

Winsor Care Services Limited

Winsor Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Winsor Care Services is a domiciliary care agency. At the time of our inspection they were providing help with personal care to 142 people who lived at home. The service had also been identified for use by a Local Authority as a designated community care service in response for people discharged home from hospital who had previously had COVID-19. In addition, four people received 24-hour personal care from live-in staff.

People's experience of using this service

We found evidence during our inspection of multiple breaches of regulation and the need for this provider to make improvements.

People's care plans and risk assessments were not consistently completed to provide staff with guidance on the support people required. This meant that people using the service had been placed at unnecessary risk of harm of receiving personal care.

Medicine management procedures were not robust and there was a lack of management oversight to ensure good practice. This meant that people were put at risk to not receiving their medicines as prescribed.

The provider had established governance systems in place to assess and monitor the quality and safety of the care people received however, we found these processes were not always operated effectively. This is because they had failed to pick up a number of issues we identified during our inspection.

The provider's recruitment procedures to check the suitability and fitness of new staff for their role were not consistently or safely applied. We made a recommendation about this.

The healthcare professionals told us they established good working relationships with the service, some concerns however raised noting that the service possibly was not able to cope with the amount of work because of the rapidly increased number of people they supported.

People and their relatives described staff as friendly, caring and were happy with the support they provided. Staff knew who to report any safeguarding concerns should they witnessed an abuse taking place. A new electronic call monitoring system was introduced to improve staff's attendance for their shifts. Staff were aware of and followed relevant best practice guidelines regarding infection control and prevention.

The service had grown in numbers since our last inspection and the management structure had been changed to meet the needs of the service. People felt confident to raise their concerns with the managers but told us their calls were not always returned which will be addressed by the registered manager as necessary. Staff told us they had good support and communication from the managers which helped them to meet their job expectations.

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

Rating at last inspection and update.

The last rating for this service was good (published 09/11/2018).

Why we inspected

We received information of concern in relation to safeguarding investigations taking place. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed all the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Effective, Caring and Responsive were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement because we found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified two breaches in relation to safe care and governance systems. This was because the provider failed to ensure they always consistently assessed people's care needs related to potential risks and management of medicines and did not always operate their established governance systems effectively.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the relevant local authorities to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winsor Care 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 Care Act 2014.

Inspection team

This inspection was carried out by three inspectors and two 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.

The service had a manager registered with the CQC who the owner was also. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

On 31/03/2021 we spoke with 11 people who used the service and five relatives about their experience of the care provision. We contacted eight members of staff who provided care to people. We visited the providers office on 6/04/2021. We spoke in-person with the registered manager and a business support worker. We made telephone contact with the services quality assurance manager. We also received feedback from seven healthcare professionals.

We looked at a range of paper and electronic records. This included eight staff files in relation to their recruitment, a staff training matrix, care plans, complaints log and a variety of other records relating to the overall management and governance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff working rosters and scheduled visits.



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 good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- We looked at the electronic records of 15 people currently using the service and found only three had care plans and completed risk assessments relating to important areas of risk such as moving and handling, mobility, medicines and general environmental risks around the home. This meant that risks to people were not being consistently assessed.
- The registered manager told us about the high risks identified for one person who they were providing a live-in service to. The electronic records seen for this person included copies of the funding authority's assessments and care plan but no documentation to confirm that the agency had assessed the risks and addressed these in a care plan enabling staff to have clear guidance to follow. The registered manager informed us that they had requested further meetings with the responsible care manager to put these documents in place.
- Information about people's background, life history and likes / dislikes were not documented for 12 out of 15 people whose records we looked at. This information could be important for staff to know if the person is living with dementia and/or unable to express their needs verbally.
- These concerns were discussed with the registered manager who told us they will be looking to update people's care records as necessary.

We found no evidence that people had been harmed however, the provider had failed to complete all risk assessments to ensure staff had an accurate reflection of people's care and support needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We found that Improvements were needed to ensure that the administration of medicines was completed safely and recorded appropriately. We reviewed seven people's electronic medication administration records (MAR) and found that these important documents were not being completed consistently and accurately. Issues seen included numerous gaps in records and inconsistent use of codes to indicate why a medicine was not administered, for example, if a person was in hospital.
- Care plans were not in place for five of the seven people addressing the support they required with medicines and any potential risks. The individual level of support required by each person had not been assessed or detailed in the records we saw. For example, if they needed care staff to administer the medication or to prompt them to take it themselves. There were no completed risk assessments for each person around the storage, administration or monitoring of medicines to help ensure their safety.
- At the time of inspection, a safeguarding investigation regarding medicines was taking place which meant

that a person was potentially at risk to receiving unsafe care. Some relatives had also raised concerns about the management of medicines. One relative said, "There was an issue a while ago where [staff] gave [my family member] the meds in the morning and they came in the evening and tried to give him the meds that had already been given. After that I just do [my relative's] medications."

This meant that the provider had failed to ensure safe management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicines training and had their competency to continue doing so safely, routinely assessed by senior staff.

Staffing and recruitment

- The provider's staff recruitment procedures to check the suitability and fitness of new staff for their role were not consistently or safely applied.
- Pre-employment checks were carried out in respect of all new staff the service employed to ensure their suitability for the role. For example, we found proof of their identity and right to work in the UK, full employment history and health care check, and an up to date Disclosure and Barring Services [DBS] check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- However, half the staff records we looked at did not always include two satisfactory character and/or references from a member of staff's previous employer/s, contrary to recognised best practice and the providers own staff recruitment policy. The registered manager was unable to locate or access these missing staff references at the time of our inspection.

We recommend the provider to review their recruitment practices to ensure safe recruitment decisions.

- The provider had an office-based care coordinator who arranged staff rosters and scheduled calls. Where possible and in accordance with recognised safe infection prevention and control (IPC) practices they tried to ensure people received continuity of personal care from the same small group of staff who formed part of their support bubble and were familiar with their needs and daily routines.
- People told us that mainly they had the same staff to support them and that staff were on time and stayed for the duration of their shift.

Systems and processes to safeguard people from the risk of abuse

- People told us staff were caring and that they looked after them well. One person said, "I'm very impressed with the staff. The regulars are very efficient and very caring. I've got confidence in them." A relative told us, "[Staff] really go over the top and have made [my family member] feel very secure. They really do make an effort for her to feel comfortable."
- Staff were aware of the safeguarding procedure and the types of abuse they should be looking out for. One staff member told us, "If you don't do the medication correctly, it's a safeguarding. If we leave the client without food or drink, it's a safeguarding. I would let the office know my concerns and if they don't do anything, I would call the family members, CQC and social services. Any concerns raised with [the service], they dealt with quickly. They are very good."

Preventing and controlling infection

- Staff followed safe IPC procedures, including those associated with COVID-19, to minimise the risk of people catching or spreading infections.
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance.

- Staff had received up to date IPC training, which included guidance about how to safely use PPE. Staff told us they had all received up to date instruction about new IPC best practice, including how to wear and dispose of PPE safely, during virtual video calls and in-person practicable sessions at their offices. The service had adequate supplies of PPE which they stored in their training room that meet current demand and foreseen outbreaks.
- The provider was participating in a COVID-19 testing program for staff. This meant staff were routinely tested for COVID-19.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. For example, the registered manager acknowledged staff time keeping for scheduled visits needed to improve, so they had recently introduced an electronic call monitoring (ECM) system. The system logged the exact time staff started and finished their scheduled visits, and automatically flagged up to the office-based staff when staff were late, left early or missed a call. The registered manager told us they were confident their new ECM system would help them reduce the number of late and missed calls made by staff moving forward.
- Staff could access care documentation electronically whilst out delivering support. The care provided was documented with real time access which enabled office staff to take action promptly when required, for example if an incident or accident took place.

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 inspection this Key Question was rated as good. At this inspection this Key Question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider had established systems to routinely monitor staff working practises. For example, the office-based managers and staff continued to check staff's work performances, despite the ongoing COVID-19 restrictions, by remaining in regular telephone contact with people using the service, their relatives and staff. This helped the provider check staff continued to wear their PPE correctly in accordance with current IPC guidance for example.
- However, we found these governance systems were not always operated effectively because they had failed to pick up and/or act on a number of issues we identified during our inspection. For example, this included issues relating to medicines management, risk assessments and staff recruitment.
- Electronic MAR's seen were inconsistently completed and these were not being fully audited for compliance.
- The lack of completed care plans and risk assessments for some people meant it was difficult to track any changes made in the planned care being provided. There was no evidence of a regular review process for these documents.
- New electronic care planning systems had been introduced but it was clear that these had not yet been fully implemented. There were both electronic and paper systems in place to report and review any accidents and incidents. It was however difficult to audit the records kept to establish the actions taken following an incident or accident, for example, a fall or injury.

We found no evidence that people had been harmed however, governance systems were either not in place or robust enough to demonstrate safety was always effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had expanded in numbers, from 11 to 142 people they supported, since our last inspection in 2018. There was a clear management structure in place that also changed since the last inspection to meet the increased work-load. The service continued to have the same registered manager/owner in day-to-day charge. They were supported by various office-based managers and staff including, a deputy manager, a quality assurance manager, care coordinators and field supervisors.
- The healthcare professionals told us that the managers welcomed their views and advice. Some concerns however were raised noting the impact on communication because the agency "perhaps takes on too much

work" and "most likely due to an influx of referrals sent to the care agency."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they felt confident to raise their concerns should they have any, with one person telling us, "There haven't been any issues since they started earlier in the year, but I know the owner and the person in the office so I would phone if I needed to."
- However, some relatives and people told us that the management team had not always returned their calls. We discussed this with the registered manager who said they will be contacting people asking to leave a voicemail after they called so that the managers know who tried to get in touch with them.
- The registered manager was aware of their responsibilities under the Duty of Candour. There was a process in place for the office-based managers to log and investigate any formal complaints they received about the service they provided. We saw several examples of written responses the registered manager had sent people using their service acknowledging when something had gone wrong with their care package, apologising for the mistake/s that was made and making it clear the action they had taken to minimise the risk of similar errors reoccurring.

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

- People told us that staff had time to have conversations with them. Comments included, "Oh yes, definitely. [Staff] speak a lot to me" and "[Staff] ask a lot of questions yes, I'm glad that they speak a lot." A relative said, "[My family member] has one main carer and they are more like friends. I'm really being honest."
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views about the quality of the home care service they received through regular telephone contact and were encouraged to complete routine satisfaction questionnaires.
- Healthcare professionals told us their feedback was well received and acted upon by the management team as necessary, with one of them telling us, "I provided feedback to Winsor Care Services on behalf of a particular service user who had some concerns in relation to the service provision of a particular carer. Winsor Care Services responded well, took the learning onboard and made improvement to the quality of service provision."
- Staff told us they had good support from the registered manager. They said, "The [registered] manager is fantastic, she is supportive" and "The [registered] manager is excellent, no issues with communication. If I'm in trouble, they help."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual and group video calls with their line managers. The registered manager told us face-to-face group team and individual supervision meetings had been replaced with video conferences to minimise the risk of COVID-19 spreading amongst the staff team.

Working in partnership with others

- The provider worked in partnership with various community professionals and external agencies, including Local Authorities, Clinical Commissioning Groups (CCGs), GP's and district nurses to help ensure people's needs were being met.
- We saw evidence that the service communicated with care managers to discuss people's needs and make sure staff attended calls as scheduled. We observed the care co-ordinator taking phone calls from care

managers and other involved parties to help make sure people were having their needs met.

This section is primarily information for the provider

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected against the risk of receiving unsafe care from staff because systems in place to support people with medicines and care recording were not robust as necessary. Regulation 12(2)(b) and (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(1)(2)(a)</p>