Bupa Care Homes (AKW) Limited

Waterside Care Home

Inspection report

Dudley Road
Tipton
West Midlands
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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

Our inspection was unannounced and took place on 2 and 3 June 2016. Our last inspection of the service took place on 15 August 2014 and the provider was complaint in all areas inspected.

Waterside Care Home is registered to provide accommodation and personal care to a maximum of 60 older people. At the time of the inspection there were 59 people living at the home.

The home had a registered manager in post. 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.

Staff understood how to identify and report abuse and had a good understanding of how to manage risks to keep people safe. People were given their medication by staff who had been trained in how to do this.

People told us there were sufficient staff available to meet their needs. Staff had undergone appropriate recruitment checks prior to starting work and had access to ongoing training and supervision to support them in their role.

People had been supported to make their own decisions and had their rights upheld in line with the Mental Capacity Act 2005. Where people had been deprived of their liberty, this was done in line with Mental Capacity Act 2005 and staff were aware of why these safeguards were required.

People were supported to have enough to eat and drink and had meals that met their dietary requirements. Where people required support to access healthcare services, staff had provided appropriate support to meet people's health needs.

Staff had a kind and caring approach and treated people with dignity. People were supported to regain independence where possible and had access to advocacy services if required.

People and their relatives were involved in the assessment and review of their care. People were supported by staff that had a good knowledge of people's needs and people had access to activities that interested them.

People knew how to make complaints and complaints made had been investigated fully by the registered manager. People were supported to provide feedback on the service via resident meetings and suggestions made had been acted upon by the registered manager.

People spoke positively about the leadership at the home. The registered manager completed audits to monitor the quality of the service.

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.

People were supported by staff who knew how to identify and report concerns of abuse.

Staff were able to identify and manage risks to keep people safe.

There were sufficient numbers of staff on duty to meet people's needs.

People were happy with how their medication was managed.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and supervision to ensure they had the skills and knowledge to support people effectively.

People had their rights upheld in line with the Mental Capacity Act 2005.

People had choices at mealtimes and were given meal options that met their dietary requirements.

People had access to healthcare support where this was required.

Is the service caring?

Good

The service was caring.

Staff had a kind and caring approach and treated people with dignity.

People and their relatives felt involved in their care.

People had access to advocacy services where required.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and review of their care.

People had access to activities that reflected their interests.

Complaints made had been investigated fully by the registered manager.

Is the service well-led?

Good

The service was well led.

People spoke positively about the leadership at the home and staff felt supported by the registered manager.

People were given opportunity to provide feedback on their experience of the service.

The registered manager completed audits to monitor the quality of the service.

Waterside Care Home

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 2 and 3 June 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We spoke with the local authority to obtain their views on the home.

We spoke with nine people living at the home, five relatives, three members of staff, the catering manager, the activities coordinator and the registered manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care records, two staff recruitment files and 15 medication records. We also looked at records kept on accidents, incidents and complaints as well as staff training records and audits completed to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I've got no qualms with safety at all". A relative we spoke with said, "I can't find any fault [with safety] at all, everything seems to be right".

The provider told us in their Provider Information Return that all staff were required to complete training in Safeguarding people. Staff we spoke with and records we looked at confirmed they had received training and understood the actions they should take if they suspected abuse. One staff member told us, "I would report concerns to my manager and the safeguarding team [at the local authority]". We saw that where there had been concerns, these had been reported to us appropriately.

Staff we spoke with knew the risks posed to people and to how to manage these. When asked how to manage risk, staff gave examples that included; making sure people are sat in a chair that was appropriate for them to prevent falls, using correct slings when supporting people to transfer with a hoist and encouraging a higher food intake where people are at risk of weight loss. We saw one person being supported to transfer into their wheelchair. The staff supporting this person clearly communicated with the person about what was happening and used the equipment safely to minimise risk. We saw that people had risk assessments in their care records that supported staff to identify what risks were posed and what level of support was required. These risk assessments were personalised to the individual and looked at risks of falls, pressure areas and malnutrition. We saw that a log was kept of accidents and incidents that occurred at the home. Where accidents occurred, we saw that action was taken to reduce the likelihood of reoccurrence. These actions included; removing obstructions around the home, seeking medical advice and provided further equipment for people.

Staff told us that prior to starting work, they had completed checks to ensure they were suitable to be employed. This included obtaining references from previous employers and a Disclosure and Barring service (DBS) check. The DBS would show if a person had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks took place and that systems were in place to prevent unsuitable people being employed.

People told us there were enough staff on duty to meet their needs. One person told us, "There is plenty of staff and they check on you at night". Another person said, "There's always someone around. If I press the button, they are here in three or four minutes". A relative we spoke with told us, "Most of the time there is enough staff; there is sometimes a wait if staff are with someone, but it is not long". This was confirmed by another person who felt the home was sometimes short-staffed but commented, "The care doesn't suffer". Staff told us there were enough staff on duty and that they did not feel rushed to complete tasks. One member of staff told us, "There is enough staff, sometimes it can be rushed but mostly it is fine". We saw that there were sufficient numbers of staff available and where people requested support, this was provided in a timely way. The registered manager told us they assessed staffing levels according to people's level of need. Records we looked at showed that the staffing level reflected people's assessed individual needs.

People told us they were happy with how their medication was managed. Staff we spoke with told us they

had received training in how to give medication and could explain how they ensure medication is given safely. We saw people receive support with medication. The staff member explained to the person that it was time for their medication and waited patiently for the person to take these in their own time. We saw that where people had medication prescribed on an 'as and when required' basis; there were guidelines in place informing staff of when these should be given and that staff followed these guidelines. We looked at medication records and saw that Medication Administration Records (MAR) had not always been accurately completed. We saw that this was because medications that had been given, had not always been recorded on the MAR. This had been a recording error and we saw that there had been no impact for people as a result of this. We spoke with the deputy manager about this who informed us that they would look into the recording of medication to ensure it was clearly recorded when medication had been given.

Good

Is the service effective?

Our findings

People told us they felt staff had the skills and knowledge to support them with their care needs. One person told us, "They [staff] are really good, really friendly". Another person said, "They [staff] are good enough, quite good really". Relatives we spoke with also felt that staff were well trained. One relative said, "I think they [staff] do everything well".

Staff told us that prior to starting work, they completed an induction. The induction included completing training and shadowing a more experienced member of staff. One staff member told us, "For induction, we had days of learning procedures and the job role and then days at the home shadowing staff. It was a lot to take in but it helped me". Staff we spoke with also told us they had access to ongoing training to ensure they had the knowledge to support them in their role. One member of staff said, "I have recently had all of my training refreshed". Records we looked at showed that staff received training relevant to their role.

We saw that staff received the information they needed to support people effectively. Staff told us that a handover took place before each shift to ensure that staff had the most up to date information about people. One staff member told us, "We have a handover before each shift starts to tell us of any changes [we need to know about]. We communicate well". We saw staff providing information to other members of the team to ensure people were supported effectively.

Staff told us they received regular supervision with their manager to discuss their roles and identify any training needs. Records we looked at confirmed these conversations took place.

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 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 checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before supporting them. This was confirmed by relatives. One relative told us, "[Person's name] decides everything for herself". Staff we spoke with had received training in the MCA and could explain the different methods they use to gain consent from people. One staff member told us, "I gain consent by asking questions and going through things one at a time". Another staff member said, "I ask people for their permission before helping, for those who are hard of hearing, we will write things down [to gain their consent]". We saw that people were supported to make their own decisions. We saw staff support people in making decisions that included; what they would like to do, where they would like to go and what support they would like". We spoke with the registered manager who had developed systems to support staffs understanding of MCA and how to ensure people's right to make their own decisions was respected. We saw these systems displayed in the home to encourage staff to apply the MCA when supporting people.

We saw that some people who lived at the home had a DoLS authorisation in place. We saw that these had been applied for appropriately and that staff understood who had these authorisations in place and what decisions these related too.

People told us they were happy with the meals provided and were given choices. One person told us, "The food is very good; you don't get the same thing twice in a week". Another person said, "The food is wonderful. They [staff] come round the day before with the choices". We spoke with the catering manager, who had a good knowledge of people's dietary requirements. We saw that the information of specific dietary needs had been displayed within the kitchen for all staff to view when preparing meals. We saw that the kitchen manager took time to speak with people individually each month to gather their views on the food and gain suggestions for future meals. We saw that people had been supported to have alternative meals if they did not want anything that was on the menu. One person confirmed this and told us, "If you change your mind at the last minute, it's ok". We saw that mealtimes were relaxed. The food prepared looked appetising and people enjoyed their meals.

People were supported to maintain their health and wellbeing by accessing health care services where required. One person told us, "The GP is always available. Just mention it to them [staff] and they will contact the GP for you". Another person said, "The doctor comes on a Monday and a Thursday, I have seen him". We saw that some people had access to physiotherapy support within the home to support them to return to their own homes in future. Records we looked at showed that people had been supported to access services that included opticians and dieticians where required. One relative told us, "They [staff] were very quick to get the dentist in when there was a problem with [person's name] dentures. They also got the Speech and Language team in quickly when it was needed".

Good

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person told us, "I am treated very well. I think they [staff] are wonderful". Another person said, "[staff] are really friendly and lovely. They do all they can for you". Relatives we spoke with were also positive about the staff. One relative told us, "It is wonderful; they [staff] have been brilliant". Staff displayed warmth when talking about the people who lived at the home and we saw that staff interactions with people were friendly and caring. We saw that it was one person's birthday and staff took time to make the day special, decorate the person's table with banners and get together to sing 'Happy Birthday' for the person. We saw that the person reacted happily to this interaction with the staff and appreciated the effort made.

People told us they were involved in their care. One person told us, "I choose what I do and when to do it". Another person said, "You can come and go as you like". We saw that people were supported to make choices with regards to their care. This included choosing what activities they would like to do and we saw that staff respected people's decisions. We saw that regular meetings took place with people who lived at the home so that they could voice their opinions on how the home is run. We saw that people had been encouraged to make suggestions on the activities and whether they were satisfied with how quickly staff respond when they require support. Relatives we spoke with also felt involved in their family member's care. One relative told us, "[Staff] always make time to speak with us and they call if there is a problem.

People told us that staff respected their privacy and dignity. One person said, "They [staff] always knock [before entering your room]". Staff we spoke with were able to demonstrate how they ensured people were treated with dignity and gave examples that included; treating people as adults, covering people up during personal care and closing curtains to ensure privacy. We saw staff assisting people in a way which maintained their dignity. For example we saw where staff were using a hoist to assist people to transfer in communal areas; they ensured the person remained covered up. We saw notices displayed around the home about staff being nominated as 'Dignity Champions'. The 'Dignity Champion' initiative encourages people to challenge poor care and act as good role models in providing compassionate, person centred care. We saw that staff had signed up to the initiative to promote dignity around the home.

We saw that people were supported to maintain their independence where possible. We saw that some people were living at the home for a short period of time to get support in preparation to move back to their own home. We saw that these people were supported to regain independent living skills such as preparing drinks and moving around safely. We spoke with one person who had nearly completed this programme of rehabilitation who told us they had regained their independence and said, "I have met with an occupational therapist and others to determine how suitable my house is for my return home".

The registered manager told us that one person who previously lived at the home had been supported to access advocacy services. The registered manager was able to tell us the process to follow to secure an advocate for people although no one currently living at the home required this service. We saw that an advocacy service had recently visited the home to assist people in completing a questionnaire about the home.

Good

Is the service responsive?

Our findings

People and their relatives told us that prior to people moving into the home, they were involved in an assessment with staff to discuss their care needs and how they would like their care delivered. One relative told us, "There was an assessment before [person's name] came in. It was a lengthy discussion and we filled in a form about her family and likes and dislikes". Records we looked at confirmed these initial assessments took place. We saw that people's care records were reviewed regularly and that where possible, people were involved in these. We saw that records held up to date and accurate records about people's care needs.

People told us that staff knew them and their needs well. One person told us, "Now they have seen what I need, they know how to look after me". Staff we spoke with displayed a good understanding of people's preferences with regards to their care. We asked staff to tell us about people living at the home and staff were able to tell us about the person's life history, their family and the person's favourite foods. People's care records held personalised information about how they would like their care delivered and we saw this was adhered to. Where people had stated a gender preference with who provided their care, this was respected and acted upon by staff. Records held other personalised information that included; whether the person wished to vote and whether they wished to practice a religion. Where people had specific religious observances, staff had provided support to ensure the person could continue this within the home.

People told us they were supported to take part in activities. One person told us, "There are activities in the day room like bingo and static exercises but there is also a TV in every room". Another person said, "I take part in exercises, three quarters of an hour, flexing and exercising". We spoke with the activity co-ordinator who told us how they adapt activities to ensure that people of all abilities are able to join in. The activity co-ordinator was enthusiastic about providing meaningful activities for people. We saw that there were a number of activities available for people that included; preparing cakes with kitchen staff and planting flowers in the garden. One person had sky television installed in their bedroom so they could maintain their interest in football. We saw that the activity co-ordinator had taken time to involve people in activities when they chose to remain in their rooms. The activity co-ordinator gave an example of how she spoke with a person's family to find out more about their likes and dislikes so that staff could begin providing individual activities for the person in their own room.

People and their relatives told us they knew how to make complaints. One person told us, "Any member of staff would assist". Another person said, "I would tell the manager, assistant manager or staff. They are all very approachable". Staff we spoke with knew the actions to take to support people to complain. One member of staff told us, "I would get the person a complaint form, help them to fill this in if they need me to and then hand it to my manager". We saw that a log of complaints made had been kept. We saw that complaints made had been investigated fully by the registered manager and a response provided to the complainant. We saw that the registered manager had offered in both complaints to meet with the person to ensure they were satisfied with the outcome of the investigation.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and felt the home was well-led. One person told us, "I see the manager often, she is very approachable". This was confirmed by relatives. One relative said, "It really is wonderful, nothing is too much trouble". We saw that the registered manager was visible around the home and had developed friendly relationships with people and visitors. We saw that people were relaxed in the registered managers company.

Staff we spoke with felt supported by the registered manager. One member of staff told us, "[Registered manager's name] is supportive. She isn't intimidating; she is lovely so I feel like I can go to her with issues". Another staff member said, "Yes, I do feel supported". We saw that staff had regular supervisions and staff meetings with the registered manager so that they could make suggestions about the home and seek support. One member of staff said, "We do have staff meetings, it's a chance for us to say what we think and if we want anything changing". Records we looked at showed that these meetings took place and that the registered manager had acted on issues raised by staff.

We asked the provider to complete 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. The provider had completed and returned their PIR to us. We saw that the registered manager understood their legal obligation to notify us of incidents that occur at the service and had notified us of events appropriately. Staff told us had been informed of how they could whistle blow if needed. The registered manager told us that they encourage staff to raise concerns and that staff had access to management support over 24 hours. This was confirmed by staff who told us, "I can use the on call out of hour's number if I need help".

The registered manager sought feedback on the service via meetings held for the people who lived at the home and questionnaires. One relative told us, "I have been asked to fill in a questionnaire but I think it's nicer to speak to someone human". We saw records of meetings for people who lived at the home and saw that people had made suggestions regarding the food, activities and where fundraising money raised should be spent. We saw that where suggestions were made, the registered manager had taken these and written letters to families to involve them in decisions made during meetings. We saw that the registered manager had taken action to ensure that all suggestions made were considered. We saw that people had been supported by an advocacy service to complete questionnaires about their experience of the service. We saw that the registered manager had analysed the responses and made an action plan to address the suggestions made. ". Relatives told us they were able to make suggestions about the home. One relative said, "It doesn't matter what we ask, they [staff] are always amenable".

We saw that the registered manager completed audits to monitor the quality of the service. These included checks on the environment, people's dining experience and call bell response times. We saw that where actions were identified these were implemented by the registered manager. The area manager for the service also completed a monthly audit of the service that looked at areas including; documentation, medication and laundry. The registered manager had implemented a service improvement plan for the year,

which detailed improvements to be made following audits. We saw that where an action had been completed, the registered manager replaced this with another action to ensure that the home was continuously aiming to improve. The audits completed had not identified that medication given, had not always been recorded on the MAR. We spoke with the area manager about this that showed us that they had recently completed a medication audit and that the medications they had checked, had been correct. The area manager told us that they would look at their medication audits to ensure errors were not missed.

We saw that the registered manager had clear plans for the future of the service. The registered manager informed us of plans to increase the number of community based activities available for people and encouraging more family involvement by introducing an initiative called 'Lunch with a loved one' where relatives will be invited to have lunch at the home. We saw from the PIR sent to us by the provider that future plans also included increasing the number of meetings held with people living at the home to further obtain their feedback on the home.