

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

The inspection took place on the 5 and 7 April 2017 and was announced.

The service had a registered manager. 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.

Waterside Homecare Services is a domiciliary care service providing care and support for people living in their own homes. At the time of our inspection they were providing care and support to 13 people. The service provided support to both young and older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment.

People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. Systems were in place to monitor and improve the quality of the service provided.

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. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process

and timescales for dealing with complaints.

Is the service well-led?

The service was well-led. People and relatives told us the service was well lead by the registered manager who was approachable and valued their opinions.

The registered manager and staff knew their role and responsibilities in ensuring a high standard of care.

Records relating to people's care were accurate, up to date and stored appropriately.

Good 

Waterside Homecare Services Limited

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 the 5 and 7 April 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff and people would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with one health and social care professional.

We used a variety of methods to inspect the service. We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, staff attendance rosters, and policies and procedures.

We spoke with the registered manager, three members of care staff and visited and spoke with three people in their own homes about the care they were receiving and to view their care records. We also telephoned

and spoke with three relatives to obtain feedback on the delivery of care provided to their relatives.

Before our inspection we also contacted one health and social care professional to seek their feedback on the service provided.

The service registered with the Care Quality Commission in September 2016. This was the first ratings inspection undertaken.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe and relaxed with my carer. She knows me well". Another person told us, "I have the same group of carers and they always come on time and stay as long as they need to". A relative told us, "Very happy with the carers especially (staff members name). They are always on time and have to the best of my knowledge never arrived late. I know that my relative loves to see them".

The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "The manager is very hot on protecting people and making sure we raise any concerns we have. I've never had to do this but I know it would be looked at very quickly if it happened". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC) but added they didn't feel this would ever happen as the manager would deal with any issues.

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives.

Risk assessments included, mobility, nutrition, risk of skin damage, medicines and falls. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them. Most people receiving care at the time of our visit posed very little risk however the registered manager told us risk was reviewed on a monthly basis to ensure people's continued safety.

We reviewed the staff rota for the previous four weeks. There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel to the next person's home. One member of staff said, "We get the time we need for travelling between calls that means we are not rushed and can drive from A-B safely".

People received support from a regular team of carers and told us their calls were never missed and if their carer was running late they always got a phone call to let them know. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer

every morning. It only changes when they have a day off but the other carer that comes knows what to do so I don't really notice anything differently". The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to meet people's needs and deliver the care safely.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were systems in place to ensure that medicines were managed safely. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Medicine administration records (MAR) where applicable were accurate, up to date and contained no gaps. A relative told us, "The staff are very good with the medicines. They always get them a glass of water to help them swallow their pills". People told us they were supported with their medicines and told us they were confident staff 'knew what they were doing'. Where possible, people were encouraged and supported to take responsibility for their own medicines. For example, one person said, "I sometimes forget to take them (tablets) but staff remind me. They helped me get this". (Points to a pill prompter). A pill prompter is a device designed to gently remind you to take your medicine each day using an audible alarm. They added, "It's good because I have to take my tablets at the right time and this helps me to manage my medicines myself when my carer isn't here".

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they were well trained and competent in their work. One person told us, "They know what they are doing and do it well. I have no worries at all". Another person told us, "They are excellent, very skilled". A third person told us, "As far as I am concerned they are perfect in every way". One relative told us, "The carers are second to none. Very good and good at what they do. We have no complaints at all". A health and social care professional told us, "As far as I have had involvement with them they have been effective in looking after their clients".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff were actively encouraged and supported to achieve nationally recognised qualifications and to develop their knowledge and skills to enable them to provide a quality service. For example, seven of the eight care staff employed by Waterside Home Care Limited had either achieved level two / three Diplomas in Health and Social Care. Arrangements were in place for the eighth member of staff to undertake this training in the near future. The provider's pro-active approach in encouraging and supporting staff to attain recognised qualifications ensured that people received a high quality service from motivated and skilled staff.

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. The registered manager and staff we spoke with told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "I'm normally here when the carer arrives. They always start by asking how (person) is and how they can help them today. They won't do anything unless it's agreed". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions. Supervision are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. The service registered with the Care Quality Commission in October 2016. Annual appraisals were scheduled to take place in October 2017.

People had access to healthcare services to maintain good health. People told us that their health care appointments and health care needs were organised by themselves or their relatives. One person said, "My carer takes me to the doctors when I need to see them. I could go in a taxi but they don't look after me like my carer. I feel much happier going with someone who knows me". Another person said, "I really felt unwell a few weeks ago and the carer knew it. I took my carers advice and let her call the surgery because she was worried about me. The doctor came out to see me and gave me some tablets and I got better". People's care records included the contact details of their GP so staff could contact them if they had a concern about a person's health.

Most of the people we spoke with or visited did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

People were positive about the care and support they received. One person commented, "The carers that visit me are very caring." Another person said, "The girls that come in are very kind and attentive. I look forward to them coming". One relative said, "They come in twice a day and are always happy and willing to do whatever needs doing. I don't have anything but good things to say about them. They are marvellous". Another relative told us, "It's not an easy job they do yet they are always smiling and that's so nice to be greeted by someone who appears happy in their work. It inspires confidence". A health and social care professional told us, "All the staff that I have worked with were very caring towards their clients".

Staff gave us examples of how they engaged with people and explained how they promoted respectful and compassionate care. One staff member told us, "If I visit when relatives are there I ask if they could go to another room as the person preferred this". Staff respected people's privacy and dignity using various means. For example, letting people wash their own face and other areas and drawing curtains when providing personal care. One person said, "The girls (care staff) care for me in the way I want them to. They help me with the things I can't do and do this sensitively." One relative told us, "Carers are very caring and are kind and respectful giving (person) choices and doing whatever they ask". A health and social care professional told us, "I have worked with Waterside Homecare Services on a couple of occasions over the last six months when they are involved with patients who are palliative. The staff I have met presented themselves very well, and treated patients with dignity and respect".

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I treat everyone as a family member. I mean you wouldn't want anything but the best for your own mum or dad would you". Another member of staff said, "We have to remember we are guests in people's home and need to understand and respect that".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved in planning their own care. Care plans were updated when people's needs changed. One person told us, "The care they give me is excellent. They are polite and courteous and totally respectful and always make sure that I do as much as possible myself".

Staff told us how they received as much information as was known prior to people's first visit but this was always discussed in full. Staff confirmed that communication was good within the service. They described how information was communicated effectively between staff via regular two way communication with the office and telephone calls. One member of staff told us, "The office always ring us and let us know if there are any changes. We also ring each other directly to pass on information and keep everyone up to date".

Staff responded to people needs. For example, by staff speaking slowly, clearly and with respect to the

person's health condition. One person said, "The staff are very respectful all the time and they do listen to me. They are all lovely". Another person told us, "I know when I tell staff things that they keep it between me and them. It's confidential". Staff spoke of people's aspirations and what they had planned for the coming week. Examples of this included being supported to go shopping, seeing families and relatives as well as having a fish and chip supper with relatives.

Is the service responsive?

Our findings

Before receiving care people's needs were assessed by the registered manager to ensure the service was suitable and could meet their needs and expectations. One person told us, "The manager came to see me and we went through what I could do and what I could not do and where I needed the help". The manager was very thorough and asked me lots of questions". This was to identify what was important to the person and how their individual needs were to be met. They added, "After the first week she came back to make sure I was happy and it was working well, which it was".

People care plans were routinely reviewed monthly or if needs or circumstances changed. For example, where people had been admitted to hospital a full review of their care needs would be undertaken by the registered manager to ensure they could still meet the persons care and support needs. A health and social care professional told us, "Staff work hard to meet the needs of the clients and always reply in a timely way when I have need to contact them".

There was a continuous assessment process carried out by staff and this was reflected in people's care plans. There were systems in place for staff to report their concerns to the registered manager who responded by visiting to reassess the person. This showed the provider fully understood and responded to people's needs.

Care plans were easy to read and contained detailed information to inform the staff of each person's individual needs and wishes. People told us their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs.

The provider worked collaboratively with other professionals, for example the local hospital and Occupational Therapists (OT's). For example, one person was admitted to hospital from home following a fall and needed specialist equipment to assist with mobility in their own home before it was considered safe to discharge them. The registered manager met with and worked with health care professionals to obtain the equipment required. They also met with the person's family to ensure that adaptations to the home to minimise future risk were completed before discharge.

Care plans kept in people's own homes included the initial needs assessment, a daily log, risk assessments, personal history and what they required assistance with. For one person with a specific illness the care plan contained information relating to the person condition to help better understand and support the person. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines or preparing and eating meals. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. Care plans were thorough and provided detailed information to guide staff and ensured consistent delivery of care.

People were provided with a Statement of Purpose book when they started to use the service. This included the aims and objectives of the company in providing care, types of services provided and how to make a complaint. It also contained information on how to contact organisations such as, Care Quality Commission and the Local Government Ombudsman Service.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received one formal complaint since our last inspection. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received.

Is the service well-led?

Our findings

People and staff were involved in improving and developing the service. This was through a quality assurance monitoring survey as well as formal staff meetings and supervision sessions. One person said, "They come out and see me at least once a month and always ask me if I am happy with all my care. It's quite nice". People confirmed to us that they felt the provider 'listened' to them. Another person added, "I've always been able to speak to the manager whenever I have needed to. I find her a nice caring compassionate person.....and that goes for her staff too".

Staff told us the registered manager was approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, "The registered manager is very approachable. I feel that I can talk to her about anything". Another member of staff said, "It's a nice place to work and I'm enjoying my work very much. We have such a good team and we get excellent support". A health and social care professional told us, "The registered manager is very committed to her agency giving a good service which her staff respond to".

The registered manager had clear visions and values of the service and told us, "We aim to support people to maintain their independence and lifestyle by providing the highest quality of homecare and support that is flexible and person centred".

All people and their relatives told us that they had received opportunities to provide feedback through phone calls or face to face visits. The provider had a social media page where they actively encouraged people and their relatives to provide feedback. Comments included for example, 'Everyone we experienced at the company went out of their way to make sure dad was comfortable and most importantly safe'. 'Excellent, professional and most important they listen to individual's needs'. 'The team have brought my mum back to life. She looks well and now has positive outlook on life. The team are caring and very friendly and always look smart and prompt. I can't thank them enough for what they have done' and 'A fantastic agency and brilliantly run. All the girls know the clients and go the extra mile. As a family we are confident that our relative is getting the best possible care and support'.

The registered manager held monthly meetings with the staff to deal with any problems or issues that may arise. Staff meetings were held with minutes made available for staff who were unable to attend. Minutes were also made available to us during our inspection. These meetings gave staff the opportunity to discuss any issues that may have arisen as well as updating staff on the general performance of the provider.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.