Cera Care Ltd

Waterloo Care Services

Inspection report

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Date of inspection visit:
29 October 2019
04 November 2019

Date of publication:
02 December 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Waterloo Care Services is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 37 people receiving personal care support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
At the last inspection, we made some recommendations about staff recruitment and the quality assurance checks that were in place. At this inspection, we found improvements had been made in these areas.

There was inconsistency in some of the recording we saw in relation to risk assessments that had been completed for people. We found the risk to people's safety was minimal as the steps that staff needed to manage the risk was included in the care plans. We have made a recommendation about this and will follow this up in the next planned inspection.

People using the service and their relatives did not have any concerns about safety, telling us they felt safe. New carers were vetted appropriately before they were recruited. People received their medicines as prescribed. Care workers followed appropriate infection control guidelines.

Care workers received a thorough induction and ongoing refresher training which meant they were able to carry out their roles effectively. The provider carried out supervisions and spot checks which helped to ensure care workers were competent. An assessment of needs was completed before people began to receive a service which meant their needs, including any assistance they needed with eating, drinking and their general health were met. People, and if appropriate their relatives were involved in planning and consenting to their care.

People told us care workers were friendly and caring, who supported them to maintain their independence and respected their privacy. People's wishes about how they wanted to be cared for were included in the care records and the provider sought feedback from them to ensure their needs continued to be met and they were happy with the service.

Care plans were person centred and reflected people's needs, they were reviewed on a regular basis. Where people had specific communication or end of life care needs these were included in care records. People and their relatives were encouraged to raise any concerns and any complaints received were investigated thoroughly.

The provider encouraged an open culture which included learning lessons from any complaints or incidents

and accidents that had occurred. Quality assurance checks were in place to monitor the quality of service, these included feedback surveys from people and staff and mock CQC inspections. The provider worked with a number of local and national organisations to provide better outcomes for people.

Rating at last inspection
The last rating for this service was Requires Improvement (published 25 October 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive.	**Good**
Is the service well-led? The service was wall-led.	**Good**

Waterloo Care Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 October 2019 and ended on 04 November 2019. We visited the office location on 29 October 2019 and 04 November 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with eight staff including the director of care, registered manager, a field care supervisor and five care workers.

We reviewed a range of records. This included five care records and medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and incident forms.

After the inspection
The Expert by Experience spoke with three people who used the service and two relatives about their experience of the care provided. We requested additional evidence to be sent to us after our inspection. The provider sent us their training matrix.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
At the last inspection, we found staff profiles needed development to make sure that experience claimed was correct. Staff references needed more checking during the recruitment process. Another potential risk of staff possibly becoming over tired when living with people to provide care was raised with the provider. The provider had made improvements at this inspection.

- The registered manager told us that following the last inspection they immediately amended the staff profiles based on the recommendations given. We saw these new profiles in place for the staff that we spoke with.
- No concerns were raised by staff or people about the provision of live-in care. People told us they received a good level of consistency of care and where there were any changes to their regular care worker, they were notified in advance, Comments included, "There is a two week turnover of staff and they have not let us down by not sending anybody", "They are generally on time and they stay for the full time. I'm very happy with them" and "I have had the same live in carer for over a year and the main replacement carer is also one I know and like."
- Staff recruitment checks were thorough, including a Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. The provider had introduced a two stage verification process to ensure all staff files were audited by two members of staff.
- Some people reported that it could be hard to contact the office. They said, "It can be hard to get through to the office, it goes through to an answerphone and nobody rings you back" and "I can usually get through to the office to speak to somebody but not always." We fed this back to the registered manager and director of care who acknowledged this and said that this had already been identified as an area of improvement. They were looking into ways this could be improved.

Assessing risk, safety monitoring and management
- We found there was inconsistency in some of the recording in relation to people's identified risk. In one person's nutrition risk and care needs assessment, they had been assessed as being at low risk. However, the additional risk assessment for nutritional and dietary had been identified as medium risk, and stated this was a concern, as the person had a poor appetite. The actions for care workers to mitigate against this was not completed. We fed this back to the field care supervisor who acknowledged the nutrition risk assessment should have reflected the level of nutritional support that was in place.
- Another person's medicines risk assessment had been identified as medium risk but in the general risk and care needs assessment, they had been identified as low.
- Despite these findings, we found that the risk to people was low as the management of risk was delivered

through the care plans which adequately reflected people's care needs.
● We raised this inconsistency with the risk assessments with the registered manager and director of care during the inspection who agreed to review their process of assessing risk.
● Other risk assessments such as waterlow for assessing the risk of pressure sores and moving and handling needs assessments were in place and included actions to keep people safe. These included agreed safe transfer protocols which gave care workers guidance on how to move people in the safest way possible.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe in the presence of care workers. Comments included, "I definitely feel safe with them, they are wonderful and do whatever I want them to do" and "I do feel safe with her."
● There was one current potential safeguarding that was being investigated. The provider was working with the safeguarding team to continue to support this person with agreed procedures such as completing body maps and handovers.
● The provider enabled a culture of learning by analysing previous concerns raised and identifying any themes or making appropriate changes.
● Records showed care workers received regular training in safeguarding. Care workers were familiar with what steps they would take to keep people safe.

Using medicines safely
● People told us care workers supported them to take their medicines. They said, "[Care worker] deals with things for me such as sorting my medication" and "They make sure I take my tablets. They have a new system and so nothing can go wrong. They put them in a different box and it's all fine."
● People who needed help with medicines were assessed prior to support being given.
● Medicines administration record (MAR) charts were completed by care workers and these were audited every month for errors.

Learning lessons when things go wrong
● There was a culture of learning within the service.
● Complaints and safeguarding concerns were analysed to identify any underlying themes. A review and lesson learnt exercises was completed which meant that any areas of improvement were identified and suitably implemented.
● There was evidence the provider took appropriate action if a shortfall was identified, from extra training for staff to more frequent supervisions or disciplinary.
● Incidents and accidents were reviewed and analysed. However, we found there was some discrepancy in the records we saw. The number of falls occurrence for April, May and June 2019 were not correct when reviewed against the number of falls recorded in the incident reporting tool. Since July 2019, the data was correct.

Preventing and controlling infection
● People told us the care workers were supplied with Personal Protective Equipment (PPE) and which they wore when supporting them. Comments included, "They are supplied with gloves and they put them on whenever they need to help me" and "They have all the aprons and gloves that they need."
● Training records showed that staff received training in infection control.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Care workers received a thorough induction to the service that was developed around the 15 standards of the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.
- Annual classroom based refresher training was also delivered to staff. In addition to the refresher training, care workers were supported to attend training that was bespoke to some of the people they supported. For example, training by a psychotherapist was delivered as it was appropriate for a person who was using the service.
- The provider also arranged workshops for care workers proving them with updates about any relevant topics such as medicines management, incidents/accidents reporting and public guardians.
- Care workers told us they received regular supervision and spot checks. This included office based supervisions, direct observations of care and competency checks to ensure they were competent in carrying out their role. This was reflected in the staff records we saw.
- The CEO was a board member, and the director of care a member of, Skills for Care. Skills for Care is the strategic body for workforce development in adult social care in England. This meant they were influential within this sector. A part of this, the director of care attended research events for Skills for Care to support with the design and rollout of the new Adult Social Care Workforce Data Set (ASC-WDS). This is an online data collection service that covers the adult social care workforce in England.

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

- Field care supervisors carried out an assessment of people's needs before they began to use the service. She told us, "We do a face to face assessment where we capture all the information to be put into the care plan, we give them time to decide if they are happy."
- People were given a copy of the care plans and given time to go through it to make sure it captured all their support needs. Information was shared with care co-ordinators who identified suitable care workers. People were given the choice to choose their own care workers and were issued with staff profiles to help them make a decision.
- The provider used standard assessment tools such as waterlow for assessing the risk of poor skin condition and moving and handling risk assessments. They also utilised safe transfer protocols for people with mobility needs.

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

● People and their relatives told us care workers supported them to eat and drink. One person said, "They are here to make me comfortable and do my meals." Another person said their family member was responsible for buying their shopping."
● Care plans included a section for nutritional needs where people had expressed their preferences about meal choices and how they wanted care workers to support them.
● Assessments were in place where people were at risk of malnutrition and we saw evidence that care workers supported these people appropriately.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● One relative told us, "They have taken [family member] to the Doctor once when she had a fall. She was fine."
● Care plans included details of any healthcare professionals who were involved in caring for people in case they were needed.
● People's underlying health conditions and how this affected their daily routine were recorded in their care plans. Information fact sheets were also included.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.
We checked whether the service was working within the principles of the MCA.
● Staff told us they sought consent from people during the assessment. People and their representatives were involved in the planning of care records.
● Decisions about care such as whether people had full capacity or needed help with making more complex decisions about their care were included in care records.
● Where people were not able to consent to care, decision specific mental capacity assessments were completed and if necessary best interest decisions were taken after consulting with appropriate people. One staff member said, "If there are doubts about capacity then we make a best interest decision."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were happy with the care and support they received. Comments included, "Most of them are kind, are interested in me and how I am and they do everything to try and make my life easier", "Try their best and are kind to [family member]", "There are a few other carers who are really kind and helpful. They are very kind to her, gentle and look after and chat with [family member]. They have helped and gone beyond their jobs" and "The carer we have had over the last year is lovely and we are very happy."
- Care workers understood the importance of treating people with respect and without discrimination. Care workers received training in equality and diversity and inclusion and how to work in a person-centred way. One care worker said during their training, "There was a strong focus on providing care with dignity and respect."
- The provider had established an internal group called the 'Culture Club' aimed at raising awareness and promoting the culture of the company. During Pride month, a drop-in education session to raise awareness of Pride and engage staff in thinking about elderly LGBTQ+ people in the community.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One person said, "They never talk about other people, so confidential." Others said that care workers respected their privacy and supported them in a way that promoted their independence. Another person said, "[Care worker] does whatever is necessary to help me and she will anticipate things I might need."
- Care plans were written in a way that promoted people's independence and guided care workers to support them with dignity. Where people were able to manage aspects of their care needs themselves or with encouragement, such as when taking medicines or doing some aspects of their own personal care this was recorded in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were involved in the delivery of care and were involved in their assessment and care plan reviews.
- Assessments were agreed upon and signed by people and, if appropriate, their relatives. Care plans included the views of people and how they wished to be supported. Where people were able to make decisions for themselves, this was clearly stated in the records we saw.
- People were asked for their feedback during care plan reviews, and through visit records and telephone quality assurance reviews that were completed by the field care supervisors. Customer satisfaction surveys were also completed, and any feedback received was acted upon.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had developed an in-house electronic tool for care planning. As a failsafe, all care plans were printed, and a copy kept on file and in people's homes.
- Care workers were able to access the system on their mobile devices. This gave them details about the care delivered and any handover notes for the next care worker. Care workers told us they found this system easy to use and navigate.
- The system had been developed further to allow care workers to access policies and procedures from their mobile devices.
- Care records included details of how people wished to be supported to meet their outcomes. This included any support in relation to medicines, personal care and meals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS. One person was registered blind. Their care plan included their preferred method of communication and provided care workers with guidance on how to support them.

Improving care quality in response to complaints or concerns

- People and their relatives told us the provider listened when they had concerns. One relative said, "[The provider] have been good at addressing the issues we are having with one of the carers."
- The provider reviewed any complaints as they came in and investigated these in a timely manner.
- We reviewed the complaints, since September 2018 there had been eight recorded complaints. Each complaint included an investigation report, a summary of investigation and findings. They also included details of action taken and lessons learnt to try and prevent a reoccurrence. The provider acted appropriately in response to complaints and the registered manager arranged for additional direct observations and spot checks to take place to ensure the quality of the service was in line with expectations.
- The registered manager had analysed complaints and has completed a trends analysis which included learning outcomes. This was shared with the senior management team which include the Director of Care and Chief Operating Officer.
- People received details of how to raise concerns during their assessment and were also asked if they were happy with the care received during care plan reviews and quality assurance visits.

End of life care and support

● People's care plans included details of their end of life care needs. We saw one care plan where a person's wishes about how they wished to be supported towards the end stages of their life was clearly recorded included their wish to be cared for at home for as long as possible.

● Do Not Attempt Cardio Pulmonary Resuscitate (DNACPR) forms were completed correctly by a clinician and in line with people's wishes. Copies were kept in care records.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
At the last inspection, we found although there were effective systems in place for monitoring the standard of day to day care and learning from events that occurred the provider needed to develop systems to cover staff supervision, staff recruitment and live in care. The provider had made improvements at this inspection. We found the concerns around staff recruitment had been acted upon.

- The provider understood the importance of providing a quality service, achieving positive outcomes for people. The director of care and registered manager spoke at length about the changes in the business that had been made since the previous inspection to ensure there was more focus on delivering a quality service and less so on growing the business.
- In February 2019, a change of the business led to a separation of the core business which was care delivery, from other departments such as marketing and operations. The registered manager told us this allowed her to focus on service delivery, the operations team to support with that outcome and the wider group to focus on innovation.
- The care planning system had also been reviewed and amended to better meet the needs of people using the service.
- The registered manager and director of care attended training focusing on quality of service provision, through United Kingdom Homecare Association (UKHCA), the professional association for homecare providers.

Continuous learning and improving care
- There were systems in place to promote learning through regular quality assurance checks.
- In April 2019 an internal audit took place, this was based on the CQC key lines of enquiry that are looked at during inspections. This was followed up by another audit in July 2019. The registered manager told us, "It's been really helpful for me as it allows us to identify areas to work on."
- An action plan was developed drawing on the findings of the audits. Monthly progress reports were provided to the to the board and leadership team in relation to the action plan.
- The registered manager held weekly, informal stand-up meetings with the field care supervisors and the care co-ordinators to discuss any operational issues with the delivery of care and to identify any particular areas of focus for the upcoming week.
- The registered manager used a dashboard to monitor and flag up any reviews that were outstanding in terms of care plans, quality assurance visits, training and spot checks. This meant they were able to identify

and act upon any oversight in these areas.
● The provider had been recognised for the delivery of care and innovation in technology and had won a number of awards in the Homecare Awards 2019 including best technology and data, outstanding home care provider, live-in care expertise.
● The provider had built an advisory board, with a wealth of industry experience, to helps drive innovation and care standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Customer satisfaction surveys were used to monitor the quality of service. There had been two recent surveys, one in May 2019 and second follow up one in July 2019 to see if there had been any improvement. Following the survey, an action plan was put in place and feedback sessions held with the team to review the results and focus on improvement.
● A staff survey was also completed, this was followed up by a 'you said, we did' poster, telling staff the action that had been taken in response to feedback received.
● The provider had introduced a new rewards and recognition programme which included a care worker of the month award and appreciation cards, a new care worker engagement budget and drop in sessions with the registered manager. Monthly newsletters were sent out to care workers, providing information on a range of topics and updates including recognition of excellence and new events.
● There were a number of community engagement initiatives that the provider took part in, these focused on both local and national initiatives. The provider took part in Alzheimer's Society cupcake day, stroke awareness month and promoted international women's day. These educated staff and raised awareness about these issues.
● The provider was a member of Age UK business directory where they were able to support with signposting services.
● Innovation and the impact on delivery of care was part of the provider's purpose and mission. The provider had partnered with a multinational technology company for a study to test new sensors in people's homes with the aim of predicting deterioration in health. They had attending international conferences looking at innovative ways of improving health outcomes for people and had hosted the Minister of State for Social Care, to share experiences about how the care sector can embrace technology.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Records showed that when concerns or incidents and accidents took place, the provider was open in tackling these and using them as an opportunity for improvement.
● There was a dedicated email address for complaints and whistleblowing which were directed to the Leadership Team.
● People were encouraged to provide feedback through the compliments and complaints email system and through the 'Care at Home' review website on the Internet.