

Winserve Care Services Ltd

# Winserve Care Services

## Inspection report

Building 3, City West Business Park  
Gelder Road  
Leeds  
LS12 6LX

Tel: 07388191702

Date of inspection visit:  
19 May 2022

Date of publication:  
27 July 2022

### 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Winserve Care Service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of our inspection, 53 people were receiving regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using the service and what we found

The provider had failed to ensure the quality assurance processes in place were effective. We found limited audits and no plans for service improvement. Care records were personal and involved people however we found specific information missing.

Systems were in place to make sure staff were recruited safely. This included a criminal record check (DBS) and references from previous employers. Staff were knowledgeable about people's needs and preferences.

There was sufficient staff to meet people's needs. Staff told us they had enough time to get to calls and people told us calls were on time.

All the people and relatives spoke positively about the care. People told us they were supported by staff who were kind and caring. One person said, "All the staff are very respectful and understand that I have full capacity."

The feedback about management and leadership was positive. Staff told us they felt supported and the leadership team were approachable. One relative said, "The manager is very good and always listens to any comments we have and will address small issues immediately."

The registered manager was receptive to the inspection process and we saw evidence the provider had started to address the issues identified during the inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

This service was registered with us on 11 June 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's safety. A decision was made

for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Winserve Care Services

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 May 2022 and ended on 10 June 2022. We visited the location's office on 19 May 2022.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people using the service and five relatives about their experience of the care provided. We spoke with six staff members, including the registered manager and one external healthcare professional. We looked at four care records and three medicine records. We looked at five staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found issues regarding the safe management of medication related to poor governance. The service completed medicine audits. However, these were not formally documented. We were not assured the provider was monitoring all medicine mistakes to improve practice. Please see the well-led section of this report for further information.

Medicine audits were not robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines safely. The provider ensured all staff who administered medicines were trained to do so and had frequent competency checks. However, these were not always documented. Following the inspection, the provider planned to record all staff medicine competency checks.
- Feedback from people using the service and their relatives in relation to the support received with medication was positive. One relative said, "We share giving medication out and we have a chart which is signed each time medicines are given. I have no concerns."

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. However, this was not renewed therefore we were not assured staff knowledge remained current. This was raised as a concern during the inspection, and the provider arranged refresher training for staff immediately.
- People were safe and protected from the risk of abuse and avoidable harm. Safeguarding concerns were raised and recorded; one person told us, "I feel totally safe with the staff."
- The provider had a safeguarding policy and staff demonstrated a good awareness of safeguarding procedures. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Systems were in place to assess the risks to people's health and safety. However, improvements were needed to make sure these systems were robust.
- People's care plans identified general support needs; however, we found specific information missing. For example, records lacked details on how to hoist someone and what sling to use. This was raised with the provider during the inspection who agreed to review all care plans.
- The provider had systems in place to identify lessons to be learnt. The provider held monthly meetings with staff to share lessons learnt. However, this was not always documented.
- Staff informed us lessons learnt were shared. Staff we spoke with could give examples of how information

was shared to improve care.

- Staff understood and followed risk assessments which contained information on how to reduce risks and provide safe care.

#### Staffing and recruitment

- Recruitment was managed safely. Systems were in place to make sure staff were recruited safely. This included a criminal record check (DBS) and references from previous employers.
- Care was delivered by a consistent team. One relative said, "The staff are usually regular faces and we have built up a rapport and understanding which is essential to keep [person] calm and safe."
- Care was delivered on time for the allocated time. There were no reports of missed or late visits. One relative said, "They are nearly always on time and they will call if there is any delay."
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care.

#### Preventing and controlling infection

- We were assured the provider was effectively managing the prevention and control of infection.
- The provider had policies for infection control and COVID-19.
- Supplies of personal protective equipment (PPE) were available to all care staff and staff were regularly reminded of its correct and safe use. One staff member said, "We always wear PPE on visits."



# Is the service effective?

## 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's protected characteristics under the Equality Act (2010), such as religion and disability were documented as part of the assessment process. The provider documented these discussions with people and their relatives.
- Assessments of people's needs considered their physical and emotional needs.

Staff support: induction, training, skills and experience

- The provider could not evidence effective support was in place for staff. Although staff told us there was regular supervision, this was not always documented. One staff said, "Yes, we have supervision all the time." We have also commented on this under the well-led key question.
- Staff were up to date with training and there was a training matrix in place. Training included specialist areas, for example, dementia and end of life care. Some training such as safeguarding and infection control was not renewed therefore we were not assured staff knowledge remained current. This was raised as a concern during the inspection, and the provider arranged refresher training for staff immediately.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Staff were able to tell us about people's nutritional needs.
- People confirmed staff supported them with their meals and followed their preferences. One relative told us, "They will often offer drinks and will sort out some food if I am busy."
- Care notes described the support planned and provided around people's nutrition and hydration.
- Staff contacted healthcare professionals when required. We saw evidence of involvement from a variety of healthcare partners in people's care plans. People and relatives were confident staff would contact healthcare professionals if 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 particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. This did not apply to anyone receiving this service at the time of our inspection.

We checked whether the service was working within the principles of the MCA.

- Specific capacity assessments and best interest decisions were clearly documented to demonstrate that decisions made for people without capacity had been made in their best interest.
- People were given choice about how they liked their care and treatment to be given.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by staff who were kind and caring. One person said, "All the staff are very respectful and understand that I have full capacity, my disability is physical. They will support me and help me but never treat me in an inferior way."
- All the people and relatives we spoke with told us the care they were receiving was having a positive impact on their lives. One person said, "The service has restored my faith in care staff, they have been very helpful and supportive."
- Staff were aware of people's protected characteristics for example age, disability and race. Staff promoted respect when providing support.

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

- In the assessment and care planning process, people were asked about their desired outcomes and what they needed staff to do to support them. This meant people's views and opinions were understood and acted on. One person said, "I have a full care plan which has been discussed. I even have an information board on the wall in my house so that nothing is missed."
- People and relatives were involved in planning and reviewing care plans. One relative said, "We are here and very much involved in [their] care. They are very respectful of this and will always check with us what we need from them and never assume anything."
- The provider contacted people and relatives to ask them for their general feedback about care, but this was not always documented.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy and promoted their independence.
- Relatives gave us examples of how staff respected people's privacy. For example, one relative said, "They are very respectful of privacy, [name of person] is a very private person and would not like me to see [them] undressed. Staff are aware of this and always wait until I leave the room to start any personal care. They always draw the front curtains and to give the respect [name of person] deserves."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People using the service and relatives told us the service communicated following complaints. One relative told us, "I did have a problem with different staff being sent out which was not good as [name of person] need consistency to keep [them] calm. I told (the provider) and they addressed it immediately which I thought was very good. The situation is now stable with staff so I do think they were very responsive."
- There was limited oversight of complaints. There was a complaints log which lacked details and actions taken following complaints were not always documented. The issues regarding the management of complaints related to poor governance. Please see the well led section of this report.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised to reflect people's care needs. People's likes, dislikes and what was important to the person were recorded.
- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.
- Relatives and people were involved in care planning and care plans included preferences for care. One person said, "The care plan is reviewed quite frequently and they are responsive to any suggestions we have."

Meeting people's communication needs; End of life care and support

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans documented the support they required with their communication needs.
- Staff told us how they adapted their approach and communication depending on people's hearing and understanding.
- The provider confirmed they supported people who were on end of life care pathways.

# Is the service well-led?

## 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to ensure the quality assurance processes in place were effective. We found limited evidence of effective audits and there was no service improvement plan in place.
- We found the provider was not consistently documenting all actions taken. There were gaps in care documentation, a lack of recording supervision inconsistent auditing and a lack of oversight of renewing training.
- The provider collected feedback from people who used the service and their relatives, however this was not consistently recorded.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the inspection process and told us they were willing to learn and improve. We saw evidence the provider had started to address the issues identified during the inspection.
- The feedback about management and leadership was positive. Staff told us they felt supported and leaders were approachable. One relative said, "The manager is very good and always listens to any comments we have and will address small issues immediately."
- There was a clear statement of purpose and organisational structure in place.
- The provider had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as district nurses and GPs. One professional said, "This is one of the best services I deal with. I'm very impressed with the management and staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- The provider held regular staff meetings, however these were not always documented. Staff we spoke with said they attended meetings.
- Relatives spoke well of the care staff. They said they treated people well, with care, dignity and respect.
- The provider communicated with staff through emails and telephone calls.

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 17 HSCA RA Regulations 2014 Good governance  The provider was not consistent in documenting actions taken.  Medication audits were not robust.