

Waincare Limited

Waincare

Inspection report

Lansdowne Building
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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

About the service

Waincare provides personal care support to people in their own home. At the time of our inspection two people were receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received safe, considerate, high quality care. Relatives were complimentary about the staff and the relationships they had built with their family members. They said staff were friendly, polite and provided care in line with their family members wishes and preferences. People and their relatives felt informed and involved in their care. Staff turned up on time and stayed the required length of time.

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.

As and when required, staff supported people with their medicines and their meals. They liaised with healthcare professionals and understood how a person's medical needs impacted on the level of support they required.

Staff had the knowledge and skills to undertake their duties and completed regular training courses to ensure they stayed up to date with best practice guidance. Staff felt well supported and felt able to have open and honest conversations with the registered manager.

The registered manager checked on the quality of care provision through regular spot checks and obtaining feedback from people, their relatives and staff. The registered manager was aware of their CQC registration responsibilities and the duty of candour.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Waincare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

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. At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 23 March 2022 and ended on 29 March 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We reviewed information we held about the provider including statutory notifications received about key events that occurred at the service.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with two people's relatives, a care worker and the registered manager (who also provides hands on care). We reviewed records relating to the care provided, staffing and the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Whilst there had not been any safeguarding concerns raised, staff were aware of how to recognise signs of abuse and how to report any concerns should they arise.
- Staff had received training on safeguarding vulnerable adults and were expected to complete regular refresher training to ensure their knowledge was up to date with current best practice.

Assessing risk, safety monitoring and management

- People received safe care and support. A relative told us they felt their family member was safe with the staff and said, "I trust them explicitly. I trust [the staff] like I would a member of the family."
- Regular risk assessments were undertaken and management plans were in place to minimise any risks to people's health and welfare. These were regularly reviewed to ensure they reflected people's current needs. A relative said, "They always ask questions and they take notice of things. They tell me if they are worried about anything. They are the best carers I've had in years."

Staffing and recruitment

- Safe recruitment practices were in place to ensure people were supported by suitable individuals. This included obtaining references from previous employers, checking staff's identity and eligibility to work in the UK, and undertaking criminal records checks.
- There were sufficient staff to provide people with the level of support they required. Relatives told us their family members were supported by the same staff to enable consistency in care. Staff turned up on time and stayed the required length of time.

Using medicines safely

- Safe medicines management processes were in place. Staff told us they ensured medicines were stored safely and they were aware of what medicines people required and when. All medicines administered were recorded on a medicine administration record (MAR) and this was reviewed by the registered manager during their quality visits.
- People received regular medicines reviews. A relative said, "[Their family member] is going to have a medicine review and [the registered manager] gave her thoughts so I could have a bit more input. She helped explained things."

Preventing and controlling infection

- We were assured that the provider was adhering to infection control procedures and were up to date with government guidance.

- We were assured that the provider was using PPE effectively and safely. A relative said, "They always have gloves, masks and aprons."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

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.

This is the first inspection for this service. This key question has been rated Good. 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 in line with good practice guidance and took account of their needs and choices about how they wished to be supported. The registered manager told us they collated as much information as they could about the person, met the person and their family, and visited their home prior to starting caring for people to ensure they were able to support them safely.

Staff support: induction, training, skills and experience

- People received support from staff that had the knowledge and skills to undertake their duties. Relatives told us they were happy with the staff and felt they had the skills to support their family members safely, including any specialised equipment they used.
- A training programme was in place and staff were up to date with the provider's required training courses to ensure their knowledge and skills were up to date with best practice.
- Staff were well supported and received regular supervision. A staff member said, "The manager is very good with the support she gives us."

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

- Staff supported people with their meals. This included supporting a person who received their meals via a PEG (percutaneous endoscopic gastrostomy) feeding tube.

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

- Staff liaised with medical professionals involved in people's care if they needed any advice or guidance, or if they were concerned about a person's health.

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 MCA 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.

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.

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 supported people in line with the MCA and involved them in decisions about their care. Where people did not have the capacity to make a decision, staff liaised with people who had legal responsibility to make the decision of the person's behalf.
- At the time of our inspection no-one using the service was being deprived of their liberty.

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.

This is the first inspection for this service. This key question has been rated Good. 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

- People were treated well and staff had built friendly, caring relationships with them. A relative told us, "[The staff] are fantastic. They are brilliant. [Their family member] has a good relationship with them...they go above board with their caring." They also said, "I'm very happy with them. I hope they continue forever with [their family member]. They are fantastic. They really do have a great relationship with [their family member] and I think that is key. It's like having carers that are family. They have that compassion."
- Another relative said, "They are absolutely brilliant. The [staff] are lovely. They are polite, respectful. They care for [their family member] really well." They also told us, "[The staff] spends a little bit more time making sure [their family member's] happy and feels pretty."
- Staff were respectful of people's cultural and religious preferences. A staff member told us a person they supported "lit up" when they had a conversation about where they grew up and traditions from that country. Staff provided personal care support that was sensitive to people's cultures and ethnicity.

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

- Staff consulted people and respected their decisions. A relative told us that even if staff felt a person was not making "the right choice" they would discuss this with the person and unless there was a concern about the person's safety, they would respect their decision and provide support in line with that decision.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity when supporting them with their personal care. This included ensuring doors were shut prior to providing support and making sure the person was covered as much as possible whilst supporting them with washing.
- Staff also supported people to maintain their independence. A relative said, "They haven't taken everything away from her. They encourage her to do as much as possible."

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated 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

- People received care that met their individual needs. The care provided was flexible and staff tailored the support to ensure it was delivered in line with people's wishes and preferences.
- People's care needs were regularly reviewed. A relative said, "[The registered manager] is really good. [The registered manager] sometimes picks up on things that I haven't picked up on."
- There were detailed care plans in place outlining what support people required and how this was to be delivered. A staff member told us, "Everything is outlined in the care plan about what to do when we support [the person using the service]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of how people communicated. This included people who used non-verbal communication. A relative confirmed that staff were able to interpret their family member's non-verbal communication and understand what it meant, including signs that the person may be stressed or in pain.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities that were of interest to them. This included taking people to coffee mornings and out to the park.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service started operating. Nevertheless, relatives knew how to make a complaint and felt should they need to make a complaint that these would be listened to and dealt with.

End of life care and support

- At the time of our inspection the service was not supporting anyone who required end of life support.

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.

This is the first inspection for this service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative told us, "[The registered manager's] got the world's biggest heart. She's always calm and caring...there are some aspects that she goes above and beyond that she doesn't need to. It does make a difference."
- People and their relatives were involved in their care. They felt their views were asked for and they were involved in the delivery of the service. They told us the registered manager was open and listened to them.
- Staff told us they also felt listened to and felt they could express their views and opinions, should they feel that any changes were needed. These were acknowledged and acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was aware of their CQC registration requirements, including the requirement to submit statutory notifications about key events should they occur.
- The registered manager was aware of the duty of candour and the importance of being open and honest should mistakes be made.
- The registered manager was involved in the delivery of care and as such this enabled them to consult with people and their relatives and ensure they were happy with the quality of care delivered. The registered manager also undertook spot checks and supervised visits to ensure staff were meeting people's care needs and providing support in line with their wishes.

Continuous learning and improving care

- The registered manager told us they were committed to continuously learn and improve the business. They were hoping to grow the business slowly and had processes in place to support this, whilst ensuring people continued to receive safe, high quality care.

Working in partnership with others

- The registered manager worked with other health and social care professionals to ensure people received high quality, coordinated care. This included working with the local commissioning teams and specialists involved in people's care.

