

Watershed Care Services Limited

REGUS

Inspection report

116A Quatro House
Lyon Way
Frimley
Camberley
Surrey
GU16 7ER

Tel: 07581 235592


Website: watershedcareservices@hotmail.co.uk

Date of inspection visit: 29 May 2015

Date of publication: 21/07/2015

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?

Requires Improvement 

Overall summary

This inspection was carried out on the 29 May 2015. Watershed Care Services Limited also known as Regus is a Domiciliary Care Service providing personal care for people in their own homes most of whom are older people. The service is in its infancy and currently provides care to 11 people. The registered provider is Watershed Care Services Limited.

On the day of our visit there was a registered manager. A registered manager is a person who has registered with

the Care Quality Commission (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. The registered manager is also the provider for the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the

Summary of findings

CQC), of important events that happen in the service. The provider of the service had not informed the CQC of three events which related to safeguarding concerns that the Local Authority raised which have now been resolved. The provider has updated us on the outcome of the safeguarding's and what steps have been taken to reduce the risk of this happening again.

There were sufficient numbers of skilled and experienced staff to support the people who used the service.

People and their relatives told us they were supported by regular staff who knew their needs and preferences well.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people said they felt safe. One person said "I feel very safe from abuse; they (staff) are all very nice."

People told us they were involved in decisions about their care and were kept informed. Relatives we spoke with told us they were always consulted and felt involved. Care files had details of people's GPs so staff could contact them if they had a health concern. Care plans were written in a personalised way based on the needs of the person concerned. One person said "They (staff) understand my needs, they ask me what I need." Relatives we spoke also felt very involved in the care. One said "I and (my family member) are involved with everything, they help (my family member) to be as independent as they can be."

People were offered support in a way that upheld their dignity and promoted their independence. Staff said they would close doors and curtains and make sure the person was covered when providing personal care.

People who received support with meals said that they were supported to have food and drink of their choice.

People's rights were being upheld as required by the Mental Capacity Act (MCA) 2005. This is a law that provides a framework to protect people who do not have mental capacity to give their consent or make certain decisions for themselves. Staff were aware of their responsibilities through appropriate training in regards to the Mental Capacity Act 2005.

People were cared for by kind, respectful staff. People told us they looked forward to staff coming to support them. One person said "Staff are brilliant, they are very, very good carers." One relative said "Staff treat (the family member) with respect, I would recommend the service, they have a giggle and a chat with (the family member)."

Medicines were safely administered and people who used the service received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan. One member of staff said "I would never give medicine to someone if I didn't know what it was."

Effective systems were in place to monitor the quality of the service that people received. There were regular and detailed care plan reviews undertaken by the provider which involved all interested parties which were signed and agreed by the person or the appropriate representative.

A number of audits were routinely undertaken, these included a quality audit review of care files, review of handover sheets, accident and incidents and medication records. This helped the provider to make improvements where necessary.

Summary of findings

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 safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe?

The agency employed sufficient staff to meet the identified needs of the people they provided services to.

Required checks were undertaken before staff began to work for the agency. This helped to ensure suitable staff were employed.

Medicines were safely administered and people who received this service received their medicines in the way that had been prescribed for them.

Good



Is the service effective?

The service was effective.

People were supported by regular staff who knew their needs and preferences well.

Staff received appropriate training and were aware of the Mental Capacity Act 2005 and how to protect people's rights.

People's health and care needs were assessed with them. People were registered with a GP and saw other health professionals to ensure that their health needs were met.

Staff had a good knowledge and understanding of people's needs including their routines and preferences.

Good



Is the service caring?

The service was caring.

Care plans were written in a personalised way based on the needs of the person concerned.

People were cared for by kind, respectful staff.

People were offered support in a way that upheld their dignity and promoted their independence.

People were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

The complaints procedure was available for people who said that they felt their concerns were listened to.

Good



Summary of findings

The provider worked well with other agencies to make sure people received their care in a coordinated way.

The service was flexible in response to people's needs and preferences.

Is the service well-led?

The service was not always well led, as there had been gaps in reporting some safeguarding notifications to the commission

There were several quality assurance systems in place that enabled the registered manager to identify and address short falls and improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff were supported by a comprehensive range of policies and procedures
This ensured that staff supported people in a consistent way.

Requires Improvement



REGUS

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 was an announced inspection which took place on the 29 May 2015. We gave 48 hours' notice to make sure that the people we needed to speak to were available. The inspection team consisted of two inspectors. There was no information to review prior to the inspection due to the short length of time the service had been open. We did not send the service a Provider Information Return.

During the visit we spoke with the Provider who is also the registered manager and the recruitment manager. After the visit, we spoke with one person who used the service, two relatives and three members of staff.

We looked at a sample of two care records of people who used the service, medicine administration records and mental capacity assessments for people who used the service. We also looked at three recruitment files for staff, supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

We received information from a Local Authority that they had concerns about the service.

As this was a new service it was the first time it had been inspected since it registered with the care quality commission in 2014.

Is the service safe?

Our findings

People said that they felt safe with staff. One person said “I feel very safe from abuse; they (staff) are all very nice. Relatives said they felt their family members were safe. One said that they knew they could go when the carer was there and felt secure that their family member was in safe hands.

Staff had knowledge of safeguarding procedures and what to do if they suspected any type of abuse. One said “If I suspected abuse, I would make a note of it and contact the office straight away.” Another said “We can access the whistleblowing and safeguarding policies when we need to.” There was a Safeguarding Adults policy and staff had received training regarding this. The policies were all available on the service intranet to guide staff about what they needed to do if they suspected abuse. Staff were aware that the Local Authority were the lead agency in relation to safeguarding concerns.

The provider had an out of hours’ on-call system in place and staff were required to contact them for advice relating to any concerns or about suspected abuse during the out of hours period. Staff were aware of this system.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. These were recorded in their care plan. For example, risk of falls for people with mobility problems and environmental risk assessments to minimise hazards to people and staff

when working in people’s homes. One member of staff said “We read the care plans to look at people’s risk assessments, if someone’s mobility is not good I will look around the environment to make sure that there are no added risks to people.” There was information for staff in the care plans to detail how to reduce the risk of something happening.

Staff were aware of the reporting process for any accidents or incidents that occurred. There were separate systems for

recording and monitoring incidents and accidents. Staff called the registered manager to report any incidents and these were separately recorded at the person’s home. As people were normally supported by the same staff at each visit, and each staff member only worked with up to two people, they told us they felt able to monitor people’s welfare and safety. Staff told us that close gap they called 999 for medical assistance or an ambulance in emergency situations.

People said that there were enough staff to meet their needs. They said that if two staff were needed to provide care then two staff always turned up. Staff said that they always felt confident that there will be the correct numbers of staff to support people appropriately. One said “We can’t hoist people on our own; the manager always makes sure there are enough staff.” We looked at the staff allocation sheet and saw there were always sufficient staff available.

The provider told us that they are currently recruiting additional care staff. Once this has been done they will be happy to take on new clients to provide care for. At the moment they employ 10 members of staff. They told us that they will use agency staff if necessary and where there are gaps. .

Medicines were safely administered and people who required support with their medicines, received their medicines in the way that had been prescribed for them. Each care file had clear instructions to care staff stating whether the person was to be administered medication as part of the care plan. Individual care plans provided clear instruction to staff on how to administer medicines and highlighted any allergies. The registered manager undertook audits of the medicines chart to ensure that they were being completed correctly and that people were being supported to take their medicines. The medicines charts that we looked at were complete and accurate. One member of staff said “I would never give medicine to someone if I didn’t know what it was.”

Is the service effective?

Our findings

People told us they were involved in decisions about their care and were kept informed. One person said “They (staff) understand my needs, they ask me what I need.” Relatives we spoke also felt very involved in the care. One said “I and (my family member) are involved with everything, they help (my family member) to be as independent as they can be.”

An initial assessment of people’s needs was undertaken before people received care and support from the agency. People were supported by staff who had the knowledge and skills required to meet their needs. There was an induction programme for new staff to ensure that they had the knowledge and skills required for their roles. Staff confirmed that, before working with people for the first time, they were introduced to the person and informed about their needs. This included training in relation to specific equipment people used where necessary. New staff had the opportunity to shadow a more experienced member of staff until they felt confident to work

Independently. One staff member told us “If you aren’t confident (the manager) will give you more time before you start working on your own.”

Staff were provided with up to date guidance and support in relation to undertaking their role. The provider said that staff would only undertake duties that they had been trained in. They said that if any health care professionals asked them to do additional work for example catheter care then they could only be undertaken once staff had received the appropriate training. Staff confirmed this with us. The record showed that all staff were appropriately trained to undertake their roles and responsibilities. Staff had completed training which included fire safety, dementia, food hygiene, infection control and moving and handling. This ensured that people were receiving the most appropriate care from staff.

Staff received regular supervisions with their manager. This provided an opportunity for staff performance and development to be discussed. The provider also undertook regular spot checks where they observed staff providing care. Staff confirmed they had all received supervisions including spot checks.

Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. This was to ensure that staff had the skills and knowledge to be able to act in accordance with legal requirements to protect people’s rights if they lacked mental capacity to make certain decisions. Staff had a good understanding of MCA and gave examples of how they could gain consent from people. One member of staff said “I ask people what they want and what they would like me to do, if they refuse personal care then I make a note of this.” People confirmed that they were asked to consent to their care. One said “They (staff) don’t do anything without checking with me first.” Consent to care forms were completed and signed in each care plan we looked at.

Where required, people were supported at mealtimes to have food and drink of their choice. The provider said that some people required support with meal preparation as part of their care plan to make sure they had nutritionally balanced diets for their wellbeing. One staff member told us “I ask people what they would like to eat, if people tell me that they are not hungry I always make sure that it’s not because they are feeling unwell.” People and relatives said that they were happy with the support staff gave in relation to eating and drinking.

Staff were available to support people to attend healthcare appointments if needed. The provider liaised with health and social care professionals involved in peoples’ care if their health or support needs changed. For example, people had visits from community nurses and staff worked alongside them to ensure consistency of care for people. We saw that peoples’ care files had details of their GP so staff could contact them if they had any health concerns.

Is the service caring?

Our findings

People were supported by kind and attentive staff. People and relatives confirmed staff were caring, respectful and polite. One person said “Staff are brilliant, they are very, very good carers.” One relative said “Staff treat (the family member) with respect, I would recommend the service, they have a giggle and a chat with (the family member).” People said that they mostly got the same carers but said any new staff were introduced to them by the provider before they provided any care. This helped to provide a consistent care the people who used the service.

Staff said that they enjoyed working with people. One said “I love home care, I love working with the people we care for” whilst another said “I absolutely enjoy it, I love working and looking after the clients, I get concerned about people’s welfare, the job is really enjoyable.” One member of care staff said “We want to keep people happy.”

People and their relatives told us they were involved in making decisions about their care. One person said “I tell (the provider) exactly what my needs are and I know that they will do what they can for me.” Staff said that they would involve the people in their care. The provider said “I will go and spend time with people and families to establish exactly what they want.”

The staff told us that they had read people’s care plans, and were able to tell us about the person’s needs and preferences. One staff member told us “We know that some

clients do not like male carers and we make sure that only female carers go out.” Another said “We read the care plans to understand people and what is needed.” One member of care staff was able to tell us the background and lifestyle of the person they cared for. We saw that staff documented how they supported the person to meet their needs.

People were supported in promoting their independence. Staff told us they would encourage people to do as much as they could for themselves but helped when people wanted or needed help. For example we saw in two care plans that the people needed a level of independence and

what support staff gave them. The provider produced information for staff which highlighted the importance of supporting people who used the service to maintain their independence and to remain in charge of their own lives. One person said “I do try and be as independent as possible, staff don’t rush me, they allow me time to move.”

One person said “They (staff) are very thorough with personal care, they don’t make me feel embarrassed, they are caring and do chat with me.” The provider and staff ensured that people were treated with dignity and their privacy was respected.

Staff said that they would cover people when providing personal care and shut people’s doors. One member of staff said “We make sure, of there are other people in the home, that we ask them to leave the room when giving personal care.”

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. Staff were aware of people's preferences and likes and dislikes. One staff member told us "I read every care plan before I give care; I need to know what care was given from the previous carer as well". People's personal likes, dislikes and preferences were recorded in the care plans.

Agreement to all plans had been obtained either from the person who was receiving care or their representative. The provider told us that following the allocation of staff to a person using the service and timing of visits they contacted the person and their relative to confirm all of this. This was to check the person's needs were being fully met in the time allocated and to their satisfaction. This was confirmed in the records of people we looked at and by people who use the service. For example, one person had returned from a short stay in hospital and the provider visited this person to ensure their care needs were adequately met.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The provider told us "The care plans take time to complete; I like to go and see people to observe them and take a holistic approach to the care people need. I will always go in to see people first before any staff go out." Care plans were maintained to a high standard, with information readily available in a good order. Care plans gave specific information regarding people's medical conditions, care needs and what type of support was needed. For example, there were care plans for people who were not able to communicate well. These care plans had been written in a way that recognised each person as an individual with their own specific support needs. One care plan stated 'Make sure you communicate with the person by looking at them and speaking clearly' Another care plan stated 'Make sure you ask (the person) what their interests are and try and accommodate this.'

Daily records gave clear documentation of the care delivered and how each person was during that visit. This ensured that accurate information was available to care workers so that they could meet the needs of the people they supported.

Regular and detailed reviews of the care plans had been undertaken by the provider. This was done regularly and prompted sooner if there was a change in people's needs. Where people had been in hospital the provider always visited the person either in hospital or when they returned to assess their needs and to make sure that staff could still meet their needs safely. We heard the provider organising one of these visits on the day of our inspection. Staff said that they had regular daily updates from the provider if anyone's needs changed. One member of staff told us that one person now wanted to be moved with a hoist but the care plan stated that this was not their method of mobility. They said they contacted the provider who came out to reassess this person's needs and updated the care plan to reflect this change.

People told us they felt able to talk with staff and with the provider about their wishes in regards to their care plans. Relatives said they could talk to the provider. One said "Watershed came to the hospital to assess my (family members) needs. The care they provided was fantastic"

The provider provided opportunities for people to express their views and raise concerns and complaints; People and their relatives told us they had regular contact with staff and the provider. People and relatives said that the provider would either call them or go their home to ask them if they were happy with their care. There was a complaints procedure in place and we saw a copy of this was available in the service user guide. One relative said "We have had a few niggles where carers were late and the provider arranged for calls to be made to us whenever staff were going to be late and this is working." Another relative said that if they have any concerns, staff will put it right. One member of staff said "We can't please everyone all the time, when people have a concern and raise this with (the provider) and if they feel we need to work on something to improve then they will tell us."

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider of the agency had not informed the CQC of three events which related to safeguarding concerns that the Local Authority raised. They have since been resolved. The provider had misunderstood that these should have been notified to us and said that they would ensure that all future safeguardings were notified in a timely way. This meant we were not able check that appropriate action had been taken. The provider has updated us on the outcome of the safeguarding referrals to the local authority and what steps have been taken to reduce the risk of this happening again.

People and their relatives told us the provider was reliable and approachable. People told us they felt able to talk to both staff and the provider and were confident that they would be listened to if they raised concerns. One person said "The provider also gives good care, she is very good." One relative said "(The provider) will apologise if things aren't going quite as they should and deals with things appropriately." People told us that calls were never missed, they said that they felt confident that their carer would turn up. The provider told us that they spoke to every member of staff every day to ensure that they were aware of the calls that they needed to undertake.

Staff received regular support and advice from the provider. The provider told us that they kept in regular contact with staff and with people who used the service, speaking with staff every day. Staff confirmed that they spoke to the provider every day and raised issues with them as necessary. They expressed confidence in the provider that they would listen to any concerns staff raised and took appropriate action. One member of staff said "I feel so supported, that's the reason I stay with this agency" whilst another said "The (provider) tells us every day, we have to

do what's best for people, I wouldn't change a thing about the way I am supported." Another member of staff said "We want to give the best care we can give; if we are going to provide care we want to it to be the Rolls Royce of care."

The provider told us that the agency operated a culture of caring, openness and friendliness. They said their 'daily goal' was the six Cs. Compassion, Care to all People, Communication with all that you meet, Competence in all areas of duty, Courage and Commitment. Staff that we spoke with said that they were reminded of the 'daily goals' every day and were able to tell us what they were. Staff said that they felt respected and valued by the provider. One staff member said "I try and think about the goals each and every day."

Effective systems were in place to monitor the quality of the service that people received. There were regular and detailed care plan reviews undertaken by the provider. Audits were routinely undertaken; these included a quality audit of care files, review of handover sheets, daily logs (to monitor accidents and incidents) and medicines records. The provider contacts individual members of staff in relation to concerns identified from the audits. This way they are dealt with immediately. They will be introducing a more sophisticated way of auditing as the business expands. They also said that after a year they would send out quality questionnaires for people.

The provider undertook spot checks, direct observation and supervision of care staff to make sure that the needs of the people who use the service were met. This helped to ensure that staff were working to a high standard.

Staff were supported and valued by management. One member of staff told us; "They are very supportive." The recruitment manager told us staff currently employed are qualified between NVQ2 up to NVQ3. The service intends to put all their staff on a course for the Care Certificate to ensure all staff have the same approach. For those staff that do not drive transport (with a driver) is provided to take them to people's houses.