

Wisteria Care Agency Ltd

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Inspection report

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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 ●

Summary of findings

Overall summary

About the service: Wisteria Care Agency Limited is a domiciliary care agency. This service provides care and support to older people living in their own homes individually located within the community. The service was providing personal care to 10 people at the time of the inspection.

People's experience of using this service: People continued to receive a good service. They were safe from harm because of the systems in place. Staff were appropriately trained in safeguarding, which supported this. People's risks were safely managed. Sufficient numbers of staff were employed so that people's needs were met. People were safely supported with their medicines and keeping their homes clean.

Staff were trained and skilled to carry out their roles. They were supported by the management team. People had good relationships with the staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone we spoke with told us staff were kind, caring and understanding. People were respected, as staff upheld their privacy and dignity and encouraged their independence. People told us they received support that met their needs.

Staff provided people with person-centred care based on people's choices and preferences. Documentation reflected this. People were supported to do the things they wanted to. Any dissatisfaction in receiving the service was addressed and resolved. People's end of life care needs were rarely met by the service staff, as full responsibility for this support was always passed to health care professionals once identified.

People had the benefit of a service that was small and therefore run in a friendly way. The registered manager was open and inclusive in their management style. The registered manager was also the company director, who was supported by a family member with day-to-day running of the service. Together they maintained checks on staff performance and how well the service was delivered. Documents held in the office were secure to ensure confidentiality of people's information.

The service continued to meet the characteristics of good in all areas.

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

Rating at last inspection: Good. (The last report was published 17 May 2016.)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will 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.

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Wisteria Care Agency 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 carried out this inspection.

Service and service type: The service is a 'domiciliary care agency' providing care to people living in their own homes in the community. Adults and those living with dementia or medical conditions use the service. Not everyone using Wisteria Care Agency Limited received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 because we wanted to make sure someone would be at the service's office to see us.

Inspection site visit activity started on 20 March 2019 when we visited the office location to see the manager and review care records and policies and procedures. It ended on 08 April 2019 when we completed our conversations with people that used the service and staff.

What we did: Before the inspection, information had been gathered from notifications sent to us. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services with Wisteria Care Agency Limited and reviewed other information from people who made their views known to us. The provider sent us a provider

information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with four people, the registered manager, deputy manager and three care staff. We looked at care files belonging to three people who used the service and recruitment files and training records for three staff. We viewed records and documentation relating to the running and monitoring of the service.

After the inspection the provider sent the CQC some documentation we requested.



Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People were protected from harm by the provider's systems and staff being trained in safeguarding adults from abuse.
- Staff confirmed they understood their responsibilities to safeguard people and had the authority from the registered manager and the means to do so. They carried a small card that gave them the safeguarding team details to contact should they have an incident to report.
- Notifications were sent to us of events and incidents the provider was legally required to send.
- Risk assessments reduced people's risk of harm. Staff monitored people's safety regarding risks and reported any concerns to the office for the registered manager to act on. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.
- Safe systems were in place for when staff carried out any shopping tasks for people: records of expenditure and receipts were maintained.
- Underpinning all of this was the provider's comprehensive knowledge, understanding and application of the Equality Act 2010.

Staffing and recruitment.

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people. These checks were thorough. Staff turnover was low.
- Staffing numbers were sufficient to meet people's needs. They were low due to the size of the service, but this enabled staff to maintain a closeness with people. Staff were carefully matched to people in terms of their hobbies and interests.
- Rotas were well managed by the registered manager using an electronic programme. Staff told us their allocated visits were manageable. People told us staff invariably turned up on time and any odd occasion they were late had been foretold to them by the office.

Using medicines safely.

- The provider operated safe systems for managing medicines, where staff assisted people to take them. Staff documented when this was done. People confirmed the support they received, but mostly they self-medicated.
- Staff confirmed their responsibilities for handling medicines and told us they were confident their training and experience enabled them to manage medicines safely. They too said that most people self-medicated.

Preventing and controlling infection.

- People confirmed they received the safe support they needed with personal hygiene and handling food. They said staff used personal protective equipment, such as gloves, aprons and hand sanitiser. They had mouth masks to prevent the spread of colds and shoe covers in place of removing their shoes.
- People were protected from the risks of harm by staff operating good infection control and prevention practices. Staff followed good food hygiene guidelines and had received training in this topic area.

Learning lessons when things go wrong.

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people, to make sure they did not reoccur. Staff said they felt comfortable reporting their mistakes to the registered manager. People told us poor outcomes were rarely experienced.
- Conversations with staff and viewing the records held for errors made confirmed lessons were learnt to avoid further problems arising.



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 people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People had an assessment of their needs carried out.
- People's rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against. The staff team were themselves from diverse cultures, and said they too were respected.
- People's environment was assessed and reviewed where necessary to ensure it was suitably safe for them and visiting staff.
- People's homes were designed and decorated entirely of their own decision. Support services were delivered with consideration of people and staff safety. Therefore, any risks to a person or staff were assessed and removed.

Staff support: induction, training, skills and experience.

- Staff completed an induction and received supervision and an annual check of their performance. The provider operated an employee of the year scheme.
- People were supported by staff who completed relevant training and qualifications to carry out their roles. People said they thought staff were competent.
- Staff confirmed the training they completed in conversations with us. Documents we saw provided further evidence that training and supervision was monitored, reviewed and recorded.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Staff supported people to maintain healthy lifestyles of their choosing.
- People were supported with food planning, preparation, dietary needs and making healthy choices with their nutritional intake. They told us they decided on their own meal arrangements and only sometimes did staff help them.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of the people they supported. Staff also helped

people attend appointments.

- People and staff confirmed people usually contacted these professionals themselves unless it was an emergency. Staff told us of times when they had stayed with people to support them in emergencies.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff told us it was rare they needed to, but they worked well with other agencies, such as health care professionals and social service officers. One said they had liaised with a district nurse and staff in another setting to ensure the person they supported received the treatment they required.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. For care agencies these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- People were only restricted with their liberty to make sure they were safe, following 'best interest' decisions made by a multi-disciplinary team of professionals. These situations had rarely occurred. Only one person was subject to a court order when we visited and the provider adhered to this.
- The provider and staff had appropriate knowledge of the Mental Capacity Act and knew when they had to use the 'best interest' process for people who used the service.



Our findings

Caring – this means we looked for evidence 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 received the care and support they needed from caring staff that were receptive to people's diverse needs.
- Staff confirmed the approach they used with people and explained they cared for people how they would wish for their parents or a loved one to be cared for.
- People said, "Staff are pretty all right. They show kindness", "I find the staff to be understanding" and "I think staff are all right really. They know what I need help with and how to do it."
- One person said they shared a 'two-way street' with staff from different cultural backgrounds, as occasionally a staff member might need guiding in 'the ways of the Birmingham people'. They saw this as a positive aspect of the support they received.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability or gender.
- Staff also visited people when they were in hospital, which were acts of genuine kindness.

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

- People told us they made their own decisions on how they wanted their care and support delivered. They made choices about support with personal care, domestic needs and nutrition.
- People's support plans contained clear information on how care was to be delivered in line with their preferences, likes and dislikes.
- While no one used the services of an advocate, the provider would assist in sourcing one if needed. One person had a solicitor with legal powers to represent them.
- The provider issued a quarterly newsletter to people and staff, which aided communication.

Respecting and promoting people's privacy, dignity and independence.

- People told us their privacy and dignity was respected and they received support, especially personal care, in the privacy of their bedroom or bathroom. People said, "Staff help me with part of my shower and I feel my dignity is upheld" and "I am a private person, but have no qualms about what staff have to do for me and see. It is just something I've had to get used to."

- People's independence was fully encouraged. They said, "Staff encourage me to do what I can for myself and I'd rather have it that way" and "I like to be independent and staff like this too."
- Staff supported people with activities such as going to the hairdresser or going on an outing to local places of interest. This was a means of assisting people to maintain their independence.



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 had the skills to meet people's social and cultural needs, diverse values and beliefs. Staff understood what it was to be different and respected that people deserved to be treated equally. All care was delivered in an anti-discriminatory way and in line with preferences, interests and choices.
- Staff were also treated with equality and this was confirmed by those we spoke with.
- People's support plans were documented in detail and devised with input from people and relatives. They were based on people's lives, skills, abilities and how they or their relatives preferred their health to be managed.
- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required.

Improving care quality in response to complaints or concerns.

- People knew how to make complaints. They told us they were listened to but had few causes for complaint about the service. People said, "I've not complained, as there's been nothing bad happen, but I would speak up if need be" and "I've never needed to complain."
- Two people said they had recently mentioned to the provider about staff turning up too early for some of their visits, but this had not yet been addressed. We reminded the provider about it and they assured us they would look into it.
- The provider told us they had received no complaints in the last 12 months. Documentation supported this. Compliment cards were kept showing relatives' satisfaction with the service.

End of life care and support.

- We were told there had been very few incidents of people coming to the end of their life while receiving a service from Wisteria Care Agency Limited. Information we received showed people would be sensitively supported. They would be supported to acquire the equipment, medical intervention and medication they needed for a peaceful death, under full supervision of a health care professional.



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.

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 and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider and staff provided person-centred care through the culture they created among the workforce. It was friendly, open and honest.
- Staff were signed up to the work ethic of the service for the benefit of people that used it.
- People told us they were involved in discussions about their care and experienced good communication with staff, which overcame any language differences. Information was appropriately shared.
- The provider attended West Midlands Care Association conferences to learn about and share best practice.
- There were satisfaction surveys sent to people two weeks and six months after the start of receiving the service and then annually. These had been analysed each year to show levels of satisfaction. We saw 12 people had been surveyed this way in March 2019, but their forms had not yet been returned.
- Action plans were devised based on any shortfalls identified and people were always visited by the registered manager to discuss and resolve any negative responses.
- The provider operated a staff reward scheme and held staff meetings to discuss operational matters and share their agreed vision for service delivery.

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

- Staff had a good understanding of their roles. They shared information easily because of the service being small. They knew how quality should improve, risks reduce, and requirements of regulation be met.
- Various quality checks were made on service delivery: using telephone calls, spot checks and audits as well as the surveys.
- The provider was aware of their registration requirements. They had informed the CQC and other agencies or organisations of events that happened at the service or to people while being supported by staff.

Continuous learning and improving care.

- The provider's quality audit tools helped them rate the service's performance and look to planning ways of improving future delivery. An action plan was produced to address any shortfalls.
- Staff learned from experience and were signed up to improving their performance.

Working in partnership with others.

- The provider and staff worked well with other health and social care professionals
- The local authority contracted with the service and purchased care packages. They told us they had no concerns about the service delivered to people.