Waterloo House Care Home Ltd

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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

The inspection took place on 18 February 2016 and was unannounced.

Waterloo House Care Home Limited provides residential and personal care for up to 24 older people and people with dementia care needs. At the time of our inspection, the service was providing support to 23 people.

The service did not have a registered manager, but a manager was in place who was going through the registration process. 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were administered safely.

Staff members had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Waterloo House Care Home Limited

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 was planned to check 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 inspection took place on 18 February 2016 and was unannounced.

The inspection was carried out by one inspector

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with nine people who used the service, two relatives of people that used the service, three support workers, one senior support worker, an activity coordinator and the manager. At the time of the inspection there was no registered manager in place. There was a manager who was going through the registration process as the previous registered manager had left the service

We reviewed six peoples care records to ensure they were reflective of their needs, five medication records, six staff files, and other documents, including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and secure within the service. One person said, "It's a very safe environment to live in." All of the people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "If someone disclosed something to me, I would let them know that to keep them safe, I would need to report what I have been told to the manager and possibly the police." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required. Safeguarding information, procedures and contact numbers were contained within a file in the office for staff to access and refer to.

People had risk assessments in place. Staff told us that they felt able to understand and follow the risk assessments. One staff member said, "They are well written and provide us with a good outline of how to support people safely." We saw that the assessments had been carried out to identify risks across various different areas of a person's life including personal care, mobility, behaviour, emotional and environmental. Where risks to a person were high, clear guidelines and prompts for action were present for staff to follow. We saw that they had been reviewed monthly by the manager and changed when required.

We saw that equipment within the home was regularly checked. One staff member said, "I have the responsibility of checking equipment such as hoists are fit for use and maintained properly. I note any issues in a maintenance book to be followed up where necessary." We saw that fire safety checks had been carried out regularly and that environmental risk assessments were in place.

Staff were recruited safely into the service. The manager told us that all staff went through pre-employment checks before starting work. These checks included a full Disclosure and Barring Service check (DBS) and two references. Once complete, the staff would then have to complete mandatory training before providing care to people. Records we saw, and staff we spoke with confirmed these checks had taken place.

People told us there were enough staff working at the service. One person said, "It can get busy when certain people need extra support, but there are enough staff around to help me." Staff members told us that staffing levels were generally good, and that the manager and the deputy manager would often help out with care tasks when the staff team were particularly busy. The manager told us, "We use agency staff, but not very often. It's usually to cover nightshifts." The manager also told us that new staff members were about to come on board the team, and were just waiting on DBS checks before their induction could begin. We saw documentation that the arrival of new staff was imminent. During our inspection, the manager received confirmation from one new staff member that their DBS check had cleared, so a start date was arranged. We saw staff rotas that confirmed the staffing levels were consistent with the amount of staff on shift during our visit.

Medication was administered safely. We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. Controlled medication was present, and stored in a separate locked and secured cabinet. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by the manager. We saw that the manager had regular contact with the pharmacist that supplied medication to the home, in order to discuss any issues and keep an open line of communication.

Good

Is the service effective?

Our findings

People felt that the staff were well trained. One person said, "I couldn't hope for better staff. They really know what they are doing." A relative we spoke with told us, "I looked at 17 different places before bringing my relative here. We are very happy with the quality of the staff and the service." The staff we spoke with all felt that they received the right amount of training to carry out their jobs appropriately. A staff member said, "We go over all the basic training when we start, but I've also been able to complete a National Vocational Qualification (NVQ) in care. Another staff member told us that the training they received had enabled them to build confidence in their role, and would like to progress to a more senior position should one become available.

All staff went through a mandatory induction training package before commencing work. A staff member said, "We cover the mandatory training over a couple of days and we had workbooks to complete and be assessed with. We then went through everyone's care plans and risk assessments, and then we shadowed other staff for several shifts." All the staff we spoke with confirmed that they went through the induction process before starting work, and also regularly attended new and refresher training. We saw records within staff files that showed us induction had taken place, as well as certificates obtained. We saw that the manager had training charts in place to monitor individual training progress and expiry dates for each course undertaken.

The staff team received regular supervision and support within their roles. A staff member said, "I get regular supervision. It's good to be able to sit and talk through how things are going. I can learn a lot, I'm happy to take on board what the managers say about how to improve my work." We saw recorded within staff files that supervisions had taken place on a regular basis.

People told us that staff gained consent from them before providing care. One person said, "Staff always ask me first." All the staff we spoke with told us that they would always ask people before providing any care. During our inspection, we saw staff gain consent from people on a number of occasions. For example, we saw staff speak with people and ask them if they were okay and ready to receive medication. We saw that people had given written consent for the service to take and use photographs of them within their files. The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that staff had all received training in MCA. The manager had good knowledge of the DoLS procedure and was able to explain how the process was applied for several residents. She had sought and gained authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them

to unnecessary risks.

People were supported to maintain a healthy diet. One person said, "The food is lovely, I can't complain at all, I certainly couldn't cook that well myself." A staff member said, "If someone didn't like what was on offer, we would just knock something else up for them." We saw that menus were provided to people within the dining area to display the choices that were on offer for the day. We observed staff over the lunch period interacting with people and providing support with eating. People were given the choice of several areas to eat in, so that they could eat with others round a table or in a more quiet space if preferred. Staff offered several people the use of plate guards to enable them to eat with cutlery more efficiently. We saw that one person was too tired to eat, staff had encouraged them to eat their meal, but then offered to have something made for them whenever they felt ready to eat. We saw that two people had relatives visiting them whilst lunch was being served. One person preferred the assistance of their relative during mealtimes, so they regularly had this support. The other person's relative was also a regular visitor and was able to sit and eat with them as the staff provided a meal for them also. This enabled the person to have a sociable mealtime with their family member. We saw that several people had weight monitoring charts and nutritional care plans within their files.

People had support to access health services. One person told us, "I am supported by staff to go to appointments when I need to." The manager told us, "I take [person's name] to all her appointments myself. We have a great relationship and she prefers that I take her." The staff we spoke with told us that they provide support to some appointments, but healthcare professionals also come in to the service. We saw evidence within people's files that a dietician, physiotherapist and speech therapist had visited.

Good

Is the service caring?

Our findings

People told us they felt the staff had a warm and caring approach to them. One person said, "The staff here are absolutely diamond, they look after me so well." The staff we spoke with all told us that they care for the people they support and want to provide a warm and positive atmosphere. During our inspection we saw staff interacting with people in a caring manner. For example, one person was coughing during their lunch, and staff were immediately able to approach them, check if they were ok, and offer a drink and support with eating. Another person was becoming upset and agitated, and we saw that staff were able to calmly talk to the person and make them feel better and less anxious.

Staff were aware of the personal preferences of the people within the service. One relative told us, "The staff know [person's name] really well. They know what she likes and they keep her happy." We saw that staff knew the people as individuals, and were able to communicate with them and talk about the things that mattered to them.

People told us they felt involved in their own care and support. One person told us, "I definitely feel involved in my care, the staff always tell me that I'm the important one." A relative explained that they were also very involved with a person's care and that the staff did an excellent job of keeping them informed of the person's wellbeing. Staff told us that people's care plans were able to be added to or changed if necessary. We saw that information within people's files was regularly updated. We observed that staff members were asking people questions and checking with people before carrying out any day to day care tasks to enable them to be involved in their own care

Staff respected people's privacy and dignity. Everyone we spoke with told us that they were happy with the way the staff treated them and that their privacy was always respected. One staff member told us, "We had a 'dignity day' recently. We did all sorts of activities and exercises around the question 'what does dignity mean?" Another staff member told us, "It was a great opportunity to remind everyone of what dignity means to different people. We saw that the staff had worked with people on creating a 'dignity tree' which displayed the comments of people, staff and family members around what dignity meant to them. During our inspection, we saw that staff knocked on people's doors before entering.

People were able to have visitors without any restrictions in place. During our inspection we saw several relatives come in and visit people within the service. Relatives were able to spend time in the communal areas of the service, freely talk with staff and the manager, and also sit and have lunch with people.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

Good

Is the service responsive?

Our findings

People had their needs assessed before moving in to the service. The manager showed us that the service had an admissions policy, and that individuals were assessed to make sure that their needs could be met at the service.

People received care that was personalised to their needs. One person told us, "I think the staff are very good at knowing what makes me tick. They know I get emotional and can help me out with things." One staff member told us, "One lady is of Caribbean decent, and we know she likes Caribbean food, so we try and offer her the things that she likes." We saw that people's care plans contained personalised information about their personality, history, likes and dislikes. For example, one person's care plan contained the information that they like to have jam sandwiches every day, and can become upset if they do not get them. Many other personalised pieces of information were present throughout people's files, as well as their preferred routines and preferences.

We saw that staff members were recording daily notes in a handover book, so that all the days information was able to be shared with staff coming on to shift. This meant there was a constant and up to date record of a person's care for staff to access.

People's needs were regularly reviewed and updated as required. Staff felt they were able to input to peoples care and changes they suggested were listened to. We saw that the manager reviewed peoples care plans and risk assessments regularly.

People were able to express their thoughts in residents meetings within the service. The manager told us, "People's relatives are also able to attend the meetings if they wish. We have a few relatives that really get involved with things and we see that as very important." We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions. Actions were collated and acted upon as a result of things that people had said within the meetings.

People were able to take part in a range of activity. The people we spoke with spoke highly of the activities coordinator and the range of things on offer. The activities coordinator was able to show us a rota of activity including singing, visiting musicians, and craft and reminiscence activities. These activities were on offer for people to take part in daily. We also saw that themed events were regularly held around times of the year such as valentines, Easter and Christmas.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One person said, "I have visitors all the time, the staff encourage it." The relatives we spoke with all had positive things to say about the service and the staff, and they felt welcome to spend time with their family members and be included in their lives. The manager told us that the service had built good relationships with many of the relatives and that some had donated items or funds for new items within the service.

People had the time they needed to receive their care in a person-centred way. People told us that they were given time to speak with staff and did not feel rushed at all when receiving care. During our inspection we saw that several people were assisted to move with the use of a hoist. We saw that staff members used a calm approach, spoke to people throughout the process, and did not rush anything.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. A person told us, "I have never complained, but the staff would listen to me if I did have a complaint". All the people we spoke with had a similar response. A complaints folder was kept where all complaints were recorded. We saw that actions and responses were created and carried out for each of the complaints made.

Good

Is the service well-led?

Our findings

People told us the registered manager and the deputy manager were easy to talk to, open and approachable. One person told us, "The manager has been around for years as a carer and she knows us very well. We are very happy to have her." One staff member told us, "I feel very supported within my role. We get on well with the manager, she understands the job as she has done it herself for many years." During our inspection we saw that people, relatives and staff all approached the manager within the office and were able to freely chat. The manager was available to give people the time they needed to talk.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. We saw that the service had a staff structure that included a manager, deputy manager, senior carers and carers, and that people were well aware of their responsibilities. None of the staff we spoke with had any issues with the running of the service or the support they received. The staff all knew the owner of the service well and reported to us that they would often come in and visit.

The manager was aware of the needs of the people and staff. She had worked within the service for many years as a carer, and had taken on the role of manager recently. She had good knowledge about every area of the home including the residents individual needs, staff skill sets and the building itself. We saw that some areas of the home had been newly decorated as requested by the manager herself. She was able to express which areas of the service she wanted to improve upon, such as the continuing improvements in décor and a full refurbishment of one of the bathrooms to turn it into a wet room. We saw that plans were in place to address these improvements. Our observations were that the relationships between the manager and the staff were open and transparent.

We saw that accidents and incidents were recorded and appropriate actions had been taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns in order to reduce the risk of any further incidents. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings had been held for staff to share information and discuss the service. One staff member said, "Everyone has an equal say on things in meetings, we find them very helpful." We saw minutes from these meeting that confirmed they were taking place and that a range of topics were being discussed such as staffing levels, residents issues, events, environmental issues and general service updates.

Quality questionnaires had been sent out to people, their relatives, professionals that worked alongside the service, and staff members. We saw that areas of concern could be commented on and an action plan created to respond. The service carried out quality audits in several areas including medication, care planning, risk assessment, environment, complaints, training and staff files. This information had been collated and displayed to monitor the quality level within different areas, and actions had been created

where necessary.