

Waterloo House Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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: Waterloo House Rest Home Limited is a residential care home that provides personal care over two floors for up to 41 older people, some of whom are living with dementia. At the time of the inspection 25 people were living at the service.

People's experience of using this service:

People's medicines had not always been well managed. The provider was reviewing their audits and checks as they had not always found the issues we had regarding medicines. Although some of their other checks had uncovered issues which had been addressed.

The service was homely, clean and tidy. Further updates were required to finish redecoration. Full use of all communal rooms and improvements to the garden area was still to complete. We made a recommendation regarding the use of the smoking room.

Risks to people had been minimised but when things had changed risks had not always been reassessed. People were protected from abuse by trained staff who would report any concerns. Accidents and incidents were recorded and monitored.

People and their relatives said that staff were kind and caring and went out of their way to help them if they could. The care delivered was person centred and people and their families were fully involved in decisions made. Plenty of activities were available and new ideas were being worked on.

A good selection of home cooked foods was available to meet people's dietary requirements.

Complaints had been dealt with effectively, but some outcomes had not always been documented, this was to be addressed.

There was enough staff and safe recruitment procedures were followed. Staff were trained and supported.

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.

There had been recent changes in the management structure which relatives and staff told us were positive. Action plans for improvement were in place which showed what work had already taken place, but some further work was required.

We have identified one continued breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 in connection with medicines management. Details of action we have asked the provider to take can be found at the end of this report.

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

Rating at last inspection: Requires Improvement (Report published on 29 August 2018).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection 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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 in our 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 ●

Waterloo House Rest Home Limited

Detailed findings

Background to this inspection

The 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.

Inspection team: Consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service; this Expert by Experience had knowledge of older people.

Service and service type: Waterloo House Rest Home Limited 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications sent us to us about certain incidents that had occurred that the provider must tell us about. We reviewed the information the provider sent us in their last Provider Information Return. This is information we require providers to send us, for example what works well and improvements planned. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. Any comments received supported the planning and judgements of this inspection.

During the inspection we spoke with nine people and six relatives. We spoke with the registered manager, business and administrative support officer (provider representative), deputy manager from another of the providers services, deputy manager, two senior care staff, four care staff, one domestic, the laundry assistant and the enrichment officer. We also contacted, district nursing teams, occupational therapist teams, a member of the medicine optimisation team and two care managers.

We looked at five people's care records, and medicines records for 25 people. We also looked at records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At the last inspection published in August 2018 we asked the provider to make improvements in medicines management, risk assessments, staffing levels, and upkeep of the building. Many concerns had been addressed but further issues were found with medicines management that needed to be addressed.

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. Regulations were not all met.

Using medicines safely.

At the last inspection the provider had not managed medicines safely and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvements had been made, but we found further issues.

- Medicines were not always managed safely and people had not always received their medicines as prescribed.
- Medicine administration records were not always fully detailed or completed.
- Untrained staff were applying prescribed creams to two people.
- The medicines policy did not fully comply with best practice guidance and was missing some procedures.
- The provider addressed some of the issues we had found during the inspection and said they were going to further review procedures.
- A medicines optimisation pharmacist from the commissioning support team told us they were going to revisit the service and offer additional support.

This is an ongoing breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were kept safe by staff who knew how to report abuse and had been trained to safeguard vulnerable people. One person told us, "The carer's make me feel safe. Just buzz them and they come to help."
- People who were supported with their finances, did not always have them fully or correctly recorded. Some people had more money than they should have because receipts were not accounted for. Money was left on shelves and not all stored securely. The provider confirmed after our visit that all money was accounted for and procedures had been updated.

Assessing risk, safety monitoring and management.

- Risk people faced in their day to day lives had been assessed, however, we found some updates required. We discussed this with the registered manager who said they would address these straight away.
- Items of equipment were seen to be blocking corridors for intermittent short periods of time. We spoke

with the registered manager about this and reminded them of the need to keep corridors always clear, particularly near fire exits.

- Suitable premises and equipment checks were in place, including electrical checks and fire monitoring.

Staffing and recruitment.

At the last inspection the provider had not managed staffing and recruitment well and this was a breach of Regulation 18 and 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not always been risk assessed when they had a positive criminal conviction check returned and there was not enough staff.

- The service now followed safe recruitment practices. The provider had reviewed their procedures and checked all staff files, addressing any issues or gaps found as necessary.
- There was enough staff and call bells were answered quickly.

Preventing and controlling infection.

- The service was generally clean and tidy.
- Staff had received training in infection control procedures and used appropriate equipment, including gloves and aprons.

Learning lessons when things go wrong.

- The provider had updated their procedures following advice given to them regarding medicines, by outside healthcare services but further work needed to be completed.
- The provider had drawn up a comprehensive action plan to address our concerns since our last inspection and they were progressing through this.
- Accidents or incidents were monitored and procedures were reviewed by the provider.

Is the service effective?

Our findings

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

At the last inspection published in August 2018 we asked the provider to make improvements to training, support for staff and improving the premises and to comply with the Mental Capacity Act 2005. Most actions had been completed but further time was required to ensure all actions were sustained.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider had not maintained the service and this was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A programme of redecoration was well underway and we considered this breach met, although further work was needed to fully complete the programme of renovation.

- The entrance looked modern and welcoming.
- Bedrooms were homely and had personalised items.
- Not all communal spaces were being fully utilised. However, the provider told us their plans to secure and makeover the garden area with access for wheelchairs.
- Some people complained to us about the smoke escaping into corridor areas from the smoking room. The provider was going to look into buying an atomiser to remove lingering smells from corridors.

We recommend the provider review smoking procedures to ensure there is no impact on people who do not smoke.

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.

At the last inspection the provider had not followed the requirements of the MCA and this was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach had now been met, however, further improvements were still required.

- The provider was working within the principles of the MCA, restrictions on people's liberty had been

applied for and were monitored.

- People and their relatives confirmed they were involved in decisions about their care, although records had not always been signed to show this.
- Animals could live at the service, including dogs and cats. Although no one we spoke with had any issues with this, we did not see any written consent to confirm they had been consulted. The registered manager confirmed they were going to address this.
- Details of which people had a lasting power of attorney (LPA) was recorded. However, no copies of the associated paperwork were available. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The registered manager told us they would address this.

Staff support: induction, training, skills and experience.

At the last inspection the provider had not supported staff fully and this was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was now met.

- Staff had received a range of training and there was a rolling programme in place, including face to face and on-line training.
- All staff files reviewed showed they had received recent supervision with appraisals either having taken place recently or booked to, on a rolling programme.
- All moving and handling of people was done properly, however, one relative told us they had witnessed unsafe moving of their relative. We reported this to the registered manager to look into.

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

- People's care needs had been assessed and were regularly reviewed.
- Staff gave people choices in their daily lives and had recorded what their preferences were.

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

- People had enough food and fluids specifically tailored to meet their individual needs from trained staff who supported people when necessary.
- The majority of people were very happy with the food prepared and could choose to eat in the dining area, lounge or their bedroom. One person said, "I haven't got a complaint at all! I haven't got a favourite meal because I like all of it. If there was something on the menu that I didn't want, they would make something else for me."
- Snacks were available through the day but we discussed with the registered manager that more variety, including fruit would be beneficial. They said they would speak to kitchen staff.

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 a range of healthcare professionals in a timely manner to ensure people remained as healthy as possible.
- People told us staff worked well as a team. One said, "Work hand in hand with each other."

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.

People were supported and treated with dignity and respect; and involves as partners in their care.

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

- People told us they were comfortable with staff and treated with compassion and kindness. One person said, "I have never felt embarrassed talking to staff about my health."
- Staff offered comfort to people who became distressed.
- Staff chatted naturally with people and good hearty laughter was regularly heard during the inspection.
- Equality and diversity was recognised by the provider with people supported to maintain their religious beliefs, including visits to church.
- People were supported to do things that were important to them, including going out shopping with friends.
- Positive interactions took place between staff and the people who used the service.

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

- People and their relatives were fully involved in decisions about how care was delivered. One relative said, "My sister does all the care planning with staff and (person) but I know it does involve the family." Some records needed to be signed by those involved.
- People were encouraged to personalise their bedrooms and were consulted about changes to the service.
- Various meetings took place to allow opportunities for people and their relatives to state their views and wishes.

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

- Staff promoted people's independence as much as they could. Care plans detailed what support people needed and what they could manage themselves.
- People confirmed their privacy and dignity was maintained, including knocking on doors and covering them during personal care.
- People were always respected, and showed patience and understanding.

Is the service responsive?

Our findings

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

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's care was tailored to meet their needs. Life histories had been completed to support this.
- People's preferences and hobbies were recorded.
- Social needs were met. The new enrichment officer was working to ensure a variety of events and activities, including for people living with dementia, was available. This included taking people out shopping and reading to them.
- People had choice. One person said, "I can choose when to get up, usually 8am; and when to go to bed. Depends what's on TV and if I am tired."
- People were supported with their accessibility needs. One person was having problems hearing. The enrichment officer asked, "Do you need new batteries in your hearing aid?"

Improving care quality in response to complaints or concerns.

- The provider had a complaints process in place. Copies of this were available throughout the service.
- There had been seven complaints logged and responded to since our last inspection, however conclusions were not easily found.

We recommend the provider reviews their complaints procedures in line with best practice.

- Compliments had been received from people and their families on the care provided and thanking staff for the care and compassion shown.

End of life care and support.

- There was no one receiving end of life care during the inspection.
- Healthcare professionals confirmed that staff continued to work closely with all the appropriate services should a person reach this stage of their life to ensure people remained as comfortable as possible.
- Emergency health care plans were in place for some people, to anticipate any emergency health problems. This included not being taken to hospital and being looked after at the service with input from external health care professionals if needed.

Is the service well-led?

Our findings

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

At the last inspection published in August 2018 we rated well led as inadequate and asked the provider to act to make improvement to its governance procedures and oversight of the service. The provider had implemented many changes to improve this area, but further work was required and more time needed to show consistency.

Service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider representative were open in their response to our findings. We acknowledged they had worked hard to improve many procedures over the last year and they said they were motivated to continue to get everything right.
- Audits and checks completed in the service had not always identified the issues we had during the inspection. However, the provider had reviewed their procedures around several areas and were going to further assess their medicines audits in light of the issues we had found. The provider had themselves, found issues with some staffing files which had gone undetected by the previous registered manager and had addressed these.
- Staff had not always secured people's care records while not in use. We spoke with the registered manager about this who said this should not have happened and addresses it straight away.
- Mattress checks were not in place to ensure the settings were correct. The registered manager immediately contacted district nursing teams to check this and implement a new procedure.
- People thought the registered manager was a 'leader' and was treated with respect by staff. One person said, "The manager is lovely. I've known her a long time and I'm glad she has come back here to work."
- All legal regulatory requirements had been met, including informing the CQC of particular incidents or accidents at the service and displaying the rating from their last inspection appropriately.

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

- Staff read and signed new 'residents' admission documentation to gain a better knowledge of the person moving in. One staff member said, "We will work around what people want to make them happy...like our new addition (a dog) ...how could we say no when its someone's family."
- Staff morale had improved in recent months and staff were pleased to see the new manager in post.
- Duty of Candour was met. Relatives were kept updated with any issues arising and told us the staff team were open and honest with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Meeting took place to gather the views of people and their relatives.
- Surveys for people, relatives and staff had taken place to gain feedback with actions in place. For example, staff had asked for regular support and this was now organised to occur.

Continuous learning and improving care.

- The provider was open to suggestions for improving care to people. Over the last few months the service had received support from a range of healthcare professionals, including the local authority.
- The registered manager shared suggestions and details of good practice with the provider's other services.

Working in partnership with others.

- The registered manager had established good working partnerships and was looking to further expand this. They had visited a new nursery to see if visits by toddlers could be arranged.
- There were weekly visits to the service by a local GP. Staff alerted the surgery to any health issues prior to the visit. One staff member said, "It works really well."
- The provider worked in partnership with skills trainers for young people. We spoke with one person on placement and they said, "I have just literally come out of diversity training, which was good."
- The management team sent us everything we asked for either during or just after the inspection visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People had not been fully protected because robust medicines management procedures were not always in place.</p> <p>Regulation 12 (1)(2)(g)</p>