

## Wandle Healthcare Services Limited

# Wandle Healthcare Services

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Morden 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 have dementia, physical disabilities and mental health needs. At the time of inspection 111 people were receiving support from this service.

This inspection was carried out on 6 February 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection because we needed to be sure that someone would be in when we come to inspect the service.

At the last inspection on 19 November 2015 the service was rated GOOD. At this inspection we rated the service Requires Improvement, with Requires Improvement in effective and responsive.

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.

We found that people's care plans were not always accurately maintained. Information was missing on some of the needs identified and there were no records available on the support people required to meet these needs.

The training provided for staff was not always effective. Staff received a number of training courses in one day which made it difficult to retain information.

The management team had monitored safeguarding alerts raised and took actions to protect people as necessary. There were risk management plans in place to mitigate known risks to people. Recruitment checks were carried out to assess staff's suitability for the role. The management team ensured that people had support to take their medicines in line with the service's procedures. Measures were put in place to control infection and prevent accidents occurring.

Electronic systems were used to monitor the time staff spent with the people they were supporting. Staff also used their phones to share information as quickly as possible. Staff received one-to-one time with the managers to discuss their developmental needs and any concerns they had. People had the same staff members to support them which meant that staff knew people's care and support needs well. Staff assisted people with their food shopping and cooking meals as necessary. There were processes in place for staff to follow to support people to make their own decisions if there were any concerns in relation to their capacity.

People and their relatives consistently told us that staff were caring, kind and respectful towards their privacy. Staff ensured that people had their dignity maintained and provided personal care in a way that felt

comfortable. People had support to go out in the community and to maintain relationships that were important to them. People's independence was enhanced and staff encouraged people to carry out tasks for themselves if they were able to. Staff knew what was important for people and ensured they provided people with the assistance they required.

People's care and support needs were monitored and reviewed regularly so staff could provide the required level of care for people. People and their relatives approached the management team for information or if they were not happy about something so improvements could be made as necessary. Systems were in place to gather people's feedback about the support they received and if they wanted to make any changes to the service delivery.

There was good leadership at the service and the staff team shared responsibilities to ensure effective care for people. Staff were provided with the service's policies and procedures to follow and to provide consistent care for people. Quality assurance systems were in place and regular audits took place to review the quality of the care being delivered to people. The service worked in partnership with relevant agencies to share information about people's changing needs.

We found two breaches of the regulations in relation to staffing and safe care and treatment. You can see what action we have told the provider to take at the back of the full version of this report.

## 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. The safeguarding alerts raised were monitored and acted upon as necessary. Risk assessments were in place and followed by staff to support people safely.

People had support to take their medicines as prescribed.

There were safe procedures in place for recruiting staff, preventing infection and reporting incidents and accidents.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had not received sufficient training to meet their role expectations.

Electronic systems were used to ensure that staff attended their shifts as necessary. Staff had support to review their developmental needs.

People were assisted to meet their nutritional needs.

Processes were in place to support people under the Mental Capacity Act (2005).

### Is the service caring?

Good ●

The service was caring. Staff were respectful and supported people to maintain their dignity as necessary. Staff were aware of people's preferences and used this information to support people the way they wanted to.

People had assistance to maintain social contacts if they wanted to.

People's independence was enhanced and they were enabled to carry out tasks for themselves where possible.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive. People's care plans lacked information on people's care and support needs.

People had support to review their care plans regularly.

People approached the staff team if they wanted to make changes to the service delivery.

**Is the service well-led?**

The service was well-led. There was a clear management structure in place to ensure effective running of the service. Responsibilities were shared within the management team to review care delivery as necessary.

Staff followed the service's policies and procedures to support people's well-being.

The service worked in partnership with relevant agencies to ensure they delivered person centred care to people.

**Good** ●

# 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 6 February 2018. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that they would be in.

Prior to our inspection we reviewed the information we held about the service, including any safeguarding alerts, previous inspection reports and 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.

The inspection was carried out by one inspector and an 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.

Before the inspection we spoke with ten people who used the service and two relatives. We called four staff members working for the service. We also contacted health and social care professionals but they did not get back to us with their feedback about the service.

During the inspection we talked to the registered manager of the service. We looked at six people's care plans, three staff files and reviewed records related to medicines, training, recruitment, quality assurance audits and other aspects of the service management.

## Is the service safe?

### Our findings

People and their relatives felt that the care provided was safe. Comments included, "I always feel safe using this service. The care is just what I need", "I've never felt unsafe and always feel I'm well cared for", "The care is very good here. I'm so lucky really because you don't get that everywhere, they really do a grand job" and "From what I've seen and what I've heard the care is excellent and everyone [the staff team] is kind and keep [the family member] safe and well looked after".

Systems were in place to monitor safeguarding alerts raised. The management team used a matrix to record details about reported abuse and actions the service took to protect people as necessary. The registered manager told us that after every safeguarding alert raised lessons were learnt and changes made to keep people safe from potential abuse taking place in the future. This included a call monitoring system being implemented as a result of a safeguarding concern being raised. The service did not have any safeguarding cases open at the time of inspection.

The management team carried out risk assessments to identify and manage potential risks to people. Information was available on the support people required to mitigate the risks identified. For example, risk management plans were in place for a person in relation to their mobility and personal care. The identified risks had been assessed on the scale from low to high, but there were no details provided to determine severity and likelihood of these risks occurring to help staff understand the level and impact of risks on people. We discussed this with the registered manager who told us this was included in their previous risks assessments and they would look into adding this information in their new risk assessment forms.

The service carried out pre-employment checks to provide suitable staff for people. Records showed that staff were required to fill in a job application form and attend interview which ensured they were safe to work with people. The service requested staff to provide two references and undertake criminal records checks before they started working with people. The criminal records checks were carried out every three years to assess staff's on-going suitability. The registered manager told us they were in the process of recruiting new staff to ensure that the necessary numbers of staff were provided for people.

Staff provided support with medicines for those people who required assistance. One person said, "When [staff] bring me my medicine [staff] remind me what it is for." A relative said, "[The family member] has issues taking tablets and [staff] are very patient and sit with her and encourage her. I've heard each time [staff] remind [the family member] what they are for, I think this is very good." People received their medicines in blister packs to help them to take the right dose medicines and at the right time. Records showed the management team carried out regular checks making sure people received their medicines as prescribed and that staff had disposed of the medicines that people did not require anymore. We saw actions taken where a staff member had not signed a Medicine Administration Record (MAR) chart after a person had taken their medicines. The management team ensured that the staff member had attended a refresher course on medicines management.

The management team took actions to ensure that people were safe from infection. Staff completed

infection prevention and control and food hygiene training courses to gain up-to-date knowledge related to infection control procedures. The service's 'Control of Infection' policy included staff's responsibilities on how to mitigate risks around diseases that people could get infected with.

Systems were in place for monitoring any accidents that occurred. Incident and accident forms were used to record details around the incidents that took place. The staff team shared information about the incidents to ensure that actions were taken in good time. Records showed that appropriate healthcare professionals and people's relatives were notified about the incidents so they could get involved as and when necessary. These included calls to emergency services where there were concerns about a person having a fall.

## Is the service effective?

### Our findings

We found that staff were not adequately trained to carry out their duties as necessary. The registered manager told us the staff team were provided with internal and external training courses. The registered manager had trained staff internally and carried out 11 training courses in three days. Day two covered effective communication, privacy and dignity, nutrition, the provisions of the Mental Capacity Act 2005 (MCA), dementia awareness, moving and handling, learning disabilities and safeguarding. The subjects covered were not given enough time to appropriately train staff to ensure they had the necessary knowledge in these areas. Three out of four staff we talked to could not tell us the potential types of abuse people were at risk of. Two out of four staff had a very limited knowledge about the MCA. They couldn't tell us what the MCA was in relation to but gave us some examples when asked about how they promoted people's choice. In response to this, the registered manager told us they were looking to recruit an internal training officer. There was a risk that staff did not have the necessary knowledge and skills to support people safely.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service used a matrix to record the training courses attended by staff. The system included names of the staff members that undertook the training and the date of the training course being delivered. This helped the management team to monitor the training courses attended by staff and to ensure they were up-to-date with the training provided for their role. The registered manager told us they encouraged staff to complete the Qualifications and Credit Framework (QCF) training and that some staff finished QCF level 3. QCF is a recognised qualification in the social care sector.

The service used an electronic system to monitor staff's attendance for their shifts. Staff were required to use a phone to log in and log out for their shifts notifying the management team about the time they spent with people. Staff also called the managers to let them know if they were running late so they would inform people about the delay. The staff team used a chat channel for communicating changes taking place at the service. Staff used their phones for the chat channel to pass on information quickly when required, including hospital admissions and changes to people's medicines.

Staff told us they talked to the management team on a one-to-one basis if they required support in their role. One staff member said, "I see the manager regularly and [the manager] always has time for me if I want to talk to them." Records showed the management team had carried out supervision and appraisal meetings to discuss staff's job knowledge and taking initiative when working with people. Spot checks were undertaken if there were any concerns about staff's performance. Staff were provided with guidance and the necessary training if there were knowledge gaps identified.

People told us they were supported by staff they knew well. One person said, "I always have one lady and she is lovely. When she is on holiday another one who I know comes. They call me and my lady tells me if she is going to be away." Another person told us, "There are always enough [staff] to help me and I usually know them." We also found that staff were punctual and people were informed if staff were late for their

shift. "They [staff] are never late more than ten minutes but I like that they call me so I didn't worry." One other person said, "One of my carers missed the bus and I got a call straight away to say she was on her way and that she would be there soon. She came 15 minutes later." This meant that people were provided with consistent and timely care to meet their needs.

People told us they received the necessary support with their nutritional needs. Comments included, "We choose a menu together and [the staff member] cooks it for me", "[The staff member] asks me what I would like to eat and does the shopping. I get to choose and it is very tasty. I have lots of drinks and snacks on my chair next to me" and "We work out a menu together and eat together. It is very pleasant and I help with cooking. It's a jolly thing".

The staff team worked in partnership with healthcare professionals to provide person centred care for people. One person told us, "If I feel ill [staff] help me and call the doctor. [The staff member] chats with me and we work out if I just need a painkiller or some rest." A relative said, "The manager called me at the beginning to discuss the level of care and risks involved in [my relative's] care and they formed a plan by talking to [the relative] and the GP and us as a family." Records showed that referrals were made to relevant healthcare professionals where people's health needs changed, for example staff used a body assessment chart to record changes in a person's skin and contacted a district nurse for support as necessary. The registered manager told us they were approached by the multidisciplinary teams where people's care needs had increased and staff required guidance to support people as necessary. This included working in partnership with a physiotherapist to support a person with their mobility.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager told us about the procedure they followed to support people under the MCA. The service involved a family if it was concluded that a person lacked capacity and required a best interest decision to be made on their behalf. At the time of inspection the staff team had not had any concerns about people being able to make their own decisions.

## Is the service caring?

### Our findings

People were satisfied with the staff's caring and kind attitude towards them. People told us: "I have to say I feel lucky, they [staff] are kind people", "They [staff] provide a fantastic service and I'm very happy", "[The staff member] is very reassuring and really does care. I feel so happy that I have someone to trust" and "My needs are always met, carers make me feel like I come first. My carers are excellent".

People told us they had support that was dignified and respectful towards them. Comments included, "[Staff] are very respectful and I get privacy when I don't feel like talking or socialising", "I get privacy. [Staff] always knocks on my door", "[Staff] are kind and they care. I have two different [staff members] during the week and they are both caring and respectful. We look forward to them coming" and "[Staff] come in to my house and respect me and my things as well as my own space. [Staff] are very kind and I feel that my home is still my own and has not been taken over". A relative said, "[Staff] is respectful of [the family member's] home and me. [Staff] is kind to both of us and respects privacy when I just want to sit with [the family member]."

Staff told us examples of how they ensured people's dignity was maintained. Comments included, "I respect people and ensure their privacy by closing doors when providing personal care", "If a service user is not comfortable I make sure they are made comfortable, for example by sitting [them] right", "I help them [people] to cover themselves when I support them with personal care" and "I respect the people's wishes".

People had support to access the community and maintain relationships with their friends and families. People told us about the assistance they received from the staff that supported them, including "I go to my club and my carer makes sure I have transport booked. I forgot to book return transport once and now [the carer] checks it all for me and helps me pack the bag I take before I go", "My friends visit and [staff] takes me down to meet them sometimes. [The staff member] is very good at organising this", "[Staff] helped me to organise going to lunch club with my neighbour" and "I told [staff] I wanted to go to the beach and [they] arranged it with my nephew and we all went". A relative said, "The carer takes [the family member] to the library, [the family member] loves reading and [staff] arranges transport for club trips."

Staff supported people to stay independent as much as possible. Comments included, "I feel they look after me how I like and only help me do things I cannot do", "They write down my tablets so I know I've taken them and write down when I have to take the ones when they are not there" and "I still get to do or try to do everything I want and tell them [staff] if I can't. [Staff] encourage me to do things". A staff member told us, "I help service users to do things for themselves and I help them if they cannot do the tasks." Another staff member said they "help people to dress themselves only when they need support."

People told us that staff knew their care and support needs well. One person said, "They [staff] know me very well and how I like things done." Staff told us they talked to people and their family members to find out what they liked, for example what was their favourite food. This ensured that people were supported the way they wanted to and according to their preferences. However, the majority of the care plans we viewed did not have personal information about people, including their life history, likes and dislikes. We discussed

this with the registered manager who told us that from now on they would include this information in people's care plans to ensure continuity of care.

## Is the service responsive?

### Our findings

The management team had recently started using a new care plan, which provided more information about people's care and support needs than the previous form used. However, we found that the new care plans had not always appropriately describe people's assessed care needs and there were no details available on the actual support people required to meet some of the needs identified. For example, we found a record noting that a person had 'mental health issues'. The care plan had a box ticked for 'depressed'. There was no other information available for staff to follow when supporting this person with this condition. We discussed this with the management team who told us that this information was passed on to them by the family. They also said that staff found it difficult to engage with the person when supporting them. This meant that the person was not receiving the necessary support as their care needs were not appropriately assessed and managed. Another record showed that a person required 'support with eating'. The care plan had a section called- 'nutritional assessment' which noted this person did not have any nutritional needs identified. There was no other information available in relation to the person's nutritional needs, for example details of the specific tasks that they required prompting or assistance with and how they wanted to be supported.

The registered manager told us they had completed 14 care plans using the new form and planned to complete the rest in the next two months. There was a risk that people were not provided with continuity of care and that important information on people's care needs was missed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had support to review their care and support needs. One person said, "I tell my carers how I like things and they ask me. I feel we work together." Another person told us, "[A staff member] chats with me and we make decisions together about how I want things." Staff used 'daily routine charts' to record people's daily activities which meant that accurate information on people's increased care needs was available. The registered manager told us that any changes to people's health and social care needs were reported to a local authority requesting the care package to be reviewed. A review meeting was usually arranged in people's homes to ensure their input.

People told us they felt confident to raise their concerns if necessary. One person said, "They ask me if I am happy with things and change how they do it if I'm not. I don't like being washed in bed so I told them and they get me out of bed first now." Another person told us, "I would chat with my carer as I know [the carer] listens or the office. They would be good to get help from". Relatives also felt they could talk to the staff team when needed. One relative said, "If I have questions the office would be my first port of call as they are efficient and get back to you with accurate information." Another relative told us, "I've never had need to complain but I wouldn't hesitate to call the service. They always have time and rectify things fast."

There were processes in place to provide people with opportunities to share their experiences about the service they received. The management team had regularly asked people for their feedback about the staff

that supported them, including if the staff were polite and approachable. They used a 'Telephone monitoring' form to record the conversations they had with people which ensured that information was appropriately recorded and passed on to the relevant staff members where necessary. The registered manager told us they took actions if people complained about a staff member and on one occasion had asked the staff member to make changes to their working routines as it had not suited the person. People were also asked to fill in the service's annual feedback questionnaire. We saw the feedback survey results received in 2017. Overall, people were satisfied with the care provided and felt their privacy and dignity was respected by the staff that supported them.

## Is the service well-led?

### Our findings

People and their relatives felt the management team was approachable when they needed help. One person said, "The office are very helpful and I've spoken to a couple of them. The [registered manager] is very chatty and always has time for you." Another person told us, "[The registered manager] always has time to listen and doesn't rush you."

The registered manager told us they started using the new care plans as they identified issues with the care plans they used previously, including the care plans not being detailed enough to reflect people's care and support needs. The service had started using the new care plans very recently and therefore the management team had not identified that the new care plans were not accurate. The registered manager told us this would be looked into making sure the care plans reflected the support people required. In addition, the service had identified issues related to staff's training and the registered manager told us they took actions to appropriately train staff, such as introducing an on-line training if staff did not attend the face-to-face training. They were also looking to employ a professional trainer to carry out staff's training.

The registered manager told us the service aimed to "achieve quality care." They were not currently taking new people as the management team wanted to make sure they provided quality services for people they already supported. Staff told us they were able to speak up to make improvements and the management team was responsive and acted quickly where required. One staff member said, "The manager called family when a service user was discharged from the hospital for their help as it was important." The registered manager ensured that staff were up-to-date with the service's policies and procedures. Staff were required to acknowledge their understanding after they had familiarised themselves with the policies. This ensured that all staff were aware of their responsibilities and the level of expectation in providing quality services for people.

There was a clear management structure in place and shared responsibilities to ensure a robust running of the service. The registered manager had support from a deputy manager, care co-ordinators and field supervisors to monitor the services being delivered to people. The managers were aware of what was required in their role and supported staff to carry out activities as necessary. This included the supervisors supplying protective clothing for staff to ensure they cared for people safely. A staff member told us the registered manager was "supportive when I need advice or help." The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and according to our records these were sent to CQC in good time.

There were good communication links at the service to support staff to share information as necessary. The management team provided 24 hour support for the staff team which ensured that guidance and reassurance was available when they required it. Any issues arising were shared with the registered manager during the morning handover meetings for taking further actions where necessary. We viewed the team meeting minutes which showed that staff had regularly discussed issues concerning the running of the service. In one of the meetings discussions took place around the improvements required related to staff's communication. Conversations with relevant healthcare professionals and families were appropriately

recorded to ensure consistency and continuity of the services provided for people.

The service used data management systems to monitor the quality provision. The management team carried out regular audits to support the care provision at the service. The field supervisors checked people's daily notes and medicine administration charts to ensure it was up-to-date and signed for where necessary. The care co-ordinators were responsible for reviewing the staff rota, which was updated weekly, making sure that people were provided with assistance when they required it. Any issues identified were reported to the registered manager for taking actions as necessary, for example transport was provided to reduce time that staff travelled between people's homes.

People's care needs assessments were undertaken together with other relevant agencies to ensure joined-up care for people when they move between services. The management team was provided with local authorities' assessments when people were first referred to the service. This information was added to the service's initial assessment that was carried out to determine if the staff team had the necessary skills to support the people referred. The management team had also undertaken assessments in conjunction with the medical staff when people were discharged from hospital which ensured that all information about people's changing needs was collected and passed onto the staff team as necessary.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's care plans were not accurate and lacked information on the support people required. There was a risk that important information on people's care and support needs was missed.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The service had not trained their staff appropriately. There was a risk that staff lacked understanding about their role responsibilities.