Waterside Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Waterside Homecare Services Limited is a domiciliary care agency providing personal care to 47 people at the time of the inspection.

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 this service and what we found
Waterside Homecare Services Limited had an experienced manager who provided clear leadership and direction, creating a person-centred culture which achieved good outcomes for people. Relatives told us they were very happy with the care their family member received. Staff listened to people and were patient, kind and friendly.

Recruitment processes were in place which ensured suitable staff were employed. Risks to people's health and wellbeing were identified and measures were in place to minimise risks. Staff understood how to identify, and report abuse and referrals were made to the local authority appropriately. Families told us they thought their relatives were safe in the care of the staff.

Person centred care plans included people's likes, dislikes, preferences and wishes and staff were responsive to people's needs. Where there were risks to people's health and wellbeing, these had been assessed and action had been taken to mitigate these risks. Where people required assistance with their medicines it was well managed.

The families of people who used services told us they had no complaints but knew how to contact the registered manager if they needed to raise a complaint.

The registered manager had developed excellent links with local community groups which provided wider opportunities for people to participate in their community, improving emotional wellbeing and reducing isolation.

Rating at last inspection and update:
The last rating for this service was good (published 28 April 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Waterside Homecare Services Limited

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 Care Act 2014.

Inspection team
The inspection was carried out by an inspector

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Notice of inspection
This inspection was announced.

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.

What we did before inspection
We reviewed information we had received about the service since the last inspection.

During the inspection
We spoke with one person using services and three relatives of people using services about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, and care workers.

We reviewed a range of records. This included five people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● Relatives we spoke with and a person using services were positive about the service. They told us they felt safe with the staff and told us they were always compassionate and kind. A person told us, "I feel safe with them. They are excellent." A relative told us, "It is very reassuring for us, they have been having them for a year, in all that time we have never had a concern." Another relative told us, "I can't tell you how good they are. I have every faith in them. If I was at all worried about anything CQC would know and they would know."

● The service had safeguarding policies and procedures which protected people from the risk of abuse. Staff told us and records confirmed all staff received training in safeguarding and completed regular refresher courses. Staff were able to describe the different types of abuse and what the signs of abuse were.

● Staff were aware of their duty of care and the service's procedure for reporting. Staff said they were confident the registered manager would act on any safeguarding concerns they reported. A member of staff told us, "I raised a concern and (the registered manager) reported it to the safeguarding team."

● The service had a whistleblowing policy, this is a term used when staff alert the service or external agencies when they are concerned about another worker's practice. Staff told us they would feel confident raising concerns about another worker with the registered manager. Staff were aware of external agencies they could raise concerns with, such as the CQC, but said they were confident the registered manager would deal with any issues relating to staff practice.

Assessing risk, safety monitoring and management

● Risks to people were assessed and their safety managed and monitored so they were supported to stay safe and their freedom protected. People had been assessed for individual risks, such as: mobility, nutrition, risk of skin damage, falls and medicines. Measures were in place to guide staff in how to manage these risks.

● A person's care plan recorded that the person had an identified risk of weight loss. The care plan reminded staff to prompt the person to eat. The service had introduced a weight chart to monitor the person's weight. We saw records confirming staff regularly weighed the person and the person had gained weight.

● Environmental risk assessments were completed in each person's home and for each activity to ensure people's safety. For example, a person's risk assessment recorded that the electric heater in the person's bedroom should not be used. The registered manager told us following a risk assessment if a person did not have a smoke and carbon monoxide detector the service would ask them if they would like to be referred to the Fire Brigade, as the Fire Brigade would provide them free of charge to vulnerable people.

Staffing and recruitment

● The service had recruitment procedures in accordance with the information required under Schedule 3 of

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Only staff suitable to work in social care were employed by the service. Staff provided proof of identity and employment references. All staff received a criminal record check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.

● However, of five application forms we viewed two did not have full employment histories. When we drew this to the registered managers attention, they contacted all staff immediately and asked them to visit the office to complete these. They also changed the service's application form to ensure any future applicants would be prompted to provide a full employment history.

● There were enough numbers of suitable staff to support people to stay safe and meet their needs. The service's electronic rotas for the previous four weeks confirmed this. Staff received weekly rotas in advance on their mobile phones. The time staff spent travelling between calls was built into the rota to allow staff time to travel to the next call.

● Staff told us they worked with specific people and this ensured continuity of care. Relatives and a person using the service told us they received support from an allocated care worker and said their calls were never missed. A relative we spoke with told us, A relative told us, "(The person) has a main carer, they never send anyone (the person) hasn't already met." People using the service were aware there was a 30-minute window in the time allocated for their care visits, beyond this they always got a phone call to let them know.

Using medicines safely

● There were systems in place to ensure the proper and safe management of medicines. People's medicines were stored in a pill box from the pharmacy to facilitate their safe administration. Staff used prompts to remind people to take their medicines. If a person using the service had a complex medicines regime the person or their relatives would be asked to manage medicines.

● The ordering, storage and disposal of medicines was the responsibility of people using the service or their relatives. Medicine administration records (MAR) were maintained, where applicable, and recorded when people had taken their medicines.

Preventing and controlling infection

● People were protected by the prevention and control of infection. The service had an up to date infection prevention and control policy.

● Staff had access to sufficient amounts of personal protective equipment (PPE), such as gloves, aprons and hand sanitizing gels. Managers undertook regular spot checks of staff practice, this included staff infection control practices and the use of PPE. All staff completed mandatory training in infection prevention and control, and this was up to date.

Learning lessons when things go wrong

● Lessons were learned, and improvements made when things went wrong. The service had systems for reporting and recording accidents and incidents. These were reported and recorded, together with any action taken to reduce the likelihood of reoccurrence. Staff told us lessons learned from accident and incidents was shared immediately with them on a group messaging application (app), and was also shared at quarterly staff meetings.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 needs and choices were assessed, care and support were delivered in accordance with current legislation, standards and evidence based-guidance to achieve effective outcomes. Once referred to the service people received an initial needs assessment to ensure the service could meet their needs. The initial assessment included healthcare needs such as oral care, continence assessments, and nutrition and hydration. The initial assessment formed the basis of people's care planning.

●Care plans were detailed and regularly reviewed and updated in response to changes in people's needs or as part of monthly care plan reviews. For example, the service reviewed a person's care plan due their condition deteriorating. This resulted in the person having the support of two staff instead of one to ensure the person was effectively moved and handled.

● Staff told us any changes in policies or procedures would be highlighted to them using the staff group mobile application (app) and at team meetings. A staff member told us, "Today we got an update on the NHS Corona virus. We are notified of any changes to policies. A couple of weeks ago we got information on Sepsis."

Staff support: induction, training, skills and experience

● The service made sure staff had the skills, knowledge and experience to deliver effective care and support. All new staff received an induction based on the 15 standards of the Care Certificate. The Care Certificate is a set of national standards that care staff are required to meet. Staff confirmed they had received an induction which involved the service's policies and procedures, key training and shadowing opportunities.

● Key training consisted of both e-learning and face to face training. This included: moving and handling, first aid, infection control, and safeguarding. The registered manager told us oral healthcare training was being rolled out to staff in 2020.

● Staff were encouraged to gain nationally recognised qualifications such as levels 2, 3 and 5 in health and social care. This was funded by the service.

● Staff received regular supervision and appraisal. A staff member told us, "We get supervisions both formal and informal all the time." Staff received annual appraisals where their performance was reviewed, and any learning and training needs were identified. A staff member told us, "I've just had an appraisal, you get to air any issues, or recommend staff members if they've done really well. They tell us our strong points. It's one to one. It's very open and honest."

● Relatives and a person using services spoke highly of the skills and competence of care staff. A relative told us, "Staff definitely have skills, they know what they are doing." We spoke with a social care professional

about staff skills and competence, they told us, "(Registered manager) has it right with their team, they have got it right with their staff, that's why they keep them."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink enough to maintain a balanced diet. Some people received support with meal preparation, and this was clearly documented in their care plans. People's nutritional needs were assessed as part of the initial assessment and any risks, such as diabetes, were recorded. One person using the service was at risk of losing weight and their weight was being monitored by staff.

● Staff told us if they had concerns about people's hydration or nutritional intake, they would report it to the registered manager. Staff said they always asked people about meal preferences and gave them choices where available. Staff said before they left the premises they ensured people had access to drinks to maintain their hydration.

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

● The service worked with teams and services within and across organisations to deliver effective care, support and treatment. For example, the frailty team and the local hospice. The service were members of a local community partnership network group and attended group meetings. These meetings were attended by representatives from a wide range of local organisations, including the Fire Brigade and the local authority adult services social work team.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People' s appointments with healthcare services were organised by their relatives or themselves. The registered manager told us the service had good relationships with local GPs and district nursing services. We viewed an incident record where staff had found a person on the floor. Staff had called an ambulance and stayed with the person until it arrived.

● Where people had needs for specific equipment staff worked with occupational therapists (OT) to ensure staff were competent in its use. The registered manager told us, "When we do risk assessments, we check mobility and equipment, if there are any problems, we get the OT and physio (physiotherapist). The hospital OTs are very responsive." A staff member told us, "We do get training from an OT where people need specialist equipment."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. Staff and the registered manager told us all the people they were providing care for at the time of inspection had the capacity to make their own decisions about the care they received.

● We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager understood their responsibilities under the act. Staff told us that although they had not had formal training on the MCA, they had covered it in team meetings. Best interest decisions would be held where required for anyone who lacked capacity to make their own decisions.

● Relatives and a person using the service told us staff always sought their consent prior to providing care or support. A relative told us, "They do respect (family member's) wishes when (family member) says they don't want it. I have asked them to do it anyway, but they said they can't go against their wishes, they can't force them. They do try and coax them to accept it."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- The service ensured people were treated with kindness, respect and compassion, and were given emotional support when needed. All the people we spoke with were positive about the care they received. People we spoke with emphasised how staff treated them with kindness, respect and compassion. A person using services told us, "They are very kind, very friendly." A relative told us, "I can't tell you how kind they are."
- A visiting social care professional told us they had been invited to the service's Christmas party and said, "They bought them (people using services) all presents. They were personalised presents, you can see they had thought about it. One of them (a person using the service) dressed up as father Christmas. Everybody I've spoken to has said they are a really personal service."
- Staff understood that some people did not have family living locally or other visitors. The registered manager and some of the service's staff had made extra Christmas dinners on Christmas day. They delivered these and spent time with people using services who were alone at Christmas.
- We saw feedback in the office from a range of people, this included thank you cards and letters. A relative commented, "Your ladies are a credit to you, they work with a passion and care rarely seen in industry." A letter from a relative said, "The were looked after with such care, professionalism and love."

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

- The service supported people to express their views and be actively involved in making decisions about their care and support as far as possible.A relative told us, "If I ask them to check on something they do, and they document everything anyway."
- The registered manager was committed to empowering people to make choices. They told us, "We have families that would prefer their relative to be in a care home, but, we always respect people's choice."
- Relatives and a person using the service told us they were fully involved in their care and felt valued and listened to. A person using the service said, "They listen to what you have to say and how you want things done." A relative told us, "The registered manager is very responsive. If I ask for things to be looked out for, they do it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted. Relatives we spoke with and a person using services confirmed that people's privacy and dignity was respected. Written feedback from a

relative said, "You always treated them with respect and took so much trouble to preserve their dignity."

● Staff we spoke with told us how they ensured people's privacy and dignity was maintained. A typical staff comment was, "We close people's curtains if you can see through the windows; we close doors if family are in the house. We do half and half, cover the top half or the bottom half, and cover them with towels when we are providing personal care."

● People were encouraged to be as independent as possible. The registered manager was aware of what people were able to do by themselves and what they required support with. This was recorded in their care plans. For example, one person's care plan recorded they were able to attend to their upper body during personal care, but, required assistance with the lower half of their body.

● The registered manager told us about a person with palliative care needs the service had supported a person's independence with having a bath. The registered manager contacted a day centre who arranged for the person to attend the centre to bathe. The registered manager told us they were in discussions with a local care home provider regarding people using the home's facilities for people that wished to have a supported bath.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. There was a continuous assessment process. A relative told us about the intitial assessment, "They were very thorough with the questions they asked us about my (relatives) needs."
- People's individual needs were identified, and the level of support people required to meet their needs. Care plans were detailed and included people's likes and dislikes and how they preferred their care to be delivered. For example, some people required full assistance with personal care such as bathing and dressing; some required prompting with medicines; some people required support with preparing meals. Staff were aware of people's individual needs and the level of support they needed.
- Care was person-centred and responsive to people's changing needs. A social care professional told us, "They think about planning, they get it right and go the extra mile."

Meeting people's communication needs

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.

- Staff knew the people they provided care for well and supported them to communicate their needs, views and preferences. People's care plans recorded the equipment and aids each person required, such as hearing aids and glasses, as well as how people communicated. The registered manager told us, "We have provided a large print care plan for a person. We have never done one in Braille. We offered a person a care plan in Braille, they prefer us to communicate verbally with them."
- Staff told us they had worked with a person with hearing loss, and used a notebook to write messages to aid their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager said the service provided care to people who were socially isolated. The service held events for people using services and their relatives during the year such as a Christmas party. The registered manager said the service supported and encouraged socially isolated people to attend day centres. The service had links with local day centres from their membership of a local community network. The registered manager gave people and their relatives information on services the day centre offered,

including frailty and dementia days, and would refer people on request.
● Staff told us they generally had time to interact socially with people due to the service planning visit and staff travelling times. Relatives confirmed that social interaction was part of the service people received. A relative told us, "My (relative) was very reluctant to accept care, they went with it and did 30 minutes a week initially. (The relative) looks forward to their main carer coming now, as they have a laugh with them."
● The registered manager told us there was no demand for care plans in other languages at the service. But, said if a person needed a care plan in a language that was not English, they would ask adult services for assistance.

Improving care quality in response to complaints or concerns
● The service had a complaints policy and procedure which set out the timescales for dealing with a complaint. Information on how to raise concerns or complaints was provided to people when they first started to use the service. This included telephone numbers and contact details for the office. However, the registered manager told us the service had not received any formal complaints since our previous inspection in April 2017.
● Relatives and a person using the service confirmed they had not had any complaints. A typical comment was, "I've never raised a complaint, I've never had any complaints."
● People received a Statement of Purpose from the service when they first started to use services, this contained information on how to contact organisations such as the Local Government Ombudsman Service and the CQC.

End of life care and support
● The service was not supporting anyone with end of life care at the time of our inspection. However, the registered manager told us the service had provided end of life care to people in the past. The service had worked with other agencies such as a local hospice and district nurses to enable people to stay at home. The service provided people with personal care, oral care and emotional support.
● The registered manager told us they would continue to support people to remain at home at the end of their lives if this was their preference.
● The service had links with a local hospice. The service also had three senior carers and three care workers studying for a 'Care for the Dying' certificated course.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture that was person-centred, open, inclusive and empowering and achieved good outcomes for people. Relatives and a person using the service told us they knew the registered manager and could contact the office when they needed to. A relative of a person using the service told us, "The (registered) manager is very responsive." A person using the service told us, "They are very efficient. They are excellent. There is no other word for them."
- Staff told us the service was well organised and communication was effective. A staff member told us, "I've worked for a couple of care companies and I've never worked for such a supportive company. They are a nice company to work for." If there were changes to people's care needs or if people cancelled care this information was shared with staff through a private, encrypted mobile application (app). The app was also used to update staff on changes to policies or procedures and any other information the registered manager or office wished to communicate.
- The service had an electronic rota system which produced separate rotas for each person using the service and eliminated rostering errors. Staff were sent rotas weekly in advance for the following week. A person using the service told us, "They always arrive, and they stay for the full time." Another relative told us, "They've never not turned up."
- The registered manager told us the services vision and values were based upon the service's Statement of Purpose. This stated the aims and objectives of the company as, "To provide a quality domiciliary care and support service which promotes the independence of service users, enabling them to remain living in their own home as independently as possible." Staff told us their practice was underpinned by the service's values.

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 service had a duty of candour policy. The registered manager understood their responsibility under the duty of candour. This is a statutory duty on providers of health and social care services to be open and honest with people using service, or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered manager told us the service had a good relationship with people and their relatives and always strove to be honest and open with them.

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

● The governance framework ensured that responsibilities were clear, and that quality performance, risks, and regulatory requirements were understood and managed. All staff we spoke with, without exception, told us they were happy working for Waterside Homecare Services Limited. Staff understood their roles and responsibilities and felt well supported by the registered manager and senior care staff. Staff told us the registered manager was very visible and approachable.

● Staff said the registered manager, or in their absence senior care staff in the office, were available for advice and guidance. A staff member told us, "We can pop into the office anytime, whether it's work related or not they will always listen." Another staff member told us, "If we have any problems or concerns, someone from the office will go out. If you have concerns at night and phone it through it will be dealt with. The office are very reliable."

● Waterside Homecare Limited had a compact senior management team. The company was a family run business and the registered manager was a company director. Decision making was led by the two directors of the company who had extensive experience in the provision and management of regulated care activities, and extensive experience in public sector management and senior level corporate sector management.

● Due to the relatively small size of the company, the directors did not hold formal board meetings. However, directors held regular reviews and meetings to discuss: performance, staffing, and compliance with legal duties and obligations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People received an annual feedback survey which was anonymised. We viewed 17 feedback questionnaires from the June 2019 survey and found these, without exception, were positive about the services people received. A person commented, "You give the impression you really care."

● The registered manager told us they did not have a formal staff survey due to the size of the company. However, staff feedback was sought at quarterly team meetings and during staff supervisions and appraisals.

● Staff we spoke with told us they felt involved in the service. A staff member told us how the service had been supportive of their disability. They said, "If I am ever struggling, they will all rally round to support me and get the shifts covered. They've been very supportive of me. I look forward to going to work now."

Continuous learning and improving care

● Where incidents happened, these were investigated, and actions were taken to mitigate the risk. Learning from incidents was shared with staff immediately through a group messaging mobile application (app) and through staff meetings. Staff confirmed there was a learning culture in the service.

● The service's directors told us they held a continuous improvement philosophy and staff development was integral to this. A training provider told us, "Generally they make the effort to get the extra training. The staff feel valued."

Working in partnership with others

● The service worked in partnership with other agencies, such as health and social care professionals. This ensured they helped people achieve best outcomes.

● The service was a member of a local community partnership network group and regularly attended group meetings. This enabled them to access advice, guidance and information, and helped them keep abreast of developments in the local care economy.