

Waymarks Limited

# Waymarks Limited

## 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

This inspection took place on 9 August 2017 and was announced. This was to ensure someone would be available to speak with and show us records. Waymarks Limited had not previously been inspected by CQC at its current location.

Waymarks Limited provides personal care and support to people with a learning disability who are living in their own homes. On the day of our inspection there were six people receiving personal care from the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of the people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care at Waymarks Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an appropriate complaints procedure in place, and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys. Family members told us the management were approachable and communication was good.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place.

The manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported by staff in making healthy choices regarding their diet.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

Staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The service had a full programme of activities in place for people.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the manager was approachable and they felt supported in their role. Family members told us communication with the service was good.

# Waymarks 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 was planned to check 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 9 August 2017 and was announced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 used this information to inform our inspection.

During our inspection we spoke with one of the people who used the service, three family members and four health and social care professionals. We also spoke with the registered manager, governance director, operations assistant and four staff.

We looked at the care records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe with staff at Waymarks Limited. They told us, "I do think he's safe. I do indeed" and "On the whole, yes."

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

Staffing at the service was based on people's individual needs. For example, some people required additional support whilst accessing the community, or required support overnight, and this was factored in to the staffing rotas. A health and social care professional told us there had been a delay discharging a person to Waymarks Limited. We discussed this with the manager who told us a support team was now in place for the person and the delay had been due to contract agreements. Staff and family members did not raise any concerns regarding staff or staffing levels. The manager told us they had recruited over the number of staff required so they did not use agency staff.

We saw a copy of the provider's 'Accident and incident reporting' policy. Accidents and incidents were recorded electronically and any serious incidents were flagged automatically to senior management. A report was produced monthly to identify if there were any patterns, and accidents and incidents was a standing agenda item at the providers' health and safety group meeting.

A risk analysis was carried out for each person that described the risk, and action to be taken to reduce the risk. For example, one person was identified as being at risk of choking. Staff were to remind the person to eat slowly, assist them to cut up their food and offer soft foods. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The provider had a safeguarding policy, which was available in an easy to read format. A quarterly safeguarding report was compiled that described any safeguarding incidents, what action had been taken, lessons learned and what preventative measures had been put in place. The manager was the overall safeguarding lead and a member of staff on each team was a safeguarding representative, who had received additional training. We found the manager understood their responsibilities with regard to safeguarding and staff had been trained in protecting vulnerable adults.

We looked at the management of medicines and saw a copy of the provider's medication policy. This described the protocol for 'as required' medicines, stock checks, medicine administration records (MAR), collecting and receiving medicines, audits, and storage. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration.

Medicines were stored in people's own homes and records described how people received their medicines. For example, "I take my medication via a med pot and a drink of water. My support team administer my medication and pass me the med pot with the tablets in, and offer me a drink of water to aid me swallowing them. I then pass back the supply pot."

Medicines audits were carried out, risk assessments were in place that were reviewed annually, and staff had been trained in the administration of medicines.



# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "[Name] is doing really well", "She's settled better than anyone thought", "Absolutely marvellous they are. I can't praise them enough", "I couldn't wish for a better service for [name]" and "They've done wonders with him." One person who used the service told us they, "Really liked it [support they received]" and they were, "Very happy." Health and social care professionals told us, "I like the staff" and "No concerns at all with the staff."

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Supervisions included discussions on training needs, annual leave, complaints, attendance, what was working or not working in their role, and any additional comments.

New staff completed a comprehensive induction to the service, as well as completion of mandatory training and the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The manager told us all staff had completed the care certificate, regardless of their previous background and training.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. The provider's mandatory training included safeguarding, first aid, fire safety, infection control, health and safety, mental capacity, moving and handling, nutrition, equality and diversity, and medication. Training was discussed in staff supervisions. The manager told us staff would be issued with compliance notices if they did not complete their training, however, this had not been necessary with any of the staff.

People were supported by staff with their dietary needs. For example, one person had a goal to choose healthier food options and lose weight. Actions included, "My team will support me to create weekly meal plans that offer me choices by pictures" and "My team will keep a record of all the things that I like and dislike so that the choices I am given care ones that I like." The success criteria for the goal included choosing healthier options and losing weight. Another person's record described how they were supported to make healthy eating choices and needed encouragement from staff with this.

Communication surveys were in place for people that described how the person communicated, what it meant when they said or did something, and what they wanted staff to do in response. Care records described people's preferred method of communication and how they wanted to be supported in this area. For example, one person could understand Makaton, facial gestures, expressions and body language. Staff were working with the person to increase their understanding of Makaton by having a 'sign of the week' they could learn.

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. We checked whether the service was working within the principles of the MCA. The manager had a good understanding of their legal responsibilities and staff had received training on the MCA. Where people were unable consent to living at the service, applications had been submitted to the Court of Protection for the appropriate authorisation. We saw records of when these had been authorised.

Decision making agreements were in place for people that described what the decision was, how they should be involved and who should make the final decision. For example, one person needed support with managing their money. The decision making agreement stated the person would have the final say on what they spent their money on. We saw consent was provided in the care records and where the person was unable to sign themselves, a family member had signed on their behalf.

People had 'Hospital passports' in place, had access to healthcare services and received ongoing healthcare support. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health if they are admitted to hospital. Care records contained evidence of visits to and from external specialists including podiatrists, GPs, hospital visits, community nurses, and speech and language therapists.

## Is the service caring?

### Our findings

Family members were complimentary about the standard of care at Waymarks Limited. They told us, "[Name] receives good care. She loves them [staff]", "I couldn't wish for a better service for him" and "They are so patient with him."

Care records described people's individual wishes and what was important to them. For example, the type of routine the person wanted to follow and their choices with regard to the support they required. Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

We visited two people who used the service and were able to speak with one person. We observed how the person looked comfortable in the presence of staff, and saw and heard how the person had a good rapport with staff, telling stories and jokes.

Care records described how staff were to promote dignity and respect people's privacy. For example, one person's care record provided information to staff on how a person wanted to be supported in the shower. We asked family members whether staff respected the privacy and dignity of people who used the service. One family member told us, "They always respect [name]."

Care records described how people were supported to maintain their independence. For example, "[Name] to dress himself", "[Name] to help prepare his breakfast", "[Name] to wash himself (hair and body), staff to do sensitive areas" and "I enjoy being looked after but I am capable of being quite independent with many of my activities of daily living."

One person's care records described a goal that had been set to achieve more independence. This included reducing the support required from staff and accessing the Metro public transport system. We saw how this goal had been broken down into small steps and photographs were taken to use as prompts the next time. This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The manager told us one of the people using the service at the time of our inspection had an independent advocate.

## Is the service responsive?

### Our findings

People's needs were assessed before they started using the service and care records were regularly reviewed and evaluated.

People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, each person's care records included important information about the person, such as their lifestyle, religious and cultural preferences, and preferred method of communication.

The provider had developed a co-production model, which demonstrated how people were involved in and consulted about all aspects of the care and support they were provided with. Outcomes were set for people that included individual goals and outcomes. People also had 'One page profiles' that described what people liked and admired about the person, what was important to them and how they wanted to be supported. We saw these had been written in consultation with the person who used the service and their family members.

People were involved in making decisions and choices about their care and support. For example, if people were able they would sit on the recruitment panel for new members of staff. People had a 'Matching support' record that described what type of support people wanted, what skills and personal characteristics they wanted from the staff member supporting them, and what common interests they would like the staff member to have.

Care records described how people wished to be supported with individual activities and what staff needed to consider when supporting the person. For example, one person had anxieties about travelling in a car. The support plan described in detail the support the person required from staff with this. This showed that staff were aware of people's individual needs and what action to take to support the person safely and effectively.

Daily records were maintained for each person and included details of activities undertaken, contact with other people, diet, tasks completed and risk monitoring.

People were supported with activities and accessing the local community. Weekly planners were in place that described people's routines for each day of the week. For example, one person spent one night per week at their parents' house and on other days enjoyed baking, bowling, walking and visiting a farm. Another person was supported to go out for meals and day trips, and enjoyed playing dominoes and singing. Staff had ongoing actions to identify additional activities the person they were supporting might be interested in. This meant the provider aimed to protect people from social isolation.

Complaints were recorded electronically and monitored by the provider. The provider's 'Concerns, complaints and compliments' policy stated the aim was for all complaints to be completed within 15 working days. We saw there had been two complaints in the previous 12 months. We saw a record of the

action taken to satisfactorily resolve both the complaints. Family members we spoke with did not have any complaints about the service. This showed the provider had an effective complaints policy and procedure in place.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the manager who told us the provider had won the 'Community support provider of the year' award at the Health Investor Awards 2017, and they showed us the award.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the management team and told us they were comfortable raising any concerns. They told us, "I genuinely would have no concerns whatsoever ringing them [management]", "They are amazing", "If they are unavailable, they always call us back" and "We can discuss anything with them."

Family members told us, "It's [communication] very good. If she's not well, they let us know", "They always tell me if I need to know anything" and "They ring me. They always keep me up to date."

Health and social care professionals we spoke with commented on the management structure at Waymarks Limited. They told us, "There wasn't always a manager around", "When there wasn't management around, it was evident" and "They had some problems with managers." However, they told us these issues had now been resolved. They told us, "[Operations manager] is fantastic. She's pulled everything together", "[Operations manager] gets things done" and "It seems to be ok now." These professionals also told us that the service was proactive in highlighting and dealing with issues, and communication between the service and professionals was good.

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider produced an annual 'Quality account'. This was an annual report that demonstrated what the provider had done to monitor quality within the service, how they had performed against their priorities, and what plans they had for the following year.

The provider carried out an annual 'Quality and compliance audit' based on the five CQC domains of safe, effective, caring, responsive and well-led. Any identified issues were included in a service improvement plan. For example, it had been identified that not all staff had received five supervisions in the previous 12 months so this was included in the service improvement plan (SIP) and had been actioned.

One of the provider's directors visited the service at least every three months to review records and speak with staff. Any identified issues were fed into the SIP. A monthly service management meeting was held to discuss any issues from the audit and a representative from the provider's quality and compliance team also attended to go through any themes.

The provider held annual 'Listening, learning and acting' events. Family members, health and social care professionals and other stakeholders were invited to attend the events to discuss what was working or not working, areas of good practice, and to develop an action plan for the following 12 months. A 'You said, we did' report was produced following the events to feed back on action that had been taken.

We saw a survey took place where people who used the service, family members and staff could provide feedback on the quality of the service. This survey had just been sent out so no results were available at the time of our inspection.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and acted to address shortfalls where they were identified.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.