to ask people and their relatives about their experiences regarding the service provided. A staff member said, "We [the staff] are always being spot checked to make sure we work properly. I think it is good". This was confirmed by other staff we spoke with. We saw that a detailed record had been made of each spot check undertaken and where issues were identified these were feedback to staff and re-visited during the next spot check to ensure that improvement had been made. We saw that audits were undertaken of daily notes made by the staff and medicine records. This showed that systems were in place to ensure that the service was operating as it should to benefit the people who used it.

People and relatives told us that they had been given written information about the service that contained

contact telephone numbers in case they needed to ring the service office to speak to a manager. A person said, "I can ring the office and speak to them if I need to". A relative told us, "I have the contact numbers to ring. I have not had any problems contacting the office when I have needed to".

Staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. This was confirmed by our evidence gathering. One staff member said, "We have procedures to follow and I would. I know about whistle blowing and what I need to do if I was concerned about anything". We saw that policies and procedures regarding whistle blowing were available and staff told us that they would follow these if they had a need. This highlighted that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.