

Mrs Sara Gibson

Waverley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Waverley is situated in the seaside resort of Mablethorpe in Lincolnshire. It can accommodate up to 14 people who experience learning disabilities and/or autistic spectrum disorder. It can also accommodate older people. On the day of the inspection 14 people were living in the home.

Waverley worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- Improvements were needed to the way in which some risks to people's health, safety and welfare were assessed and recorded.
- Improvements were needed to the way in which governance systems were recorded.
- People enjoyed living at Waverley and they were supported by staff who knew them well.
- People were treated with respect and their privacy and dignity was maintained.
- People were supported to have choice and control of their lives and were encouraged to express their views and opinions about the care they received.
- People's healthcare needs were met and they were supported to have a varied and balanced diet.
- Staff were trained and supported to deliver the care people wanted and needed.
- Staff understood how to keep people safe from harm or abuse and how report any concerns they may have for people's safety.
- The manager was well respected by people who lived at Waverley and the staff team.
- The manager promoted an open and inclusive culture and worked in partnership with external agencies to ensure people received the care and support they needed.

Rating at last inspection:

Waverley was last inspected on 20 & 21 April 2016 (report published 17 June 2016) and was rated as good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

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

Follow up:

We will continue to monitor intelligence we receive about Waverley until we return to visit as per our reinspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Waverley

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Waverley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager. As their ownership status is an individual they are not required to register a manager with the Care Quality Commission. The registered provider is legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we received a completed Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. We took the PIR into account when we made our judgements in this

report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

During the inspection visit we spoke with seven people who lived in the home and observed how staff interacted with everyone who lived at Waverley. We also spoke with two staff members and the manager. Following the inspection visit we spoke with the registered provider.

We looked at the care records for three people and we undertook a tour of the premises with the manager. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

RI: ☐ 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:

- Two new staff had been recruited since our last inspection visit and one remained employed within the home. The manager told us about the actions they had taken in light of information highlighted regarding references during the recruitment process. However, the manager said they had not recorded their risk assessment and the subsequent actions they had taken. This meant they could not clearly demonstrate that the appropriate actions had been taken to mitigate risk.
- There were enough staff on duty during the day to support people with their needs and wishes. People told us staff were always available when they needed them. We saw staff responded to people's requests for support in a timely manner.
- At night time there was one sleep-in staff available in the home. Although no-one who lived there had assessed needs during the night there was no system in place for people to summon assistance should they need it. Following the inspection visit the registered provider told us about the actions they had taken to resolve this issue.

Systems and processes to safeguard people from the risk of abuse:

- The manager and staff we spoke with had a good understanding of what to do if they thought someone was at risk of abuse. One member of staff told us, "I wouldn't hesitate to report anything I thought was not right." Another staff member described the training they received about keeping people safe.
- People we spoke with knew what to do if they felt unsafe and how to report issues of this nature. One person said, "I've lived here a long time; I'm very comfortable and feel safe with all the staff." Another person said, "[The manager] helped me to stay safe when I go out on my own. I know what to do if I feel scared."

Assessing risk, safety monitoring and management:

- Most potential risks to people's safety had been assessed and management plans were in place to reduce the risks with regard to needs such as skin care and falls. Staff knew the procedures to follow in the event that people would need to evacuate the building in an emergency. However, personal emergency evacuation plans (PEEP's) were not sufficiently detailed to guide new staff about how to safely support people in the event of an emergency such as a fire. Following the inspection visit, we noted the registered provider had contacted the local fire officer for further advice and guidance.
- Some potential risks had not been assessed, such as the availability and use of cleaning products. The manager acknowledged this and told us they would take action to address the issue.

Using medicines safely:

- Arrangements for the storage and administration of people's medicines were in line with good practice and national guidance.
- Staff completed training in medicines administration. There had not been any medication errors recorded since our last inspection visit.
- People's medicines had been reviewed by their GP to make sure they remained suitable.

Preventing and controlling infection:

- On the day of the inspection visit Waverley was clean and tidy and had a fresh smell throughout.
- Gloves and aprons were available for staff to use when supporting people with their personal care.
- Cleaning rosters were in place and tasks were signed for when completed.
- One person told us, "I like it because it's [the home] cleaned every day; it's sparkling."

Learning lessons when things go wrong:

- Staff meetings and supervision sessions were used to share learning from areas of service delivery which had been identified as requiring improvement. For example, during the inspection visit staff had identified issues with the use of a piece of mobility equipment. The manager identified learning points from their review of the issues raised and, as well as providing immediate guidance for staff, added them to the agenda for an imminent staff meeting.

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

Good: ☐ 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 needs were assessed before they moved into the home. Assessments included input from others who knew the person well and were important in their life.
- Most people had lived at Waverley for many years and we saw assessments were reviewed and updated as their needs changed.
- Records showed people's needs were reviewed regularly with service commissioners to ensure Waverley continued to be the right place for them to live.

Staff support: induction, training, skills and experience:

- Staff received training to help them support people in a safer way. Staff told us the training helped them understand people's needs. Records showed the training on offer related to people's needs such as pressure areas care, managing behaviours and medicines management.
- People told us they thought staff were well trained. One person said, "Oh I think they are, they know what they're doing."
- Staff told us they received supervision from a senior staff member. They told us they were able to discuss any issues they had and their own development needs. They also said the manager provided support and extra supervision if they needed it.

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

- People told us they were involved in planning menus and deciding what foods they wanted to eat. One person said, "We say what we want and the food is always tasty. I really enjoy it."
- Staff knew about people's dietary preferences and needs and we saw they supported people with eating their meals where required.
- Drinks and snacks were freely available for people. Some people liked to make their own hot and cold drinks and staff made sure other people were offered drinks regularly.
- During the inspection visit we saw people had been supported to make their own lunch. People had chosen a range of different foods such as sandwiches, soups and yoghurts.

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

- People told us they were supported to use local healthcare services, such as GP's and hospitals whenever

they needed to. One person said, "The staff help me with doctors' appointments when I need them." Another person told us, "Sometimes the [community] nurse comes here if anyone needs them." Records showed that each person had an annual health check with their GP.

- Records showed the manager had sought advice from specialist healthcare services, for example, when people's dietary or behavioural needs changed.
- People told us staff helped them to understand about healthy eating. One person said, "I know about healthy eating but I like to eat chocolate sometimes too. It's my choice and staff respect that."

Adapting service, design, decoration to meet people's needs:

- The environment met the needs of the people who lived at Waverley.
- Several comfortably furnished lounge areas were available for people and there were two dining areas for people to choose from.
- Equipment such as mobility aids and specialist beds were in place for those who needed them.
- Each person had their own bedroom which they had been supported to decorate and furnish to their own tastes.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions had been assessed. Where people did not have capacity to make specific decisions, for example about their finances, best interests guidance had been followed and decisions had been recorded.
- One person was subject to a DoLS authorisation and the conditions were being met.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Everyone we spoke with told us how caring and kind the manager and staff were.
- We saw people had developed strong relationships with staff and enjoyed their company; sitting and chatting together and enjoying good humoured banter.
- Staff displayed a genuine interest when chatting with people and knew how each person communicated their needs, wishes and emotions. We saw one staff member provided comforting physical support for a person when they correctly interpreted the person's need for a cuddle.
- One person said, "I love it here, I like everything about the house; the staff; I like my days with my keyworker." Another person told us, "It's the best place."

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

- The manager and staff understood each person's capacity to make choices and decisions for themselves. They made sure they presented information in a way the person could understand.
- Throughout the inspection visit we saw staff offered people choices and supported them to make decisions about what they wanted wherever they were able to do so. Staff respected the choices and decisions people made.
- One person told us, "We make our own decisions here; we have control and [the manager] and staff listen to what we've got to say."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. People told us how, for example, staff knocked on their bedrooms doors and waited to be invited in. They also said staff spoke with them in private about personal issues.
- The manager and staff understood the importance of keeping people's personal information secure. Care records were kept in an office which was locked when not in use by staff.
- People were supported to maintain their independence wherever possible. They told us, for example, how they were involved in keeping their bedrooms clean, doing their laundry and shopping for their personal items.
- People knew about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes. No one was using these services at the time of the inspection.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had care plans in place which they told us they reviewed regularly with their key workers. One person said, "I go through my care plans with [keyworker], plan my personal shopping trips and [keyworker] makes sure I'm happy with everything."
- The manager and staff demonstrated a detailed knowledge of people's needs and preferences. We saw how they used this knowledge, for example, to help people avoid experiencing heightened anxieties.
- People told us they were supported to maintain relationships with family and friends. They said their visitors were welcomed into the home.
- People were supported to follow their preferred interests. One person showed us the knitting they did for local charities and another person described their interests in model cars. A number of people were interested in keeping fit and had been supported to regularly attend a local gym.
- People were supported to make good use of their local community facilities and enjoy a wide range of social activities. People spoke about attending weekly tea dances and coffee mornings. Other people told us how they enjoyed going to the nearby shops on their own to meet friends and have coffee. One person told us about a 'beauty session' they went to regularly at a local venue. Another person told us about a 'lady' who came to visit them from a local beauty salon to give them hand and feet massages and paint their nails.
- Staff recognised the importance some people placed on following their chosen religion. They supported those people to attend local religious services and fellowship groups.
- Summarising the personalised approach to meeting people's diverse needs, one person told us, "We're all different, we like different things and do what we want. That's what I like about living here."

Improving care quality in response to complaints or concerns:

- People told us they knew how to make a complaint if they needed to. One person told us, "[The manager] will always help you if there's something wrong."
- A complaints policy was in place but not readily accessible to anyone visiting the home. We spoke with the manager about this and they agreed to make the policy more freely available.
- No complaints had been received about the home or the services provided since our last inspection visit.

End of life care and support:

- People's end of life wishes had been recorded in their care plans where they had chosen to express them. The manager told us that other people did not yet wish to discuss the issue. We saw that arrangements were in place to record people's wishes when they were ready to do so.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The registered provider and manager met regularly to review how the home was running. The manager told us the registered provider was supportive and available whenever they needed to consult them.
- We saw the manager had oversight of the services provided and regularly checked the quality of the care and support people received. They were able to describe actions they took when they identified shortfalls and responded promptly and knowledgeably to any questions we raised. However, a more formal system of auditing was not in place. This meant the manager and registered provider could not clearly demonstrate effective governance as part of their approach to continuous learning and improvement.
- The manager attended local authority run infection prevention and control meetings. Staff told us information from those meetings was shared with them so they kept up to date with good practice.
- The manager undertook computer based training alongside the staff team and used other media and computer based information to keep up to date. The manager was aware of local care provider network groups but had not made full use of them. We spoke with the manager about the enhanced learning opportunities this type of local network may offer and how it may aid further development of the services provided at Waverley.
- The manager understood their regulatory responsibilities. They ensured that the rating from the last CQC inspection was displayed in the home and there were systems in place to notify CQC of incidents that had occurred.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People who lived at Waverley and the staff we spoke with said they thought the home was well-run. They commented about how approachable and supportive the manager was.
- Staff told us the manager promoted an open and inclusive culture, effective team working and clear communication within the home.
- The manager organised regular staff meetings. Staff said the meetings kept them up to date and involved with service developments and new ways of working. They said they felt able to share their ideas and views for improving service delivery.
- On the day of the inspection visit the manager was visible around the home. We observed they assisted people with their needs and guided staff in their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- People had opportunities to share their views and opinions about the way the home was run. People told us the manager and staff spoke with them regularly about what was happening in the home and any changes they wanted to happen. One person said house meetings took place if there was a need, such as discussing holiday arrangements.
- Surveys were carried out with people who lived at Waverley and those who were important in their lives. This enabled the registered provider and manager to gather feedback about the quality of the services provided.
- Links had been established within the local community, such as charities, churches and local community groups. The manager and staff worked in partnership with external agencies including health and social care professionals and the local authority to ensure people received a good quality of care.