

Mr & Mrs S Wortley

Wisteria Care

Inspection report

The Forum
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wisteria Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service supported 99 people.

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 told us they were very happy with the care they received. They provided mixed feedback about visit timings. In response the service had increased the number of staff compiling visit rotas and had introduced new documentation to set realistic expectations about preferred visit times.

People expressed confidence in the skills and competence of the staff supporting them. Relatives agreed. People and relatives told us they would recommend the service to others.

There were enough staff to meet people's needs. At times of staffing shortages, due to sickness or vacancies, people's needs were prioritised according to risk. There was an ongoing recruitment drive within a context of staffing challenges across the health and social care sector.

People had individual risk assessments which provided sufficient detail for staff to keep them safe and comfortable without being restrictive. Staff had a good understanding of the signs and symptoms that a person may be experiencing harm and abuse. They were confident they would be listened to and action taken in a timely way if they raised concerns.

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 spoke positively about the culture of the service and the support they received from their colleagues and the registered manager. Staff said they felt appreciated and were encouraged to obtain new skills and qualifications.

People's, relatives and staff views about the service were frequently sought and used to help drive improvements. Action had been taken by the registered manager to help improve communication with people and relatives. This had followed feedback from a survey.

Audits were undertaken to ensure quality was maintained and areas for improvement identified.

The service had developed and maintained good working relationships with system partners such as GP surgeries, district nurses and social work teams. The service understood how it contributed to the wider health and social care system and worked with a local authority to support people to return home after a hospital stay. This included helping determine rehabilitation goals and ongoing care needs.

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

Rating at last inspection

The rating at the last inspection was good (published 24 March 2021).

Why we inspected

We received concerns in relation to communication with the registered manager, staff skills and call times. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from the concerns. The service has taken action to improve communication, staff had the necessary skills and competence to meet people's needs and there was ongoing discussion with people about call times.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wisteria Care on our website at www.cqc.org.uk.

Follow up

We continued to seek clarification from the provider to validate evidence found. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wisteria Care

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 Health and Social Care Act 2008.

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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 12 September 2022 and ended on 22 September 2022. We visited the location's office on 12 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and safeguarding team. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and care coordinator. We received feedback via email from six staff including care staff, senior care staff, reablement team and the office. We received email feedback from two professionals who work with the service.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Although people were very satisfied with the care they received, their feedback about visit timings was mixed. We raised this with the registered manager. They told us they had employed an additional staff member to help two staff creating rotas. The service had also developed pre-assessment documentation to help set realistic expectations around preferred visit times.
- There were enough staff to support the number of people they visited. The coordinator used electronic care planning software which identified staff availability to undertake visits. The registered manager said, "I don't take on what I can't cover."
- People's dependency levels had been assessed and recorded to enable the service to prioritise visits in the event of emergencies or unplanned staff shortages. On occasions where high levels of staff sickness or vacant posts created challenges the provider liaised with the local authority.
- The provider had on ongoing recruitment drive. Successful staff interviews took place during our inspection.
- Missed calls were a rare occurrence. Of the eight people we spoke with none had experienced a missed call and all eight said they had a 'core' of regular care staff visiting them. This helped with consistency of care.
- Staff confirmed that whenever people required two staff to support them to move or reposition a colleague was always present to help with this.
- The service had robust recruitment and selection procedures. Checks had been done to reduce the risk that staff were unsuitable to support vulnerable people. This included verified references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us staff had the skills and competence to help them feel safe and comfortable. Their comments included: "I feel safe. They [carers], feel part of the family. I can talk to them about anything", "Excellent. I couldn't do without them. A brilliant caring bunch." Relatives commented, "Carers seem to be competent when using the hoist. They leave [family member] in a good position before they leave [family member]" and, "Absolutely lovely carers. Very competent."
- Staff demonstrated a good understanding of the signs and symptoms that could indicate they were experiencing abuse or harm. Staff knew how to raise concerns internally and to external agencies such as the local authority and CQC.
- Staff said they would feel comfortable to whistle blow should they witness poor or abusive practice. They

were confident the registered manager and senior staff would take appropriate action when required. For example, two staff said, "I am very confident that [concerns] would be dealt with" and "I am 100% confident in [registered manager] and the office's ability to escalate and deal with concerns raised."

- People had up to date risk assessments which included control measures required to help them minimise the risks in their lives without being restrictive. People's risks included: mobility, skin integrity and low dietary intake. People felt staff knew them well and were good at noticing when their health had changed. For example, two people told us, "Carers noticed my legs were blistered yesterday and suggested I phone the nurse" and "Carers definitely know my ways and pick up on when I am not well. They offer to ring the doctor."
- General environmental risks in people's homes were assessed such as home security, trip hazards, food hygiene and fire safety. The service told us, with consent, they had referred people to the local fire service if they identified fire risks in people's homes.
- Staff had regular checks to ensure they were competent in their roles. They said, "We have regular checks it's important to know how we are doing our job and it also identifies training needs." A person told us, "New [carers] always come with someone else."

Using medicines safely

- People were supported to take their medicines as prescribed. They expressed satisfaction with the support provided.
- People's electronic medicines administration records contained sufficient detail to support staff with this task.
- Where people were prescribed medicines for occasional use, staff had guidance that explained how and when these should be administered.
- Staff competency with medicines was regularly checked to ensure safe practice. Where issues were identified additional training and support was provided.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff competency checks included this.
- We were assured that the provider was promoting safety through good hand hygiene. This also formed part of staff competency checks.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff had received training in food hygiene.

Learning lessons when things go wrong

- Staff completed accident and incident reporting forms. The forms were then audited by the registered manager. The process included reflection on what had happened, impacts for people and/or staff and what steps were required to prevent a recurrence.
- Lessons learnt were shared via direct messages to staff handsets, team meetings and supervision. Where relevant there was shared learning with the provider's care home.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; 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

- People had mixed views about communication with the service. We raised this with the registered manager who accepted improvements had been required. The registered manager had introduced an office communication book and received daily update emails from office staff to help ensure key messages were passed on and not missed.
- The registered manager and staff had a good understanding of their roles. The registered manager said, "I need to ensure we are CQC compliant, here to support every member of staff, good communication with clients, supporting hands on care. I have a good rapport with clients and relatives." A staff member expressed, "We are not only there to help with [personal care], we are there for company and some people's only life lines to cure boredom and loneliness."
- Various audits took place which included complaints, compliments, missed/late calls, care plans and training. Findings were used to drive service improvements.
- The registered manager understood CQC requirements to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager understood the requirements of the duty of candour. They told us, "If there are problems we are open and transparent. We always apologise to the person and look to identify improvements."

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

- The culture of the service was hardworking, supportive and professional. Staff comments included: "The culture of Wisteria has always been like a family, we all are all welcomed and supported throughout" and "Friendly company."
- Staff got on well with their colleagues and told us they enjoyed working for Wisteria Care. Their comments included, "Many of us are like family and get on well", "I have always felt proud to work for Wisteria", "I feel fully supported within Wisteria, I enjoy working here" and, "I am very proud to work for Wisteria, the clients in particular are always happy and cheerful when we go in and I believe that's because of the people we are."
- Staff spoke positively about the registered manager. They told us, "[Registered manager] is a very good manager", "[Registered manager] is one of the most approachable managers I have ever worked with", "[Registered manager] is a good manager and whether it's work or personal will always try and help any of

the carers out" and "[Registered manager] is very knowledgeable about the care sector and likes to be very thorough."

- The registered manager was proud of the staff team. They commented, "I have a great staff team. Very diverse. The team I have is spot on. They go the extra mile, it's not just a job. They are an absolutely awesome team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were given opportunity to feedback about the service they received via annual surveys. In March 2022 77% of people responding said they were satisfied or very satisfied with the service they received.

- People told us they would recommend the service. They commented: I would definitely recommend. Just the time factor [is] an issue", "I would recommend, they make you feel at ease and the sort of people you want in your home" and, "I have already recommended them."

- Staff told us they felt listened to. For example one said, "When I make suggestions they are always considered by [registered manager] and the management team."

- Staff said they felt supported and appreciated. For example two staff commented: "I have always felt appreciated by Wisteria and I am regularly told this in supervisions" and "I feel fully supported within Wisteria, I enjoy working here."

- Staff were encouraged to improve their skills and take additional qualifications. Staff commented, "[Registered manager] gives me chances to improve and push myself, is very encouraging to me", "During supervisions I am encouraged to go onto [next level national qualification]" and "[Registered manager] has given me the opportunity to work and progress in the company."

Working in partnership with others

- The service worked in partnership with others to provide good care and treatment to people. This included developing and maintaining good working relationships with GP surgeries, district nurses and social work teams.

- Wisteria Care is one of a group of homecare providers supporting Somerset's Discharge to Assess (D2A) team. The D2A service supports people to return home after a hospital stay. The service is working with people and keyworkers to identify their rehabilitation goals and level of care required. A professional advised, "D2A collects feedback from service users after their intervention has ended. Service users have reported back that they have built good relations with the Wisteria reablement support staff who attend their calls."