

Waterside Home Care Limited

Waterside Home Care

Inspection report

12 Smiths Avenue
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Tel: 07958741638

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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

About the service

Waterside Homecare Ltd is a domiciliary care service providing personal care. At the time of our inspection, the service was providing care to four people living in their own flats and houses.

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

People felt safe. Assessments of people, preferences, needs and abilities were carried out, and this information was reflected in their risk assessments. Staff had received safeguarding training and knew how to report any concerns. Safe recruitment systems were in place to ensure suitable staff were employed. People told us they were supported by regular staff and received their prescribed medicines at the right time and in the right way. Infection control processes were in place and staff had access to personal protective equipment (PPE) which they used when supporting people.

People were supported by staff who were well trained. Newly appointed staff received an induction and on-going training and supervision to develop their skills and knowledge.

People were supported to maintain good health and access health care professionals. Where required, people were supported with their nutritional needs.

People and their relatives spoke positively about the kind, caring attitude of staff and were satisfied with the care and support they received. Staff treated people with dignity and respect and people's independence was promoted.

Care plans were person centred, detailing people's preferences and how they liked to be supported. People were consulted over their care and support needs and were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led. The registered manager sought feedback about the service and systems were in place to monitor the quality and safety of the service.

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

Rating at last inspection

This service was registered with us on 01/09/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Waterside Home Care

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

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection activity started on 4 August 2021 and ended on 11 August 2021. We visited the office location on 11 August 2021.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We also spoke with two members of staff including the registered manager and a care worker.

We reviewed a range of records. This included two people's care records and medication records. We looked

at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed feedback received from a professional about their experience of working with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt safe with the staff who supported them. A person said, "Yes, I feel safe. I like the staff very much."
- Staff had completed safeguarding training and were aware of their responsibility to report any concerns. A staff member said, "I would raise my concern with my manager first, and if I needed to I would go to CQC or the local authority,"
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed.
- People's care records included risk assessments which identified the risks associated with people's daily living and provided guidance for staff on how to reduce these.
- Staff were aware of how to report any changes about people's care and support needs and could call for additional support from management at any time.

Staffing and recruitment

- People received support from consistent staff which enabled continuity of care. No one had experienced missed or late visits. A person said, "The staff are on time they don't keep you waiting. They are so obliging. If they come along and you have a problem when they arrive, they help you solve the problem. It is that sort of thing you really appreciate."
- Recruitment processes were carried out before staff started work. This made sure applicants were safely recruited and suitable to work with people.

Using medicines safely

- People told us they received their medicine at the right time and in the right way. A relative said, "Medicine is the main thing they support [Name] with. There are no problems at all. They have full control. I get [Names] prescriptions. Medication Administration Records (MARs) are in place and they give me copies of these." A person said, "I need a bit more help at the moment, so they have put eye drops in for me which is a great help. I am very pleased."
- Care plans clearly recorded the support people required to take their prescribed medicines. This included medicines to be administered 'as and when required' (PRN).
- Medicine administration records (MARs) were used to record when people had taken their medicine.
- Staff were trained and assessed as competent to administer medicines.

- The registered manager carried out regular audits of the medicine systems to ensure medicines were being managed safely.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they were supported. A person said, "The staff wear gloves and aprons, and they wash their hands."
- Staff had received training in infection prevention and control and COVID-19 training.
- Staff had access to sufficient supplies of personal protective equipment (PPE).
- The provider was accessing testing for staff in line with current guidance.

Learning lessons when things go wrong

- The provider had systems in place to record and monitor incidents and accidents, if these occurred.
- There had been no significant incidents since the service had become operational.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed before care started.
- People said staff knew them well and how to support them. A person said, "The staff are well trained. They are really good."
- People's protected characteristics under the Equalities Act 2010 were identified as part of the assessment process. This included people's religious beliefs, backgrounds and personal preferences.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge to meet their care and support needs.
- Newly appointed staff received an induction to the service.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role.
- Staff received regular supervision and observations of staff practice were undertaken.

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

- People were supported with eating and drinking in line with their assessed needs. A person said, "They prepare my meals if I want them to, but I am trying to be as independent as I can for myself because I know there will be a time when I can't. They offer if I want it, like preparing tea, but I don't eat until later."
- Staff had been trained in nutrition and hydration.
- At the time of the inspection, no one was at risk of malnutrition or had any specific dietary or cultural requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and professionals to support people to maintain their health and wellbeing.
- Where required, people were supported to access health care appointments. A person said, "They way they liaise with the medical centre is brilliant. They got the GP to come out when I couldn't."

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.

- People's consent to care and ability to make decisions was recorded within their care plans. A person said, "Yes, we worked on the care plan together. I have signed consent."
- People were supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring. A person said, "All I can say is I am receiving excellent care, they are kind, considerate and helpful. I couldn't ask for more."
- People's relatives were positive about the care provided to their family members. A relative said, "I am really pleased I can't fault them. I recommend them 100%. They are caring and do everything."
- People were encouraged to maintain their independence. A person said, "The staff encourage you and don't force anything on to you. They are here to offer the help required for whatever reason."
- People's sexuality had been considered and the care plan explored if people needed additional support to express their preferences and needs.

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

- People were supported to make decisions about their care and support.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they received support from staff that was individualised and centred around their needs and preferences.
- Care plans were person centred and included information on how they wished to receive their care and support.
- Care plans were reviewed regularly to ensure they continued to meet the needs of people.

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 service identified people's information and communication needs by assessing and recording them.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints.
- No complaints had been received by the service, but people told us if they raised concerns they were sure they would be acted on. A person said, "I have not had an occasions to need to call the office or complain, but if I wasn't happy, I would say and they would sort it out."

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end of life care. Policies and procedures were in place relating to end of life care.
- People preferences and wishes relating to end of life care were explored and recorded in the care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People and their relatives told us they would recommend the service to others. One person said, "I am very satisfied, and I would not want to change them in any way." A relative said, "We pay to get the care we want, and we really do get it and it is good."
- At the time of the inspection, the staff team was small and people were supported by the registered manager and one other staff member. The registered manager spoke about their plans to recruit more staff as the service grows.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- No incidents, accidents or complaints had occurred, but systems were in place to review and respond to these if they occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager completed regular checks and audits on the quality of care provided and took action to make any improvements needed.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager carried out regular checks with people and relatives to ask for people's feedback about the care they received.
- Service user surveys had been carried out, and the responses had been positive. A staff survey had not been carried out because at the time of the inspection the registered provider only had one additional staff member.
- The registered manager spoke about being committed to continuous learning and improving care. This included attending various care forums and keeping themselves updated with current guidance.

Working in partnership with others

- The service worked closely with other health and social care professionals in relation to people's care to ensure people received the care and support that was right for them.

