### Carevisions@Home Ltd
#### Wingrove House

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<tr>
<th>Region:</th>
<th>North East</th>
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| **Location address:** | Wingrove Business Centre  
                     | Ponteland Road  
                     | Newcastle-upon-Tyne  
                     | Tyne and Wear  
                     | NE5 3DE        |
| **Type of service:** | Domiciliary care service  
                     | Diagnostic and/or screening service |
| **Date of Publication:** | November 2012 |
| **Overview of the service:** | Wingrove House are a domiciliary care company which is part of the Carevisions@home group who provide support and care for people with advanced or progressive complex needs within their own home. |
Our current overall judgement

Wingrove House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We used a number of different methods to help us understand the experiences of people using the service. We looked at five care records, spoke to two people who use the service, spoke to three relatives and four members of staff.

One person who uses the service told us, "The carers are very good. If I need anything they are there straight away."

One relative told us, "In January he came out of hospital and was given one month to live and they could do no more for him. Since Care Visions came in he has gone from strength to strength."

What we found about the standards we reviewed and how well Wingrove House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights
The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard.
The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Other information**

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the Guidance about compliance: Essential standards of quality and safety
Outcome 01: Respecting and involving people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement
The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People who use the service understood the care and treatment choices available to them. We saw that care records included a full personal profile together with a complete description of the condition of the person.

We saw that the company completed assessments prior to the commencement of care. Care records were held at the homes of people who use the service and they had full access to these records. A service user guide was provided to people who use the service and their families. This meant people understood the care provided and the choices they had in the provision of that care.

Other evidence
People expressed their views and were involved in making decisions about their care and treatment. We looked at five care records and saw that they were detailed and person centred.

We saw many examples of personal choice. One person stated they liked watching cowboy movies and playing pool and that this had been facilitated. We saw that reviews of the care records were carried out monthly by management.
People who use the service were given appropriate information and support regarding their care or treatment. We saw that people were included in the assessment process and reviews of their care. One relative said, "We set the care plan up together with the care manager."

People’s diversity, values and human rights were respected. We saw that the assessments completed by Wingrove House were person centred and sensitive to the needs of the people using the service. This meant that people were respected as individuals.

**Our judgement**
The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<th>Our judgement</th>
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<tr>
<td>The provider is compliant with Outcome 04: Care and welfare of people who use services</td>
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<th>Our findings</th>
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<tr>
<td>What people who use the service experienced and told us</td>
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<tr>
<td>We spoke with two people using the service in their own homes and three relatives. We also reviewed five care records.</td>
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<td>All of the people we spoke with said they were very satisfied with the quality of care provided by Wingrove House.</td>
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<td>One person using the service said, &quot;The carers are lovely. They're here twenty four hours.&quot;</td>
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<td>A relative told us, &quot;Staff are fantastic. They are very good.&quot;</td>
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<tr>
<td>Other evidence</td>
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<td>People's needs were assessed and care and treatment was planned and delivered in line with their individual care record. We saw that care records included personal assessments which highlighted any issues and detailed the methods of how care should be delivered. We saw that the care records were reviewed by the care coordinator monthly and signed. This meant that any changes to people's needs could be responded to quickly.</td>
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<td>One relative described to us how well the company responded to an issue they had with the care plan. They said, &quot;I have been involved with the care plan. We had an issue which was addressed immediately and that's what you want.&quot;</td>
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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that each care record contained risk assessments which meant risk was managed effectively. We saw that all staff reviewed these records for the people they cared for.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that the rights of people who use the service were protected. People who use the service and their relatives were provided with the company statement of purpose and a service user guide that gave them information on what they could expect from using the service. This meant that they understood their rights relating to care.

**Our judgement**
The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.
Outcome 07:
Safeguarding people who use services from abuse

What the outcome says
This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement
The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We spoke to two people using the service and three relatives but their feedback did not relate to this standard.

Other evidence
We spoke with four members of staff, who all told us they were aware of the company's safeguarding policy and where they could find it. Staff were able to describe the correct procedure to follow if they suspected someone was at risk of abuse. This meant staff had a good understanding of safeguarding procedures and had access to the information they needed.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that the company had detailed and comprehensive policy documents for safeguarding vulnerable adults and whistle blowing. Staff had received training in safeguarding vulnerable adults and fully understood the whistle blowing procedure. This meant that people were protected from abuse.

The staff we spoke with told us they were aware of the company's whistle blowing policy, which explained to staff how they could raise any concerns they had relating to poor practice within the service. Staff told us they felt that any concerns raised through the whistle blowing process would be taken seriously. This meant that the correct procedures were followed when an incident is reported protecting people from harm.

We saw that there were no outstanding incidents reported to safeguarding and the manager told us he/she had completed safeguarding alerter training.
Our judgement
The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
Outcome 14: Supporting workers

What the outcome says
This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement
The provider is compliant with Outcome 14: Supporting workers

Our findings
What people who use the service experienced and told us
We spoke to people using the service but their feedback did not relate to this standard.

Other evidence
Staff received appropriate professional development. We reviewed four staff files and staff training certificates. The manager was able to demonstrate that training was monitored and up to date. The provider had developed a new training matrix and told us it would be in use by the end of September 2012. This gives an overview of all training undertaken by the staff team.

We saw that staff received a three day induction at the start of their employment and had a probation period of three months. We were told by the manager that this had been extended to six months.

Staff are able, from time to time, to obtain further relevant qualifications. We saw evidence in the staff files that people had developed professionally within their roles. We saw that emails had been sent to staff asking for volunteers to be trained in dementia care and palliative care. All staff have received training to a minimum level of NVQ level 2.

We saw recorded evidence that staff received supervisions every three months and an appraisal every twelve months. Opinions were mixed amongst the staff we spoke to about training and supervisions. Comments included, "I have received no supervisions as yet" and, "There is no training booked in or organised. Others said,"I'm really pleased with them" and, "It's much better now for training."
Some staff also indicated there had been problems communicating with management. One person said, "They never reply to emails. There is poor communication between staff and management." Another member of staff said, "They've lost a lot of staff because of the management issue."

The manager told us that there had been issues relating to communication between the care staff and the office staff and that this was being addressed. We were told that the management responsible for the poor communication were now no longer with the company.

We saw evidence that staff were invited to three feedback sessions attended by management. These were set up to listen to the views of staff members. We also saw an action plan detailing action to be taken by management as a direct result of feedback from these sessions.

**Our judgement**
The provider was meeting this standard.

People were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.
Outcome 16: 
Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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<td>The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision</td>
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<th>Our findings</th>
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What people who use the service experienced and told us
We spoke to people using the service but their feedback did not relate to this standard.

Other evidence
People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw customer and staff surveys were sent out annually and were due out in September 2012. We saw that the company completed an internal audit and spot checks were conducted by executive board members.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We saw that decisions were taken by suitably qualified staff and that these were recorded.

We saw that the company had a comprehensive complaints policy and that details of this were provided to people who use the service and their relatives or representatives. There were no outstanding complaints but we saw that if complaints had been made they had been recorded and actioned correctly. The complaints register was audited monthly.

The company also had comprehensive policies and procedures which were made available to all staff members. This meant that the people working for the company were fully aware of best practice to be used whilst at work.
Our judgement
The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
### Information for the reader

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<tr>
<th>Document purpose</th>
<th>Review of compliance report</th>
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<tr>
<td>Author</td>
<td>Care Quality Commission</td>
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### Care Quality Commission

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<tr>
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| Postal address        | Care Quality Commission  
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                        | NE1 4PA            |