

Scimitar Care Hotels plc

Waterbeach Lodge

Inspection report

Ely Road
Cambridge
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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

Waterbeach Lodge is registered to provide accommodation and non-nursing care for up to 40 people. There were 33 people living in the home at the time of the inspection. The building has three floors. There is an open plan dining room and lounge area on the ground floor as well as a garden conservatory room and bedrooms. There are bedrooms on the second and third floors. There are two lifts which access all of the floors.

This unannounced inspection took place on 2 September 2015. The previous inspection was undertaken on 16 December 2014 and the overall rating for the home was

good. However, improvements were required to make the home more responsive to people's needs. During this inspection we found that although action had been taken to make improvements further improvement was still needed.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are

Summary of findings

‘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.

Care plans and risk assessments did not always give staff the information they required to meet people’s needs.

There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. The stock levels of medication were checked to ensure people had been given the right amount of medication. However there was no auditing of the medication records, or how medication had been stored to ensure they were appropriate. This meant that areas for improvement hadn’t always been identified.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had not always been complied with. This meant that where people were being restricted from leaving the home on their own to ensure their safety, this had not always been done in line with the legal requirements. Staff did not have a good understanding of the principles of people being assessed as having capacity or making best interest decisions.

People felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

There were enough staff available to meet people’s needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People’s privacy and dignity were upheld.

Staff monitored people’s health and welfare needs and acted on issues identified.

People were provided with a choice of food and drink. Special diets were catered for although this information was not always included in people’s eating and drinking care plans.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained the views from people that lived in the home, their relatives and staff about the quality of the home. The registered manager was aware of the improvements that were needed in the home and an improvement plan had been developed and was being implemented.

We found three 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 always safe

Action hadn't always been taken to identify the cause of accidents or possible themes or patterns identified. This meant that necessary action hadn't always been taken in a timely manner.

Although people received their medication as prescribed improvements were needed to the auditing of the medication system.

Staff were aware of the procedures to follow if they suspected that someone was at risk of harm. This helped to protect people from harm. Thorough recruitment practices had been followed before people were employed. This meant that the right staff were employed.

Requires improvement



Is the service effective?

The service was not always effective.

Correct procedures had not been followed where people were having their liberty restricted or when best interest decisions had been made on their behalf.

Staff were supported and trained to provide people with individual care. However, staff had not received an annual appraisal.

People had access to a range of health services to support them with maintaining their health and wellbeing.

Requires improvement



Is the service caring?

The service was caring

Staff knew the care and support needs of people in the home and treated them with kindness and respect.

People's rights to privacy and dignity were valued.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always contain up to date information about the support that people needed.

People and their relatives were invited to be involved in the planning and reviewing of their care.

People were aware of how to make a complaint or raise any concerns.

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

The audits had not always been completed consistently so that areas for action or improvement were identified in a timely manner.

The provider and registered manager had developed an open culture in the home and welcomed ideas for improvement.

Staff understood their roles and were happy and motivated in their work.

Waterbeach Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 2 September 2015 and was unannounced. The inspection was carried out by three 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.

Before our inspection we reviewed the information we held about the service, including notifications the provider had

sent us since our previous inspection. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners to obtain their views about the service.

During our inspection we spoke with six people living at the service, three relatives, the registered manager, the head of care, one senior carer, one care assistant and the cook. We looked at the care records for five people. We also looked at records that related to health and safety and medication administration records (MARs). We also observed how the staff supported and interacted with people who lived in the service.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe living at Waterbeach Lodge. One person told us, “Yes, I do feel safe because there are enough staff around. If anyone is in trouble, they really rush to help, and if you ring your call bell in the middle of the night they are there very quickly”. Another person told us, ‘They [the staff] make me feel safe’.

We saw that some accidents and incidents had been appropriately investigated and any necessary action had been taken to prevent them from reoccurring if possible. The information had been written on to the accident forms when action had been taken. However there were also many accidents forms that did not contain any information about what action had been taken to help avoid or prevent a reoccurrence. We also found that accidents had not been regularly reviewed in a timely manner so that any themes could have been identified. For example, the accident forms showed that one person had fallen six times in June and five times in July 2015. Their mobility risk assessment had not been updated since March 2015 and was showing them as being at medium risk of falling. According to their medical notes the GP had not been informed until August 2015 about their numerous falls. There were no records of what action had been taken. Staff were able to tell us that the person had been referred for further tests. However, the lack of prompt referrals and action put people at risk of harm’s safety at risk.

This was a breach of Regulation 12 (2)(a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us ‘They bring your medication to you. They tell you what it is and then wait with you while you take it.’ Another person told us, ‘If ever I say I am in pain, I tell them and they bring me pain relief straight away.’

Each person had a medication profile in place. However, these were not all up to date. For example, the information for one person stated that their blood pressure should be taken before they were administered a particular medication. We asked the staff member administering the medication if the person’s blood pressure had been taken and they told us that they weren’t aware of this requirement, We were told by the head of care that the information was out of date and that the person’s blood pressure no longer required monitoring.. Action was taken

by the registered manager immediately to amend the records. The registered manager advised us and records confirmed that only staff who had received training in medicines management administered medicines. Medicines were being stored securely and correctly. Medicine administration records were in place and we saw that the recording of medicines that people received regularly was accurate.

We found that the dates liquid medicines had been opened had not been recorded. We noted that homely remedies were available but no check of the stock levels had been completed since February 2015. It was not clear from the records how much of each remedy had been originally brought into the home, although some had been administered giving the name of the person, the total dose, the time and the reason for the administration. The registered manager told us that action would be taken to rectify the situation. There was a system in place to audit the amount of prescribed medication held in the home. However, there was no system in place to audit the whole medication process to would include areas such each person’s medicines profile, signatures, cleaning of the cabinets and disposal of medication. This meant that the current processes were not as effective as they should have been. This put people at risk of being unsafely supported with their prescribed medicines.

Staff were aware of the issues regarding people’s support with their skin integrity and had taken appropriate action. However, not all risk assessments had been undertaken to assess risks to people. For example, one person didn’t have a risk assessment for their skin integrity even though staff were applying cream for a medical condition. Risk assessments were in place for some concerns. For example, the relative of one person told us that their family member who was unable to use a call bell, had fallen trying to get out of bed several times. To reduce the risk of this happening staff had provided a specially adapted bed, plus a crash mat and had installed a security beam in her room to alert the staff when there was movement so that they could check that they were safe.

We observed that there were sufficient numbers of staff available who were appropriately deployed to meet people’s needs. The registered manager told us that they are able to provide additional staffing to meet people’s needs. For example, if a person who was on end of life care and required a member of staff to support them, this would

Is the service safe?

be actioned. Whilst agency staff were being used, they had been working in the home for some time. This provided people with consistent care and support and they knew people well and were familiar with their needs. Staff told us that there was always enough staff on duty to meet people's needs and they could always ask for further support. This was also confirmed in the staffing rosters. The registered manager told us that staff were deployed to monitor areas of the home to ensure people were safely supervised, especially those who were cared for in bed or chose to stay in their rooms. People's needs were met promptly throughout our inspection and call bells responded to in a timely way.

One member of staff told us about their recruitment. They explained that various checks such as references and criminal records checks and an interview had been carried out prior to them commencing their employment. They told us they had received a thorough induction and that they shadowed an experienced member of staff prior to working alone. We looked at the recruitment records for

the person who had been most recently recruited. The records showed that the appropriate pre-employment checks had been completed before the person had commenced working in the home.

Staff were aware of the provider's whistle blowing policy and their responsibilities to report poor practice. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. The registered manager had followed the correct procedures when potential harm had been reported to them.

Personal emergency evacuation plans were available so that staff knew what action to take in the event of a fire. There was a fire risk assessment in place which had been reviewed to ensure it was still relevant. Fire drills had been carried out regularly. This showed us that staff would know what to do in the event of a fire.

Is the service effective?

Our findings

One relative told us, “I feel totally confident that the staff have all the skills needed to take care of [family member]. That is quite clear whenever you see them with [family member], and the other residents.”

Staff were not able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For example, staff were not able to tell us how they would know if someone had capacity to make a specific decision or when an application for a DoLS would be needed. However, they were able to tell us how they sought consent and offered people choice. Observations showed staff treated people with empathy and respect and tried to involve them in decisions. For example, people were offered a choice of joining in activities. The registered manager stated that a DoLS request had been sent to the local authority for one person. Discussion with the staff and the registered manager confirmed that DoLS applications would be needed for other people currently living at Waterbeach Lodge. No mental capacity assessments had been completed for anyone living in the home.

This was a breach of Regulation 11(3) HSCA 2008 (Regulated Activities) Regulations 2014.

People had mixed views about the food. Nearly everyone we talked to said that they would like more fresh vegetables with their main meal. The registered manager confirmed that the quality of the food had been raised at the relatives’ meeting and that action had been taken to make improvements. We saw that when needed people had food and fluid diaries that showed what they had eaten and drunk each day to ensure an adequate intake and these were being monitored by senior staff. People were offered a choice of their main meals for the following day. People living with dementia were shown a picture of the meals being offered to help with their selection. Lunch was pleasant, relaxed and managed efficiently. Staff interacted kindly with people and were attentive to their needs. Where people needed extra support or encouragement this was given. People were offered drinks during and after their meal. Special diets were provided and staff were aware of people’s dietary needs. However, we found that one person was not provided with the diet they required at lunchtime.

All of the staff told us that they felt supported and that they had received supervisions but not an appraisal. The records showed that staff had received some supervisions with the previous registered manager and a supervision with the new registered manager. This meant that staff were not able to identify their overall performance at the end of the year and what their achievements had been or set goals for the coming year.

We saw that people were encouraged by staff who understood their needs and how to help them remain as independent as possible. Staff told us that the training programme equipped them for their roles. One member of staff told us that the training in dementia care they had completed had taught them how they needed to treat everyone as individuals and that they needed to adapt how they responded to people’s needs for each person.

People and their relatives confirmed that they thought staff were well trained. Staff training included: safeguarding, fire safety, moving and handling and first aid.

The training manager and the registered manager explained how new staff were formally inducted into the service. Each staff member had a general induction with one of the training managers and then a number of days of shadowing an experienced staff member before forming part of the official staff numbers. New staff were also assigned a mentor who they could go to for extra support and information. All new staff were required to complete the Care Certificate. This is a nationally recognised qualification. The registered manager also stated that they carried out observations to ensure that staff had understood and were putting their training into practice. The training manager told us that agency staff also received an induction and competency assessments when they were new to the service. Records we saw confirmed this.

Staff were provided with detailed information about people’s communication needs. For example, one person’s care plan stated, “I’m able to communicate well verbally. I hear better when you talk into my right ear; speak clearly and slowly so that I have time to understand. Watch my facial expressions as this may give a clue as to my mood and response.”

People had access to a range of health and social care professionals so that their health and well-being was maintained. These included GP’s, dentists, speech and

Is the service effective?

language therapists, mental health team, district nurses and care managers. We found that appropriate referrals had been made and the advice and guidance provided was being adhered to.

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, “I think this is a good home. The staff are nice to me and always helpful. I don’t have to ask twice if I want something and I feel relaxed here.” Another person told us, “The staff are lovely. I am very happy with the care I get, they [staff] can’t do enough for you and they are lovely.” Another person told us that a friend living in the service had recommended that she moved in and then stated, “I am jolly happy that I did. You can have a chat and a real laugh with the staff. I am very happy here.” One member of staff told us, “I love talking to the people here, it’s so interesting getting to know their history.”

People told us and the registered manager confirmed that they had been asked if they preferred a male or female member of staff to assist them with personal care, . One person told us, “The staff treat me with the utmost respect, but make it fun too, showering is fun, I can always have a laugh with them. They know me well” and “This morning I had a lovely male agency care member, he really knew what he was doing. They said that I could ask for a female if I preferred, but it doesn’t bother me if the carers are male, so long as they are good.”

One relative told us, that they visited on a regular basis and “There is often a carer sitting with mum and holding her hand. Everyone, including agency staff know the residents well and when I come in they will come and tell me about what mum has been doing”. They also said, “The staff are wonderful, particularly the heads of care, There are always plenty of staff around, it’s not just like this today because you are here, it’s always this good.” Another relative told us, “The staff are very good, I would recommend them to anyone.”

We observed that staff interactions with people were positive and the atmosphere within the home was welcoming and calm. Staff communicated well with people

living at the service. For example, staff knelt down beside people to talk to them or they sat next to them. Staff provided clear explanations to people about the care and support to be provided and always checked they were happy with where they were going or what was being done.

People told us that staff always knocked on their doors, and treated them with respect when giving assistance. They also confirmed that they were encouraged to make choices for themselves such as what clothes they would like to wear or what they would like to eat or drink.

Staff asked people for their preferences throughout the day and ensured that these were met. For example, one member of staff spent time with one person to try and establish what drink they would like. The member of staff gave them time to respond to their questions. They offered the person ‘time to talk’ and to have a chat about what was happening for them that day. The outcome was that the person received a drink of their choosing and was given time to chat. However, we found that where people were quiet or were dozing they had very little interaction with staff unless it was for a specific purpose for example, reminding people that lunch was to be served.

Care plans had been written in a way that promoted people’s privacy, dignity and independence. For example, although people’s preferences were stated staff were reminded they should still offer a choice. Where possible people and their relatives had been encouraged to take part in making decisions about their care and support. The records showed that the registered manager had invited people and their relatives to be involved in the review of their care. We saw that some relatives had recently been involved in the review of their family members care.

Throughout the inspection we saw that visitors and relatives were welcomed by staff as they arrived. Visitors and relatives told us they could visit at any time and could see their relative or friend in the communal areas or in private.

Is the service responsive?

Our findings

The registered manager told us that care plans should be reviewed monthly and that they were in the process of reviewing care plans with people and their relatives. This was to ensure that they were up to date and contained all of the necessary information.

One of the care plans that we saw had been reviewed and updated and we found it contained the information that staff needed. This was so that they could meet people's individual needs in the way that they preferred. Discussion with staff and the head of care showed that they knew about the people they were supporting and had taken action to meet their needs. However, in other care plans we found that they didn't contain all of the necessary information. For example, one person's daily notes showed that the person was having cream applied to their back and legs for a medical condition. However this information was not included in the person's care plan. In another person's care plan the care plan stated, "enjoys most foods and does not have any specific dietary requirements. And, "Eats a normal meal with no special requirements." This contradicted information on a staff notice board. In a third care plan we found the health problems someone had been experiencing and the action taken in response to this had not been recorded. Not having care plans up to date put people at risk of receiving inconsistent care or not receiving the care or support that they needed.

This was a breach of Regulation 9 (3)(b) HSCA 2008 (Regulated Activities) Regulations 2014.d Care.

Staff told us that they had regular access to people's care plans and they were also updated verbally if any changes were made to them. One member of staff told us that there

was a handover at the start of each shift, an information board in the staff room and also a communication book. This was so that information could be shared about people. They also told us that they were made aware of who they were providing support to and extra duties expected of them.

Since our previous inspection a daily activities coordinator had been employed. This had been planned to improve the range of activities being offered. However, the post was now vacant again. The registered manager confirmed that two posts for activities coordinators had been advertised so that activities would be available seven days a week. Due to the vacancy there had been limited activities offered but improvements were being made. Some people told us that there wasn't enough to occupy them and that they would like to do more. One person told us, "There is nothing going on, I get bored and lonely." Another person told us, "I like sitting outside if it is a nice day, but if the weather is bad, it is boring." A third person told us that they loved to watch all the wildlife out of the window and to feed the birds. They said, "The girls [staff] know that and even bring me up some bread to feed them with." On the day of the inspection we saw people taking part in bingo and some ladies having their nails painted. All these ladies were engaged in general conversation, were happy, and told us that they were all friends and did everything together. One lady said, "This a happy place, she [care staff] is lovely."

All of the people we spoke with said they knew who to speak to if they had any concerns. One person said, "I would go to the office, but I have no complaints." We saw that people had raised concerns with the registered manager and visiting senior managers and they had been investigated appropriately.

Is the service well-led?

Our findings

The registered manager had been in post since July 2015. The operations' manager and operations' director had been working closely with the registered manager to support her and identify an action plan of what improvements were needed in the home and how these would be achieved. Work was in progress to make the necessary improvements. Some staff had left since the previous inspection and the registered manager was recruiting new staff.

Although there were process set up for auditing the home such as incident and accident audits these hadn't always been completed regularly since our previous inspection. These audits had not identified the issues we found. This meant that audits were not as effective as they could have been. The home had received regular visits from a representative of the provider. These visits had highlighted areas of improvement that were needed. The provider also told us that they would be implementing a new quality assurance tool that could be used to carry out, "spot checks" of the service.

The registered manager had sent in notifications to us which they are required by law to do. This was for important events which may occur at the service.

The registered manager stated that they wanted people living at Waterbeach Lodge to feel valued and happy and live their lives to the best they could. All of the staff that we spoke with felt that the registered manager was approachable and they felt confident they could raise any concerns with them or a senior carer or the head of care. Staff understood their lines of accountability. They confirmed they received supervision and felt supported. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there. The

registered manager had held three staff meetings since working in the home so that she could ensure that all staff could be involved. Staff confirmed that they could add items to the staff meeting agenda.

There were processes and records in place to ensure that staff received the initial training that they required during their induction and further ongoing and refresher training. The registered manager stated that they kept up with best practice by ensuring they worked, "Out on the floor", staying up to date with information from the Care Quality Commission and attending meetings with other care home managers. Staff and people confirmed that the registered manager was often walking round the home and asked how they were.

The registered manager had held a relatives' meeting since working in the home to introduce herself. Relatives were also given the opportunity to raise any concerns or ideas for improvement that they had either at the meeting or by going to see the registered manager. Relatives had also been given a questionnaire to complete about the quality of the service being provided. The completed questionnaires were being compiled into a report and action plan. The registered manager stated that questionnaires would be sent out again in six months to help check if improvements had been made. Complaints had been investigated thoroughly and the findings had been used to drive improvement. For example, entertainers had been bought into the home in response to people complaining that there was not enough entertainment.

One person told us they didn't feel part of the local community. The registered manager and care staff had organised a summer fete to encourage people from the local community to visit. One person told us that they were looking forward to the music and dog show. People also told us that they had been supported to go to local shops and amenities.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Mental Capacity Assessments have not been completed as required by the Mental Capacity Act 2005. Deprivation of Liberty Safeguards applications had not been completed as required.

Regulated activity

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Not all had been done as reasonably practicable to mitigate risks to people.

Regulated activity

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Not everyone had a care plan which had been designed to make sure it meet all of their needs.