

Scimitar Care Hotels plc

Waterbeach Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Waterbeach Lodge is a residential care home providing accommodation and personal care to 27 people at the time of the inspection. The care home can accommodate up to 46 people across three separate floors. One of the floors specialises in providing care to people living with dementia.

People's experience of using this service and what we found

Staff had improved their infection prevention and control practices in line with government guidance since the last inspection. This would help reduce the risk of cross contamination within the service.

There was organisational oversight within the service to support staff and again, this had improved since the last inspection.

Staff knew the people they supported well and demonstrated how they would use this knowledge when assisting people. There were enough suitably trained and knowledgeable staff to help support people in a timely manner. Potential new staff to the service had a series of checks carried out on them to try to make sure they were suitable to work with the people they supported.

Staff demonstrated a good understanding of how to report safeguarding concerns. Risk assessments to guide staff on how to monitor people's individual risks were in place and updated. Staff supported people to take their prescribed medicines safely. Lessons were learnt and shared with staff when improvements were needed to help reduce the risk of incidents recurring.

Staff worked with external health professionals. This helped make sure people received joined up care and support. People and their relatives were asked to complete surveys to feedback on the service provided by staff. Suggested improvements were acted upon wherever possible.

Audits were undertaken to monitor the quality of the service provided. There was an unannounced provider audit also undertaken to promote organisational oversight 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 and update

The last rating for this service was requires improvement (published 04 March 2021) and there were breaches of regulation found. The breaches were Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of harm caused by poor infection prevention and control measures. We also found a breach in relation to Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service had been impacted by COVID-19 and there was a lack of organisational oversight at the time.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterbeach Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Waterbeach Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Waterbeach Lodge 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. The registered manager was not available during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding team who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send

us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to three people about the care provided. We also spoke with seven staff members. We spoke with the director of care and the compliance manager who were overseeing the service in the registered managers absence. We also spoke with two senior care staff, a care staff member, and agency staff member and a housekeeper.

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 vaccination status. We also looked at a variety of records relating to the management of the service, including staff rotas, surveys, meeting minutes, accidents and incidents analysis and safeguarding were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to poor infection control practices. This was a breach of regulation 12: Safe care and treatment; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- All staff working at the service had their vaccination status recorded within their records.
- All professionals and external contractors had to proof their vaccination status before entering the building. This was done by the person showing their COVID-19 pass or using the NHS app.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding people from poor care or harm. Staff, including agency staff, were able to describe to us what they would do if they had a concern. Staff confirmed to us they would be confident to do this.
- Staff were aware of the external agencies they could report allegations of harm to if needed. This included the Care Quality Commission and social services.

- People told us they liked the staff team and would be confident to raise any concerns they might have. A person confirmed, "Staff are so nice to me."

Assessing risk, safety monitoring and management

- Staff knew the people they supported well. Staff had access to people's individual risk assessments. These included risks around a person's medication support, people's specific health conditions, COVID-19 risks, and being at risk of slips, trips and falls. These records guided staff on how to monitor and support a person's known risks.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.
- People had equipment to help support them with their safety and independence. This included equipment to aid with walking and repositioning to promote good skin integrity.

Staffing and recruitment

- There were enough suitably trained staff to keep people safe. People were happy with staffing levels. One person said, "I only occasionally have to wait a bit of time for help."
- There were plans in place to cover staffing, should staff have to self-isolate or were unwell due to COVID-19.
- Potential new staff had a series of checks undertaken. This included a Disclosure and Barring Service (DBS) check. This check would try to ensure they were suitable and of good character to work with the people they would be supporting. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff were trained to administer people's medicines safely and had their competency checked by more senior staff.
- Staff administered, stored and disposed of people's medicines safely. Audits were completed to monitor that staff were supporting people with their medicines safely and accurately.
- People had no concerns about how medicines were managed by staff. A person said, "Medicines are given as per the rules (as per prescription). At home I could have taken more than I should, but here staff do it properly."

Learning lessons when things go wrong

- The director of care and compliance manager talked us through the learning from the last CQC inspection. They explained that after the first day of inspection, actions were taken and shared with staff to make and embed the necessary improvements.
- A staff member confirmed to us that since the last CQC inspection, "Cleaning of high frequency touch points is every two hours. These are now recorded consistently which is an improvement since your last visit."
- Analysis of accidents and incidents including falls was recorded and reviewed to look for patterns and trends. These were reviewed each month by the management team to identify any lessons and actions required to reduce the risk of recurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection there was a lack of organisational oversight at the time. Audits undertaken had not identified the concerns found during the inspection. This was a breach of regulation 17; Good governance; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The organisational support being given by the providers senior management team had improved. A staff member confirmed, "I feel supported by the compliance manager and head of care who have visited us frequently."
- Procedures to promote and maintain good infection control practices were being carried out by staff at the service. A staff member confirmed, "I feel that the home is going in a good direction."
- The registered manager had reported incidents they were required to notify us about.
- Staff spoken with demonstrated an understanding of their roles and responsibilities.
- Handovers for staff were in place to make sure staff were kept up to date with people's current health and support needs or guidance changes. A staff member said, "Communication systems are good in the home."

Continuous learning and improving care

- Staff undertook audits to monitor the quality of the service.
- A representative from the provider organisation completed unannounced monitoring visits as part of the providers governance systems. This gave the provider organisational oversight of the quality of people's care.

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

- Staff told us they felt supported and that staff morale had improved. A staff member said, "I have never worked in care before, but I am receiving good support and an induction." Another staff member said how the management team asked staff how they felt, "They always ask is everything okay?"
- People told us they could attend residents' meetings held at the home. Topics such as staffing, COVID-19 restrictions and vaccinations, laundry, video calls and activities were discussed. A person described these meetings as being, "Useful."

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 told us they could speak to staff if they had any concerns. One person said, "I am able to talk to staff easily and I'm confident I could raise concerns with them if needed." Another person told us the managers were, "Approachable."
- A staff member confirmed they felt they could raise concerns with the management team, and these would be respected by them.
- Records showed that safeguarding concerns were recorded and investigated, including the outcomes. In line with the duty of candour, we saw responses were sent to the person using the service and their named representative.

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

- The provider sought feedback from people and their relatives to monitor the quality of the service. A 2022 survey had been sent for feedback and this included questions around the impact of COVID-19.
- Previous survey findings demonstrated a mainly positive response. Most people had stated they were always satisfied by the care and support received. Improvements including a copy of the last CQC report to be easily assessable had been actioned with a copy on display in the foyer of the service.
- On display on the ground floor was a notice board with a 'you said' and 'we did' section. One of the improvements was for an activities sheet to be accessible, another was for more vegetables to be provided with meals. The actions taken were recorded.

Working in partnership with others

- Staff worked in partnership with health professionals. This included visits from a district nurse, GP, mental health team, chiropodists and occupational health. This joined-up working helped promote people's well-being.