

Wandle Healthcare Services Limited

Morden

Inspection report

Lombard Business Park, 8 Lombard Road, London
SW19 3TZ

Date of inspection visit: 19 November 2015

Date of publication: 21/12/2015

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



Overall summary

This was an announced inspection and took place on 19 November 2015. This was the first inspection of this service, registered with the CQC in April 2015.

Wandle Healthcare Services provides domiciliary care and support to 70 people living in their own homes in the Merton area with a range of needs including older people and dementia care needs.

The service had a registered manager in post at the time of this inspection. A 'registered manager' is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the care and support they received in their homes. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff how to report potential or suspected abuse.

Summary of findings

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment procedures to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Staff received training in areas of their work identified as essential by the provider. We saw documented evidence of this. This meant that staff had the knowledge and skills to carry out their work with people effectively.

Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely.

Staff supported people to make choices and decisions about their care.

People had a varied nutritious diet. They were supported to have a balanced diet, food they enjoyed and were enabled to eat and drink well and stay healthy.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Staff respected people's privacy and treated them with respect and dignity.

People said they felt the service responded to their needs and individual preferences. Staff supported people according to their care plans and this included supporting them to access their local community facilities.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

People gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

Summary of findings

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 safe. People told us they felt safe with the care they received from staff.

There were safeguarding procedures in place that staff understood and had agreed to work with. Staff understood what abuse was and how to report it. This helped to ensure people were protected against the risk of abuse.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff to help keep people safe.

The service had effective arrangements for the management of medicines to protect people against the risks associated with medicines.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. They received induction and regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff received supervision and annual appraisals. This helped to ensure they were providing appropriate and effective support to people using the service.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005. This meant they had a good understanding of their responsibilities with regards to the MCA 2005.

People were supported to eat and drink according to their care plan.

Good



Is the service caring?

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

People said staff treated them well and were respectful of their privacy.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive. The support plans and risk assessments outlining people's care and support needs were detailed. The registered manager told us care plans were reviewed every six months or earlier if any changes to the person's support needs were identified.

People using the service were invited to discuss the support they received and any other issues. People had opportunities to share their views about how the service was run.

The service had a complaints policy and procedure which people knew about and which they felt comfortable to use.

Good



Is the service well-led?

The service was well-led. Staff were supported by the registered manager. There was open communication within the staff team and all staff felt comfortable discussing any concerns with their managers.

Good



Summary of findings

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Morden

Detailed findings

Background to this 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 was planned to check 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.

The inspection of Wandle Healthcare Services took place on 19 November 2015 and was announced. We told the provider three days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. One inspector undertook the inspection.

We reviewed the information we had about the provider prior to our visit and we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by visiting the provider's office and spoke to the registered manager, the staff recruitment officer, a field supervisor, a care co-ordinator, two other members of staff, seven people who used the service and two commissioners from the London Borough of Merton. We reviewed the care records of five people, five staff records and we inspected records related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and said they were treated well. One person told us, “It’s a good service. I have regular carers and that helps me to feel safe because I know who they are and they know me.” Another person said, “I am very happy with the care I get.”

Staff told us they were well prepared for supporting the people they cared for because they read all the available information the agency had received from the local authority and from their own assessment process. They said they had received the training they needed to ensure the safety of the people who they cared for. Training records confirmed this. They were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose and what they would do to report any concerns appropriately. We saw the service had policies and procedures in place to respond appropriately to any concerns regarding the care being provided to people. The registered manager told us that any concerns or safeguarding incidents were reported to the CQC and to the local authority safeguarding teams. We saw documented evidence that showed the concerns had been reported as stated and that the concerns had been followed up via local authority safeguarding meetings.

We saw people had individual risk assessments and we saw risk management plans in their care files. These had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. When we looked at people’s care files, records we saw indicated that risk management plans had been followed appropriately and signed by people to show their agreement with what had been written down.

People’s care files showed other risk assessments had been carried out to help to ensure their safety and maximise their independence. The risk assessments we saw covered the range of daily activities and possible risks including accompanying people to the shops, preparing food, medicines administration and finances.

The registered manager and the field supervisor both told us that random “spot checks” were carried out at people’s homes to help ensure health and safety standards were being maintained by staff. The field supervisor made these checks and maintained records that were shown to us. Inspection of the records evidenced the agencies quality standards were maintained. This has helped to ensure people’s safety with the service they received.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident happened staff said they would contact the manager as soon as possible. A record form was completed with the details of the accident or incident, the information was added to a data base system and recorded in the person’s file. If an investigation was carried out by the registered manager, an action plan was put in place to reduce the risk of the incident or accident occurring again and to ensure that the person’s support needs were appropriately met.

We reviewed staff files and we saw they contained evidence that appropriate recruitment checks had been carried out. These included criminal record checks, proof of identity and the right to work in the UK, declarations of fitness to work, suitable references and evidence of relevant qualifications and experience. This showed that the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

People told us staff always completed their medicines administration records (MAR). Staff told us that they received training in order to assist people to take their medicines safely. They said people’s MAR were checked by the care co-ordinators to ensure the safe administration of medicines to people.

Staff were fully aware that they should always report to the office any concerns they might have over medicines handling practices. We were told by the registered manager that the field supervisor undertook a monthly audit of MARs held in people’s homes and we saw evidence of this. The training of staff and the monitoring checks have helped to ensure the safe administration of medicines to people in their homes.

Is the service effective?

Our findings

People were cared for by staff who had appropriate support and training to do their job. Staff told us they felt well supported by the management and they said access to training was good. They also said it had helped them to carry out their roles effectively. One member of staff said, "Access to training is good. We do get good support from the office if there's a problem." Another member of staff said, "I feel well supported here, I am enjoying the work."

The registered manager had identified a range of mandatory training courses as part of the induction training that all new staff had to undertake. We saw documented evidence that showed as well as the induction training staff also completed thereafter annual refresher training courses including safeguarding adults; the Mental Capacity Act 2005; the safe administration of medicines; health and safety; infection control; fire safety and food hygiene courses. A member of staff told us they could access other training they felt would help provide improved support to people such as training for dementia and person centred care planning. The registered manager explained the training accessed by staff was provided in a number of ways such as e learning, group training and by the local authority.

Staff told us they had supervision sessions either with the registered manager or the field supervisor every three months. The registered manager said if the need arose then this could be provided earlier and as required. We inspected staff files and saw minutes of staff supervision meetings. Agendas included discussions about working with people and any learning or actions identified following training. Staff told us that they had received notes of their supervision sessions signed and dated so they were aware of any actions they had to take. They said they felt well supported by the management.

All staff had an annual appraisal. We saw copies of detailed appraisal notes including any identified training needs and discussion about the support provided for staff. The registered manager told us there were regular staff meetings to discuss any changes in procedure, legislation and any issues that had arisen. We saw copies of the minutes taken from the recent meetings which had been circulated to all the staff so if they were unable to attend

the meeting they were aware of what was discussed. The registered manager explained they aimed to keep everyone informed and up to date so that the team remained effective.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with people and staff they were actively involved in making decisions about their ongoing care and support needs. Staff told us they encouraged people to be as independent as possible. Referrals were made by the London Borough of Merton's social services department which commissioned the agency's services for people. We saw they provided detailed information about people's needs and exactly what care was to be provided. Records showed people were involved in making decisions about their care and support and their consent was sought and documented. The registered manager said that people's capacity to decide on how their care was to be delivered was always discussed at the first assessment. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests. This was supported by the care plan meeting minutes we saw.

Staff displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. 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 when this is in their best interests and legally authorised under the MCA.

Training records showed staff had attended training on the MCA which they confirmed to us they had received. The policies and procedures gave staff instructions and guidance about their duties in relation to the MCA and consent.

Is the service effective?

People told us their care workers gave them choices about what they wanted to eat when their meals were provided by staff. People told us they enjoyed their meals. One person said, “I do enjoy meals prepared for me by my carers.” Another person said, “Yes the meals are good, not bad at all.”

We saw that where there were specific dietary requirements for people they were detailed in their care plans. Staff told us they followed the care plan carefully to ensure they responded to people's individual dietary needs. One member of staff said for those people who did

not have any special needs in terms of food, people usually asked them to prepare their favourite meals. Staff said they balanced this with trying to provide a healthy and nutritious diet for people.

The service did not directly support people to meet their health needs; however staff told us that if they noticed people's health had deteriorated, they would contact social services as well as their GP. Staff told us they would also contact the relatives or family of the person as well as the office and they knew what to do if an emergency arose. Staff were trained in what to do in an emergency and we saw certificated evidence of this.

Is the service caring?

Our findings

People told us they were happy with the staff who supported them. They told us they were treated with kindness and compassion by staff. One person told us, "I like that we have regular carers and they know us and care for us in the way we want to be cared for." Another person said, "They are very caring actually, it's a hard job that they do well." We saw that people's care plans provided by social services included information about their background. Staff told us this has helped them to get to know the person they cared for better in the first few weeks of supporting them.

People said they were able to say where they wanted any changes to their care. One person said, "The review gave me a chance to change things where I needed it. I needed more time in the mornings than I was getting, so that was good for me." We saw that people's care had been reviewed and this helped people to express their views of the care they received. Staff told us they asked people before providing care for them and they explained things to them so they understood and could make decisions about how they wanted to be cared for.

People told us that staff respected their privacy and their dignity. In talking with staff we saw from what they said that they respected people's privacy and dignity. One member of staff told us they would always ask people how they wanted their personal care to be given. In the notes we saw people were asked if they felt valued and if their dignity and choices were respected by staff.

We saw several members of staff who came into the office; they were all wearing their uniforms and identity badges. People told us that this really helped them because they knew who the people coming into their homes were and could trust them. One person said, "I'm glad they wear their badges and uniforms especially at the start. How else would I know who they were? Some of the carers I have had from other agencies don't wear their identity badges and that's bad." Another person said, "Yes my carer always wears her uniform and badge when she comes here. That's how it should be, that way I know they are from the agency."

Is the service responsive?

Our findings

People told us they had been able to contribute to the assessment and planning of their care. One person said, “I was central to it all. I said what support I needed to help me stay at home. That’s where I wanted to be, living at home.” Another person said, “Yes of course, it was all about the help I needed and they asked me what help I needed to help me stay living in my own home.”

People said they were encouraged by staff to be as independent as they could be. Staff who provided their care told us they knew about people’s wishes and care needs and cared for them accordingly. They said they always tried to get people to do as much as they could for themselves so they could retain their independence.

Care plans reflected how people wanted their care and we saw these plans had been signed by people to show they agreed with what had been written in their care plans. The registered manager explained that they received comprehensive information from the local authority which had commissioned their services to meet people’s support needs. The registered manager told us they also carried out a detailed assessment of the person’s needs to ensure the service could provide an appropriate level of care and support to meet that person’s needs. We saw documented evidence of this on the files we inspected. Where appropriate staff also met the person and their relatives to discuss how the service might help provide appropriate support. We saw that people’s care plans and risk assessments were reviewed six monthly and that review meetings usually involved social services as well as staff and people’s relatives where it was needed. The registered manager confirmed this and said reviews could be sooner if any changes in the person’s support were needed.

Additional information from other people involved in the person’s care was also included in the care plan for example relatives, social workers or any day services people attended. The person using the service was involved in the development and review of their care plan.

People told us they had a copy of their care plans in their homes. We saw care plans included information on the person’s religious and cultural needs as well as any communication needs including any languages spoken. People had monthly assessments to check whether their needs were changing. This included monitoring of their health conditions. The people we spoke with were positive with their views and experiences on the assessment process.

Where people had activities outside of their homes such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences. One person told us they liked to go shopping but need assistance to be able to do so. With the support they were given, they told us they have continued with these activities and enjoyed being able to do so. Another person said they attended a day centre and the support they received enabled them to continue to go each week.

People told us they knew what to do if they were unhappy about something and they felt they were able to talk with staff or the registered manager. We were shown the provider’s complaints policy and procedure. The service user handbook given to people at the start of the service explained the complaints process and what they could do if they were not happy with the quality of service they received.

We saw that improvements had been made by the registered manager where they had received complaints about staff arriving late for appointments. A new call in system had been implemented by the registered manager so that staff now have to call in when they arrive at and leave people’s homes. This has helped to improve staff’s timekeeping and reduced these complaints. The registered manager told us they reviewed any complaints or concerns made and this had provided them with the opportunity to improve the service appropriately.

Is the service well-led?

Our findings

People and local authority commissioners told us they thought the service was well managed. One person said, “The manager listens to my comments and usually things get done to improve it.” Another person said, “It is important we know if our carer is going to be late or whether a different carer is coming. I asked the manager to tell us about these changes when they were going to happen and they have now.” Staff told us they felt the service was well-managed. They said, “The manager listens to our suggestions, they are helpful. If we have a problem we can contact the office and they help us.” We saw from our conversations with the registered manager they were aware of all aspects of the service including the support needs of all the people using the service.

We found staff were positive in their attitude and they said they were committed to the support and care of the people. One person said, “I love the job, you’ve got to, to do it.” Another person said, “I like helping people, I feel well supported by the manager and by the team.” The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. Staff told us that this was a fair reflection. They said the service was forward looking and the registered manager supported the team to consider ways they could provide people with better standards of care and support. One staff member told us, “We have regular team meetings when we discuss lots of things to do with the service and any problems we might have.” Other staff said they were able to raise issues and make suggestions about the way the service was provided either in one to one meetings or team meetings and these were taken seriously and discussed. We saw minutes of team meetings where staff had discussed aspects of good practice to ensure care was being delivered appropriately.

The registered manager showed us the systems they had put in place to monitor and improve the quality of the service. This included a satisfaction survey that was due to be sent out to people. The registered manager told us they would analyse the responses they received and would prepare an action plan where necessary to address any areas that required improvement. The registered manager provided us with an example where from a previous survey people had feedback that communication with the office could be improved over matters such as staff arriving late because of unexpected hold ups. In response the provider installed a new mobile phone system that enabled all staff to be able to contact the office so that the office could contact people to let them know what was happening. People told us at this inspection it had really improved communication with the office about any late arrivals.

The registered manager showed us other quality assurance methods they had in place to monitor the scheme’s processes. An example we were shown was a staff training matrix. This charted the dates when all staff received their training and set out the planned dates for the year ahead. This evidenced the scope of training delivered and highlighted any training needs for staff. Another quality assurance tool developed by the manager was an audit tool used to monitor and check care plans reviews. This was to ensure they were up to date and all care plan reviews and the records relating to the people using the service were kept up to date.

The field supervisor told us about the “spot checks” they carried out to monitor staff’s performance in people’s homes. They said they also undertook regular telephone checks with people to ensure the quality of the services delivered met the agencies quality standards.

People told us that any suggestions or issues that they raised with the management or with staff were actioned appropriately.