

# BJSR Limited

# Waves

## Inspection report

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21 November 2019  
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28 November 2019

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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

Waves is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults with learning disabilities. CQC only inspects the service being received by people provided with 'personal care.' At the time of the inspection the service was providing six people with personal care.

Waves also have a day centre which provides young adults with learning disabilities with a wide range of opportunities. This part of their service is not regulated by CQC. The domiciliary care service was established in response to relatives requests for more support.

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

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.

Staff understood how to keep people in their care safe from harm. Where risks to people had been identified measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. Staff had been recruited safely and there were enough staff to provide people with timely care and support.

Staff received appropriate training and support. Staff provided people with support to meet their nutrition, hydration and health care needs. 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 received support from staff who were kind and caring. People were involved in making decisions about their care and were treated with dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

A complaints procedure was in place and people said they would speak to the registered manager if they had any concerns.

The provider had effective governance and auditing systems in place to ensure people received safe care and treatment. This meant the provider was identifying and rectifying any short falls in the service. People were positive about the registered manager and the service which was being provided. People told us they would recommend the service to others and as an organisation to work for.

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

#### Why we inspected

This service was registered with us on 13 November 2018 and this is the first inspection.

#### 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.

# Waves

## **Detailed findings**

### Background to this 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The service had a registered manager who was 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.

#### What we did before the inspection

Inspection activity started on 21 November 2019 and ended on 27 November 2019. We made telephone calls to two relatives on 21 and 22 November 2019 and visited the office base on 27 November 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, two senior care workers and two care workers.

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



## 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 as good. This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. Staff had completed safeguarding training and understood how to keep people safe.
- Staff told us they would report any concerns to the registered manager.
- The registered manager was aware of the safeguarding reporting procedures but had not needed to use them.

### Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people.
- There were risk assessments in place for people which covered, for example, what mobility aids they used, together with any specific safety equipment.

### Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. Relatives told us care and support was provided by a consistent group of carers. One person said, "We have two regular carers who are 100% reliable."
- The registered manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

### Using medicines safely

- Relative's told us staff supported people to take their medicines by staff who had been trained to do this safely.
- Medicines systems were organised and people were receiving their medicines when they should.

### Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves, aprons and hand sanitizer were available for staff to use.

### Learning lessons when things go wrong

- Systems were in place to analyse any accidents or incidents to look as ways of preventing a re-occurrence.





## 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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. People told us, "They [staff] came to talk to me and my daughter before the service started to find out what I needed."

Staff support: induction, training, skills and experience

- Care workers told us they received training to ensure they had the skills to meet people's needs. Training included areas such as first aid, health and safety and moving and handling. One relative told us, "The staff are well trained and provide care how I expect it to be done."
- New staff received an induction which included shadowing an experienced member of staff.
- Staff had supervision meetings with one of the senior team. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the persons home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package.
- Staff were pro-active to make sure people received good nutrition and hydration. A relative told us, "Staff make sure food is cut up and are aware of [Names] preferences."

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

- Relatives mostly dealt with people's healthcare needs, however, staff did accompany people to healthcare appointments when this was needed.
- The registered manager worked closely with speech and language therapist, wheelchair services, the

Kirklees intensive interaction for challenging behaviours management teams and the Clinical Commissioning Group.

- 'VIP' hospital passports had been completed should a hospital admission be needed. These contained important information about people and their needs which hospital staff would need to know.

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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure any decisions made were in the person's best interests.



## 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 as 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's views about the staff were positive. Comments included, "[Name] has taken to the staff" and "I can see how happy [name] is and they love the carers."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- Care records were written in a respectful way.
- Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff knew people well and understood their communication needs and how to involve them in decisions about their care. For example, for one person questions which needed yes/no answers were used to get their views.

Respecting and promoting people's privacy, dignity and independence

- Relative's told us staff were respectful and mindful of privacy and dignity issues.
- Staff supported people to become more independent and to develop new skills. For example, going to the local shop, ordering their own meal in the café and using the washing machine.



## 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 as good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were consulted about every aspect of their support. Care plans were person-centred and explained what support was needed.
- Care plans were reviewed every two months, or sooner if people's needs had changed. People and their relatives were involved in these reviews.
- Care workers knew people well and how they liked their care and support to be delivered.
- The service had received the following, recent, compliment from an advanced nurse practitioner, "Seeing staff interact with [name] and hearing how well they have done has been great. The staff who were supporting [name] on Friday clearly knew them very well. It was evident [name] felt very safe and supported in their presence and it is fantastic they have progressed so well. I'd like to pass on a thank you to yourself for the continued communication, openness and honesty in our discussions and a thank you to the staff for working so hard to build a positive relationship with [Name]."

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 had the opportunity to take part in a variety of activities in the day centre, local community, day trips and holidays. People were supported to be very much a part of the local community and were using shops, cafes and the gym.
- Waves supported people to develop new friendships both at the day centre and with people in the local community.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- The registered manager was aware they needed to develop end of life care plans with people to ensure they were aware of people's personal wishes and preferences.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and information about how to complain when the service started.
- Relatives told us they would speak to the registered manager if they had a complaint. Comments included, "I haven't needed to complain but I am confident any issues would be resolved."
- The registered manager had not received any complaints.

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.

- Information about the service was available in an easy read format.
- People's communication needs were addressed through the care planning process and staff were aware of people's individual needs.



## 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 as 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

- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service whilst shadowing an experienced member of staff.
- Various quality checks were made to ensure people were receiving the service they wanted and that their needs were being met.

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

- The registered manager was committed to providing a high-quality service and promoted a positive, open and person-centred culture. People spoke positively about the registered manager and their comments included, "It's a well managed service," "[Name of registered manager] is very approachable and their office door is always open" and "I feel valued as a member of staff."
- People told us they would recommend the service to others and also as a company to work for.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- People's views were sought through direct contact from the registered manager and annual surveys.
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service.

#### Continuous learning and improving care

- The registered manager used CQC's and The National Institute for Health and Care Excellence (NICE) web sites to keep themselves informed about best practice.
- The registered manager subscribed to an external provider for their policies and procedures. This company provided also provided updates on any changes to legislation and best practice.

#### Working in partnership with others

- The registered manager had been working in partnership with Kirklees Council, the Clinical Commissioning Group (CCG) and attended provider forum meetings.