

Wynter's Care and Support Group Limited

Wynters Care and Support Group Ltd

Inspection report

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Date of inspection visit:
10 April 2019

Date of publication:
09 May 2019

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

About the service:

Wynters Care and Support is registered to provide personal care to people living in their own homes and supported living. At the time of the inspection the service was supporting 14 people with their personal care most of whom have a disability or are living with dementia.

The service also currently provides care and support to 19 people living in five different supported living settings, so that they can live as independently as possible. Most of these people were experiencing difficulties with their mental health. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service:

- The quality of the service was not monitored by managers or the provider to ensure people received a consistently good service. There were gaps in record keeping which had not been identified by audits or checks.
- Pre-employment checks, such as obtaining references, were not always carried out in line with the provider's policy to ensure all staff were suitable to work with vulnerable people.
- People were kept safe by an experienced and consistent group of staff who knew people well and had developed a good understanding of how people wanted their care to be delivered.
- People told us they received their medication at the right times and were encouraged to eat and drink to maintain a healthy diet.
- Staff routinely arrived to deliver care on time and stayed for the time expected. People and relatives we spoke with were all happy with the care and support being delivered and were kept informed if staff were running late.
- People were treated with dignity and respect and were able to make choices about their care and support. Staff understood about mental capacity and ensured people had consented to care being given.
- People's health was monitored closely and staff worked well with other agencies and professionals to ensure people received the care they needed.
- People and their relatives told us that any concerns and complaints they had made had been listened to and the service had made changes in response to any suggestions.

- People and their relatives were happy with the way the service was being managed and staff felt supported by the management team. The provider was open and honest throughout the inspection and was committed to improving the service.

Rating at last inspection:

This was the service's first inspection since their registration in January 2017.

Why we inspected:

This was a planned inspection.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will also continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

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

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Wynters Care and Support Group Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector and one assistant inspector carried out the inspection on 10 April. The second visit on 24 April 2019 was carried out by one inspector.

Service and service type:

Wynters Care and Support is a domiciliary care agency which means it provides personal care to people living in their own homes. It is also registered to provide supported living services. These services were either flats or shared houses. All had staff offices and staff were on site 24 hours a day to provide support when required.

The service had a manager registered with the Care Quality Commission. This means 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 the inspection, the registered manager was absent, but we spoke with the operations manager who had assumed overall responsibility for the management of the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the management team is

often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 10 April 2019 and ended on 24 April 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. Telephone calls were made to people using the service and their relatives on the 09 and 10 April 2019.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. The local authority had notified us that the service had been temporarily suspended due to concerns about lack of governance and lack of progress made against quality improvement plans.

The provider had completed the required Provider Information Return (PIR). This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this information into account in making our judgements in this report.

We contacted people and/or their relatives by telephone on 09 and 10 April 2019 and spoke with eight people and two relatives to gather their views on the service being delivered. We also spoke with the provider, the operations manager, the care supervisor, seven care staff and one visiting professional. We used this information to form part of our judgement.

We looked at six people's care records to see how their care and treatment was planned and delivered. Other records looked at included four recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.



Our findings

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

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.

Staffing and recruitment

- Checks were not carried out consistently to ensure staff were suitable to work with vulnerable people. For example, one member of staff had started work without any references being received. We saw in other staff files that staff's previous employment history was not listed and the provider had not followed their own policy of obtaining two references before staff started to work for the service.
- Other checks such as obtaining Disclosure and Barring Service (DBS) clearance were completed. A DBS check is way for employers to assure themselves that staff are suitable to work for the service.
- There were enough staff to support people's needs. People were happy with the level of staffing provided.
- People told us staff generally arrived on time and would call if they were running late. One person said, "Things are generally good and they always call ahead."

The failure to ensure staff were suitable to work with adults at risk was a breach Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

Assessing risk, safety monitoring and management

- Staff were knowledgeable about risks to people and how people's needs had changed so that they could support people safely.
- Staff told us any changes in people's needs that could increase the risk of harm were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met.
- People had access to equipment such as walking aids and hoists and staff told us there were always two staff present when people needed to be moved using equipment.
- Where required, care files contained clear guidance on what may indicate people's mental health was deteriorating and what staff should do to help people stay safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe in the presence of care staff. One person told us, "The service is 10/10 and I feel safe."

- The provider had safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "If I had concerns, I would speak to my supervisor or one of the managers."
- Records showed that the provider made prompt referrals to other agencies if there were concerns about people's well-being or safety.

Using medicines safely

- People and their relatives told us staff took care to ensure people received their medication when required. For example, one relative told us that their family's member's medication had changed recently and staff had followed the GP's instructions. They said, "They have followed this to the letter."
- Staff had completed training on how to administer medicines.

Preventing and controlling infection

- Staff spoken with told us they were given a plentiful supply of protective equipment such as gloves that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Learning lessons when things go wrong

- The provider had a system in place to record incidents and the action they had taken to reduce the risk of further harm. For example, the provider had reviewed and amended one person's risk assessment following a recent incident..



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.

People's outcomes were consistently good, and relative's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were completed prior to joining the service to ensure their needs could be met.
- People we spoke with confirmed the service reviewed their support needs as required. One person said, "This is the best agency I have had. My needs have changed and they have updated my care accordingly."

Staff support: induction, training, skills and experience

- Staff were knowledgeable and experienced which meant they could deliver care that was effective and relevant to people's needs. One person said, "The carers are well trained and are some of the best I have had."
- New staff received initial induction training to the service. One staff member told us, "I did some training as part of my first week and then had the chance to shadow other staff for a few days. I felt confident after that".
- Staff told us that communication was good which helped them to deliver effective care. One staff member told us, "We get messages when things are changed such as people's medication. The managers would always call us about this".

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

- Most people did not require support from staff to eat and drink to maintain a balanced diet because they were supported by their relatives or could do this independently. However, some people required prompting or encouraging to eat and drink.
- One relative told us how the staff had changed one person's main meal from the evening to lunchtime which had worked "really well" in improving the person's diet.

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

- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. One relative told us, "The staff spotted some sore skin on

[person's name] ankle last week and told me straight away. We called the GP who visited straight away".

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
- Everyone currently using the service had capacity to make decisions about their care and support. Staff told us they would always seek their consent before supporting them. Records showed, for example, that people were offered their medication before it was administered.
- One member of staff said, "The people all have capacity so they would all tell me what they want and can make choices." Staff told us how they would check people would give consent through facial expressions etc. if they had no verbal communication.



Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives provided consistently positive feedback about staff and the service confirming they were treated with kindness and the staff's caring attitude. One person said, "The staff stay for the time given and will spend time talking to me."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs.
- Care plans included details of people's life histories, wishes and preferences. Staff were knowledgeable about these and used this information to provide personalised care. One person told us, "This agency is like a breath of fresh air. They make me feel 'normal' – I'm just a person who needs a little bit of help".

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

- People told us they were involved in the planning of their care and were actively encouraged to make their own choices. One person told us, "I feel listened to which is very important to me." Another said, "The staff always give me a choice of what I want to wear."
- Care plans showed people were involved and consulted about how they wanted their care to be provided. One person said, "I feel I can ask for what I want differently – for example, what breakfast I want and how I want it." One relative told us how their family member had expressed a wish to change the days they wanted a shower and how staff had adhered to this.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff protected their right to receive care and support in a dignified way. One person said, "I have had a recent crisis and they [the staff] were very understanding and accepting of this."
- People living in shared housing and had their own keys for the front door and their bedrooms which meant they could come and go as they pleased and could have some privacy if they so wished.
- People were supported to do as much as possible for themselves. For example, we saw people living in a shared house doing their own laundry and planning meals for the week so that they complete a shopping list. One member of staff said, "The three people living here are doing really well with their independence

and their families are pleased with their progress."



Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their needs and people told us they received personalised support from staff. One person said, "The staff know my likes and dislikes."
- The provider ensured consistency of staff for people, so staff got to know people well. One person said, "I have consistent carers which is important to me." The visiting professional told us, "The staff manage [person's name] really well."
- Staff knew how to communicate with people and had developed good working relationships. One person used a wrist band with different colours which helped them let staff know how they were feeling. One relative told us, "[Person's name] was very reluctant to receive personal care but is fine now because of the trust the staff have built up."
- Staff responded promptly to changes in people's needs and ensured relatives and professionals were informed quickly if there were any concerns.
- Staff understood their role in reducing the risk of social isolation for people and told us they spent time chatting if all the care had been delivered. People living in supporting living placements told us they had regular visits from family and friends.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a complaint and were confident that if they did make a complaint it would be dealt with quickly and professionally. One person said, "If I was not happy I would speak with the carer. I am comfortable with voicing my opinion". One relative told us, "Wynters Care have always addressed our concerns quickly."
- Records showed that the provider had received three written complaints in the last 12 months. All of these had been recorded and investigated thoroughly with outcomes shared with the persons who had complained. We also saw that action had been taken in response to complaints; for example, one member of staff had been spoken to in a supervision session about their use of more appropriate language.
- The provider had a complaints procedure in place and this had been followed when the service had received complaints.

End of life care and support

- The provider had processes in place to support people who required end of life care and support.
- There were no people using the service who required this level of support at the time of our inspection.



Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had not carried out effective checks to ensure the quality of care was monitored and had not identified issues found at this inspection. For example, we found that medication records were incomplete although care logs and people told us they did receive their medication. Staff recruitment records were also incomplete.
- Some records around care plans and risk assessments was out of date or incomplete. For example, risk assessments did not always reflect current risks; however, staff knowledge of people's risks was good and people did not raise any issues with us concerning staff practice.
- Spot checks on staff's performance had not taken place since January 2019 so the provider could not identify any areas for improvement in staff practice.
- The staff training matrix indicated that staff had not completed all of their mandatory training. However, staff were well qualified and experienced and people did not raise any concerns regarding staff's skills and knowledge.
- The provider had ensured that people and staff could call managers outside of office hours if there were any urgent concerns. Staff confirmed that this system worked well.

The failure to ensure the service was effectively monitored was a breach Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014

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

- There were no formal systems for gathering people's or staff's views on the service. However, people and relatives were supported to share their views about their care and the service through direct contact with the registered manager and supervisor via regular telephone conversations and visits to people's homes. One relative said, "If [person's name] has a suggestion or an idea, they are listened to and implemented."
- We were told that managers were contactable if people and relatives needed to talk to them. One person

told us, "Supervisors are always available to talk to and we work well in partnership together."

- Staff told us they felt supported by managers. One member of staff said, "The management team is really supportive in terms of accommodating my shifts around my child care."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Peoples' relatives and staff told us they felt listened to and that the management team were approachable. One person said, "I have to say they are very good – the best agency I have had."
- People and staff we spoke with were positive about the leadership of the service. One relative said, "I am completely happy and the managers are responsive."
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that required registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. Records showed that relatives were notified following any incidents or accidents.

Working in partnership with others; continuous learning and improving care

- The service had worked in partnership with other health care organisations for people's benefit. For example, the staff told us that working relationships were good with the district nurses, the local GP and community mental health teams.
- The provider and operations manager displayed a commitment to improving care and support where possible and were aware of the improvements that were required to improve the service.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems to monitor the effectiveness of the service were not consistent.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment procedures did not consistently ensure that all staff employed to work at the service were suitable to work with adults at risk.