

Watershed Care Services Limited

# Watershed Care Services 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

### About the service

Watershed Care Services Limited provides personal care and support to people living in their own homes. The service supports people with a wide range of needs including dementia, physical disability, sensory impairment and mental health conditions.

The service was supporting 29 people at the time of our inspection, all of whom received personal care. This is help with tasks related to personal hygiene and eating. Ten of these people received live-in care.

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

People felt safe when staff provided their care. People told us they received a reliable service from staff who knew how to provide their care in a safe way.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

Risk assessments had been carried out to identify and mitigate any risks involved in people's care. People's medicines were managed and administered safely. Staff helped keep people's homes clean and wore personal protective equipment (PPE) when they carried out their visits.

Staff had the support and training they needed to carry out their roles. This included an induction when they started work, regular refresher training and supervision with their managers.

People's needs were assessed before they began to use the service. A personalised care plan was developed from this assessment which contained information for staff about how people's care should be provided.

Staff monitored people's health effectively and supported people to access healthcare services when they needed them.

People received their care from consistent staff and had established positive relationships with their care workers. People said staff understood their preferences about their care and respected their choices. Staff supported people to maintain their independence where this was important to them.

There were effective systems in place to monitor the quality and safety of the service. These included regular spot checks and audits of key aspects of the service.

People had opportunities to give feedback about the care they received and their views were listened to. Complaints were managed in line with the provider's complaints procedure and action taken to resolve any issues raised.

The registered manager provided good leadership for the service and staff were well-supported by the management team. The agency had established effective working relationships with other professionals involved in people's care, including commissioners, care managers and healthcare professionals.

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

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

#### Rating at last inspection

This service was registered with us at these premises on 24 October 2019 and this is the first inspection at that address. The last rating for the service at the previous premises was good (published 29 April 2017).

#### Why we inspected

This was a planned inspection based on the date of the service's registration.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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.

# Watershed Care 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

One inspector carried out the inspection.

#### Service and service type

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

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

We gave a short notice period of the inspection because we wanted to ensure the registered manager was available to speak with us.

Inspection activity started on 4 November 2021 and ended on 11 November 2021. We visited the office location on 4 November 2021.

#### What we did before inspection

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the operations manager about how the service was run. We reviewed care records for three people who used the service, including their risk assessments, care plans and arrangements for managing medicines.

#### After the inspection

We spoke with two people who used the service and five relatives to hear their views about the care and support provided. We received feedback from two professionals who worked with the service and five staff about the training and support they received.

The registered manager sent us additional information including records of staff recruitment, training and supervision, quality audits and the agency's business continuity plan.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider employed enough staff to meet the service's care commitments. People told us they received a reliable service and said staff usually arrived on time for their care visits. One person told us, "I am happy with their timekeeping. I never panic because I know they are going to be here."
- Relatives said staff were only ever late if affected by events outside their control. They told us they were kept informed about any delays. One relative said, "If they have ever been late, it has been due to traffic or issues such as the recent problems getting fuel. It's never been a problem though and we were told about the delay."
- Relatives told us that if staff had ever been delayed or unavailable, the provider had plans in place to ensure people still received their care. One relative said, "One time the waking night carer did not turn up because she'd had an accident. The live-in carer had to cover but they made sure she had extra time off in the next few days so she could catch up on her sleep."
- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend an interview. The provider requested references for staff prior to employment and obtained a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

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

- Staff received safeguarding training in their induction to the agency and completed annual refresher training. The registered manager encouraged staff to raise any concerns they had about people's safety or wellbeing.
- Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. One member of staff told us, "If I'm worried about an adult at risk of abuse, I would first report to my registered manager. I know I could contact the Care Quality Commission or call the safeguarding helpline or, in an emergency, local police to report the abuse." Another member of staff said, "I know how to report any concerns about safeguarding and abuse, but I have not had any reason to do so."
- The registered manager had taken action to protect people when necessary. For example, the registered manager had raised concerns with the local safeguarding authority when concerned about a person's vulnerability to abuse.

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

- People told us they felt safe when staff provided their care. Relatives said their family members felt safe with staff. They said staff knew how to use any equipment involved in their family members' care safely. One relative told us, "[Family member] has connected with [live-in care worker]. He feels very secure when she is around." Another relative said, "They keep [family member] safe when they are using the hoist."

- Risk assessments were carried out to identify and mitigate any risks to people. For example, one person was at risk of developing pressure ulcers. The registered manager liaised with an occupational therapist to obtain a specialist chair and staff repositioned the person when they were in bed to minimise the risk of pressure damage. Risk assessments were regularly reviewed to take account of any changes in people's needs.
- The provider had developed a business contingency plan for the service to ensure people's care would not be interrupted in the event of an emergency, such as flooding, fire or loss of utilities.
- The provider took action if areas were identified for improvement. For example, one person raised concerns that the timings of their medication had been affected when staff were late for their calls one weekend. The registered manager investigated the concerns and put plans in place to ensure that there would be no repetition of the event, including improving communication between the agency and the person.

#### Using medicines safely

- People told us staff helped them manage their medicines safely. One person said, "They help me with my medicines. They make sure I get them on time."
- Relatives confirmed that staff supported their family members to take their medicines as prescribed. One relative told us, "[Family member] has a lot of medication. They manage that well. Yesterday the carer noticed her medication was out of date. She told me and I was straight on the phone to the chemist."
- Another relative said, "They manage the medication, there are no problems with that. They are very safe because [family member] often says she has not had her painkiller when she has. I know they have given it to her because they record it."
- Staff attended training before being authorised to administer medicines and their practice was assessed before they were signed off as competent. Medicines administration was also assessed during spot checks.

#### Preventing and controlling infection

- People told us staff helped keep their homes clean and wore personal protective equipment (PPE) when they carried out their visits. One person said of staff, "The agency provides them with all the equipment they need; masks and gloves and aprons."
- Staff received training in infection prevention and control (IPC) and the provider carried out regular IPC audits to ensure that appropriate standards were maintained. Audits included spot checks on staff practice such as hand hygiene and how they kept people's homes clean.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives were confident in the skills and training of staff. One relative told us, "I think the training at Watershed is very good."
- A professional told us, "Staff have good support, sufficient training and monitoring and mentoring." The professional said of the provider, "They give opportunities for staff to enhance their skills."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues to understand how people preferred their care to be provided.
- Staff were expected to achieve the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff met regularly with their managers for one-to-one supervision, which gave them opportunities to discuss their performance, training needs and any concerns they had.

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

- The registered manager assessed people's needs before they used the agency to ensure staff could support them safely. Assessments considered areas including healthcare, mobility, continence, skin integrity and personal care. People were asked about their preferences regarding their care during their assessments so these could be recorded in their care plans.
- People's care was provided in line with relevant national guidance. The registered manager kept up to date with developments in legislation and best practice. Any changes to guidance that affected the way in which care was provided were shared with staff.

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

- People told us staff liaised with other professionals involved in their care where necessary. One person said, "They have done that in the past. They know my GP and the district nurses."
- Relatives confirmed that staff communicated effectively with professionals to manage their family members' healthcare needs. For example, one relative told us their family member was at risk of pressure damage. The relative said, "They are very observant and if they have any concerns, they get the district nurse out straight away. The last time it happened, they got the district nurse here the same day so before it became a problem, it was sorted. They are so on the ball; I am so impressed with them."
- Another relative said they had experienced difficulties obtaining the equipment their family member needed. The relative told us the management team had offered to liaise with the appropriate healthcare professionals to arrange this. The relative said, "[Registered manager] and [operations manager] said they would arrange it for us; they have been very helpful."

- Professionals provided positive feedback about the way staff and managers worked with them to ensure people's healthcare needs were met. One professional told us, "They have good communication with GP surgeries and other health professionals."

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

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted. One person told us, "They help me with my meals. I can choose my lunch. I tell them what I want and they do it for me."
- Relatives told us the agency communicated with them to ensure their family members' needs were met. They said staff told them what food was needed so that relatives could buy this and ensure it was available for their family members. One relative told us, "They let me know what they are running low on so I can buy it in. They know what [family member] likes so between us we make sure [family member] has meals they enjoy."
- People's nutrition and hydration needs were discussed at their initial assessments. If needs were identified in these areas, such as allergies, these were recorded in people's care plans.

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.

- People were asked to sign their care plans when these had been developed to record their consent to their care. People's representatives were consulted if people lacked the capacity to give informed consent.
  - None of the people being supported by the agency were subject to deprivations of their liberty.
- The registered manager said they would request the local authority carry out a mental capacity assessment for people if necessary.

# Is the service caring?

## Our findings

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

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

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

- People told us they had established positive relationships with their care workers and said they were happy with the care they received. One person told us, "I get on very well with them." Another person said, "The care is very good."
- Relatives provided positive feedback about the attitude and approach of their family member's care workers. One relative told us, "The permanent carer is awesome and [family member] is very attached to her." Another relative said of their family member's care workers, "They are all lovely; [family member] gets on very well with them. They are very calm and very kind."
- Professionals also provided positive feedback about the caring nature of staff. One professional told us, "When I have completed spot checks previously staff were polite, kind and caring."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us their views about their care and support were listened to. They said they saw the same staff regularly, which was important as it meant staff knew their preferences about their care. One person told us, "I know them all so I can be straightforward about things; I am comfortable to say what I think." Another person said of staff, "They know me very well, which is nice."
- Relatives told us their family members received consistent care, which was important to them. One relative said, "[Family member] has people that she knows. It makes a big difference. She is happy and I am happy." Another relative told us, "[Family member] sees the same faces; that is very important."
- Relatives said staff had taken the time to understand their family member's needs and preferences about their care. One relative told us that before their family member's care worker had provided the person's care, "She asked about [family member's] likes and dislikes and anything that upsets him. She asked the things she needed to know so she could work with him."
- People told us their care workers treated them with respect and maintained their dignity when providing their care. One person said, "I am treated with respect. I would not have it any other way."
- Relatives confirmed that staff were respectful when supporting their family members. One relative told us, "They treat [family member] with respect. I am really pleased with that aspect of things."
- People were supported to be as independent as possible. One relative said of their family member's care worker, "She encourages him to be independent where he can be. He can get dressed but he can't get his clothes out of the wardrobe, so she lays them out for him and he puts them on." Another relative told us, "[Care worker] is trying to keep the independence [family member] has got. She has been really good with that. She takes him out to the shops most days so he can buy his paper."

# Is the service responsive?

## Our findings

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

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

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

- Each person had an individualised care plan which was developed from their initial assessment. Care plans were person-centred and contained comprehensive details for staff about how people's care should be provided. Care plans also set out what people could do for themselves how they preferred their care to be provided.
- People's care plans were regularly reviewed to make sure they accurately reflected their needs and preferences. People's views were taken into account in these reviews and incorporated into their care plans.
- Staff told us they received enough information about people's needs before they began to support them. One member of staff said, "All the clients I support have a care plan that has all the information about their needs." Another member of staff told us, "Through the client's care plan, I am able to read and understand their needs, likes and dislikes."
- People told us staff supported them in line with the guidance in their care plans. They said staff provided flexible support that enabled them to have control over the care they received.
- Relatives said the agency had responded well if families experienced difficult circumstances. One relative told us, "They responded in a crisis last Christmas. They were amazing. They were incredibly responsive."

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.

- People's individual communication needs were discussed and recorded during their initial assessment. Any needs identified were then documented in people's care plans.
- Relatives told us staff understood their family members' individual communication needs. One relative said their family member had a "word book" which they used to communicate with staff. The relative said the book contained pictures of objects which their family member used to express their wishes to staff. The relative told us this enabled their family member to make choices about what they wore, what they ate and what support they needed.

End of life care and support

- The agency was not providing end of life at the time of our inspection although had done so in the past. The registered manager told us some people had previously expressed a wish to remain living at home as long as their needs could be met and had been supported to do so.
- The provider had access to training in end of life care for staff and to support from specialist healthcare

professionals if necessary.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "I have got no complaints but I would be happy calling [registered manager] if I had an issue." A relative said, "[Registered manager] is very responsive. If there is the slightest problem, it has always been sorted immediately."
- The provider had a complaints procedure which set out how any complaints received would be managed. The service had received two formal complaints during the past 12 months. These had been managed in line with the complaints procedure and resolved to the satisfaction of the complainants.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- There were systems in place to monitor the quality and safety of the service. For example, audits of medicines and infection control were carried out each month.
- Where audits identified areas for improvement, the provider took action to improve. For example, one audit identified that equipment used in people's care, such as hoists, could be cleaned more regularly. The registered manager spoke with staff about this to ensure they cleaned equipment more often.
- The management team carried out regular spot checks to observe the care people received. These checks assessed whether people's care had been provided in line with their care plans and appropriately recorded.
- Professionals told us the registered manager provided good leadership for the service and supported the agency's staff well. One professional said, "I believe [registered manager] does a good job in difficult times. She has maintained staffing and supports them effectively. She, in my opinion, is a good registered manager willing to listen and learn and work with others."
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. We saw that when complaints had been made, the registered manager had met with complainants and apologised for any inconvenience or distress they had experienced.

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

- People and their relatives had opportunities to give feedback about the service. The management team visited people regularly to ask for their views about their care. One person told us, "I saw [operations manager] yesterday. She came to check everything was OK."
- People said the management team welcomed feedback about the service. One person told us, "I have seen [registered manager] and [operations manager] this morning. If I've got a problem, I know I can talk to them." Another person told us, "If anything wasn't right, I know I could call them and they would sort it out."
- Staff told us they received good support from the management team. They said their managers were available for support and advice when they needed this. One member of staff told us, "I have very supportive managers. They try to provide the best services for the clients and to solve any problems we have."
- Staff were given feedback forms that they could return anonymously. The forms asked staff to comment on areas such as job satisfaction, training and development opportunities.
- Staff told us their managers encouraged them to speak up about any concerns or suggestions they had

and were responsive to their feedback. One member of staff said, "I do speak up when I need to and any concerns are looked into." Another member of staff told us, "They always have an open ear to any concerns whenever these arise."

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

- People told us they had regular communication with the management team and that action was taken to resolve any issues they had. One person said, "We have good communication, we speak on the phone. If there is a problem, [registered manager] sorts it out straight away." Another person told us, "If you need anything, you can just pick up the phone. If I had any concerns, I would call them straightaway."
- Relatives said the management team kept them informed about any issues affecting their family members. One relative told us, "[Registered manager] keeps me informed. We have a really good working relationship." Another relative said, "[Registered manager] rings me up if she is concerned about anything. That makes me feel reassured."

Working in partnership with others; Continuous learning and improving care

- The agency had established effective working relationships with other agencies and professionals involved in people's care. For example, the service had worked with a mental health nurse, social worker and psychiatrist to support a person with a diagnosed mental health condition. The registered manager met weekly with the other professionals involved in the person's care to discuss progress and any necessary adaptations to their support plan.
- The registered manager and operations manager worked well with local authorities that commissioned care with the agency. One professional said the agency communicated effectively with them "At all times" and told us, "I complete contract monitoring regularly and the team are receptive and responsive."
- The agency was a member of relevant bodies including Surrey Skills Academy and the UK Homecare Association and the management team had made use of training and resources from these organisations to improve the care people received.