

Living Waters Healthcare Services Limited

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Inspection report

Applewood Grove Training & Enterprise Centre
Unit S8
Cradley Heath
West Midlands
B64 6EW

Date of inspection visit:
29 June 2017

Date of publication:
01 August 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection visit took place on 29 June 2017 and was announced. This was the first inspection of this service since it was registered.

The service is a domiciliary care service that provides personal care to people. At the time of our inspection, there were 10 people using the service. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

People were protected from the risk of potential abuse and told us they felt safe when the staff visited. Staff had a clear understanding of the procedures in place to safeguard people from abuse.

We found the service employed enough staff to meet the needs of the people being supported. The support provided was usually from a consistent group of staff who had been safely recruited. People who used the service told us they had not experienced any missed calls and that calls were usually on time.

People who needed support with their medicines were supported appropriately. Staff knew how to dispense medicines safely and there were regular checks to make sure this was done properly.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Staff were well supported and received regular supervision.

People's consent was sought before they were provided with care. People were encouraged to exercise their choices. The provider needed to ensure that where other people made decisions on behalf of people that they had the legal right to do so.

People said staff were caring and treated them with dignity and respect. People felt the care they had received met their needs. We found the information contained in the care records was individualised and clearly identified people's needs and preferences.

Staff had been encouraged to support people to make choices. People were supported when required by staff to prepare their meals and to eat and drink enough to maintain good health. People were supported to access healthcare support when necessary.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they felt confident to raise complaints and knew who to contact if they had any concerns.

Systems to ensure people received a quality were in place and people and staff described the registered manager as approachable.

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 and relatives felt safe using the service. Staff were aware of safeguarding procedures and knew what action to take if they suspected people were at risk of harm.

Staff told us they felt there were enough staff to meet people's care needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs.

People's consent was sought before they were provided with care. People were encouraged to exercise their choices.

People were supported to receive appropriate health care and nutrition.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were regularly reviewed with people and

relatives. Care plans outlined how people would like to be supported.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good ●

The service was well-led.

Systems to ensure people received a quality were in place.

People and staff described the registered manager as approachable.

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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 29 June 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by one inspector.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 received feedback from the local authority who monitor the quality of the service. We reviewed the information from commissioners, notifications and the PIR to plan the areas we wanted to focus our inspection on.

During our inspection, we spoke with two people who used the service and the relatives of six other people. We spoke with four care staff, the registered manager and an office administrator. We also reviewed three people's care records, four staff files and records maintained by the service about risk management, staffing, training and quality assurance.

Is the service safe?

Our findings

All of the people and the relatives we spoke with told us they felt safe using the service. One person told us, "Yes, I feel safe with the staff." Relatives we spoke with confirmed that they thought the service was safe. One relative told us, "There are no safeguarding concerns." Another relative told us, "My family member is in safe hands."

Staff we spoke with could demonstrate that they were aware of the types of abuse people could experience and the actions to take should they suspect that someone was being abused. Staff told us they would report any concerns to their manager or office staff and felt assured these would be dealt with. One member of staff told us, "It's important that we report concerns as we are dealing with people's lives." A safeguarding policy was in place and had been shared with staff. Discussions with the registered manager indicated there had not been any safeguarding concerns since the service was registered. The registered manager was aware of the different types of abuse they needed to be alert to and their responsibilities in reporting any suspicions of abuse.

People had risk assessments and care plans in place to ensure they received appropriate care which helped to protect them from the risk of harm. These were updated regularly and were detailed, which gave staff the information they needed to carry out their role well. One person's relative told us, "They [the registered manager] have made suggestions to help with safety."

For one person who needed the use of a hoist to transfer their care records contained guidance for staff on how to transfer the person safely. A relative told us that when staff assisted their family member to transfer this was always done by two staff to keep the person safe. Records showed that staff had received training in the safe use of the hoist.

We looked at the system in place to deal with emergencies. The service operated an out of hours on call system so that people or staff had access to advice and assistance when the office was closed. A member of staff told us, "The on-call does respond, they are easily available." One person's relative told us that staff had responded appropriately to an emergency, they told us, "There was a recent fall. The carers found her and rang 999 and stayed with her until it arrived."

There were sufficient numbers of adequately trained staff to provide care and support. People who used the service told us they had not experienced any missed calls and that calls were usually on time. One person told us, "I have not had any missed calls." A relative told us, "There have been no missed calls. They are usually on time but they do call if they are going to be late." Another relative told us, "Time keeping is good. We have only experienced one late call and that was because another service user had been poorly."

The staff we spoke with told us the service had enough staff to cover the number of calls people required. The staff we spoke with confirmed they were able to manage their allocated care visits and that there were always two staff when a person's assessed needs indicated this was needed. We saw that there were systems in place to deploy staff to a person's home if another staff member became unavailable and that

when needed the registered manager undertook some of the care visits.

We checked to make sure the provider had robust recruitment processes in place. The staff we spoke with and recruitment records we looked at showed that recruitment checks were in place to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks, also known as police checks, were carried out for all the staff. The registered manager also requested references about the character and the suitability of prospective staff to work with the people who used the service. This helped to ensure that only suitable people with the right skills were employed by the service.

We looked at how medicines were managed by the service. Some people we spoke with administered their own medicines or their family was responsible for giving their medicines. Some of the people using the service needed help with the management and administration of their medicines. One relative told us, "They [care staff] prompt the medication, there have been no problems." Another relative told us, "There is a plan in place for the medication. There have been no issues as staff are very conscientious."

Staff we spoke with confirmed they had received training in giving medicines. Records were available to show that staff were observed by the registered manager to make sure they were competent in administering medicines. We sampled records of medicine administration and these indicated that medicines had been given as prescribed.

Is the service effective?

Our findings

People told us that they received the support they needed from trained staff. One person told us, "I'm happy, they are very skilled staff." Another person told us, "The staff know my needs." A relative told us, "The staff seem well trained." Another relative told us, "The staff are well trained and know what to do."

New staff completed a thorough induction process. Staff we spoke with told us they had enough training and felt supported in their roles. Staff confirmed that they received an induction which included getting to know people's needs and shadowing more established staff before caring for people. One staff member told us, "The induction was good." Another member of staff told us, "I had an induction and undertook shadowing, the training was all good." The registered manager told us that staff had the opportunity to complete the Care Certificate, which is a set of minimum care standards that new care staff must cover as part of their induction process. This was confirmed by staff. One member of staff told us, "The training is good, I am doing the Care Certificate and if I need specific training to meet a client's needs it is arranged."

We saw records that showed staff had supervision and that observation of their practice was undertaken to ensure they were competent in areas such as medicine administration and moving and handling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were able to provide details about the principles of the MCA and promoted the importance of people having a choice and receiving care that reflected their needs. Staff were working within the principles of the MCA.

People's daily care records indicated that staff regularly sought their consent and people we spoke with told us that staff supported them to make choices. Care plans provided instructions for staff to seek people's consent along with clear guidelines about which choices they could support people to make. Some care plans also directed staff to consult with chosen relatives or friends about decisions if people could not make these independently. One person's care plan recorded that a relative had the legal authority to make decisions on their behalf. Discussion with the registered manager showed they had not asked for evidence of this and they agreed to request this evidence.

Some people told us that they or their relative provided all their meals and drinks. However those people who required support said they were happy with the assistance they received from staff. One relative told us, "Staff prepare the meals. [Person's name] was not eating so now staff help her to eat. They always ask what she wants and give visual choices due to her dementia needs."

Staff we spoke with knew people's specific needs and what people liked to eat and drink and these preferences were reflected in their care records. A member of staff told us that they had previously been concerned that they were not allocated enough time to assist a person to eat their meals. They told us they

had raised this with the registered manager who had arranged with the person's family for the care call to be extended.

We looked at the support people received with their healthcare needs. Some of the people who received the service had family members involved who would arrange healthcare appointments if and when needed. Relatives told us that where appropriate staff assisted people with their healthcare needs. One relative told us, "When [person's name] has been unwell they have alerted us." Another relative described how staff had assisted them to liaise with health professionals to make sure the person had the continence aids they needed.

We spoke to staff about some people's specific health conditions. They were aware of these and gave us examples of how they monitored people's well-being. Records showed that staff shared information about people's health needs with the registered manager and that this was promptly addressed with healthcare professionals as necessary.

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. One person using the service told us, "They are very good, very kind staff." A relative told us, "They [staff] are very considerate, caring and polite."

Staff we spoke with described the people they supported with enthusiasm and compassion. Staff told us they enjoyed supporting people and had built relationships with them after working with some of them for some time. People's daily notes reflected that staff spent time talking with people using the service and ensuring that they felt comfortable. A relative told us, "They have been absolutely fantastic from the word go. The previous agency we had was poor and now I realise just how poor they were."

People who used the service told us they were usually supported by regular staff and this had enabled them to develop positive relationships with them. One person said, "I get the same group of staff." Another person told us, "I get staff we know, they know my needs." A relative told us, "We get the same carers on a regular basis. They let us know if there is going to be a new carer."

Staff we spoke with could explain people's specific needs and how they liked to be supported. It was clear that staff knew the needs and wishes of the people they supported well. The registered manager told us that they liked to help people celebrate special events and so birthday cards were sent to each person when it was their birthday.

All the people we spoke with said their privacy, dignity and independence was respected by staff. One relative told us, "They [staff] are very respectful of dignity." When discussing people the service supported, we noted that staff always spoke respectfully and kindly about the people they supported. During our discussion with staff they used terms such as 'support' and 'choice' when describing how they supported people. We also saw in people's records that staff had recorded that they had 'assisted' people and staff documented when a person had carried out a task independently, for example in relation to washing or dressing.

Is the service responsive?

Our findings

People told us they were satisfied with the care they received and several people told us they would recommend the service to other people. One person told us, "They do everything I ask for." Another person told us that they were not entirely happy with their call times but that the service was responsive to this and were trying to rectify this. One relative told us that the service was very flexible in relation to the times of the care calls and gave examples how the service had changed the times to accommodate the person's hospital appointments.

Some staff told us that they had previously had concerns about some people's call times being insufficient to provide all of the support they were expected to. They told us when they raised concerns with the registered manager they were very responsive and endeavoured to negotiate increased hours with the person's family or funding authority.

People were aware of their care plan, some people told us they had been involved in developing their care plan but some people could not remember if they had been involved. One person told us, "I have a care plan and staff write in it every day." A relative told us, "I have been involved in the care plan and it has been kept updated."

Care records we saw were person-centred and contained information about people's personal preferences and routines. We saw the registered manager made sure care plans were regularly reviewed. This helped to ensure people's care needs were regularly assessed and met their current needs.

People told us that the registered manager would listen to their concerns if they had any. There was a complaints process in place and people and relatives we spoke with told us they also knew how to complain if they needed to. One person told us, "I am aware of the complaints procedure." A relative told us, "I'm confident to raise any concerns." Another relative told us, "I raised an issue of a late call and received an apology."

We saw the provider kept a record of complaints that had been received and the actions they had taken to respond to these. This indicated the provider acted on complaints and concerns received and people could be confident their complaints would be taken seriously.

Is the service well-led?

Our findings

There were systems in place for monitoring the quality and safety of service provided. For example there was regular monitoring of medication records and spot checks on staff practice. At the end of each month the registered manager completed a review of quality for the care each person received. This included audits of their care records and identified any issues that needed following up. Monitoring also took place of the call times that people received to make sure it was in line with their agreed times. We saw that a commissioning officer from a local authority who contacts with the service had carried out a monitoring visit a few days before our visit. Few recommendations for improvement were identified. Where improvements were identified as needed we saw the registered manager was taking action to implement these. This showed they were responsive to feedback.

The service had in the last two months introduced a new electronic monitoring system to help make sure people calls were undertaken at the times required. The system was also used to help generate the rota for staff to follow. During our inspection we found that the rota had inconsistencies and would not have been possible for staff to adhere to. The registered manager explained that they were having initial difficulties with the new system and showed us that a back system was also in place. This meant there were two different staff rota's in use. The registered manager told us this would be rectified to avoid any confusion for staff.

The registered manager told us that few accidents and incidents occurred. We saw that although there was a system in place to record these there was not a system in place to ensure that any patterns or trends would be identified. During our visit to the agency office the registered manager obtained a system to ensure patterns and trends could be identified and we were told this would now be implemented.

All the people and relatives we spoke with were happy to be supported by the service and pleased with how it was managed. One person told us, "I have had contact with the manager and she always gets back to us." Another person told us, "I am aware of the manager's name, she is approachable." A relative told us, "The manager is approachable, nothing is too much trouble." Some relatives told us that the registered manager sometimes undertook the care calls and this contributed towards having a good relationship with them.

Staff told us that they felt the service was well managed in relation to the care that people received. The registered manager was seen as approachable and caring. One member of staff told us, "The manager is approachable." Another member of staff told us, "It's a good agency to work for. They are very supportive. The manager is good, she responds to any issues quickly." The registered manager held regular meetings with staff where they reviewed the service. This meant areas of improvement or good performance could be discussed.

The registered manager was aware of their legal duties to notify CQC about certain events such as serious injuries. We saw there were effective systems in place and where required notifications were made to CQC. The registered manager understood the Duty of Candour that requires registered person's to act in an open and transparent way in relation to the care and treatment provided to people. We found the registered

manager was open and honest in their approach to the inspection.

There were systems in place so that people and their relatives were involving in care planning and had the opportunity to share feedback about the service. One relative told us, "They [office staff]' ring us every Friday to check everything is okay." Another relative also told us they received weekly telephone calls to check they were happy with the service. The registered manager had distributed a survey to gather the views of people who used the service and their relatives and carers. Sampled surveys indicated people were satisfied with the service.