

Wandle Healthcare Services Limited

Wandle Healthcare Services

Inspection report

Lombard Business Park
Deer Park Studios, 12 Deer Park Road
London
SW19 3TL

Tel: 02085457425

Website: www.wandlehealth.co.uk






Date of inspection visit:
05 February 2019

Date of publication:
28 July 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Wandle Healthcare Services is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom are on end of life care, living with dementia and have physical disabilities. At the time of inspection 33 adults were receiving support from this service.

At the last inspection, carried out on 6 February 2018, the service was rated Requires Improvement overall, with Requires Improvement in both the key questions, 'Is the service effective?' and 'Is the service responsive?'. We found two breaches of the Regulations in relation to staffing and safe care and treatment.

This inspection took place on 4 and 5 February 2019 and was announced. We contacted the service 48 hours before the inspection to let them know that we will be coming to inspect them. We wanted to make sure that the management team would be available on the day of inspection.

This was a comprehensive inspection of the service and we rated the service Requires Improvement again. Their previous rating for the key question, Is the service effective? Has improved to Good. However, the rating for the key question, Is the service responsive remained Requires Improvement. The key questions, Is the service safe? and Is the service well-led? Has deteriorated from Good to requires improvement at this inspection.

The service had a registered manager in post. 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.

Risks to people's health and safety were not sufficiently assessed to ensure that appropriate guidance was provided for staff to mitigate the potential risks to people.

Care plans had not addressed the support people required to manage their health needs and to meet their individual care needs.

The provider did not have robust systems in place to monitor the quality of the services provided for people, including accuracy of care records and reviewing of incidents and accidents and complaints.

People felt well supported by staff and safe in their care. Staff had to undertake appropriate checks before they were employed by the service. Staff followed the service's processes to provide immediate support to people if they noticed people being at risk to harm or when incidents and accidents took place. People had support to manage their medicines safely. However, some improvement was required to ensure that the medicine administration records were maintained appropriately.

Staff accessed appropriate training that gave them the knowledge and skills to support people effectively. Staff were confident that any concerns raised would be acted upon by the registered manager appropriately. People told us that staff arrived for their shifts mostly on time and that they were contacted if staff were running late. Staff understood and followed the principles of the Mental Capacity Act (MCA) 2005. Healthcare professionals provided guidance to staff where people required support to meet their health needs and dietary requirements.

People's views were listened to and staff had time to have conversations with people. Staff provided support that was respectful towards people's privacy, culture and religion. People were treated with dignity and kindness. Staff enhanced people's independence and encouraged people to take part in the activities of their choice.

People made choices about the support they wanted to receive and how they wanted to be cared for. Staff used people's preferred communication strategies to involve them in conversations. People's views were gathered and dealt with in a professional manner. Staff were guided on the support people required at the end stages of their life.

People felt that the service was well run and that the management team was responsive to their care needs. The registered manager was involved in day-to-day running of the service and knew what was required of them in their role. Staff had appropriate support which motivated their involvement in providing good support for people. Appropriate systems were in place to share information quickly as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Staff did not always have access to sufficient risk management plans to help them prevent the potential risks to people. Although people were supported to take their medicines safely, we found that medicine administration sheets were not always completed correctly.

Staff followed provider's safeguarding procedures and ensured that people were protected from potential harm and abuse.

Staff undertook pre-employment checks which protected people from being cared for by unsuitable staff.

Is the service effective?

Good ●

The service has improved to Good. Staff received thorough mandatory training to meet people's care and support needs safely. Supervision and appraisal meetings were carried out to help staff in their role.

Staff applied the Mental Capacity Act (2005) principles in practice to assist people to make choices as necessary. People told us that staff arrived for their shifts mostly on time.

People's dietary and healthcare needs were met by the provider where that was part of their support.

Is the service caring?

Good ●

The service continues to be caring.

Staff interacted with people in a kind and caring manner. People told us that staff treated them with respect.

Staff supported people's right to privacy and respected people's dignity when they provided personal care.

Staff enhanced people's skills which helped to maintain their

independence.

Is the service responsive?

Some aspects of the service continued to be not responsive. Care plans lacked information on the assistance people required for staff to carry out tasks safely.

Staff adhered to people's individual support needs which ensured they provided person centred care.

There were robust complaint management systems in place to dealt with complaints appropriately. People told us they knew how to raise their concerns and felt confident they would be listened to.

Requires Improvement ●

Is the service well-led?

The service has deteriorated to Requires Improvement.

The provider did not operate effective systems to assess, monitor and improve the quality and safety of the services being provided for people.

Staff felt the registered manager was approachable and available to speak with when they needed guidance in their role.

Staff worked together to ensure good communication and information sharing at the service.

Requires Improvement ●

Wandle Healthcare Services

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 checked 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.

This inspection took place on 4 and 5 February 2019. We gave the service 48 hours' notice of the inspection because the location is a domiciliary service. We needed to be sure that someone would be available on the day of inspection. On the first day of inspection we made calls to 10 people, two relatives and four staff members working for the service asking for their feedback about the care provision. On the second day of inspection we attended the agency office.

This inspection was carried out by an inspector and Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we talked to the registered manager, deputy manager, nominated individual and field supervisor. We looked at care plans for four people, three staff files and reviewed records related to training, safeguarding, incidents and accidents, medicines, recruitment and other aspects of the service management.

During the inspection we contacted four healthcare professionals asking for their feedback about the care provided for people.

Is the service safe?

Our findings

People had risk management plans in place to help staff to identify and manage potential risks to people. Risk assessments were completed in relation to people's nutrition, mental health and medicines management which guided staff on the support people required to mitigate the risks identified. However, at our last inspection we found that the identified risks had been assessed on a scale from low to high, but no information was provided to determine the severity and likelihood of these risks. At this inspection, we saw the same assessment tool being used to determine the level of risks to people and it was still unclear how the risks were assessed. We also saw that some risk assessments were not completed appropriately. A 'moving and handling risk assessment' was rated low, but the person was bed bound and required support with transfers. This meant that the level of risk was assessed based on the risk management plan rather than the actual risks to the person without the support provided.

Policies and procedures were in place to support staff to manage people's medicines safely. One person said, "I self-medicate, but the carer does check on what I have taken and when as I'm on some strong medication for pain control." Information was available on the support people required to take their medicines and if staff needed to prompt or administer the medicines to people. Staff were required to fill in medicine administration record (MAR) sheets to confirm that people had taken their medicines as necessary. However, some of the MAR sheets we viewed were not fully completed. Information was not recorded if people were supported to take the medicines by their relatives. The registered manager told us that this was already identified and staff were booked to attend a refresher course for medicines to ensure they completed the records appropriately. We also discussed that good practice would be to carry out regular medicines competency assessments as currently these observations were done if staff's performance required reviewing.

The above paragraphs describe a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe and well looked after by the staff that supported them. Their comments included, "I feel very safe. I think it helps that I have the same male carer and he's really good", "[Staff] help me to have a bath and I feel very safe with the carer" and "The way that [staff] handle me makes me feel safe."

Systems were in place for monitoring any safeguarding concerns received. Staff told us the actions they would take if they suspected a person was at risk of harm. This included appropriate reporting and recording of information. One staff member said, "I maintain confidentiality as required by the Data Protection Act. I do not provide clients' information to anyone who is not authorised. Otherwise this could be treated as abuse." There were no safeguarding concerns received since the last inspection.

The provider carried out pre-employment checks before staff started working. Records showed that staff were required to complete a job application form, attend an interview, provide two references and to carry out a criminal record checks which helped the registered manager to make a decision about their fitness for the role. Systems were in place to monitor visa expiry dates for staff who required permission to work in the

UK.

Staff knew the actions they had to take to protect people from risk of infection. Staff told us they used disposable gloves and aprons to ensure people's safety. Records showed that staff attended infection control training to gain the necessary knowledge and skills to protect people from cross contamination.

Systems were in place for reporting and recording any incidents and accident taking place. Staff completed an incident and accident form which was reviewed by the registered manager to ensure that appropriate actions were taken to protect people as necessary. This included making a referral to healthcare professionals to assess a person's changing care needs when they had a fall.

Is the service effective?

Our findings

At our last inspection we found that staff were not adequately trained and lacked knowledge to carry out their duties as necessary. At this inspection we saw there had been improvement in this area and the provider was no longer in breach of the Regulation.

Records showed that staff received support through on-going training. They had been trained in topics the provider considered mandatory, such as health and safety, dementia, end of life care, safeguarding, Mental Capacity Act 2005 (MCA) and medicines management. The provider had taken our feedback from the last inspection on board and the registered and deputy manager were now training staff over five days instead of three days which meant that topics were covered in more depth. Additionally, staff were provided with on-line training if they were not able to attend the classroom based courses. The registered manager told us they encouraged staff to undertake the Qualifications and Credit Framework (QCF) training and that currently they had four staff members completing it. QCF is a recognised qualification in the social care sector.

People felt that staff had skills and knowledge to assist them as necessary. One person said, "[Staff] are very capable and I've no complaints." Staff provided us with good examples of how they supported people to stay safe from abuse and the strategies they used to encourage people to make every day decisions for themselves. A staff member told us, "I did a lot of training and for the clients with special needs. I found the training very useful." A healthcare professional said, "I think [staff] have been doing a really good job with [my client], she is a very difficult customer and they have managed her well."

An electronic system was used by the management team to monitor staffs' attendance for their shifts. Staff were required to use a phone to log the start and finish of their visit which informed the management team about the duration of their shift. Staff called the agency office if they were running late so they could let people know about this. We found that staffs' attendance was monitored thoroughly and action was taken in good time if the management team saw a staff member being late for their visit. Any reasons for late and missed calls were appropriately recorded and audited weekly to ensure effective care delivery for people. This included making changes to staffing rota where necessary.

People told us that mostly they had regular care workers and if staff were running late they were told about it. People's comments included, "We don't have anyone that just fills in. I always have the same person", "One day a week there's a different carer but mostly I have the same one", "They are nearly always on time. On the occasion where unforeseen circumstances arise then I receive a call from the office." A family member told us, "We haven't had a major problem [regarding staff's lateness]. Some weekends when the carer is off, they have struggled to find cover, and we get different carers."

Staff felt they were effectively supported by the registered manager which helped them to perform well in their role. Their comments included, "The manager is very open. I can contact the manager at any time and she will talk me through what needs doing" and "The manager listens to what we say and take it on board. She cares about us and is approachable for advice when we need it." Regular supervision meetings took

place to discuss issues relating to the people that staff supported and their own training needs as staff. Records also showed that staff had annual appraisal meetings with their line manager to review their performance and set development goals for the coming year.

People told us they chose what they wanted to eat. Their comments included, "Oh yes, yes I choose. [Staff] make me soup, sandwiches and a cup of tea or coffee", "I like proper food. I tell [staff] what I want and they cook very well. [Staff] can cook anything that I want. If I have roast lamb, [staff] put it on and then they do the vegetables that I choose" and "Most certainly I choose what I want to eat."

People's nutritional needs were assessed to ensure they were met. The registered manager told us they supported people with food shopping and preparation of meals where they required assistance. Staff said they helped people to make choices about the food they wanted to eat. One staff member said, "If a client wants to feed themselves, we give them time and encourage to eat independently."

Staff told us they supported people to access healthcare professionals when they required assistance. They contacted GPs and district nurses if a person was not feeling well and they needed a check-up. A healthcare professional told us, "If there are any issues, staff raise it with the family or contact me."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff told us how they assisted people to make choices and where necessary, involved family members to guide them on the support people required to live their chosen life styles. A staff member told us they were not in a position to make decisions for people and only authorised persons, including relatives acting as a Power of Attorney, could support people in the decision-making process if they lacked capacity to do so themselves.

Is the service caring?

Our findings

Staff attended to people's care needs with kindness. People told us, "[Staff] are very pleasant and lovely. They give me a cuddle when they leave, and I like that", "[Staff] are very nice. I can't dispute anything about them", "[The staff member] is very kind, caring and helpful" and "[Staff] are considerate, thoughtful and generally very caring and kind."

People felt they were listened to and told us, "[The staff member] always asks how I'm keeping", "Talk... Oh god yes, we have a really lovely chat. I like to talk", "I know that I'm listened to, and [the staff member] always takes time to check making sure that everything that needs doing for me is done", "There's plenty of time to talk, and I feel that [staff] listen to me" and "[Staff] are quite good like that. There's a couple of carers that I really like and we natter a lot."

People told us that staff respected their privacy and dignity. Their comments included, "99% do respect my privacy. When I have my shower, I like to have my housecoat around my shoulders when I walk through from the bathroom, and most carers respect that", "Generally [staff] respect my property and are considerate and thoughtful" and "If I want to be left in the bathroom to have a bowel movement, [staff] give me this privacy, and respect my wishes." A family member said, "[Staff] treat [my relative] with respect. The regular [staff member] has been really good at getting [my relative] into the bathroom to have a wash, and making sure that [my relative] changes clothes. If [my relative] refuses a bath, [staff] will give her a wash and will make sure that she has clean clothes."

Staff respected people's religious and cultural beliefs. People told us, "I'm a Christian and [staff] respect that" and "Actually, I'm an atheist and most of the carers that come are Christian but they never push their religion onto me." One staff member told us, "I respect clients' religion and I do not bring something to their house that they are not comfortable with, for example a ham sandwich to a client's home who is a Muslim. We also give them space when they are praying." Another staff member said, "Some clients want to be covered in a particular way or cover their head based on their religion and I respect that."

People told us that staff helped them to enhance their independence. Their comments included, "I'm independent when I have [the staff member]. I'm a really lucky man to have him", "I'm independent with [staff's] help, I am. I couldn't be independent without it", "I have a wheelchair, and can't walk too far. Every Tuesday and Thursday if the weather is good the carer will wheel me to the shops. I can't see too well these days but it's good to get out and about" and "I'm sure that if I asked [staff] to go to a movie or anything, then they would do it with me. I tend to do activities with friends and family." A family member said, "It made a massive difference with [my relative] going to the day centre. The carer makes sure that [my relative] is clean and dressed in suitable clothing." Another family member told us, "[Staff] do encourage [my relative] to do as much as she can for herself. [My relative] washes bits and lets staff wash places that she can't reach."

Is the service responsive?

Our findings

At our last inspection we found that the provider had not taken all the necessary actions to assess people's care and support needs to ensure safe care. At this inspection we saw that people's care plans continued lacking information on the potential risks to people and how these were managed to ensure effective care delivery.

We found that the care plans were inconsistent and lacking details about people's health conditions. Some care plans mentioned people having diabetes and dementia but no follow-up information was provided on how these health conditions were affecting people's everyday activities. One care plan noted the person as having a 'mental health problem' but there were no further details provided about the specific condition they had. The field supervisor told us the person had dementia but could not explain us why this information was not recorded in the person's care plan. No information was provided in another care plan to reflect the persons end of life wishes and the support they required to meet their specific care needs. We also found that people's care plans were not detailed enough to guide staff on the actual support people required to meet the assessed needs. For example, care plans noted people requiring support with 'toileting' but it was not clear if they needed prompting or actual assistance to meet this need.

This meant that people's care plans were not accurate and had not been updated in line with people's current care needs. This represents a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff were aware of their health needs. Their comments included, "I have [a health condition] and [the staff member] knows all about this. [The staff member] always makes sure that I am alright and that the pain is under control before he will leave" and "There's a book which has information about me. The carers fill it in at the end of every visit."

People told us that staff asked them how they wanted to be cared for. Their comments included, "After [staff] have made my food they Hoover and wipe over my floors. [The staff member] has even washed my hair. If there's anything that I want I only have to ask" and "[The staff member] keeps me very clean which is what I want. He has a way of doing things, he has a system and it works for us both."

Staff were aware of and used people's individual communication strategies to involve them in conversations. A staff member told us, "I know how to talk to clients, some are quick to respond, some need more time and others use gestures to tell me what they want." The registered manager told us they assessed people's communication needs when people were first referred to the service and we saw these needs being reflected in people's care plans for staff to follow as necessary.

People were approached regularly for feedback about the care delivery. One person said, "Last week [staff] asked me for my opinion. I gave five for everything. I really hope that I keep my same carer because she's really good." Another person told us, "I know that if I do make a complaint, they deal with this consistently." Records showed that telephone questionnaires and customer satisfaction surveys were used to gather

people's views about the staff's performance and the quality of the services provided for them. The most recent survey results showed that people were satisfied with the staff's attitude and the attention staff paid to their care needs.

There were suitable arrangements in place to respond to people's complaints. Records showed that complaints received were appropriately recorded and acted on with the outcome satisfactory to the complainant. This included a person having their care needs reviewed to ensure they were provided with the necessary support.

There were policies and procedures in place to ensure that people were cared for in a dignified way at the end stages of their life. Staff told us they had support to appropriately assist people to stay comfortable for as long as possible. One staff member said, "The management team supports us when we deal with end of life care. The manager listens and asked about my feelings when I was supporting a dying client." The registered manager told us they worked in partnership with palliative care specialists such as hospices, nurses and GPs to ensure they provided people with the required care and equipment at the end of their life.

Is the service well-led?

Our findings

Some quality assurance processes were in place to monitor the quality provision at the service. Records showed that field supervisors carried out routine checks on medicine records and daily notes making sure they were up-to-date and accurate. There were shared responsibilities between the management team to monitor staff's performance which ensured that people were provided with good care.

However, there were no established systems in place to review the overall care delivery of the service so that appropriate action was taken to improve where necessary. Records showed that the registered manager had regularly checked on staff's attended training and appraisal meetings, but no audits were carried out to review incidents and accident and complaints to ensure that lessons were learnt if any reoccurring event had taken place. At our last inspection, we found that people's care records were not sufficiently maintained which meant that staff were not provided with the necessary guidance on how to support people safely. At this inspection we again saw that people's care plans and risk assessments were not accurate and that there were no sufficient quality assurance processes in place to monitor the quality of the care records.

We discussed this with the registered manager who told us they were actively involved in dealing with individual issues occurring and that any changes to people's care plans were discussed with them. This way they had an oversight of the service and where necessary took action to improve. However, there were no records made to help review and follow-up on the undertaken actions when necessary.

This meant that the provider was not sufficiently monitoring and improving the service delivery so that people experienced safe care. They failed to take appropriate and timely action to update people's care records as identified in the last inspection. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a vision and values clearly set out. The management team told us they aimed to provide quality services and therefore since the last inspection a decision was made to terminate some contracts that they were not able to meet. This led to the number of people they supported decreasing from 111 to 33. The management team was also discussing how the British exit from European Union (BREXIT) will affect the service's care provision and the actions they had to take to minimise any impact on people.

The registered manager was aware of their role responsibilities which helped them to aim to provide effective care for people. One person said, "The [registered manager] is very easy to talk to, and she is very understanding." The registered manager knew the different forms of statutory notifications they had submit to CQC and our records showed that these were sent to CQC in good time since the last inspection. We saw the previous CQC inspection's ratings being displayed on the premises and the provider's internet page as required by law.

Staff told us the service was well-run and praised the management team for their support. Their comments included, "The [registered] manager is very good at organising the team. Clients are very happy with the organisation", "The [registered] manager is a good leader, she lets us know where we need to improve and

learn" and "The managers are supportive and with their help we learn on the job every day." The service used electronic systems, such as emails and phone messages, to share information which meant that any change to people's care and support needs was communicated quickly to the team when required.

The provider ensured they worked in partnership with multidisciplinary teams to ensure joined-up care provision for people. This included making referrals to healthcare professionals for guidance and sharing information with other relevant agencies when people were leaving the service. The registered manager told us they also attended provider's forums to share experiences and have discussions about challenges the domiciliary care services were facing.

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>Care plans had not identified the assistance people needed to carry out tasks safely. There was a risk that people were not provided with continuity of care and that important information on the potential risks to people was missed.</p> <p>Regulation 12(1) and (2)(a) and (b)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service people received; to assess to potential risks to people; and did not maintain accurate and complete records in respect of each service user.</p> <p>Regulation 17(1) and (2)(a), (b) and (c)</p>

The enforcement action we took:

We issued a warning notice