

Wandle Healthcare Services Limited

Wandle Healthcare Services

Inspection report

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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

About the service

Wandle Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection, 83 people were receiving personal care from this service.

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

Although people's care records required more information, people felt safe and well supported by the staff team. Systems were in place to ensure safe infection control practices and where necessary, the provider took action to improve their practice. People received their medicines as prescribed. Pre-employment checks took place before staff started working with people. Staff told us they were well supported and had appropriate training required for the job.

There was a strong management team in place with shared responsibilities to ensure effective care delivery. The service supported people's choices and well-being as necessary. People felt respected and had support to make decisions where they required it. Procedures were in place to address the concerns and complaints received as necessary. Staff contacted the healthcare professionals for guidance and support when people needed it.

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

Rating at last inspection

The last overall rating for this service was good (published 19/02/2020).

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

Why we inspected

We carried out the inspection to check whether the provider had embedded and sustained improvements that we had noted at our previous inspection.

This was a focused inspection and the report only covers our findings in relation to the Key Questions Safe and Well-led. 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 not changed and remains good. This is based on the findings at this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Wandle Healthcare Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and 2 Experts 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 homes.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used this

information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 15 relatives about their experience of the care provided. We also spoke with the registered manager, deputy manager and 4 staff members who provided care to people.

We reviewed a range of records. This included people's care plans and risk assessments, medicines management procedures and staff files in relation to training and recruitment data. A variety of records relating to the management of the service, including audits and policies were also reviewed.

We contacted 3 healthcare professionals to find out their experiences of working with this provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has been rated good. This meant people were safe and protected from avoidable harm.

At our last inspection we made a recommendation in relation to monitoring and improving lateness communications. At this inspection we saw that action was taken by the provider to improve as necessary.

Staffing and recruitment

- After our last inspection, a new call monitoring system was introduced by the provider making sure staff arrived on time to their visits and stayed for the duration required. Processes were in place to identify trends in relation to staff's attendance so that lessons could be learned and improvements made as required.
- People and their family members were mostly happy with the care delivery, but some raised concerns in relation to inconsistency of staff. This was usually addressed by the family members approaching the management team with their concerns which eventually improved the care delivery. We were also told that staff stayed for the duration of their visit and where they were running late, this was mainly due to unforeseen situations such as traffic. One person said, "[Staff] always turn up on time and don't rush me. They always ask if there is any more they can do." A family member commented, "The time [staff] stay varies depending on [my relative's] need, they stay longer if she needs it."
- Pre-employment checks were carried out by the provider to ensure safe care delivery. This included obtaining references and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and mitigated.
- Staff received training in the areas required to carry out their role responsibilities safely. Training provided included awareness in dementia, safeguarding, moving and handling and fire safety. A healthcare professional told us, "The agency ensures all staff gets training to identify signs of risks. They take measures to prevent harm to vulnerable people."
- People's care plans included up-to-date risk assessments that identified, assessed and managed risks related to people's care and in relation to their environment, mobility, health conditions and nutrition.
- However, some care plans required more information in relation to people's mental health needs and the support they required to undertake tasks, for example with showering and food preparations. This was discussed with the provider who told us they will address these concerns immediately. We will check their progress at our next planned inspection.

Systems and processes to safeguard people from the risk of abuse

- People were provided with safe care.
- Most people and their family members told us that staff provided support based on the care needs.

Comments included, "[Staff] are brilliant, I can't knock them. Anything I want they will do" and "I have regular carers now and they know what I need." One relative said, "We are all confident that [our relative] is looked after well."

- Staff were trained in safeguarding and understood their responsibilities to keep people safe from harm and potential abuse. One staff member told us, "Safeguarding is about giving care to clients that does not harm them and making sure we prevent the harm. We protect clients and ourselves." Another staff member said, "If I noticed that a client was being abused, I have to report it... If [the management] don't show any concern, I would report it to the healthcare so that they know what is happening."
- Systems were in place to monitor any safeguarding concerns received. Actions were taken to improve practice and learn from shortfalls identified.

Using medicines safely

- Medicines were managed by staff who followed safe medicines management procedures.
- Staff administered people's medicines in line with national guidance. One family member told us, "Medication is a battle. [My relative] sometimes refuses it, but [staff] always do everything they can to give it to her and record if she hasn't had it. We are happy with the way they do it."
- Staff were required to complete medicine administration records (MAR) to ensure the medicines were managed consistently and safely. Risk assessments were in place guiding staff on the support people required to take their medicines as prescribed.

Preventing and controlling infection

- Most people and their family members told us that staff wore masks as necessary and where there was a concern identified related to infection control, it was addressed by the provider. We saw that regular spot checks were carried out to observe staff on the job following infection control procedures. The registered manager also told us that where people didn't want staff to wear masks, they recorded this and assessed risks to ensure safe practice.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- Lessons were learnt quickly and as necessary by the provider.
- Actions were taken promptly by the provider where an improvement required was identified. A healthcare professional said, "Wandle Healthcare is responsive when it comes to improvement and shows a willingness to incorporate learning."
- Records showed that any incidents and accidents taking place were appropriately recorded and acted upon on individual basis to protect people from harm, including risk of falls. During our visit we also advised the provider to carry out an overall analysis of the incidents and accidents that took place to identify trends and learn from safety alerts which they actioned immediately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last focused inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care

- Individuality was valued and people had their rights protected by staff that supported them.
- People felt they were treated with dignity, kindness and respect. They said that staff were "kind and caring and very respectful", "always very polite and treat me well" and that their "smiley faces make the sun come out." One family member told us, "The staff are fantastic. They always have been." A healthcare professional told us, "The carers working with my service user are passionate about caring and helping. They are reliable and respectful and have created a bond with the service user. [My service user] is a lot calmer and happier."
- Staff told us they gained consent from people before they started supporting them, with one staff member commenting, "Especially doing personal care, I have to ask of people's consent, for example can I help you to undressed or will you do it yourself."

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

- There was a strong management team in place with shared responsibilities to monitor the care delivery.
- Most people and their family members felt that the service was well-led. One person told us, "I can't think of anything better, they are 5 stars... They always ring to update if there are any changes in staff which is great." Family members' comments included, "I can get in contact with [the management team] quite easy", "It's very organised. They always try their best to fulfil our needs" and "The person I speak to seems to be on the ball with everything."
- The service had expanded in numbers, from 27 to 83 people they supported, since our last inspection in 2020. Any concerns received were addressed by the management team as necessary. Family members told us, "[The management team] acted immediately and were very efficient" when an issue was raised and "I tend to talk to [staff member's name] if I have a problem and he sorts it out." A healthcare professional said, "Following from the visit I believe the provider has the skills and knowledge to support the people using the service and the staff seem helpful."
- Staff felt well supported in their job. One staff member told us, "I am loving the support the managers are giving to me." Staff's feedback was taken as an opportunity by the provider to improve where necessary, for example when planning rota.

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

- People felt listened to by the staff that supported them.
- People told us they chose how they wanted to be supported. Comments included, "I can choose things for

myself. If I needed help, I'm sure [staff] would help me in the way I want it" and "A manager came out before [hospital] discharge and discussed the care I need."

- Staff assisted people where they required help to make decisions. One staff member told us, "For people with dementia it can be hard to make decisions. I show them a selection of clothes or food and ask them what they want. I give them independence to choose what they want."
- Systems were in place to gather people's and their family members' feedback regularly. This included the management team making calls and visiting people in their homes to review the care delivery.

Continuous learning and improving care; Duty of Candour

- Quality assurance processes were in place to inform improvements to the service.
- Electronic systems were used to ensure effective care delivery. Staff used smart phones to complete records of daily activities which were regularly reviewed by the management team.
- Regular checks were carried out to review people's medicine management practices, recruitment and staff support.
- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection, the management team applied duty of candour as and when required. They suitably supported the inspection team and honestly shared information with us in relation to the challenges the service was facing.

Working in partnership with others

- The provider involved health and social care organisations to support people's well-being.
- Records showed that the service liaised with the healthcare professionals as and when necessary. This included a referral made requesting for an assessment where a change in a person's skin was noticed. One family member told us, "Anything [staff] find, they report it." A healthcare professional told us, "The carers report concerns and liaise with family, friends, adult social care, GP, and other relevant professionals."