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Waxham House

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

Waxham House is registered to provide accommodation with personal care for up to 20 people who have needs associated with increased age and physical disabilities. At the time of our inspection there were 19 people living in the home. The service is set over three floors and has a range of communal areas for people to use, including a communal lounge, quiet lounge and dining area.

At the last inspection on 17 & 24 November 2015, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

There were sufficient numbers of staff on duty to support people with their assessed needs and provide care to people in a relaxed and unhurried manner.

The registered provider and registered manager followed safe and robust recruitment procedures. Staff were appropriately trained to meet the needs of the people using the service. Staff were supervised in their roles and received an annual appraisal to aide their personal development.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

Care plans were individualised and person centred. Plans were reviewed regularly to ensure planned care was current and up to date. People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for families to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through questionnaires. They were also supported to raise complaints should they wish to.

People's families told us they felt the home was well-led and were positive about the registered manager and provider who understood their roles and responsibilities. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Waxham House

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and was carried out on 2 and 7 February 2017 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people who used the service and four family members. We also spoke with the provider, registered manager, the head of care, four care staff, the cook, the cleaner, the activities coordinator and two health care professionals. We observed care and support being delivered in communal areas of the home.

We looked at care plans and associated records for four people using the service. We also looked at a range of records relating to the management of the home including three staff recruitment files, records of complaints/compliments, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in November 2015 when no issues were identified.

Good

Is the service safe?

Our findings

People told us they felt safe at Waxham House. People's comments included, "I feel very safe here", "I'm lucky to be here, they [staff] make me feel very safe" and "They [staff] really look after me, the staff always help me when I need them to". Family members told us they did not have any concerns regarding their relative's safety. One family member said, "My relative is safe, definitely".

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff knew how to identify, prevent and report abuse and all the staff had received appropriate training in safeguarding. One staff member told us "We [staff] are encouraged to speak out if we have any concerns, I would not hesitate to report any concerns about care and treatment". Another staff member said, "If I was concerned I would go to the registered manager, the provider or higher if I needed to". The registered manager explained the action they would take when a safeguarding concern was raised with them and records confirmed appropriate action had been taken.

The registered manager had assessed the risks associated with providing care to each individual. Each person's care file contained robust risks assessments which identified the risks along with the actions taken to reduce these risks. Risk assessments in place including; falls, nutrition, use of bed rails and use of the stair lift. One risk assessment described how to support a person to administer their insulin independently. This included what actions were required to prevent the person's blood sugars from going outside their normal range and what to do if this happened. Staff explained the risks related to individual people and what action they needed to take to mitigate these risks.

Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

There were sufficient numbers of staff on duty to meet people's needs. People commented, "They [staff] come pretty quickly, but they are very busy, on the whole it is good" and "They [staff] are always there when I need them". Family members comments included, "There is enough staff usually, but they can be busy", "There is normally enough staff, I don't think [my loved one] has ever had a problem when they are short staffed" and "Carers responded very quickly when [my relative] had a fall, then stayed with them on the floor while waiting for the emergency services to arrive".

The registered manager told us that staffing levels were based on the needs of the people using the service and a dependency tool was used to support this. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime, relief and agency staff. The registered manager and provider were also available to provide extra support when appropriate.

Staff were not rushed and were able to respond to people's requests for assistance in a timely manner. When people pressed the bell to summon staff assistance, these were answered quickly. Response times to call bells and time the staff spent with people in their rooms was recorded through homes call bell system. This allowed the registered manager and provider to identify any treads in relation to delayed response times and review staffing levels accordingly. Staff felt that the staffing levels were suitable to meet the needs of the people. Staff comments included, "There is more than enough staff here, "Yes, there is enough staff, things can get a bit harder though due to the changing needs of the residents" and "I do think there is enough staff, it is more about us [staff] waiting for people to ask if they need help rather than just doing things for them".

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. A staff member confirmed that they were unable to start work at the home until their DBS had been completed and another new member of staff told us, "The manager has only received back the first part of my DBS so at the moment I am not allowed to do anything, I am just shadowing other staff".

People received their medicines safely. A person said, "I get my medicine when I need it". Medicines were administered by staff who had received appropriate training and had their competency to administer medicines assessed by a member of the management team to ensure their practice was safe, this training was renewed annually.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines was required to initial the MAR chart to confirm the person had received their medicine. On viewing the MAR chart no gaps were identified, this indicated that people received their medicine appropriately.

During the medicine administration round staff were heard asking people how they would like to take their medicines. One person was asked about their level of pain and they were given a choice as to the pain relief they would like to take. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought people's consent. Staff remained with people until they were sure all medicines had been taken.

Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage of medicines, the ordering of repeat prescriptions and disposal of unwanted medicines.

Good

Is the service effective?

Our findings

People, their families and healthcare professionals told us they felt the service was effective. One person said, "I never intended to come to a care home, but they [staff] are very kind and I'm happy". A second person told us, "The home is excellent, 101%, they look after me well". A healthcare professional said, "The people are well looked after, it's a good home and I would be happy for [a loved one] to live here".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether DoLs applications had been made appropriately. We found the provider was following the necessary requirements and where appropriate, DoLs applications had been made and reviewed. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence.

People told us that staff asked for their consent when they were supporting them. One person said, "They always ask my consent" and another person told us, "They [staff] won't do anything without checking with me". We observed staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. People's records contained relevant consent forms for each person, these included; the taking of photographs, medicine management, access to bedroom and care and treatment. All consent forms and care plans were signed by the person. Daily records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. All inductions included a period of shadowing an experienced staff member and mandatory training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. All staff confirmed they had received an induction in line with the provider's policy.

People, their families and healthcare professionals described the staff as being well trained. A person said, "Staff appear to be well trained and seem to know what they are doing". A family member told us, "I have confidence in the staff". A healthcare professional said, "The staff are helpful, they know what they are doing". Staff told us they received effective and appropriate training. Staff members said, "All the training is

good", "We are asked if there is any additional training we would be interested in" and "I've had lots of training".

The registered manager had a system to record the training that staff had completed and to identify when training needed to be refreshed. This included essential training, such as medicines training, safeguarding adults, fire safety, skin care, infection prevention and moving and transferring. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, staff supported people to move safety with appropriate equipment when required and were seen to wash their hands and wear appropriate protective clothing.

Staff had regular supervisions in the form of face to face meetings and observations. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. There was an open door policy and staff were encouraged to raise any concerns they had straight away. All staff told us that they felt well supported in their role and could raise issues or concerns anytime with the registered manager or provider.

People told us they had enough to eat and drink. Feedback from the provider's resident and relative's survey completed in January 2017 highlighted that 25 out of 26 people/relatives who completed the survey were very satisfied or satisfied with the catering and the food. Where a person was unsatisfied their views had been listened to and changes made. One person said, "The food is alright, we get too much, I would like more salads and tomatoes". Another person told us, "The food is varied and they have put on an extra roast now, which I like". A third person said, "I have never had a problem with the food, the quality is good and if I don't like something they would always give me an alternative". Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. People were offered fluids and snacks in throughout the day and night.

Staff were aware of people's needs and offered support when appropriate. Staff encouraged and promoted people's independence to eat unaided by ensuring food was cut up for those unable to do this themselves and providing appropriate cutlery if required. No one at the home at the time of the inspection required full assistance to eat but staff were able to explain how they would support people if needed. Staff encouraged one person to drink through a straw and this was done in a kind, patient and respectful way.

Where risks were identified people were closely monitored to ensure their nutritional needs were met. Where issues and concerns were highlighted appropriate action had been taken by staff. This action included requesting guidance from health professionals and making changes to the menu.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional told us, "The residents are well looked after, the staff are on top of it in regards to people's health".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People's comments included "Staff are lovely", "The staff are very kind and respectful" and "They [staff] couldn't do any more for you, they are lovely and really look after me". A family member told us, "They [staff] are really, really kind, they will hold [my loved ones] hand and really encourage her". Another family member said, "The girls are all very nice, they will give [my loved one] time and sit, talk and listen".

People were cared for with dignity and respect. We saw staff kneeling down to people's eye level to communicate with them and heard good-natured banter between people and staff. One member of staff supported a person to mobilise using their walking frame. This person had recently lost their confidence and they were supported in a gentle, encouraging and unhurried way. One person who had falling asleep in a very warm area of the home was gently woken by a staff member who encouraged them to have a drink and supported them to remove their jumper.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they preferred to eat, where they wanted to sit and if they wanted to take part in activities. A staff member said, "People get lots of choice, it is up to them when they want to get up, go to bed and what they do with their time". One person said, "I am always offered choices" and a second person told us, "I can do what I want". Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wished to remain in their rooms, this was respected.

People's privacy was respected at all times. Staff told us they ensured people had privacy when receiving care. For example, keeping doors and curtains closed when providing personal care, explaining what was happening and gaining consent before helping them. People confirmed this and commented, "I don't worry, they [staff] always knock" and "The door is always closed when I am in the bathroom". Two people shared a room and privacy was maintained through the use of a walled partition and dignity curtain to enable both people to have privacy. People had chosen the level of privacy they wanted in their rooms. They had chosen to have staff; knock and enter or knock and wait for an answer from the person. Their particular choice was posted on their bedroom door to inform staff of their preferred choice.

People were supported to be as independent as possible and staff understood people's abilities. Care plans gave clear information about what people were able to do for themselves and when support was required. Comments in care plans included, "I will shave myself with my electric shaver when I want to", "I am able to apply my creams myself" and "I need help to put on my underwear, stockings and slippers but can do everything else myself". People confirmed that the staff only helped when they need it. One person said, "I do most things myself but will let them [staff] know if I need help". A member of staff said, "Most people can do things themselves, so it is more about us standing back and waiting for them to ask us for help".

People were supported to maintain friendships and important relationships and their care plans identified people who are important to them. All of the families we spoke with confirmed that the registered manager

and staff supported their relatives to maintain their relationships. Family members comments included, "I can visit anytime", "I am always made to feel welcome" and "The atmosphere is so welcoming when I visit".

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "If I am unwell, they [staff] would act and get me a doctor". Family members commented, "Staff know [my loved one] really well and are able to pick up on their needs" and "When [my loved one] first moved to Waxham House they found it very hard, but they were made to feel so welcome and settled very well". A health professional told us, "Staff are on top of things, in relation to the prevention of pressure sores and will respond and act".

People were provided with personalised care. Care was individual and centred on each person and staff had a good awareness of people's needs. We saw that people's care plans contained detailed information about their life history, preferences, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. Staff used the information contained in people's care plans to ensure that care provided met the individual needs of the people. A health professional told us, "The staff know the residents well".

People, and when appropriate relatives, were involved in care planning and reviews of care. People's care plans were reviewed monthly by the registered manager or head of care with the person and their relative where appropriate. One family member said, "I have seen [my loved one's] care plan and have been invited to the residents' meetings".

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required with their personal care and when mobilising. This corresponded to information within the person's care plan.

People received appropriate mental and physical stimulation and had access to activities that were important to them. Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. There was an activities coordinator in place who visited the home four mornings per week. The activities coordinator told us, "I will ask people what they want to do and we will pick games and activities together". Different activities were offered daily. These included art, exercise, word games, games, nail care, massage and film club. In addition, the registered manager explained that they purchased activities from external providers, such as singers.

Activities were discussed during the monthly residents' meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future. People told us they had plenty of activities to keep them engaged. People's comments included, "I have plenty to do", "I like the music" and "The activities are good". People were encouraged to do things they enjoyed. For example, one person had brought their piano into the home with them and during the inspection they began to play this, while other people joined in with a song. A person who particularly enjoyed television and football had access to satellite television in their bedroom to allow them to enjoy this pastime in the comfort of their room. The registered manager also told us about a person who had requested to listen to

music linked to their culture. This person was provided with the opportunity to listen to and access music of their liking.

People and their relatives were encouraged to provide feedback on the quality of the care they received and were supported to raise concerns if they were dissatisfied. People had access to advocates to support them if they were unhappy about the service provided. An advocate had been involved in supporting one person in relation to where they wanted to live.

The registered manager sought feedback from people's families on an informal basis when they met with them at the home, during telephone contact and during resident and relative meetings. Both people and their families felt able to approach the registered manager and provider at any time. Their comments included, "The registered manager is really approachable", "I know that if I had any issues or concerns they would act" and "I am always kept up to date about what is going on".

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families and staff. We looked at the feedback from the latest survey completed in January 2017. All responses to this survey were positive.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. People and their family members knew how to complain if they needed to. One person said, "I would complain to the manager if I needed to, I have nothing to complain about". A family member said, "I have made a complaint in the past, I know the home has a complaints procedure. I got a letter and was told of the outcome".

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. Family members and healthcare professionals also said they would recommend the home to their families and friends. People, families and healthcare professionals comments included, "I have no concerns, the home is really well run", "The home is really well organised" and "They [registered manager/provider] are really on the ball".

There was a clear management structure, which consisted of a registered manager, head of care, senior care staff and care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. Staff members comments included, "The registered manager and the provider are lovely, they make a point of speaking to us [staff]", "The home is relaxed and well organised" and "The registered manager and the provider are really approachable, I can talk to them anytime and they are really hands on".

The provider was fully engaged in running the service and their vision and values were built around providing people with care that was specifically tailored to people's wishes and needs, promoting independence and treating people with respect. Staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision.

Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. A staff member said, "I feel valued and appreciated". A second staff member said, "If I had a suggestion or idea, it would be listened to, the registered manager and provider value our [staff] opinions".

Family members told us they were given the opportunity to provide feedback about the culture and development of the home during resident and relative meetings and regular surveys. The provider had suitable arrangements in place to support the registered manager, for example regular meetings, which also formed part of their quality assurance process. The registered manager told us that they felt well supported by the provider and received regular one to one meetings and supervision.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. The provider carried out their own quality assurance process and provided documentary feedback of their findings to the registered manager. The registered manager and provider carried out regular audits which included safe care and treatment, medicine management, infection control, the environment, consent and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the reception area and on the provider's website.