

Waveney Care Ltd

# Waveney Care Limited - 124 Denmark Road

## 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

Waveney Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of our inspection, Waveney Care Limited was providing a service to approximately 145 people.

At the last inspection on 10 March 2015, the service was rated good overall. At this comprehensive inspection we found that the service remains good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they felt safe when carers came to support them and that the staff helped them to feel safer. Risks to people were appropriately assessed and managed. Where the agency supported people with their medicines, these were managed safely. There were risk assessments in place around reducing the risks to people when they were in their home and what staff could do to protect people from harm.

People told us that staff always attended at the agreed times and that they benefitted from having regular carers. Where care staff were going to be late, people said that they were telephoned. Staff told us that there were enough staff working for the agency to cover all the visits. They said they had a regular group of people they supported.

Staff had received appropriate training and support to carry out their role effectively and had access to development opportunities. Staff received appropriate supervision which helped them develop in their role and keep in contact with the management team.

People told us staff were nice to them and respected their right to privacy in their own home. People told us they received appropriate support to maintain healthy nutrition and hydration where this was required.

People received personalised care that met their individual needs and preferences. People told us they were actively involved in the planning of their care. Where required people were supported to access meaningful activities and follow their individual interests.

The registered manager created a culture of openness and transparency within the service. Staff told us that they had a good relationship with the management team and that they kept in regular contact. People told us they knew how to complain or raise concerns if they needed to.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service. There were plans in place to develop the staff team further.

The service worked well with other agencies such as Suffolk County Council to ensure they stayed up to date

with the latest policies, procedures and best practice.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

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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 checked 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 comprehensive inspection was carried out by one inspector who visited the office on 26 January 2018 and was announced. On 30 January 2018 the inspector telephoned care staff to gain their feedback on working for the service. Prior to our visit to the office, an Expert by Experience telephoned people using the service to gain their feedback on the care they received.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service.

We spoke with 26 people, five care staff, the registered manager and the deputy manager.

We reviewed 17 care records, four staff personnel files and records relating to the management of the service. □

## Is the service safe?

### Our findings

At our last inspection on 10 March 2015, we rated the service 'good' in this key question. At this inspection, the service remains good.

The service took steps to ensure people were protected from avoidable harm and abuse. There were systems, processes and practices in place to safeguard people. People told us they felt safe in the service. One said, "I do feel safe. The carers are very mindful, they help me out of the shower so I don't fall and if any water is spilt they mop it so I don't fall." Another person commented, "I trust the carers to work here and I feel safe." One other person told us, "I think [carer] is very safe yes I do." People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

Risks to individuals were managed well. There were comprehensive risk assessments in place for people. These were specific to each person dependent on the level of care they received and the risks in their individual home. Risk assessments set out control measures to reduce the risk. Staff were aware of how to protect people from harm whilst supporting them to be independent and develop independent living skills. Care plans were in place which provided detailed information for staff on how to meet people's needs safely.

People told us that they had a regular group of carers who knew their needs. One said, "There are regular carers so the same faces." Another told us, "I have two good carers who come here and I can tell them what to do." People said that their carers always came to support them at the agreed time. They said the carers were punctual and that if the carer was going to be late they would let them know. One person told us, "The carers come every morning on time for half an hour, and then the evening call is between 7 and 9 pm but I don't mind that. They let me know if they will be late." Another person said, "The carers arrive on time, there is the odd occasion that they are held up but there is always a good reason for this." The care coordinators showed us how they allocated calls and the systems they had in place for ensuring they would identify any missed calls. We were told that those who may not be able to let the office know if carers didn't arrive received phone calls following every visit to ensure someone had been to support them. The service kept a record of missed calls, and they showed us that the last missed call was in November 2017. The service demonstrated what action had been taken to ensure that this did not happen again.

The service practiced safe recruitment procedures to ensure that prospective staff had the appropriate background and character for the role.

Where the service supported people with their medicines, appropriate processes were in place to ensure this was safe. Medicine Administration charts (MARs) were checked by staff when returned to the service to ensure medicines had been administered in line with the instructions of the prescriber. Care records clearly set out what support, if any, the person required with taking their medicines.

Staff had an awareness of infection control and had received training in preventing the spread of infection.

Staff told us they were provided with ample supply of protective clothing such as gloves and aprons. Spot checks carried out by senior staff included checking that staff were wearing appropriate protective clothing when carrying out personal care.

Records were kept of all accidents and incidents and these were reviewed by senior staff. The service demonstrated that there was a process in place to ensure that the risk of repeat incidents was reduced.

## Is the service effective?

### Our findings

At our last inspection on 10 March 2015 we rated the service 'good' in this key question. At this inspection, the service remains good.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated to us that they understood the principles of this and how it applied in their role. People told us that staff encouraged them to make decisions independently and requested their consent before providing care to them. One person said, "They do ask, yes, before they do anything." One other person told us, "They'll ask me what I want doing when they arrive." Care plans were focused around the support people needed to make choices, dependent on their individual abilities.

People told us that they felt the staff had the right training and knowledge to provide care to them. One said, "They must have had good training, it shows when some come here." Staff told us they received training in subjects such as first aid, moving and handling, safeguarding, food hygiene, health and safety and fire safety. This was confirmed by looking at the training matrix, which showed all staff were up to date with the service's mandatory training. The service had a system in place to identify when staff required updates to their training. There was a policy in place whereby staff would have reminders to book in for updates to training and would be taken off care shifts if they did not do this. Staff told us they were satisfied with the training and that they were able to repeat training if needed. The office had a dedicated training room in which there was equipment such as hoists and beds so staff could practice their skills. Staff told us they were given opportunities to undertake further training to develop in their role, such as obtaining NVQ qualifications.

Staff told us they had regular supervision with their line manager and had access to yearly appraisals which focused on their development in the role. They told us they felt well supported by the management and kept in touch with them on a regular basis. We were told by the registered manager that all staff had to collect their rota for the following week from the office and that this provided an opportunity to catch up with the carers and check everything was okay. Care staff confirmed this in discussions with us.

People's physical, social and emotional needs were assessed by the service prior to care being provided. Records demonstrated that senior staff met with people to discuss their needs and preferences around when and how they would like their care to be delivered.

The support people received to maintain their nutrition and hydration was clearly documented in their care records. People told us they were provided with appropriate support to eat and drink where required. One said, "The carers will cook me a breakfast if it is what I want. My family member leaves something for me or the carers to heat up in the microwave for the evening." Another person told us, "The carer always asks me what I would like for breakfast, then it is microwave dinner at lunch and a sandwich at the tea visit." One other person commented, "The carers always ask me if they can support with breakfast but usually my family member will do that."



There was information about the support people might need to access advice from other health professionals. Everyone whose records we reviewed was able to arrange appointments with professionals such as GP's, dentists and opticians themselves. However, there was a protocol in place to instruct staff on what to do if they felt someone's health was deteriorating and they may need to see a doctor.

People's care records included information about whether they required support to remain stimulated or to access sources of engagement in the community. One person told us, "If the carers notice any changes in my health they are speaking to the office to see if things can be changed."

## Is the service caring?

### Our findings

At our last inspection on 10 March 2015, we rated the service 'good' in this key question. At this inspection, the service remains good in this area.

People told us that the carers who visited them were kind and caring towards them. One said, "The carers are kind, gentle and respectful, we have a good rapport." Another person told us, "The carers are kind and give me confidence; they make me smile when I am down. My family has been here when the carers call and have noticed how well the carers look after me. The family are very pleased." One other person commented, "I think the care given is caring and compassionate."

Care records clearly reflected people's views about their care and the days, times and duration of care visits they would prefer. People told us that they continued to be involved in the planning of their care and in care reviews. One said, "I have a review, it is yearly." Another told us, "I will be looking for a review of the care plan as I feel things are changing." One other person commented, "There was a review recently and a new book made up. The carers write in it each visit. I was happy with the review."

People told us that staff respected their privacy. One said, "[Carers are] very kind and [the] carer respects privacy." Another person told us, "They never talk about private things to each other, just chat to me about my needs."

People's care records set out what tasks they could complete independently and what they needed support with. People told us that staff enabled them to be independent and encouraged them to carry out parts of tasks they could do themselves. One said, "The carers allow me to be as independent as possible." Another person told us, "They only wash parts I can't reach." One other person commented, "They let me do what I can do."

## Is the service responsive?

### Our findings

At our last inspection on 10 March 2015, we rated the service 'good' in this key question. At this inspection, the service remains good in this area.

People received personalised care which was responsive to their needs. One person said, "I would recommend the agency, the carers go the extra mile for me." Another person told us, "I would recommend the agency and my family are pleased with the care I am given." People told us that the staff knew them well. One said, "The carer chats away to me about my likes and dislikes." People's care records were detailed and personalised to include information about people's likes, dislikes and personal histories. Staff we spoke with were able to tell us about the needs and preferences of people they cared for.

At the time of our visit, the service was not providing care to anyone considered to be coming to the end of their life. However, the service did have in place care plans around the support and preferences of people at the end of their life. Whether or not people wished to be resuscitated was clearly recorded in their care records. This ensured that people's wishes could be met.

People told us that the staff and service were flexible and adapted to their needs. One person said, "The other day I did not want a shower in the morning as I was still sleepy and so the night team did it in the evening."

Staff completed daily notes during their visits to state how the person had been, what care had been delivered and whether there was anything the next member of care staff needed to do. We saw that these daily notes were audited by office staff when returned to ensure that staff were completing them appropriately.

At the time of our inspection, the service had not received any complaints. However, people told us they knew how to make complaints. One said, "I have never had to complain but I know how I would." Another person told us, "I did have a grumble but it was resolved quickly and I was happy."

## Is the service well-led?

### Our findings

At our last inspection on 10 March 2015, we rated the service 'good' in this key question. At this inspection, the service remains good in this area.

The provider of the service was also the registered manager working at the service. 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. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. They actively sought the feedback of people using the service and relatives. People received a questionnaire quarterly which asked them to feed back on the quality of the service. We saw that these responses were collated and, where people indicated an area for improvement, we saw that it was clear what action had been taken.

People told us that the service carried out spot checks on the care provided by staff regularly. One said, "Someone comes in to do a spot check and make sure I am being cared for and if I need anything different for my condition. They check that I am safe and that the carer is also safe while supporting me, they are not over stretching or anything." Another person told us, "There was a spot check, a person came and watched the carer. Didn't interfere just watched." This demonstrated that there were processes in place to ensure that the care delivered was safe and in line with best practice.

The service continued to maintain good links with other organisations to keep up to date with people's needs and best practice. They demonstrated that they regularly met with social work teams and other staff from Suffolk County Council to discuss the service provided. We were told that a representative from Suffolk County Council was meeting with the service the following week to discuss a new audit that they were recommending to domiciliary care agencies.

The registered manager continued to assess the quality of the service through a regular programme of audits. Records demonstrated that these were capable of identifying shortfalls which needed to be addressed. Where shortfalls had been identified, records demonstrated that these were acted upon promptly.

Plans were in place to continually improve the service, such as by increasing the variety of training on offer to staff and developing the skills of other staff in preparation for managerial roles.