

Waveney Care Ltd

Waveney Care Limited - 124 Denmark Road

Inspection report

124 Denmark Road
Lowestoft
Suffolk
NR32 2EL

Tel: 01502 530380

Website: www.waveneyhomecare.co.uk

Date of inspection visit: 10 March 2015

Date of publication: 28/08/2015

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?

Good 

Overall summary

The inspection took place on the 10 March 2015 and was announced. Twenty four hours notice of the inspection was given to ensure that the people we needed to speak to were available in the office. We visited some of the people in their homes on 24 March 2015 so that they could tell us about their experiences of using the service.

Waveney Care Limited - 124 Denmark Road is a medium size domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered peoples' capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed. The service had good leadership and direction from the registered manager and the deputy manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example, staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff.

We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Good



Is the service caring?

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good



Is the service well-led?

The service was well-led

Good



Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

Waveney Care Limited - 124 Denmark Road

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.

The inspection took place on the 10 March 2015 and was announced. The provider was given 24 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at

the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people who use the service and four person's relatives, some in person in their own homes and some over the telephone. We also spoke with two care staff, the registered manager and the deputy manager and office staff. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone. We also observed staff interacting with people in their own home.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, medicine administration record (MAR) sheets, four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One staff member told us, "I wouldn't hesitate to report anyone I saw hurting one of our clients." Another said, "It may not be a carer, sometimes family hurt these people, or even steal their money." Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an

application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimised. These included for staff to ensure clear pathways around the home and ensure rooms the person used were tidy and cleaned up at the end of each visit. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "I have a look around before I go, I make sure the place is safe and that the outside door is properly closed." Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. We saw that staff had completed the medication administration records (MAR) in people's homes and. Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication.

Is the service effective?

Our findings

People felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments we received included “They [the staff] know what I need and make a good job of doing it.” Another person said, “I get on alright with their [staff’s] help.”

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or providing frozen meals, staff were required to reheat and ensure meals were accessible to people. One person told us that, “I wasn’t up to eating much, but she [the staff] fetched something I’m really fond of from the shops and cooked it for me, that was so kind.” Staff told us that they encouraged people to eat and drink and left drinks and snacks out for people if they needed them. If they had any concerns about people not eating or drinking enough they report back to the office or let their family know.

People’s nutritional preferences were detailed in their care plans. One person told us “I have meals sent in, they [the staff] ask me what I fancy and get it ready for me.”

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. The registered manager had undertaken the training in some of the mandatory subjects and staff were asked to complete competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service offers qualifications in care to its staff. This meant people were cared for by skilled staff trained to meet their care needs.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had contact regularly with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person’s home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person’s care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

Care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their ‘best interest’ as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and would always ask permission before starting a task.

We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

Is the service caring?

Our findings

People told us the staff were caring and listened to their opinions and choices. One person told us “It’s good that the same people come to me, they.” And “It’s good to see my [Staff] in the morning, I feel safe when they are here. She is so kind to me.”

One person’s relative told us, “They [the staff] are so good with my [relative] it shows how much they care.”

Staff said they felt they had enough time to carry out people’s care needs on each visit. One staff member told us “Sometimes it is a rush, but we get things done.”

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were telephoned regularly by the office staff to check that they were happy with the service they received and their care staff, which gave them an opportunity to express their opinions and ideas regarding the service. The service sent out an annual survey form to all the people who use their service and their relatives and staff, we saw

that the outcome of the last survey done by the service was positive, the questions in the survey covered all the aspects of the service people received and gave people the opportunity to voice their view and concerns about the service.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. Staff all spoke on how they promoted people’s independence. Care plans had prompts to staff to give people an opportunity to make choices and make decisions about the care they received. Staff told us how they assisted people to remain independent and said if people wanted to do things for themselves, then their job was to ensure that happened.

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have. The office staff were as familiar with people’s needs as the staff who delivered care.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Comments from people included “They [the staff] helped me when I was ill, they looked after me and got the doctor out when I needed him.” and “I doubt if I could have managed on my own.”

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people’s needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the way one person preferred to receive personal care, saying that they would decide on the day if they wanted to have a shower or wash. In another person’s care plan it detailed their health needs and told the staff what action they needed to take if they needed support. People’s activities were detailed in their care plans.

Care plans were detailed enough for a carer to understand fully how to deliver care and for the ease of use for people. The outcomes for people included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence.

One person said, “I have got used to [staff], I look forward to her coming and we have a good chat while she gets me

sorted.” As far as possible people received support from the same regular staff or small group of staff, which would give continuity of care to people and would mean that they would get to know their carers and did not have to keep telling staff what they wanted and how it should be done. People told us that this was important to them.

The deputy manager told us that if it was thought that someone was struggling to maintain their health or needed advice and support they would contact their doctor or social worker on the persons behalf.

The manager was aware that if people need extra support during a visit, this can cause staff to be late for their next call. They encourage staff to call in if they are going to be late so the office can warn the next person they are going to be late. They told us that they tried to ensure staff had sufficient time to travel in between calls and also regularly received feedback from care staff on what travel times they required. They told us “We tell staff to make sure they work the whole allotted time with each person and plan the rounds to minimise travel if possible.”

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. One person said, “I have nothing to complain about, but plenty to praise them for.” Another person told us that they were given a copy of the complaints procedure when they started using the service and it was explained to them. This showed that the complaints procedure and policy were accessible for people. We saw that complaints made were recorded and addressed in line with the services policy. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed.

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management. One person told us “I never stop telling people how good these people are.”

People told us that they found the registered manager and deputy manager extremely knowledgeable and professional. They told us that the office staff always had time to talk to them, made sure people understood what they had said and always tried to give them to get help they wanted in the way they wanted it.

The atmosphere was friendly and professional in the office. Staff were able to speak to the manager and the deputy manager when needed, who was supportive. The manager had created an open and inclusive culture at the service. Staff we spoke with spoke highly of the manager and the deputy manager.

Feedback from people and relatives had been sought by telephone at the beginning of their service and regularly afterwards. The recorded comments showed that people were satisfied with the service they received and if they needed things to change action had been taken to accommodate them.

Staff felt they had regular communication with their manager and office staff through supervisions, phone calls and dropping into the office as well as the group staff meetings.

The registered manager assured themselves they were delivering a quality service by the use of checks and carried out internal quality audits on the service monthly. The audits covered areas such as complaints, medicine records and care records. This highlighted areas needed for improvement. The registered manager, who is also the provider, told us that they carried out checks on the quality of the service, observed performance and continued to look for ways to drive improvement. The manager and senior staff also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

The registered manager told us that they maintained an on-call rota. A senior staff member was on call via a mobile phone during out of office opening hours, to ensure someone was available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us how they could always get hold of someone if they needed to.