

Waymarks Limited

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Inspection report

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Date of inspection visit:
17 December 2019

Date of publication:
14 April 2020

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Waymarks Limited provides personal care and social support to people living in their own homes in a 'supported living' setting. At the time of our inspection there were seven people receiving the regulated activity. Support workers staffed each house 24 hours a day. Following our visit to the service, the provider changed address and is now operating from a different location.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff recruitment was not safe. People were at risk of potential harm as staff did not have adequate pre-employment checks or risk assessments. Staff recruitment records were not always present. Governance arrangements were not effective to ensure there was robust oversight of the service.

The provider and registered manager had not investigated or reported to the local authority some safeguarding concerns staff had raised. Where incidents had been recorded, management monitored these to check action was taken.

Medicines were administered safely. However, management had not ensured staff member's competency to give people medicines had been checked every six months as the provider expected. Staff kept accurate records of the medicines they had given.

Staff did not have regular opportunities to have one to one supervision. Staff had completed the training they needed. Staff supported people to have enough to eat and drink and to access health care services. 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.

People's needs were assessed when they started receiving the service. This was used to develop a brief support plan called 'a support plan light'. The provider was transferring care plans into a more detailed format, so they contained more information about the support people needed. One complaint had been fully investigated and resolved.

The new service manager was making improvements and providing more effective oversight of the service. A detailed quality assurance audit had been completed and an action plan developed. People, relatives and

staff had opportunities to give feedback about the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 4 October 2017).

Why we inspected

We undertook this initially as a targeted inspection to check on a specific concern. This was prompted in part by a statutory notification that was sent to CQC of an alleged incident. This incident is subject to a criminal investigation. This inspection did not examine the circumstances of the incident.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We widened the inspection to a comprehensive inspection after the first visit to assess whether there were any additional risks to people using the service.

We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement

We have identified breaches in relation to the suitability of staff, record keeping, good governance and safeguarding. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from 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?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Waymarks 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. This was a targeted inspection to check on specific concerns we had about staff recruitment and safeguarding processes.

Inspection team

This inspection was carried out by three inspectors.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all feedback received to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. Some people declined to speak with us others were unable to communicate with us. We spoke with eight members of staff including the nominated individual, the registered manager, the service manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included recruitment records for 19 members of staff and recruitment policies and procedures. We also reviewed three people's care records and multiple medication records. A variety of other 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 reviewed newly created risk assessments.

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 now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider did not always keep people safe from the risk of abuse. Staff member's concerns about alleged abuse had not always been fully investigated or alerted to the local authority safeguarding team. Staff told us about some of these concerns when we inspected the service.
- The provider had policies and procedures to deal with allegations of abuse but staff did not follow these consistently.
- The provider did not effectively assess and mitigate risks to ensure people were safe.

The provider failed to ensure all allegations of abuse were correctly investigated, recorded or notified to the local authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Safeguarding service users from abuse and improper treatment.

- Staff completed safeguarding training and understood how to report any concerns they had.

Staffing and recruitment

- The provider's recruitment process was unsafe and did not provide reassurance staff were suitable to work at the service.
- Where staff had previous convictions, a risk assessment was not recorded to ensure they were safe to work with people using the service. This placed people at a serious risk of harm as the measures to keep them safe were not documented or clear.

The provider failed to ensure that all staff were appropriate for the role and did not risk assess staff with regards to previous convictions. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled Fit and proper persons employed.

- Management did not have access to accurate information about why some staff, who might not be suitable to work at the service, had been appointed or the measures required to keep people safe from potential harm.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service manager and nominated individual immediately completed risk assessments for all staff members with a previous conviction.

- The provider confirmed they would review their recruitment and human resources processes to ensure repeat events did not occur. This review was underway before we finished the inspection.

Learning lessons when things go wrong

- Where incidents had been recorded, these were logged centrally so management could check appropriate action had been taken.

Using medicines safely

- Medicines were usually managed safely. Staff kept accurate records to confirm which medicines people were given. The service manager checked these to ensure they were filled in correctly.
- Although staff had completed safe handling of medicines training, their competency to give medicines had not been checked every six months. This meant checks were not carried out in line with the provider's procedures. For some staff there was no record of a check having been completed, whilst for others the last check was over 12 months ago.

Preventing and controlling infection

- The provider's policies and procedures help prevent and control the spread of infection. Staff completed infection control training and followed best practice guidance.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always supported effectively. Supervisions and appraisals had not been completed in line with the provider's expectations. This meant staff did not have regular access to a confidential meeting to discuss their role and any issues they might have.
- The service manager had completed one to one supervision with all staff since their appointment in October 2019.
- Staff accessed the training they needed; essential training was up to date for all staff. The provider had a programme of essential training for all staff, as well as service specific training depending on people's needs.

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

- Staff supported people to have enough to eat and drink.
- Care plans described in detail the support people needed with eating and drinking.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and this was used to develop their support plans. This included considering any protected characteristics people had.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care needs were reviewed during clinical team meetings, which were held specifically for each person. Health and social care professionals, involved with the person, were invited to attend and contribute to the review.

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.

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

- The provider followed the requirements of the MCA. One person confirmed staff supported them well to make choices.
- The provider had an up-to-date Court of Protection authorisation for the one person this applied to.

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 remained the same. 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

- One person gave positive feedback about their care and the staff team. They said, "The service is not that bad really. They do a good job" and "I like the company I get off them [staff]. They help me a lot."

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

- The provider had arranged for one person, involved in the recent incident, to access an independent advocate to support them through the investigation.
- Relatives advocated on behalf of some of the other people using the service. One relative said, "I am happy as long as I am involved and can speak up for [family member]."

Respecting and promoting people's privacy, dignity and independence

- People said they had been treated well. One person commented, "They [staff] treat me nicely. I get on great with them."
- Some people accessed the local community independently during unsupported time.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans lacked enough detail to guide staff as to how people wanted their care provided. They currently used a reduced version of the provider's full care planning document for planning people's care.
- A recent audit had identified the current care planning process was not suitable. The provider had commenced a programme of transferring care plans to the full care plan format. Staff involved relatives in this process to ensure the updated care plans reflected people's preferences.

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.

- The provider could make information available in various formats to meet people's communication needs.

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

- People were supported to participate in activities they chose and to access the local community. One person said, "I like to go to [name of place]. They ask me to go to different places. I like to go to the same place all the time. I have been to the Metro Centre today."

Improving care quality in response to complaints or concerns

- The provider had an effective complaints procedure which was available for people and others to access.
- The provider had received one complaint since our last inspection. This had been fully investigated and resolved.

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 has now deteriorated to 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; 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; Continuous learning and improving care

- Management oversight had been ineffective at the service. Relative's feedback reflected this view. One relative described how their family member had not always received good care. They said, "There has been that many managers. [Service manager] is working hard to sort things out. They are in the midst of staffing issues again. Hopefully, [service manager] is going to make things better."
 - The registered manager was remote from the service as they were based in the south of England. The provider had taken action to resolve this with a planned move to more local management across its services.
 - The previous service manager had not ensured checks were completed in a timely way. Management had not ensured staff competency checks had not been completed as expected and not all incidents staff raised to management had been recorded.
- In July 2019 the provider implemented a monthly management check across its services. The previous service manager had not completed these checks between July and September 2019.
- Operational team meetings, specific to each person, had not been held in line with the provider's expectations of every 12 weeks. For one person, there had been no meetings recorded during 2019.
 - Due to a lack of senior management oversight, one to one meetings between staff and their managers were not in line with the provider's expectations. This meant staff did not have regular opportunities to have a confidential discussion about their role.

This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the recent incident, the provider had improved the systems for checking people received safe care. This involved staff completing daily and weekly checks including areas such as finances and medicines. The provider had also reviewed each person's care.
- The provider had arranged for additional management support to be available to support the service through the investigation and oversee improvements.
- An overarching action plan was developed for the whole service, as well as individual action plans for each person. Management reviewed these action plans to ensure progress was being made.

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

- The new service manager was making good progress to improve the service. People said they felt able to speak with the service manager. One person said, "If I had concerns I could talk to [service manager], she is good."
- Relatives echoed this view that the service manager was improving the service.

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

- The provider had a 'You said, we did' process which was used to identify areas for improvement. People's and relative's views were used to inform this process, as well as findings from other sources.

Working in partnership with others

- The provider was working with local commissioners and other professionals to improve the service and promote good outcomes for people.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to ensure all allegations of abuse were correctly investigated, recorded or notified to the local authority.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective governance arrangements so that risks to people's safety were appropriately assessed, managed and mitigated.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to operate a safe recruitment process to ensure staff employed were suitable to work at the service.</p>