

Anchor Trust Waterside

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Waterside provides care and accommodation for up to 48 people. On the day we visited 26 older people were living at the home, some of whom had dementia. The home is split into three units, at the time of our visit two of these were in use and one was closed.

The last inspection of the home took place on 30 September 2014 and all of the regulations were met.

The home had a registered manager who was on maternity leave when we visited. The care manager had been covering management duties in her absence. 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's diverse needs were considered and met. This included their cultural, social and religious needs. There was a focus on people's individual needs which were recognised and care was targeted on meeting them. People enjoyed taking part in activities which were creative and imaginative. People and staff spoke proudly of their achievements in creating a herb garden and a memory tree. These projects formed part of the home's recognition in the provider's scheme called 'Anchor Inspires', which aimed to promote best practice in dementia care.

People had opportunities to give their views about the home at meetings, in surveys and informally in discussions. Their views were taken into account. People knew how to complain and felt confident to do so if necessary.

Staff provided support which was considerate, respectful and protected people's dignity and privacy. There were kindly relationships between them and the atmosphere was relaxed and warm. Relatives expressed their satisfaction with the care people received and health and social care professionals said people's health had improved as a result.

People received kind and compassionate care at the end of their lives from staff who had specialist training.

We found the home was providing safe care for people. Staff were knowledgeable about abuse, how to recognise if people were at risk and what to do to protect them. Risk management systems were managed well and they kept people safe, as did health and safety procedures. Staff gave people their medicines when they needed them and made accurate records to confirm they had done so.

The provider had safe procedures for recruiting staff so people could be assured they were looked after by suitable workers. Staff were supported and trained well for their roles and people were confident in their abilities. People had a choice of meals available that met their nutritional and cultural needs. People saw a range of health care professionals to make sure their needs were met and staff had specialist advice to deliver good care.

People's care was in line with the requirements of the Mental Capacity Act 2005. They were not deprived of their liberty unless this was properly authorised under the Deprivation of Liberty Safeguards.

The home had clear management arrangements and audits were carried out to ensure the systems contributed to providing good quality care.

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 how to recognise abuse and knew the action to take if they had concerns about people's safety. Health and safety matters were managed well. Staff assessed risks and took action to mitigate them to keep people safe.

Medicines were managed well and there were safe arrangements for their storage, administration and recording. Staff recruitment checks were thorough so people could be sure staff were safe to provide care.

Is the service effective?

Good ●

The service was effective. Staff were trained and supported to carry out their work.

People enjoyed the meals and they were designed to meet their nutritional and cultural needs. People had access to healthcare services they required.

People's liberty was not restricted unless this had been agreed. If people did not have capacity to give agreement the correct processes were followed.

Is the service caring?

Good ●

The service was caring. People said they liked staff who provided warm and caring support. Relatives praised the staff and appreciated the kindness shown to family members.

Health and social care professionals said people had responded well to the quality of care they received. People's dignity, privacy and confidentiality were protected.

Staff demonstrated a good understanding of people and their individual needs. They had taken time to get to know people's likes and dislikes. Staff had been trained and understood how to support people with care and compassion at the end of their lives.

Is the service responsive?

Outstanding ☆

The service was outstanding in its responsiveness to people's needs. People's individual and diverse needs and were considered and met when providing care. The home was welcoming to all groups of older people.

There was a range of activities people could join in and they took into account their abilities and interests. People had worked together on imaginative and creative projects in the home.

People and relatives knew how to complain and could make their views known at meetings and through surveys. Their opinions were taken into account and had led to changes in line with their wishes.

Is the service well-led?

Good ●

The service was well led. The manager and provider carried out audits to monitor the quality of the service provided for people.

The home had been recognised by a specialist team in Anchor Trust for the work it had done to provide person centred care for people with dementia.

Waterside

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 10 and 18 August 2016 and our first visit was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who lived at the home and with one visitor. We spoke with seven staff, including, the district manager, care manager, care staff, a team leader and the chef.

We looked at personal care and support records for four people and medicines records for people on one unit. We looked at other documents relating to the management of the service, including, health and safety records, minutes of meetings and staff recruitment, training and supervision records.

We received feedback about the home from three health and social care professionals.

Is the service safe?

Our findings

People were protected from abuse because the provider had good arrangements in place to ensure people's safety. A person living at the home said, "We are safe." People told us they liked the staff and felt comfortable with them.

Staff demonstrated good understanding of how to recognise different kinds of abuse and how to report any concerns that someone may have been at risk of harm. The manager understood the reporting process and informed organisations such as safeguarding and the police about issues that needed to be investigated. This helped ensure that concerns were looked at by the appropriate authorities.

There were arrangements to protect people from risks associated with their health conditions. People who were at risk of falling were assessed to identify factors which needed managing to reduce the risks. Staff made sure that people wore well-fitting footwear and there were no hazards on the floor which might have caused trips or stumbles.

People's assessments specified which tasks a person needed assistance with and what form that should take, for example, if a person needed assistance to walk or use specialist equipment such as a walking frame or stick. Similarly people who needed assistance with moving and handling tasks, such as using a bath, had assessments carried out. This meant people received the appropriate level of support such as the correct number of staff or equipment, such as grab rails or hoists.

People were protected in emergencies because staff knew how to respond to keep people safe. First aid kits were available and staff trained in first aid techniques were included on shifts. Staff were clear about how to request medical assistance when necessary.

People were protected from risks of fires as the provider had a range of fire safety and fire prevention strategies. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency. Fire equipment was serviced and tested regularly to ensure it remained in working order. Staff took part in drills so they were aware of the action to take if the alarms were activated.

People were cared for by adequate numbers of staff to meet their needs. During the day each unit was staffed by a team leader who worked alongside two care staff. At night time a team leader and two care staff provided care for the home. People told us there were enough staff to provide care and one person described the staff as "very good." We observed during our visit that there were sufficient staff to provide safe care for people and to meet their needs.

The provider had recruitment procedures which were designed to protect people against unsuitable staff working with them. A person living at the home told us they were confident in the recruitment procedures, they said, "They [the provider] check they [staff members] can do their jobs before they come to work here."

Each potential staff member had to complete an application form and attend for an interview. Checks of Disclosure and Barring Service (DBS) records which included a criminal record check were carried out. References, including from previous employers, were requested, and checked to make sure of applicants' suitability. The provider confirmed staff in post until they had successfully completed a probation period of at least three months.

People were protected from the risks associated with medicines. Staff gave people their medicines in line with the GP's instructions. Medicines were stored safely and given by staff who were trained and assessed as competent to do so. Staff completed records of administration accurately and there were no gaps in them. We saw that medicines which had to be used up within a specific time scales, for example eye-drops, had the date of opening recorded so people were not put at risk of infection.

People who required medicines given by nurses, for example medicines administered by injection, were visited by the community nursing services. We found that an item of equipment used by the visiting nurses was not stored safely by them. The care manager took action to address this and arranged safe storage so there were no risks of harm to people or damage to the item.

There were effective infection control systems in place. A person living at Waterside said they liked the home because, "it is very clean". A health and social care professional told us that during their visits they found, "The environment was clean, there were no odours."

Food hygiene was managed well. Environmental health officers assessed the food preparation facilities in the home in November 2014. They awarded a rating of five which showed the food preparation facilities in the home were well managed and had high standards of hygiene.

Is the service effective?

Our findings

People who lived at the home told us they were confident in the ability of the staff to carry out their roles. One person told us, "The staff are good, it is a hard job they do. They know what they are doing."

People received care from staff who had been trained in topics relevant to their roles. All staff received training in safeguarding issues. The provider arranged health and safety courses, such as fire safety, food hygiene, moving and handling, falls awareness, fire safety, emergency procedures and infection control. Training related to the needs of people living in the home included dementia care, nutrition and hydration, promoting continence and promoting healthy skin. There was a monitoring system to ensure training was arranged for staff whose role required them to have particular skills and knowledge. Each member of staff had a 'training passport' which identified the progress they had made towards achieving their training goals. The monitoring of training in the home showed achievement levels were high and 98% of staff had completed the training they were required to do.

Staff received supervision and annual appraisal from a senior member of staff. This provided an opportunity for staff to discuss issues and areas for development. A member of staff told us about the support they had received from their supervisor saying they, "gave me a lot of support". They also told us they were happy in their work saying, "I love working here, I love Waterside," and they said they felt they had gained a lot from the training they had undertaken.

People were asked if they wished to consent to receive care and support from staff. People's records included documents which they had signed to confirm that they gave consent to staff providing care and assisting them with medicines. The Mental Capacity Act 2005 (MCA) provides protection for people who may not have the capacity or ability to make some decisions for themselves. The provider had issued guidance for care homes to use if a person's capacity to make decisions was in doubt. The guidance assisted staff to take action that was in line with the principles of the MCA and in the person's best interests. We saw in a file that a person was assessed as being able to consent to day to day decisions about their life but more complex decisions would need to be considered at a 'best interest' meeting in line with the legislation.

People were cared for in a way that did not unlawfully deprive them of their liberty. The Deprivation of Liberty Safeguards (DoLS) gives protection to people from unlawful restriction of their freedom without the authorisation to do so. The managers were aware of the requirements of the legislation and had made applications for DoLS to the local authority as required. Staff had received training in MCA and DoLS, were familiar with their purpose and how to maintain people's rights.

People told us they enjoyed the meals provided and they had enough to eat and drink. Two people told us, "The food is good." We saw the chef consulting with people about the meals and checking if they enjoyed their lunch. Staff assessed people's risk of malnutrition using a Malnutrition Universal Screening Tool (MUST) so they could monitor people's conditions and take action when necessary. Some people saw dieticians and speech and language therapists for dietary advice and guidance about the consistency of meals to assist with swallowing difficulties. The guidance the professionals gave was recorded in the people's care records.

Staff passed information about people's nutritional needs to the chef so it could be included in the menu planning and meal preparation. For example, if meals of a particular consistency were required these were provided. When a person preferred not to join people in the dining area they were able to eat in their room or elsewhere so their dining arrangements met their needs.

People had access to snacks and drinks throughout the day. We heard staff offering drinks and each lounge had cold drinks and fruit available for people to have when they wished. A health and social care professional told us during their visits they noted, "A variety of drinks and snacks were available for the [people living at the home]."

People had access to healthcare services to maintain and promote their health. GPs visited the home twice a week and were available in between these visits. We met a health and social care professional during our visit. They told us the staff "respond if someone seems to be unwell". They commented that, "Staff know people well and can answer my queries about them straight away." They said staff knowledge of people meant they could identify signs of them being unwell and raise concerns with medical professionals. This meant they could arrange for investigations such as blood tests so they could identify if there were any issues of concern and take action promptly.

One person's condition had changed in recent months and staff were proactive in their approach to this. Staff liaised with the GP and a range of health professionals, to try to find out the underlying cause. They monitored the person's condition so the information could be used in the investigations.

Another health care professional told us they visited a person who lived at the home and said the staff worked well with them to benefit the person cared for. They said staff were knowledgeable about the person and, "I was able to elicit the information I needed." The professional said staff, "follow[ed] the recommendations I suggested to meet the needs of [the person] and kept me informed of any changes or difficulties they were experiencing outside of my visits." They said they established a partnership with the home saying, "Senior staff were always available whenever I visited to give feedback and I was always made to feel as if I was part of their team."

People were assisted by the design and facilities in the building. A lift allowed access to everyone to all parts of the home. There was level access throughout the building and to the garden. All of the doors and corridors were wide enough to allow access for people using wheelchairs and grab rails were fitted to provide support for people who required it. Bedroom doors were decorated with the person's name and photograph or a picture of something which was important to them, for example a favourite animal or place. This helped people to identify their rooms. People's bedrooms were personalised with their possessions and photographs. Each bedroom had en-suite facilities and this gave people privacy. Toilets located near communal areas had doors decorated in a colour which marked them out as different from the other doors and helped people to identify them.

Is the service caring?

Our findings

People told us they were well looked after by the staff at the home and had good relationships with them. A person told us that the home was, "the best there is" and said "they [staff] look after me very well". Another person said, "I like it here, the [staff] are very good and I like them."

Relatives praised the care their family members received at Waterside. One relative stated in correspondence that "Your kindness and warmth towards [my family member] was wonderful." They also stated that staff showed "patience and concern".

Professionals who visited the home felt people benefitted from the care they received. A health and social care professional who visited the home over a long period commented on "how well all the [people] looked and their interaction with [the staff]" which they felt showed they were happy. They also said that staff assisted a person, "in the most dignified manner, never losing sight of their duty of care". Another health and social care professional had commented that a person had received "exceptional quality of care" and attributed their recovery from two periods of illness to the care they received, making particular mention of staff "kindness and dedication".

We observed staff talking with people in a kind and compassionate way, assisting them patiently, speaking clearly and making sure they had understood what people said to them. A member of staff assisting a person to move between rooms went at the pace dictated by the person, and they chatted together in a relaxed way and shared a joke. All of the staff interaction we saw was warm, respectful and polite.

People's views were taken into account when staff provided care because they were included in the care planning. We saw care plans that included people's signatures to confirm their involvement and agreement with them. If people were unable to contribute directly their relatives or other people important to them were consulted whenever possible.

People's privacy and dignity was protected by staff. They did not discuss personal matters in communal areas and toilet and bedroom doors were closed when people were being assisted with personal care. We saw one person was supported to go to their bedroom to see a health professional. This meant they could have a consultation privately and this protected their confidentiality.

People were supported at the end of their lives by staff who received specialist training and support in this area of care. A family member wrote to the home and expressed their appreciation of the way staff had treated their relative, saying "You all showed [my relative] such kindness, treated [them] with such dignity and respect. Your patience, tolerance and understanding when [they were] at the end of [their] life was second to none." Staff provided care which reflected people's wishes.

People, who wished to, had made advanced directives detailing their preferences for the end of their lives and these were documented in their records and put in practice. The home had facilities available in the home for relatives to use if they wished. A guest bedroom was available so family members could stay close to relatives who were approaching the end of their lives

Staff had access to specialist support from a hospice that advised and trained them to provide good care for people and their relatives. Staff had been trained to carry out assessments of people's pain and depression so they could provide appropriate care that suited their needs. The training programme provided by the hospice was called 'Steps to Success' and the home had received an award for their achievements in this area in March 2016. A member of the hospice team told us they had seen progress in the staff skills in this area saying, "We observed an important improvement in the recognition and assessment of pain and depression during the last year. The number of advance care planning discussions increased too." So staff were able to assess the person's condition and work with involved professionals to help relieve their symptoms.

Is the service responsive?

Our findings

People received care which was very responsive to individual needs because they were assessed thoroughly and carefully planned for. A professional told us, "Waterside is an excellent home which provides person centred care, [people] were well cared for and happy in this environment."

People had the opportunity to follow their interests in a creative way through the activities staff helped them with. People and staff had created a herb bed in the garden. The herb bed was raised so people could tend the garden without bending and this suited people's needs. The herbs provided sensory stimulation as they were pleasantly fragranced. It was intended that the herbs could be used in the kitchen. Garden furniture had been painted in a range of colours and the space was attractive. People and a visitor to the home encouraged us to look at the garden and admire it. They said, "Have you seen our lovely garden?" and told us they had enjoyed being part of the gardening project. The activity co-ordinator told us of people who painted the garden furniture who expressed their pride in the work. They recalled the project with pleasure each time they were in the garden.

People were encouraged to take part in activities which they found enjoyable and relaxing. A tree had been painted on a corridor wall with photographs of people who lived at Waterside. This was called the memory tree and was a prompt for conversation. People, staff and a relatives had worked together to paint it, some taking a small part in its creation and others involved for longer. The collaborative working led to a sense of achievement for the people who had been involved. We saw a presentation about the tree and one of the people involved said "This tree is so beautiful, I am so happy to be a part of this."

The activities people joined in gave them the chance to be involved in group projects, working together and this promoted social inclusion. Waterside had taken part in an art project called 'art in the park' and it had involved residents from the local community as well as people living at Waterside. We saw examples of the work they created on display and an exhibition of their work was held in the home. One person was quoted in article about the project as saying, "It's very important to keep your mind active as you get older." We were told about one person who used to spend a lot of time alone but had enjoyed spending time with others during the activity and staff said that they "came out of their shell".

Discussions with people had taken place to decide how they would like to improve the appearance of the hallway in the home. They had decided on a theme of butterflies and they were used to decorate the corridor and lobby. The area looked attractive and welcoming. Care staff and dedicated activities staff led the events and responded to people's need to be active and engage.

People's diverse needs were addressed because staff gathered information about what was important to people and take this into account when delivering care. The staff talked with each person, and, when appropriate, their relatives, to hear and record a brief life story. Staff were aware of people's backgrounds and used this wherever possible to understand their personal history. This added to their understanding of how to meet their needs. For example, staff recorded details of where one person had spent their early life and their family history. This meant that people's individual differences were recognised and valued.

Information about people's cultural backgrounds were used to create care plans to address their preferences. The person told us they had met with the chef to arrange a menu to reflect their cultural background. Another person for whom religion was important attended services both in the home and outside. They were assisted to decorate their room so it reflected their interests.

People were shown respect for their individuality and the home aimed to be available to everyone. The provider was working with Middlesex University to pilot a project to develop more inclusive services for lesbian, gay, bisexual and transgender (LGBT) older people living in their care homes. The provider had established a LGBT advisory group and aimed to help make the organisation a safe and welcoming place for LGBT people and staff. Training was planned for all staff and particular staff members at Waterside had been identified as LGBT champions. Posters about this initiative were displayed in the home and this helped to signpost the service's commitment to providing inclusive services. This meant people could be confident that discrimination would not prevent them from receiving a service. The manager told us they felt staff had a better understanding and awareness of LGBT issues and this increased the quality of the support they gave to people.

Before a person came to live at the home, whenever possible, senior staff visited them, they talked about the care they needed and information was gathered from professionals and relatives. The information was used to assess if their needs could be met at the home. Staff gave people information about Waterside and, whenever possible, they or family members visited the home so they could decide if it was suitable.

A family gave feedback that they and their relative had a positive experience of staff members, when they visited the home to assess its suitability and during their relative's stay there. They said when they visited the home they found it "warm, welcoming and comfortable". They said they appreciated the time staff spent with them on their first visit "to accommodate our many concerns, worries and queries."

When people came to live at the home staff discussed their needs and preferences with them and used assessment tools in specific areas, such as pressure area and nutritional needs. The provider had forms which ensured all areas of people's needs were considered. Staff used the information to write plans describing people's care needs and how they would be met. The care plans described the range of people's needs including their physical care and medical needs and their cultural, spiritual and social needs. The plans were developed further, reviewed at least once a month and more frequently in response to changes. People's individual preferences for how they received care were recorded and observed. For example, one person's care record stated they preferred a wash or a shower rather than a bath and this was included in their plan and care notes confirmed this wish was followed.

Staff talked with people about their preferences for activities so they took them into account. One person told us, "I like joining in the quizzes," and they tried to take part whenever they took place. During the inspection people attended a coffee morning for people from the two units in the home to meet together and chat.

People had a range of ways they could express their views about the home. Meetings were held for people who lived there and were chaired by one of them. There were opportunities at the meetings for people to give their views about the menu, the laundry service, activities and the building. The issue of complaints and concerns was a regular item on the agenda. People were reminded they could raise complaints at the meeting or in private with staff members. The meeting minutes included an action plan of matters to be taken forward after the meeting. For example people had made suggestions for items to be included in the menu and these were listed.

Information about the complaints procedure was displayed in the home and people and their relatives were given information on how to complain. A person told us they were confident if they did so the issue would be taken seriously. They said if they had concerns about anything at the home they would talk to a family member and they would talk to the manager to "sort it out". They said they felt sure any concerns would be addressed properly.

The provider arranged for people who lived in all of their homes to take part in a national survey conducted by an independent research company in 2015. The survey was about people living in care homes their opinions in four areas, quality of life, staff and caring, choice and having a say and home and comforts. The results showed high levels of satisfaction with life at Waterside and the scores in all of the areas queried was well above average. The average rating for the care homes was 88% but Waterside scored 94% showing it had a high overall satisfaction rating.

Is the service well-led?

Our findings

People were familiar with the management arrangements. A registered manager was in post and was due to return from maternity leave shortly after our inspection. The temporary arrangements were suitable and the care manager provided management cover with the assistance and support of an experienced registered manager and the district manager. Several members of the staff team, the activities co-ordinator and the administrator had worked at the home for several years and this provided stability.

There was a clear management structure in the home. The two units in use when we visited each had team leaders on duty on each shift and they provided support for care staff and managed the day to day operation of the unit. They reported to and were supervised by the care manager. In the evenings and at weekends an on call system operated so staff could seek support and advice from managers.

Staff and the managers knew people well and were able to tell us about their progress and needs. A member of staff told us the management style was, "very helpful and understanding" and they said the care manager "gave a lot of support". The district manager was a regular visitor to the home and familiar to and with people and staff. An experienced registered manager from a local home also run by the provider provided additional support when necessary. One of the tasks they had been asked to undertake after our inspection was to look at issues within the staff team which had hampered communication. We did not believe this had an impact on people living at the home.

People were protected by management systems which aimed to ensure that the service was well led. A health and social care professional said of the home, "Overall I am quite impressed." They described the home as "very efficient" and "very well organised."

Staff and managers carried out audits to make sure systems operated well. For example daily audits of medicines were made and when the district manager visited an additional audit was conducted. Care plans and health and safety checks were also audited. An 'tool' was used by the provider to assess the quality of the home and it used the five areas CQC focus on in inspections. An area which was identified for improvement was for staff to make sure all people had a 'life history' document completed so the information could be used to address people's individual needs.

The home had taken part in an initiative called 'Anchor Inspires'. It was an internal scheme designed to recognise services which provided person-centred care. It was developed by a team of staff within Anchor Trust who specialised in encouraging best practice in dementia care. Waterside had been praised by the Anchor Inspires team and they particularly mentioned the initiatives at the home, including the herb garden and the memory tree.

The manager and the provider met the requirements of the home's registration and made notifications to the Care Quality Commission as required.