

Watershed Care Services Limited

Watershed Care Services

Inspection report

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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 was carried out on 5 April 2017. Watershed Care Services provides personal care and support for people in their own homes. This includes people that are old and frail, some of whom have disabilities. At the time of our inspection the service provided personal care to 32 people.

There was a registered manager in post at the time of the inspection. 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. We were supported on the inspection by the registered manager and the deputy manager.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. There were sufficient staff at the service to provide care and support to people. Appropriate recruitment checks were undertaken before staff started work.

Staff understood the risks to people. Staff encouraged and supported people to lead their lives as independently as possible whilst ensuring they were kept safe. People's medicines were managed in a safe way people were supported to manage their own medicines.

People received support from staff that knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided.

Staff were caring and considerate to people's needs. People said that staff were caring and kind to them and treated them with dignity. People were involved in their care planning and the care that was provided was person centred.

People had care plans in place which provided guidance for staff about how people liked their care provided. People told us staff always respected the way they liked things done and respected their home. Staff received appropriate training and supervision to provide effective care to people.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. No-one receiving support was assessed as lacking capacity but staff members were aware of when someone may need to receive a mental capacity assessment and who to report this to.

Staff supported people's nutritional and hydration needs and people accessed health care professionals when needed.

Complaints and concerns were taken seriously and used as an opportunity to improve the service.

People told us the staff were friendly and the office staff were always approachable. The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service. Staff told us they could feedback any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

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 told us that they felt safe in their own homes with staff there.

Staff received training and were knowledgeable about safeguarding people.

New staff were recruited and introduced to people before they started caring for them.

People were supported with their medicines.

Risk assessments had been completed that were clear and provided staff with the necessary information to help people remain safe.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to do their job well.

Staff received appropriate training specific to the needs of people. Staff had appropriate supervisions to support them in their role.

Staff had a clear understanding of the Mental Capacity Act and its principles. This was demonstrated in how people were supported.

People were supported with their healthcare needs, in interacting with medical professionals and in managing appointments. People were supported to eat and drink healthily.

Is the service caring?

Good ●

The service was caring.

Staff treated people were with kindness and compassion.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's care and support was reviewed regularly.

People knew how to make a complaint and who to complain to. We saw that complaints were responded to in an appropriate way.

Is the service well-led?

Good ●

The service was well- led.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Watershed Care Services

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 5 April 2017 and was announced. We gave the service 48 hours' notice of the inspection because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. On this inspection there were two inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed the information supplied by the registered manager and we checked information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

On day one of the inspection, with permission of the person, we visited four people in their home to observe care being provided by staff. We also spoke with people about their experiences of the care being provided.

During the visit we spoke with the registered manager, and four members of staff. We looked at a sample of three care plans of people who used the service, medicine administration records, three recruitment files for staff, and supervision 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.

After the inspection we conducted telephone calls with four people who used the service.

The service was last inspected on 29 and 30 January 2015 and no concerns were identified.

Is the service safe?

Our findings

People said that they felt safe in their homes with the staff from the service. One person said, "They (staff) have a code to let themselves in." They told us that they were confident with staff knowing the key code. Another told us, "I feel safe with all the care staff. They are kind and I trust them" whilst a third told us, "I trust staff to take care of me. They (staff) have a pin code to get in. They never just walk in they always call out when they open the door to let me know they're about." Staff told us that they ensured people's key codes were kept safe. The registered manager told us that if they felt the key codes had been comprised they would encourage the person to get them changed.

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would any concerns I had straight to the manager." The registered manager told us that they continually told staff to use the whistleblowing policy if they had concerns about any of the carers. We saw that this was discussed at team meetings. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person told us that they required two members of staff to support them and that two staff always turned up. Another person said, "I have two visits a day and I have both male and female carers." They said that they never worried about them not turning up. The registered manager told us that staffing levels were always met and if a member of staff called in sick or was on leave they would be able to cover the care for people with bank staff and agency if necessary. One member of staff said, "I think there are enough staff. I don't have concerns with that (staffing levels)." Another said, "We have enough staff. We manage to get to all of our clients and have enough time to travel to them." Other staff told us that they did not feel rushed and were able to spend sufficient time with people. One said, "The rotas are easy to manage."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed they had not been able to begin work at the service until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example one person required a walking aid and staff were advised to give the person support when using it. A plan to manage the risk was in place and was understood by staff. All staff had received training in moving and handling.

The registered manager told us the people who used the service required minimal support with their medicines. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of

medicines. One person told us, "I do my own medicine but if I need help they will help me this this." Another person said, "I can do my own tablets but if I need help with these I will ask for it."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One told us, "I am happy with the staff and what they do." Another told us, "I get support with a shower. I then do a series of exercises to keep me mobile. It's helping a lot." A third told us, "The staff know how to look after me. I never have to tell them to do something they know what they are doing." Other comments included, "They know me well and know how to look after me well", "The staff are all well trained."

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. The registered manager and staff told us they were not asked to work alone until they had received all required training and they felt confident in their role. One member of staff told us, "We must do all of the training before we start caring for people." Another member of staff said, "We have done a lot of training and it's all very good. I have learned a lot here." Staff told us (and we confirmed from records) that they also did all the service mandatory training before they provided care to people.

Staff received training appropriate to the needs of the people who used the agency. This included how to administer oxygen, care of stomas and care of Percutaneous endoscopic gastrostomy (PEG) which is an endoscopic medical procedure to provide a means of feeding a person. Staff were kept up to date with the required service mandatory training which included areas specific to the people who they provided care to and included online and face to face training. The training included health and safety, infection control, stress management, continence promotion, dementia, nutrition and assessment of people's needs. All staff were required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We saw that staff's competencies were assessed regularly and recorded. Spot checks by the registered manager were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. People confirmed that this took place. One member of staff said, "Spot checks are a good idea." Staff also confirmed that they had one to one meetings with their managers. Things discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "Supervisions are important." They told us it was an opportunity to discuss things confidentially. The registered manager told us that staff would not be signed off to work independently until they were satisfied that they were competent. We saw records of these competencies undertaken with all new staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. They were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had

received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. One member of staff said, "We have to make sure that a person can make decisions and we don't assume someone doesn't have capacity." The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. People told us that staff asked consent before providing any care. One told us, "They (staff) always ask about my care and the way I want it to be carried out."

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One member of staff said that they had noticed a change in a person's wellbeing and contacted the office straight to raise their concerns. As a result a GP was called. The registered manager told us that community health care professionals would leave guidance for staff to follow for example in relation to catheter care. One person told us, "During one visit the district nurse tries to be there so they have carer's help while they do dressings." Another person said, "If I need help to make an appointment the office will do that for me."

Where needed staff supported people with their food and drink. We observed one member of staff checking the sell by dates of food in one person's fridge and asking the person if they should throw away old food. People confirmed that staff ensured they had enough food and drink before they left their home. One member of staff said, "If I see that someone has not eaten I would call the office and speak to the manager."

Is the service caring?

Our findings

People told us they were happy with the care they received and thought the staff were kind to them. Comments included, "I can't say anything bad about them", "I don't know what I would do without (the staff member). I have high regard for him. We laugh a lot. He's always on time and professional", "(The staff member) always asks if they can do anything. Everything is no problem with (name of staff member). He is quiet and polite", "They are lovely", "They are all lovely, kind and caring",

The registered manager told us that they expected staff to stay with the person for the duration of the call regardless of whether they had completed their tasks. Each person we spoke with confirmed that this was the case. One person said, "It is nice when they chat and they have the time to do it." Another told us, "They are all kind and caring. Not a bad word to say about any of them. I love to chat and catch up but they never talk about anyone else to me. They chatter about all sorts." Throughout a visit to one person we observed the staff member asking the person what they would like them to do as they had finished their care tasks. The staff member was heard saying, "Do you want me to do something?" The person replied that they did not and the member of staff responded "I shall go wash the pots then."

Staff told us that they enjoyed working at the service. One member of staff said, "I'm very passionate about caring. I was born to do this job. I like helping people." Another said, "I like to help people." Whilst another said, "I like to see people happy. I'm happy when they are happy and I like meeting new people." A fourth member of staff said, "I love my job. I love to take care of older people. I feel a passion for it."

People received care and support from staff that treated them with respect and dignity. One person said, "They (staff) are fabulous. I hate the loss of privacy." They said that staff respected this and provided them with dignity. One member of staff said, "I would treat all of the people I support like I would my own parents. Be patient and calm with people." Another told us, "I treat people with respect. I give them choices and let them decide the care that they want." They said that when they provided personal care they ensured the doors and curtains were shut.

People were informed in the member of staff was going to be late so that they knew a carer was still attending. One person said, "(The staff) are not always on time due to traffic. It is difficult for the girls with traffic. The office will sometimes ring ahead for them if they are going to be very late." They told us that this gave them reassurance. Another person said, "They do their best to get to me on time. Sometimes traffic can delay them but generally they are good time keepers. The office will always ring when there is going to be more than a few minutes late as you never know what has gone on at the last call." A third told us, "They are good time keepers. If they are going to be more than a few minutes late the office will let me know."

As much as possible people received calls at the time of day they preferred. The registered manager told us, "We ask people what time they want a call, I introduce the carer to them and we tend to use the same carer for each call." They told us that when staff were off they would ensure the person was made aware of this. One person said, "They try to send me the same care staff but this can change at the weekend or during school holidays." Another person said, "I usually have the same care staff." They said that there was a pool of

staff and they rotated according to holidays and days off. Another told us, "I can have different care staff but they are all very good."

Is the service responsive?

Our findings

People told us that before they started using the service an assessment of their needs was undertaken. The registered manager told us that when they received the initial call about providing care they would go and visit the person and invite the relatives if appropriate. They said that they would be clear about what they could and could not offer. They said from that conversation with the person they would know whether they could provide what the person wanted. They said that the initial care plan would be flexible in terms of when staff arrived at the home to enable the person to settle in with the routine that best suited them. They said that from there they would develop the full care plan and would ensure (as much as they could) that the same staff visited the person. They said that this would give continuity of care. One person told us, "(The member of staff) is like part of the family."

Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. There were detailed care records in the person's home and on a secure phone application that staff carried around with them which outlined individual's care and support. For example, personal care, medicine, health, dietary needs, emotional needs and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. One member of staff said, "They (management) let me know if there are any changes. They call me and it is updated on the person's care plan." On the day of the inspection one person was returning to home from hospital and we heard the registered manager arranging for the person to be visited to assess their changing needs. Staff told us that they read the care plans for people. One told us, "It helps me understand the proper care that is needed."

Staff told us that they would ensure that any care provided was written in the person's notes. They said that if there had been a significant change to the person's needs they would call the office. The office would then ensure that all staff were contacted and informed of the changes. The registered manager told us that staff were informed of changes either by phone, in person when they came to the office or by care note electronic system that staff could access remotely and securely. Staff confirmed this to us.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "I have never had to complain." Another said, "If I have to moan I will." They said when they have raised things they have been dealt with." Whilst another said, "I will let them know if I don't like something." Another told us, "I never had to make a complaint as they aim to please." A fourth person said, "I have never made a complaint as they are so efficient I never needed to."

There had been two complaints since our last inspection and these had been investigated thoroughly and people and their relatives were satisfied with their responses. One person had complained about the care the member of staff was providing and the registered manager stopped this member of staff going in.

Compliments were received and shared with the staff. They included, 'I want you to know how grateful we

are for the care you gave (the family member)', 'You were so gently and peaceful with (the family member)',
Thank you all so much for all your help and kindness.'

Is the service well-led?

Our findings

People were satisfied with how the service was managed. One person said, "I can call the office if I need to." They said that they were always satisfied with how their query was resolved. Another told us, "The office staff are very good at keeping in touch." A third person said, "I'm generally very happy and would not change anything." A fourth told us, "(They are) brilliant the whole lot of them."

There were no 'pen profiles' for people that provided detail to staff on the person they supported. We spoke to the registered manager about people that used the service. When we reviewed their care plans the background information about people was not present. The registered manager told us after the inspection in an action plan that they would be updated as soon as possible. We also raised with the registered manager that we had identified that a member of staff had discussed with a person information about another person they supported. The registered manager dealt with this immediately and called the member of staff into the office to discuss this.

Systems were in place to monitor the quality of the service. People were contacted by phone or spoken with in their home by the manager and asked about the quality of the service they received. People confirmed that this took place. One person said, "The office keep in touch by phone and will check to see if I am pleased with my care and the staff. I would not change anything and I am very pleased." Another told us, "I am very satisfied with the service provided." Whilst a third said, "The office people keep in touch and ask for feedback on the care provided."

In addition people and relatives were asked to complete surveys. We saw that surveys had just taken place with people, relatives and staff and the manager was in the process of reviewing the feedback from them. There were positive comments from people. Where it was identified that one member of staff was particularly popular with people the registered member took steps to speak to the staff member to see what they were doing that could be shared with other staff members.

There were a number of other systems in place to make sure the service assessed and monitored its delivery of care. Various audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. Spot checks were undertaken by the registered manager to ensure the correct care was being provided. One member of staff said, "I feel it's important to do this to make sure I am doing what I am supposed to be doing." We saw records of the spot checks. All of the records that were kept at the service were comprehensive, well ordered and easy to navigate.

In order to ensure that staff were attending calls and staying for the duration of the call the provider had introduced a digital care management tool that provided a single view of care records from enquiry, medication and care changes. This system was downloaded onto phones and staff were able to access this whenever they went into people's homes. They would log into to state that they had arrived, logged that they had provided all of the care and then log back out when they had finished all of the care. If a member of staff had not arrived at a call at the given time the office would be notified straight away. This ensured that

there were no missed calls. Staff told us that this was a useful tool to use when they needed to review the most up to date care for people.

Staff were positive about how they were managed. One member of staff said, "I feel supported. If I have a problem I will call the manager and get help. I have a good relationship with the manager. You can talk to her. She is accommodating and approachable." Another said "I feel supported. If I ring the office I find I will always get a solution to the problem." Whilst a third said, "(The manager) is a good manager. I feel supported and if I call her then it's never a problem." Staff attended regular meetings where they discussed people's needs, training and policies.

Staff said that they felt appreciated and valued. One member of staff said, "(The manager) appreciates me. I also feel appreciated when the clients smile. Its seeing them smile that makes me feel appreciated." Another said, "I feel appreciated. They (management) thank me all of the time. I have no complaints." Whilst a third said, "They (management) all say thank you to me. I'm so happy."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.