

Alpha Health Care Limited

Waters Edge Care Home

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Waters Edge Care Home is a residential care home providing personal care for up to 63 people aged 65 and over across 2 floors. At the time of our inspection there were 58 people living at the home, some of whom were living with dementia.

People's experience of using this service and what we found

People were supported by trained staff who safeguarded them from harm. People were supported in a timely way by staff who knew them well. People received their medicines safely. People were supported by staff who were following infection control guidance.

Where things had gone wrong the registered manager reviewed concerns and took action to ensure improvements were made. People had care plans and risk assessments in place which explored their needs and risks and gave staff clear guidance to meet these.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and those important to them were involved in the care planning and review process.

People were supported to eat and drink in line with their needs. People received care in line with their needs and preferences. People had timely access to health and social care professionals.

The quality of people's care and support was regularly reviewed to ensure where any improvements were required these were made. People, relatives and staff were encouraged to feedback about the care and support and action was taken to address any feedback where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was requires improvement (published 15 May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service and information shared by the Local Authority about potential improvements at the home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check whether the provider had made improvements. This report

only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waters Edge Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Waters Edge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Waters Edge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Waters Edge Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people who used the services and 5 relatives. We looked at care records for 7 people and multiple medicines records. We looked at documents relating to staff recruitment, training and oversight at the home. Following our inspection we continued to review information about the oversight of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection there were concerns around staffing levels within the home. At this inspection improvements had been made. There was enough staff to ensure people's needs were met in a timely way. One person told us, "If I press my bell, the staff arrive quickly. Before they leave, they always make sure I have the call bell within reach."
- The registered manager reviewed staffing levels and responded to feedback from people, relatives and staff. For example, following staff feedback that people's needs had increased, the management team ensured there was an additional staff member added to support people with end of life care more meaningfully.
- Where people required assistance staff were available to support them quickly and in a meaningful way. When talking to us about a person who experienced periods of anxiety, one relative told us, "There are plenty of staff on duty, I have never felt they were short. The staff know [relative's name] and their triggers."
- People were supported by safely recruited staff. For example, the provider had ensured new staff had Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I came here from hospital, I feel much safer here, there are more staff and they know me better."
- People were supported by staff who understood the different types of abuse and how to respond to concerns. Staff we spoke with were able to give us comprehensive details of action they would take in the event of suspecting a person was at risk of abuse.
- Where potential safeguarding concerns arose, these were investigated and reported to the Local Authority for their review.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place which explored their known risks and gave staff clear guidance to reduce these risks. For example, people at risk of falls had falls risk assessments in place with actions taken to reduce future falls.
- The registered manager took action where things had gone wrong. For example, where there were changes to people's skin condition, they were referred to their GP and tissue viability nurses.
- Where people experienced episodes of distress, there was guidance in place for staff to enable them to safely support the person and mitigate any risks or further distress. For example, people's care plans

detailed they had been referred to community mental health teams for specialist support.

Using medicines safely

- People received their medicines as prescribed by trained staff. We saw staff completed documentation to confirm people's medicine had been administered.
- People had access to 'as required' medicines as they were prescribed and when they needed them. One person told us, "The staff administer my medication, they always tell me what it's for, I've never had any problems or ran out like I used to at home."
- Medicines were securely stored at temperatures within the manufacturer's guidelines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with their wishes.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, the registered manager reviewed all accidents and incidents comprehensively to ensure where improvements were required these were actioned in a timely way. For example, following a person becoming distressed by the noise from the road, the management team worked with the person to enable them to move rooms to reduce their distress.
- The registered manager spoke with people and their relatives and engaged with external professionals where accidents and incidents had occurred to ensure positive changes were made to improve people's experience of care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving care and support at the home. This meant staff had clear guidance in place to enable them to meet people's needs.
- People and their relatives were involved in the planning and delivery of their care. One person told us, "I was fully involved in my care planning, it was all about me, I told them last week I thought I had an infection, the nurse said 'you know your body better than anyone' they tested me and I did have one. They contacted the GP and got the medication I needed. They listened to me! That is so important to me, not to lose my identity."
- People's care plans included their health and social care needs and staff ensured people received care in line with these. One person told us, "I told the manager I felt lonely, so the staff have made more of an effort and regularly come into my room, just for a chat. They have organised visits with my friends and sorted out ring and ride to take me to the friendship group I used to attend."

Staff support: induction, training, skills and experience

- Staff received an induction and training prior to starting their role. One relative told us, "Staff are well trained and know what they are doing."
- Staff received a mixture of online and in house training which they described as 'good'. One staff member told us, "I did training last week. It was really useful. I used it straight away."
- The registered manager was in the process of organising face to face updates of training for staff to ensure their competencies remained up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat in line with their needs and preferences. For example, we saw people who required additional support with their diet received this.
- People who required alternative diets received these to enable them to eat safely. For example, we saw people eating a variety of diets including pureed, soft and finger foods.
- People and relatives spoke positively about the food. We saw staff gave people options and where they did not like any of the options available were offered alternatives.
- People's weights were monitored and action was taken where there were concerns. For example, people were referred to speech and language therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health professionals where they needed them. One person told us, "I happened to mention I had pulled the top off a mole, I showed the nurse and the home pursued it with the GP, I am going to the hospital today to have it checked."
- A representative from the GP spoke with the service weekly to ensure changes in people's healthcare needs were addressed in a timely way. We saw advice from health professionals clearly recorded within people's records.
- The registered manager used regular agency staff to support staffing within the home. These agency staff were consistent and worked alongside regular staff to understand people's changing needs.

Adapting service, design, decoration to meet people's needs

- The home was spacious with communal areas to suit people's needs. People had access to a café a pub and outdoor space.
- People were able to personalise their rooms to make them feel homely in line with their preferences.
- The provider had pictorial signage to support people to orientate themselves around the home.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- At the last inspection people did not always have capacity assessments and best interest decisions where there were restrictions within their support. At this inspection we found improvements had been made. People had decision specific capacity assessments and best interests decisions completed where these were required. These assessments involved the people and those close to them where appropriate.
- People were supported by trained staff who understood and followed the principles of the MCA. For example, people were asked for their consent prior to staff supporting them.
- Where people lacked capacity to consent to their care, the registered manager had applied for DoLS from the local authority.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we identified improvements were required around the quality of oversight at the service. At this inspection we found improvements had been made. There were comprehensive audits in place across the home to identify where improvements were required and ensure action was taken to make these improvements.
- Audits were completed on people's care and medicine records and the management team updated these to ensure they remained accurate. Where people had missed medicines, there was clear records of why this had occurred and action taken to address any concerns.
- The provider had informed us about significant events which occurred at the home within required timescales as they are legally required to do so.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website in accordance with the law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was open with us during the inspection and available and present within the home. One staff member told us, "I feel listened to."
- People gave positive feedback about the registered manager and wider management team. One person told us, "I see [the registered manager] arrive at 7am, they are always available. [Registered manager's name] often is the one to take me over the road to see my wife."
- Relatives also gave positive feedback about the management team. One relative told us, "The registered manager has gone out of [their] way to settle [person's name] in, so have the rest of their team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed professionals, people and their relatives when concerns about people's care had been identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt able to feedback about their care and support. One relative told us, "I have raised some minor issues with [the registered manager], they dealt with them, no complaints from me."

- People and their relatives were encouraged to feedback about their care during regular reviews with staff.
- The registered manager held staff meetings to discuss changes in the home and any concerns.
- Staff had access to regular supervisions and appraisals to share their feedback and receive any support they required. One staff member told us, "Its useful to express your concerns and get support when you need. You can ask for more training if you need it too."

Working in partnership with others

- People had access to a range of health and social care professionals where they needed them. Professionals we spoke with gave positive feedback about how the home worked with them to support people's needs in a timely way.