

Waymarks Limited

# Waymarks Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 31 May and 2 June 2016 and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Waymarks Limited provides personal care to people living in their own homes. The service provides 24 hour support to people who have complex histories which can include risky behaviours as defined in transforming care. Waymarks provides individualised services to people with learning disabilities and/or autism, which encourage learning and enhance their community integration and participation. People are supported by a person who acts as a role model to build empathy, social functioning and reduce behavioural challenges.

At the time of our inspection there were four people using the service and receiving personal care. They lived in separate accommodation in supported living facilities. The provider supports additional people in the community but they do not receive personal care. This inspection and report only relates to the four people receiving the regulated activity of personal care. Those receiving support but not receiving personal care are outside the regulatory remit of the Care Quality Commission (CQC).

The service did not have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. However, the manager who was present throughout the inspection had applied to become the registered manager of the service.

Staff training records indicated which training was considered mandatory by the provider. Not all staff had received their mandatory training. The provider was monitoring and addressing the gaps in the training with staff on the regular basis. Staff said they felt supported to do their job and could ask for help when needed.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

The manager assessed and monitored the quality of care consistently with the help of staff and other members of company management. We found some incomplete records. However, this was being addressed and work was in progress.

There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and appropriate action was taken when required.

People were supported by sufficient staff to meet their individual needs. Safe recruitment practices were

followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

People were treated with respect and their privacy and dignity were promoted. People said their care and support workers were good and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence with personal care. There were some activities arranged for each person. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

People received support that was individualised to their specific needs. Their needs were monitored and support plans were kept under review and amended as changes occurred. Staff were aware of their responsibilities to ensure people's rights to make their own decisions, where possible, were protected and promoted.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. A number of improvements were ongoing to ensure people received the best support. Staff felt they worked well together and felt management worked with them as a team which benefitted people.

## 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. People were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service.

### Is the service effective?

Requires Improvement ●

The service was not always effective. People were supported by staff who did not always receive mandatory and specific training related to their roles.

Staff were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The manager was aware of the requirements regarding restrictions to people and Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible with their care.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. People could participate in activities of their choice.

People's right to confidentiality was protected and they were made aware of how to raise concerns.

### Is the service well-led?

Good ●

The service was well-led. The manager had monitored the quality of the service to ensure people received safe and appropriate care. Records in respect of people using the service

were not always accurate or up to date. However, this was being addressed.

Staff felt confident to share any concerns about the care provided at the home. The management was available for guidance and support.

# Waymarks Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May and 2 June 2016. It was carried out by one inspector and was announced. We gave the manager prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the provider had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with two people using the service, two relatives and received feedback from seven support workers. We also spoke with the manager, service manager, operations assistant and quality & compliance manager. We also asked health and social care professionals for their feedback.

We looked at four people's health and care management records including support plans, daily records, health action plans and medication administration records. We also looked at the recruitment files of eight support staff and staff training records. We saw a number of documents relating to the management of the service including quality audits, meeting minutes, complaints records and incident and accident reports.

# Is the service safe?

## Our findings

People received their medicines when required. We reviewed the management of medicines and the records kept. Only staff trained and assessed as competent were allowed to administer medicines. The manager told us they were improving on reporting and recording any medicine errors. Following a recent safeguarding investigation, all staff were reassessed for their competency to administer medicines. If there were any errors, this was addressed with staff at their one to one meeting with the line manager. A specialist team with knowledge about medicines was also available if staff needed advice or support. We reviewed some medicines administration record sheets and found some gaps. The manager addressed these immediately. Staff confirmed they had received training and that their competence had been checked. One person who uses the service said the staff helped them with the medicine. Relatives said their family members received their medicines when they should.

People were protected from the risks of abuse. One person using the service told us they felt safe. They knew who to go to if they had any concerns or issues. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff felt comfortable approaching management with any concerns and were sure their managers would support them if they did. Staff were familiar with the service's whistleblowing procedures and told us they would be comfortable to raise concerns. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided.

We saw from the service's safeguarding records that any allegations were taken seriously. They were reported to the local authority safeguarding team and notified to the Care Quality Commission as required. The records contained details of actions taken by the service as well as the outcome of investigations. The manager explained due to a recent safeguarding investigation, the way incidents were recorded had changed. Every incident, accident or near miss was recorded, reported and reviewed to ensure it would not happen again. Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. They confirmed the recording system had been improved recently to ensure information was captured accurately and on time.

Staffing levels were adjusted according to the needs of people. Each person using the service had their core team to support them continuously. If additional staff cover was needed, other team members were matched to the person's needs in order to offer the best support to people. Service managers and the manager stepped in if necessary to cover the shifts. The service did not use staff from external agencies. Staff felt there were enough staff to carry out their job. The provider was in the process of recruiting to ensure safe numbers of staff were maintained. Relatives felt although the staff were there all the time, if someone was off sick, it would affect people's activities. However, relatives felt their family members were safe with the staff.

Risk assessments were carried out to identify any risks to people or the staff. For example, risks to staff when lone working and risks to people when going out in the community. Identified risks were addressed by the support plans which included guidance to staff on what to do to minimise any identified risk.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked staff's proof of identity, criminal record checks and health. We found some discrepancies with information regarding full employment histories and evidence of conduct in previous employments. These were noted to the provider. The discrepancies have been rectified during inspection and we saw appropriate records were in place.



## Is the service effective?

### Our findings

People felt the support workers had the skills and knowledge to give them the care and support they needed. Relatives told us staff had the skills they needed when working with their family members. However, people were being supported by staff who did not always maintain their skills and knowledge. We saw staff had received induction and mandatory training in topics such as safeguarding, first aid, health and safety, fire safety and moving and handling. Other training routinely provided included medicines management, lone working and the Mental Capacity Act 2005/Deprivation of Liberty Safeguards (DoLS). Additional service specific training had been provided to staff including epilepsy awareness, administering diazepam and midazolam and physical intervention.

Staff were also registered to complete Care Certificate by the Skills for Care. The service managers were finalising the completion of the certificates by signing staff off. We reviewed training records and saw not all staff had completed induction or were up to date with their mandatory training. The service used an online portal to record staff's training. If a course was out of date then a red cross would appear on the staff member's mandatory training profile. The person would then register to complete the training and the date of completion would be shown. The service supported people who had behaviour that may challenge. Seven out of 21 staff did not have any training around behaviours and how the person could be supported in a positive way to manage stressful situations. In a recent incident one person who uses the service was not supported appropriately to manage their behaviours. Staff did not show sufficient understanding of how to support them. The person was under restriction regarding going out on their own which was also not fully understood or well managed. We also saw six staff did not have refresher training for moving and handling training, five staff did not have Basic Life Support training of whom only one was registered to update this in June 2016. Most of the staff felt they had been provided with the training they needed to enable them to meet people's needs, choices and preferences. However, some felt more specific training could be provided like mental health and autism and they would benefit from having regular refreshers to ensure they provided the best support. The manager said they were monitoring and getting reports every month with the information on percentage of staff attending or not the required training. Any training gaps were addressed with staff during one to one meetings.

Staff had one to one meetings (supervision) with their line manager to discuss their work and training requirements. Although the manager said the meetings were not as regular as they were supposed to be, the staff felt they were supported and had good contact with their senior staff. The manager said improvement work has been done to ensure service managers monitored and carried out supervisions with staff on a regular basis. Staff had annual appraisals of their work as necessary.

People's rights to make their own decisions were promoted and protected. People and their relatives told us they were involved in decision making about their care and support needs. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions

were promoted. Staff confirmed they understood their responsibilities under the Act and the importance of supporting people to make their own decisions.

The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager was aware that applications must be made to the Court of Protection via the local authority, where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, two people who use the service had Court of Protection orders in place. One further application was with the local authority to be forwarded to the Court of Protection.

Where the service supported people with eating and drinking, their daily records included the food and drink people had had during each day. Where people were not eating well staff would highlight that to their line manager and advice would be sought from the GP or a dietitian if necessary. People said they had the meals they wanted. One person said the staff were encouraging them to eat a healthy diet. The relatives felt their family members were supported to have food and drink when necessary. Another person was referred to a speech and language therapist to assess whether they were at risk of choking. The provider had put in new safety measures to help the staff reduce the risk of choking and support the person appropriately while the assessment was ongoing.

People who use the service were supported to maintain good health and access to healthcare services. One person and relatives said staff supported them to arrange and attend appointments when needed. People's health was monitored and routine health check-ups were booked and recorded when due. Records showed that health or welfare needs identified were addressed with input from relevant health and social care professionals as needed.

## Is the service caring?

### Our findings

The staff ensured the privacy and dignity of people was upheld. They were positive and courteous about the people they supported and explained how they supported people in a respectful way. For example, by making sure doors were closed when support was provided to preserve dignity during personal care and asking for permission to do things in people's homes. Relatives and people agreed people's privacy and dignity was respected.

People and relatives felt they were respected. People were treated with care and kindness. People said staff were caring when they supported them. Relatives told us most of the staff were caring when supporting their family members. One relative commented, "They are not bad, but some staff are very good" and "Certain staff are very caring".

Staff knew people's individual communication skills, abilities and preferences. Various methods were used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and daily communication. People's records included information about their personal circumstances and how they wished to be supported. Some people required help to express their views and preferences and were supported by their family to do this. One person received support from an advocate at the time of our inspection.

People were encouraged to be as independent as possible. One person told us, "Yes, staff encourage me and I'm working towards going out on my own". Staff understood independence was an important aspect of people's lives. People and staff carried out some tasks together but people also did things for themselves to maintain their independence. Staff were there to help if someone needed assistance. One staff member said they encouraged people by, "Asking the person what they want, encouraging them to do specific tasks and congratulating them when they have done it". Another said, "Encourage them to have a go, praise them for doing anything on their own". Staff were aware of people's abilities and support plans highlighted what people were able to do for themselves and where they needed help. This ensured staff had the information they needed to encourage and maintain people's independence with personal care where possible.

People's right to confidentiality was protected. One of the local authorities had raised an issue regarding records security recently. This was addressed with staff who were reminded to ensure all the paper records were locked away. Most of the records in the service were online and password protected.

## Is the service responsive?

### Our findings

People's likes, dislikes and how they preferred things done were explored and incorporated into their support plans. Support plans detailed what people could do and how staff could help them maintain their independence wherever possible. Staff could explain how they supported the person to choose things to do, for example, showing them pictures or researching events ongoing in the area. Some relatives mentioned the amount of activities varied depending on the staff numbers per shift. However, there was an activities programme for each person. Staff were encouraging people to engage in varied meaningful activities to avoid isolation and support their positive behaviour. People's abilities were kept under review and any changes were noted in the daily records, support plans were updated if necessary. Where people were assessed as requiring health or social care specialist input, this was provided via referral to their GP.

People's support plans were based on a full assessment, with information gathered from the person and others who knew them well. Each support plan contained information about things that mattered most to the person. Their usual preferred daily routines were also included so that staff could provide consistent care in the way people preferred. The assessments and support plans captured details of people's abilities in their self-care. Staff felt the care they provided was person-centred. They were able to describe their understanding of person-centred care. Comments made by staff included, "The care must centre around the person, likes and dislikes, ensuring every aspect of care is based around the individual" and "The priority is to identify what is the most important to them [people] without making assumptions."

Risk assessments were carried out linked to individual support plans. Plans called 'Risk trigger response' were developed to help and guide staff to support people when they were anxious, distressed or showing signs of agitation. Signs and triggers to look out for and actions to take to help the person, were clearly described. People's needs and care plans were assessed for any changes. The care plans we saw had all been reviewed within the past 12 months. People's changing needs were monitored and the package of care adjusted to meet those needs. Staff explained how they would report any changes to their manager and share information during handovers.

People's concerns and complaints were encouraged, investigated and responded to in good time. Easy read complaints information was available to people and a family charter was sent to relatives which included relevant contact numbers to call if they had a concern. One formal complaint had been raised in the last 12 months. This was addressed and reviewed to learn lessons in order to prevent recurrence of the issue. Some policies were changed to ensure issues were picked up quicker. The manager said they did not have many complaints. Although the staff may resolve any issues immediately, the manager said the service was working on getting better at recording any issues or concerns raised as well as compliments. All concerns, complaints and comments were used as an opportunity for learning or improvement. One relative raised some issues with us. This was noted to the provider. They contacted the relative to address these and had a meeting to discuss it.

## Is the service well-led?

### Our findings

The service had a manager who had applied to become registered manager. The provider had not always notified CQC about significant events which are used to assist us to monitor the service. We noted to the provider we had not received notifications regarding the application and the outcome of the Court of Protection for two people using the service. We also had not received a notification regarding a safeguarding incident relating to the person using the service. The manager said it was missed by accident. Following our inspection this was rectified and notifications submitted.

We reviewed records kept in the service such as support plans and risk assessments, and other home management records. However, not all records were always up to date or completed accurately. We saw people who use the service had hospital passports and health action plans. Some information was missing from health plans, for example regarding hearing, weight and the reason medicines had been prescribed. The document stated the person was at risk of choking, however, the health action plan stated there was no problem with swallowing. We pointed this to the manager. They told us the work was in progress as some people who use the service were new to the service.

The people who use the service had various health, emotional and behavioural needs. It was important that full information was available describing what support should be provided to them. The manager carried out audits to monitor the quality of the service and paperwork in place including daily records, risk assessments, support plans, medicine records and staff practice. The staff were also carrying out daily checks in the services. The service was using an online system to record incidents, accident and near misses. If another party needed to be involved for example, health and safety, clinical team, safeguarding or CQC, a box would be ticked on the form that would alert the team accordingly to carry out their actions. The manager reviewed all reported incidents, accidents and near misses and any errors made when providing care. They felt these were previously underreported, thus the service had not always responded or undertaken necessary actions in time. This was addressed and discussed with staff to ensure appropriate reporting and recording. The manager felt things were going well now and staff were doing what was needed.

The local authority was regularly involved in reviewing the care and providing feedback regarding the quality of the service. The manager acknowledged that recently checking, reporting and recording systems were not always followed through as they should. However, they were determined to improve the practice to benefit people who use the service. The managing director was also involved in reviewing the quality of the services provided and the manager had to report on progress regularly. The manager took appropriate disciplinary action if they needed to address poor performance.

The service's aims and objectives were to provide people with person centred, high quality support and care. The service was working on their new business plan and strategy to deliver the care and support people who use the service wanted and ensure their safety and wellbeing. There was work ongoing following a recent safeguarding issue. The manager said they had reviewed their systems and processes to prevent a recurrence and lessons had been learned. The manager recognised the challenges they were

facing which was to ensure they were providing consistent support, following the training, managing staff absences, recruitment and celebrating good things. They also told us they have changed the governance and business planning to ensure the actions taken were linked to better outcomes for people who use the service. They were developing and looking at new ways to share information better and ensure things were identified and addressed in a timely way. They held 'delivery group' meetings where different organisational departments met to discuss issues, good things as well as find out what was going on in the organisation. There were also 'Listening, Learning and Acting' (LLA) events held to share ideas, monitor safety and practice. People who use the service, staff, relatives and care managers had an opportunity to attend these to share and discuss things that went well or not so well with one of the board members. Action plans would be created and regularly reviewed to ensure actions have been taken.

The manager ensured there was continuous communication and support within the team, which contributed to the service they were providing to the people and their relatives. The manager encouraged open and transparent communication in the service. They spoke to staff, asked if there was anything concerning them, and showed they were listening to staff and people. We asked the staff about support received from senior staff and their style of leadership. Staff were positive about the management of Waymarks Limited and the support they received to do their jobs. Staff said there were opportunities to discuss issues or ask for advice. Senior staff were helpful and approachable which was very important to staff as they could report any issues or confidently raise a concern and this would be addressed in a timely manner. One member of staff said, "The staff work well as a team and support each other to provide great service". The other said, "I think all our staff where I work...are doing a great job, we all try our best to help our clients to have a great life".

The manager had made some changes within the staff teams to address the issues with supporting and caring for people who use the service. They said the staff were very receptive to the changes and new leadership. The manager said the staff were interested and motivated to do things and always asked if they could help with anything. They praised the staff as they were working much more as a team and closer together. The manager said, "They are a very responsive, good team. The changes were welcomed and we spend time with staff and people to ensure work goes well."

The provider sought feedback from people, their relatives and staff using 'LLA' events, team meetings and review meetings to help them monitor the quality of the service. The manager said they were introducing their own survey to get feedback from people who use the service, relatives and professionals. The one used before was across the whole provider thus many respondents did not send it back as it did not relate directly to Waymarks. Relatives confirmed they could contact the service when they needed to discuss anything.

We looked at staff meeting minutes and records. Information about people, their wellbeing and health, support, daily work and any issues were shared among the team to ensure people were supported appropriately and the team worked well together. Some staff felt though there could be more team meetings to get together and share their ideas and experiences. The communication and management of the service was good but they felt more frequent team meetings would be beneficial to staff and people who use the service as it was really useful to have meetings. However, from the feedback we received we could see the management and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose to. They were interested and determined to address the issues and ensure these issues would not reoccur.

Staff had defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team and motivated each other to provide people with the support and care they wanted. The service was committed to learn from mistakes or events making sure

they did not reoccur. The service was committed to know every detail about the service, support provided and people's feedback that would help them continuously make improvements and make changes. The provider had clear visions and values to put into practice like kindness, compassion, dignity and respect. Staff agreed they have seen much improvement and things were going well. Staff said, "I think the staff are doing a great job with the service users and things can only get better" and "I'm happy that we look to move service users' life forward and achieve their goals."