

Mrs C Bradshaw

Waters View Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Waters View Residential Home provides accommodation and personal care for up to 15 older people, some living with dementia.

There were 15 people living in the service when we inspected on 11 and 21 August 2015. This was an unannounced inspection.

This service does not require a registered manager. 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

Summary of findings

and associated Regulations about how the service is run. The service has an assistant manager who oversees the daily running of the service and the provider is in daily contact.

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised. The service was not up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

Improvements were needed in how people, or their representatives, were involved in making decisions about their care and support and how these views were documented. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. However, improvements were needed in the ways that staff were provided with guidance in care records about people's specific care needs and how staff were provided with up to date information about people's changing needs.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely. However, improvements were needed in how the service recorded when people had received their prescribed medicines that were to be administered externally, such as creams.

Where concerns were identified about a person's food intake, or ability to swallow, guidance had been sought from health professionals. However, improvements were needed in how the risks associated with nutrition were assessed and acted on.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance. There were enough staff to meet people's needs.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

A complaints procedure was in place. There had been no recent complaints made about the service. The assistant manager assured us that people's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. We had received no notifications from the service about important events. The service had a quality assurance system, but this was not robust enough to independently identify shortfalls and make improvements.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was not consistently safe.

There were enough staff to meet people's needs. Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner. However, improvements were needed in how people were provided with their prescribed medicines for external use, such as creams.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff were supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were not understood by staff. The service had not kept up to date with changes in the law and took appropriate action.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Improvements were needed in how people's nutritional needs were assessed.

Requires improvement



Is the service caring?

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

Good



Is the service responsive?

The service was not consistently responsive.

Improvements were needed in how people's needs, wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

Requires improvement



Summary of findings

The service had a quality assurance system. However, this was not robust enough to identify shortfalls and take action to reduce risks to ensure people are provided with a consistently good service.

Waters View Residential 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 11 and 21 August 2015, was unannounced and was undertaken by one inspector.

Before our 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 information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with eight people who used the service. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with four members of staff, including the assistant manager and care and catering staff. We looked at records relating to the management of the service, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said about feeling safe, “Very much so.”

Staff had received training in safeguarding adults from abuse. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how to recognise indicators of abuse and how to report concerns. Staff told us that they had recently had updated safeguarding training and would have no hesitation in reporting concerns.

Where people were at risk of developing pressure ulcers we saw that risk assessments were in place and how the support of district nurses were sought when people were at risk. However, there was no recognised skin viability assessment in place to assist staff in their assessments of people at risk. There was a notice on the office wall which guided staff on actions they should take if they noted changes in people’s skin condition.

The assistant manager told us about people who were at risk of falls and shared examples of how they had noted when people’s risks of falls had increased. They explained how health professional’s advice and guidance had been sought to minimise these risks.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, chair lift and the hoists had been serviced and checked so they were fit for purpose and safe to use. The passenger lift was not working. The assistant manager said that it was due to be repaired in September 2015 and that people were not affected because they could use the stair lift to get up and down stairs. We asked a person if they felt that the absence of the lift affected them. They said, “No, I use the chair,” and they explained how they used it and that the staff made sure that they were safe.

Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

Staff checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring

manner and observed that they were able to mobilise safely. One person’s records identified how they mobilised around the service safely and how no obstacles should be in their way.

People told us that there were enough staff available to meet their needs. One person said, “There seems to be enough staff, I have never noticed a shortage.”

Staff told us that they felt that there were enough staff on each shift to meet people’s needs safely. The assistant manager said that the service was fully staffed and they told us how the service was staffed throughout each day. This was confirmed in our observations and records. The assistant manager stated that there was no tool used to assess people’s dependency needs against the required staffing numbers. However, as the service was small they could identify easily if people required additional support. When this was required extra staff would be added to the rota to make sure people’s needs were met.

Records showed that checks were made on new staff before they were allowed to work alone in the service, which was confirmed by the member of staff. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said about their medicines, “They [staff] bring them every day.”

We saw that medicines were administered safely and were provided to people in a polite and safe manner by staff. People’s medicines were kept safely but available to people when they were needed.

Where people were prescribed medicines when required, there were protocols in place to guide staff when these may be required. This meant that the risks of people being given these medicines inappropriately were reduced. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. The assistant manager showed us their system of monitoring the MAR charts and ensuring that they were completed appropriately to reflect when people were given their medicines. However, records of medicines that were applied externally, such as creams did not show that people were provided with these prescribed medicines

Is the service safe?

when needed. On the second day of our inspection the assistant manager had developed a system to ensure that the application of creams were appropriately recorded in the future.

Is the service effective?

Our findings

Staff were not up to date with the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). No training in these subjects had been provided. The assistant manager told us that they thought that safeguarding training had referred to DoLS, but they would make sure that staff were provided with this training. There had been no DoLS referrals made to the local authority to ensure that any restrictions on people were lawful. There was no policy on DoLS, there was one on consent, but this did not refer to DoLS and best interest decisions and how this impacted on the running of the service and meeting people's needs.

Records included documents which had been signed by people to the terms and conditions of using the service and consent to the care provided as identified in their care plans, however, the consent form was not completed in one of the records we reviewed. People's capacity to make decisions was unclear. How people made choices in their daily living were identified, however, where people did not have the capacity to consent in some areas of their care, or their capacity varied due to their condition, there was no information about how decisions were being made in their best interests in line with legislation. One person's records said that they did not wish to be resuscitated, however, there was no appropriate document in place which had been endorsed by a health professional. This meant that the person's end of life wishes may not be respected.

This is a breach of Regulation 11: Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection the assistant manager had sourced information relating to DoLS and MCA. They told us that they were now in the process of completing mental capacity assessments for people.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs. One person said that it was difficult to answer if staff asked for their consent all the time, "I think that they do, I have never felt that they don't."

People told us that the staff had the skills to meet their needs. One person said, "I haven't found fault with any of them [staff], if you ask them something, they will do it." Another person commented, "They seem to be trained, they have got it right and know what they are doing."

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. However, they told us that they had not been provided with training in DoLS and MCA. Staff understood their work role, people's individual needs, including those living with dementia, and how they were met. Records showed that staff had been provided with training including moving and handling and dementia.

The assistant manager told us that they had recent correspondence from a training provider and they were planning to provide new staff with the opportunity to complete the care certificate in the future.

Staff told us that they felt supported in their role and had supervision meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and were used to identify ways to improve the service provided to people.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person said, "The food is very good and I always have my jugs of squash." When we commented to a person that lunch smelled nice they said, "It is always nice."

We saw that the meal time was a positive social occasion. People chatted with each other and staff. When one person's meal was served they smiled and said, "Oooh I'll have to see what I can do with this." Where people needed assistance with their meals this was done by staff in a caring manner.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. However, there were no assessments in place to show how people who were at risk of not eating and drinking enough were supported. Where food and fluid charts were in place there was no indication of the amount people would have and there was no follow up information, for example, the total of fluids taken and actions taken if they had not drunk enough. Where one person refused to be weighed regularly, there was no guidance on how staff were to monitor if this person was

Is the service effective?

losing weight. The weight records of other people did not show that people were losing large amounts of weight. We spoke with the assistant manager who assured us that this would be done in the future. On the second day of our inspection visit they had sourced information regarding the Malnutrition Universal Assessment Tool (MUST) and were in the process of completing these assessments. This meant that the risks to people were minimised.

We spoke with catering staff who knew about people's specific and diverse dietary needs. They told us about how people were always offered choices of meals and if they did not like what was on the menu they could have an alternative of their choice, if in stock. They explained how the menu was developed with the input from people who used the service, for example when people asked for a specific meal, this was added to the menu.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us about the regular treatment they received from a health professional for their ongoing condition.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. Where concerns had been identified by staff, health professional's support and guidance was sought. For example, one person's records identified the guidance provided by the district nurse to reduce the risks of pressure ulcers developing.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "They are all very kind." Another person commented, "They are kind, they tell you the true facts, always pleasant." Another person said, "They are all very good, treat me well." Another person described the staff as, "Smashing."

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what people were saying, and responded accordingly. People responded in a positive manner to staff interaction, including smiling, laughing and chatting to them. People were clearly comfortable with the staff. There was lots of laughter and light hearted chatting between people and staff.

People told us that they felt staff listened to what they said. People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, "I have a choice, I can stay in my bedroom or I can go downstairs and join the others, up to me what I do."

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way. However, there was a bath rota on the lounge wall which identified which days people preferred to have baths. We pointed this out to the assistant manager who said it would be removed to ensure people's privacy. On the second day of our inspection visit this had been removed.

People's records identified the areas of their care that people could attend to independently and how this should be respected. For example, one person's records identified the equipment that they used to eat their meals independently. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person commented, “Whatever I ask them to do, they do it happily.” Another person said, “It is lovely here, I am well looked after.” Another person said, “They look after me ever so well.”

People’s records identified their needs and guidance for staff in how these needs were met. However, they needed improvement to ensure that people’s needs were met safely and effectively. However, we noted that there was limited information on people’s life history and hobbies and interests. Improvements were needed in the way that the service reported on how people’s specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs. One person’s records stated that they were, “Rude,” to staff, but there was no indication of how, if there were any triggers and how staff should support the person. Another person’s records advised staff to observe the person’s facial expressions when they were communicating, but there was no information of what facial expressions to observe for and what they meant. On the second day of our inspection visit the assistant manager had started working on improvements in care planning.

There was no evidence to show that people or their representatives participated in their care planning, other than their preferred name. Where reviews of care plans had been undertaken there was no evidence to show that people or their representatives had been involved in this. This meant that people’s changing needs and preferences may not always be communicated appropriately in records. People told us that they were asked for their views on the care they were provided with but this was not reflected in records. There were ‘this is me’ documents in the records which identified information about the individual but all of these had been completed over 12 months ago, one was completed in 2012, so may not be up to date.

When we spoke with staff they had a good understanding of people’s individual needs and history.

We saw that staff were responsive to people’s individual needs which showed that they knew them well. For example, a staff member asked a person what they wanted to eat for supper. The person asked for what they wanted and they both laughed and chatted about how the person would always eat the same thing.

Staff knew about people and their individual likes and dislikes and those living with dementia, and how these needs were met. A staff member provided us with examples of people’s individual routines and preferences and how they supported them.

We saw people chatting with each other and staff, watching a film on the television and reading. One person said, “I never feel lonely, if I stay up here [in their bedroom], they [staff] always come up for a chat.”

The assistant manager told us that they did not have a formal activities programme and that staff offered to play games with people such as dominoes. They said that planned activities had not been accepted by people as they had often refused and now social interaction was done and decided upon by people on a daily basis and on a one to one basis.

People told us that they could have visitors when they wanted them, this was confirmed in our observations. This meant that people could maintain relationships with people who were important to them to reduce loneliness and isolation.

People told us that they knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person said, “I have no complaints whatsoever, if I did I would speak to one of the staff.”

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. The assistant manager said that there had been no complaints received in the last 12 months. If complaints or concerns were received these would be addressed straight away. They shared an example with us where a person had said that they were served with too much food. As a result the portions were reduced which improved the person’s ability to eat their meals.

Is the service well-led?

Our findings

There had been no statutory notifications sent to us by the service since 2012. Notifications are required about important events that have happened in the service, such as deaths and serious injuries. The assistant manager told us that the provider sent these to us, however, they would ensure that they were done in the future.

The service's quality assurance processes had not independently picked up the shortfalls which we had identified in our inspection. As a result the leadership of the service had not taken the necessary action promptly to ensure that people were provided with safe, effective and responsive care at all times. The service was not ensuring that they were up to date with legislation for ensuring people's consent was assessed and any restrictions were in the person's best interests. In addition there were shortfalls which effected the quality of the care for some of the most frail and/or vulnerable people we met. For example care records were not always up to date or accurate and there were concerns about how people's dietary needs were met.

Incidents, including falls had not been analysed and monitored to identify trends and methods of reducing incidents reoccurring.

The service was run on a day to day basis by the assistant manager. They told us that they felt supported in their role and the provider was available on the telephone every day. In addition, the provider visited the service regularly, on a weekly or fortnightly basis. The assistant manager told us that the provider spoke with people and staff when they visited. However, there was no documentation in place which identified any shortfalls or issues picked up and any action plans in place to drive improvements in the service.

Because of this we were not assured that the service had a consistent approach to ensuring that people using the service benefited from good governance that ensured the quality of the care they received.

This is a breach of Regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The assistant manager told us that the provider was receptive to when they told them improvements were needed. For example when the washing machine had broken, a replacement was provided immediately. The assistant manager was working on their level 5 leadership and management award.

There was an open culture in the service. People and relatives gave positive comments about the assistant manager. People told us that they could speak with the assistant manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. One person said that the assistant manager, "Comes up [to their bedroom] to see me and asks what I need." Another person described the assistant manager as, "Lovely."

Staff told us that the assistant manager was approachable and listened to what they said. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff understood the provider's whistleblowing procedure and told us that if they were concerned about a colleague's practice they would report their concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The service was not up to date with the Mental Capacity Act 2005 and associated legislation. Capacity assessments were not in place and there was no guidance for staff on best interest decisions for those who may lack capacity. Regulation 11 (1) (2) (3).</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Governance and quality assurance systems were not robust. Shortfalls were not independently identified and there were no systems in place for ongoing improvement of the service. Regulation 17 (1) (2) (a) (b) (c) (f).</p> |