

Waterfont Care Ltd

# Waterfont Care

## Inspection report

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28 April 2022

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Waterfont Care is a domiciliary care service which provides personal care to people living in their own homes. At the time of this inspection there were three people using the service.

Not everyone who uses a domiciliary care service receives personal care. CQC only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided to them.

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

People using the service and their relatives were happy with the care and support they received. It met their needs and was tailored to their preferences. People, their relatives and staff all felt the service was well-organised and well-run. The registered manager and provider were highly involved in each person's care and had good oversight of the service. However, some of the provider's governance and record keeping systems needed to be improved to ensure all aspects of the service were robustly monitored.

People felt safe when receiving care. However, further information was needed in people's care plans to support staff to manage risks effectively. Improvements were also needed to people's care records in respect of medicines management. We have made a recommendation about the management of some medicines.

People told us staff were very kind, caring and compassionate. People were supported by a small number of regular staff who knew them well. Staff turned up on time and delivered the care people needed during each care visit, whilst respecting people's routines and preferences. Staff were recruited safely, and they followed safe infection prevention and control practices.

Staff were supported by the registered manager and provider to develop the right skills for their roles. People and their relatives told us staff appeared to be well trained and staff told us they were very well supported. However, some of the provider's systems and processes designed to ensure staff remained competent and skilled had not yet been embedded.

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 knew how to complain if they needed to and people's feedback was regularly obtained by the registered manager and provider. However, people's feedback was not recorded anywhere to ensure it could be used as part of a quality assurance system to improve the service.

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 CQC on 9 July 2020 and this was the service's first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about the service.

#### Enforcement and recommendations

We have identified a breach of regulation in relation to the governance and record keeping systems used by the service.

Please see the action we have told the provider to take at the end of this report.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Waterfont Care

## 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 Act.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 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.

Inspection activity started on 20 April 2022 and ended on 28 April 2022. We visited the office on 21 April 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority and Healthwatch. 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 the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### 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 six members of staff including care assistants, the registered manager and the nominated individual. 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 two people's care records and medication records. We looked at two staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

This was the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider had systems in place to assess and manage risks to people. However, people's care plans did not always contain enough information about the action staff needed to take to reduce these risks. For example, one person needed support to maintain their skin integrity, however, their care plan did not contain enough written guidance for staff about how to manage this risk. Staff were shown how to manage this risk by the registered manager and provider, but this information also needed to be recorded in the person's care plan.
- The provider had suitable procedures in place to support staff to deal with any incidents or accidents. Accidents and incidents were recorded by staff. The registered manager and provider reviewed these records to ensure all appropriate steps had been taken to respond to any incidents.

Using medicines safely

- People's medicines were mostly managed safely. We were satisfied people received their medicines as prescribed. People and their relatives raised no concerns about the support they received with their medicines.
- Some improvements were needed to people's care plans and medicines records, particularly where medicines were prescribed on an 'as and when required' (PRN) basis. People's care plans did not contain enough guidance for staff about how to recognise when people might need their PRN medicines.
- Staff received training in how to manage medicines safely during their induction. The registered manager and provider checked staff could competently support people with their medicines. However, they did not create a written record of these competency assessments. They agreed to do so following this inspection, to support them to keep staff's competency under regular review.

We recommend the provider seeks further information and guidance from a reputable source on how to safely manage medicines in the community, particularly in respect of PRN medicines.

Staffing and recruitment

- There were enough staff employed to ensure people's needs were met. Staff were allocated enough time during each care visit to meet people's needs effectively. People and their relatives told us staff turned up on time.
- People received support from a consistent staff team. People received good continuity of care as they were supported by a small number of consistent staff members who knew them well.
- Staff were recruited safely, though we identified one improvement the provider needed to make to their recruitment practices. The provider confirmed they would update their practice immediately.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. People told us they felt safe when being cared for by staff and their relatives raised no concerns about their family member's safety.
- All staff were aware of the need to raise any concerns immediately with the registered manager so action could be taken. Staff were confident the registered manager would act on any concerns they raised to ensure people were safe.
- The registered manager and provider understood their duty to act on any safeguarding concerns to ensure people were protected from abuse.

Preventing and controlling infection

- The provider had systems in place to control the spread of infections. Staff wore personal protective equipment (PPE) when providing care to people. People and their relatives told us staff always wore PPE appropriately.



# 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 was the first inspection of this newly registered service. This key question has been rated requires improvement. This meant there was a risk people's care would not always be effective as some systems were not operated effectively.

Staff support: induction, training, skills and experience

- New staff completed an induction and training to ensure they were well-prepared, competent and equipped to deliver high quality care. The induction process included shadowing more experienced staff and being introduced to people before delivering care to them. Staff were complimentary about this process; it enabled them to get to know people well.
- People and their relatives thought staff were knowledgeable and well-trained. A relative commented, "They all seem extremely professional. They all know what to do and how to do it. They are well trained. They have a system they all follow."
- The provider and registered manager conducted spot checks on staff, to assess whether they remained competent. However, there was no structured system in place to guide the content of these spot checks and they were not recorded. This meant there was no system to ensure any feedback given to staff was followed up at their next spot check.
- The provider had not ensured all staff received a planned, structured supervision in line with their own policy on staff supervision. The provider informed us they had planned to commence this in the near future. Despite this, staff told us they felt well supported. They were able to seek advice and support over the telephone whenever they needed to.

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 MCA 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.

- Staff understood the importance of supporting people to make their own decisions and obtaining consent before care was delivered. People told us staff always asked for their consent before they provided them

with care and support.

- The registered manager and provider considered whether people had the mental capacity to consent to their care, during the assessment of their needs.
- Although we did not identify any concerns about the practices used by the service, the provider's policy on the use of the MCA was not tailored to the type of service being delivered. It therefore needed to be reviewed and updated to meet best practice expectations.

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

- People's needs were assessed before they were provided with a care and support package, to check what care people needed and how they wanted it to be delivered. People and their relatives told us they were involved in planning and arranging their care to ensure it was tailored to their preferences. They confirmed their choices were respected and adhered to and everyone we spoke with was happy with the care they were receiving. A relative commented, "They've been so good. Honestly, they've looked after [name of service user] really well. There's nothing they can improve."

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

- People's nutrition and hydration needs were assessed and this included consideration of whether people needed a special diet due to health or cultural reasons.
- People's care records would have benefitted from additional information about their nutrition and hydration preferences, to ensure staff had access to this information.
- People were happy with the support they received with their meals and drinks.

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

- The registered manager and provider communicated with other professionals involved in people's care, as and when required. This helped to ensure people's care was well-coordinated between different health and social care services.
- People and their relatives told us staff were very good at identifying when people needed support from other services, and they were quick to act if they thought a person was unwell.

# 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 was the first inspection of 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

- Staff were kind and caring and treated people with respect. Everyone we spoke with emphasised how friendly the staff were and how the staff treated them very well. Comments included "They've been absolutely wonderful. I have no qualms at all with any of the staff. It isn't just how they look after [my relative] physically; it's also that they are all so pleasant. There's always a little joke. They keep us going" and "They are really friendly. We'd be lost without them."
- The service had an effective system in place to ensure people felt comfortable with staff and to support them to feel respected. People told us new staff were always introduced to them prior to delivering any care. A relative commented, "The care has been just right all the way through. The staff blend in. They've made us feel really comfortable. Most of the time you don't know they're there as they fit in so well."
- We were satisfied 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

- People and their relatives told us they were involved in making decisions about their care. One person commented, "They always ask what we want doing" and "After each visit, they ask if we are happy with everything."
- Staff's ability to communicate effectively with people and the positive relationships they had developed, helped to ensure people could express their views and make their own decisions. Everyone we spoke with told us they were confident they could ask for things to be done differently if they needed to.
- People's feedback about their care was used to make changes to their care and support package, to ensure it continued to meet their needs in the best way. People's views were regularly obtained and acted on; however, this feedback was not always documented to help demonstrate how people were being continually involved in decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and staff were aware of the need to ensure their personal information was protected.
- People were treated with dignity and respect. A relative commented, "They are very respectful of [service user's] privacy and dignity. They always shut the door to maintain their dignity, so I am not present when they provide personal care; they keep this private."

# Is the service responsive?

## Our findings

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

This was the first inspection of 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; 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

- The care and support people received was person-centred and met their needs in an effective way. A relative commented, "They're really flexible and adaptable. They provide care to suit [name of service user] and even do the odd thing for me, if I ask. They respond really well to how [name of service user] is each day" and "They've got to know [name of service user] and how they like to be cared for. They do things in the way [name of service user] likes it."
- People's care plans contained guidance about the care they needed during their care visits. However, they would have benefitted from additional detail about people's preferences, likes and dislikes. Despite this, it was clear staff had been given enough information during their introductions to people, to know how they wanted their care to be delivered. Everyone we spoke with told us staff knew them well and they respected their preferences.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed whether people had any communication needs or any sensory impairment which would mean they needed information to be provided in a particular format. This supported the provider to comply with the Accessible Information Standard.

### Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints policy in place to support them to manage any complaints they received effectively.
- The service had not received any formal complaints since they had registered with CQC. People and their relatives told us they and their family member knew how to complain if they needed to.
- People's relatives told us the registered manager and provider were both very approachable and they responded to any minor issues they raised.

### End of life care and support

- The provider had suitable systems in place to work alongside other health and social care professionals to help ensure people received coordinated and compassionate support at the end of their lives. Everyone we

spoke with told us the staff regularly liaised with other professionals.

- People and their relatives were very complimentary about how caring and compassionate the staff were. A relative commented, "Right from the beginning they've been compassionate." The service had also received compliments from families of people they had cared for at the end of their life. One family had commented, "A massive thank you for everything you did to help us during this difficult time. Your smiling faces and kind care really made a difference."

# 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 was the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. The provider's systems and processes 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; Continuous learning and improving care

- People's experience of the service was positive; however, some aspects of the provider's governance system did not promote safe, high-quality care. The provider's policies and procedures did not always reflect best practice guidance and they had not been tailored to the service.
- The provider's quality assurance system was not robust. Some quality assurance checks had not yet been embedded, such as regular, planned supervision and appraisal sessions for staff, or a structured system of regularly assessing staff's competence to manage medicines. Other systems needed to be established to formally monitor the quality and safety of daily records, medicine records, staff files and care files.
- Improvements were needed to the provider's records. For example, care records would have benefitted from further information about people's preferences and there was not always enough guidance available for staff about how to manage risks effectively. Other quality assurance checks were not recorded such as spot checks on staff and the verbal feedback obtained from people when reviewing their care.

The provider's governance system was not robust and their quality assurance systems had not been fully established and embedded. This placed people at increased risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified improvements were needed to the provider's governance system and record keeping processes, we found no evidence this impacted on the quality of people's care. The registered manager and provider were highly involved in people's care and as a result we were assured they were able to act on any quality and safety concerns quickly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and provider made themselves easily available to people using the service, their relatives and the staff, so they had opportunity to share any concerns or feedback. A staff member commented, "The managers are very open minded about any suggestions staff give them."
- Although people and their relatives were encouraged to provide verbal feedback, this was not recorded anywhere to ensure it was used as part of the provider's quality assurance system. Other methods of engaging people, the public and staff had not been implemented, such as staff supervision sessions and appraisals, surveys or questionnaires.
- The provider had links with social care professionals and community health services so they could work in

partnership with other organisations.

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

- The service had an open culture and staff were confident any concerns they raised would be dealt with appropriately by the provider and registered manager. Staff morale was positive, and staff told us they enjoyed their jobs.
- The provider and registered manager promoted a person-centred culture and encouraged staff to be flexible and responsive to people's needs. Staff informed us, "People are definitely getting good quality care from this company", "It's a good company to work for. They really understand people. They really want to make sure people get good care" and "They are really good with people at this service. The registered manager and provider really care about people. There is a personal touch. It's really person-centred care."

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 had a policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under their duty of candour policy.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the services provided, to assess, monitor and mitigate risks to service users and to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1) (2) (a) (b) and (c)</p>