

Minster Care Management Limited







Waterside Care Centre

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

Waterside Care Centre provides accommodation and nursing care for up to a maximum of 47 people. At the time of our inspection 46 people were living at the home.

There was a registered manager in place who was on duty throughout our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Where people were identified as needing their weight regularly monitored this was not always done and in need of improvement in order that identified needs were met.

We found that people were not always fully protected against the risks associated with the management of medicines and areas requiring improvement were identified and acknowledged during our inspection. We found occasions when medicines were not always given as prescribed and records were not always completed.

Summary of findings

Relatives told us they had no concerns about the way their family member was treated and they believed they were safe living at the home. Staff were aware of their responsibility to take action if they were concerned about the treatment people received. Relatives told us staff were kind and caring towards people. We saw people were treated with privacy and dignity and staff were able to tell us how they upheld these areas of their practice.

Due to difficulties recruiting staff the registered manager had engaged regular agency staff as a means of providing consistency in the care provided. Efforts to recruit permanent nurses and care staff were ongoing.

People who lived at the home were supported by staff who were knowledgeable and received regular training and support from the registered manager and nurses. Care plans were in place and regularly update and reviewed by the nurses. Relatives were involved in reviewing care plans and in providing staff with information about people's previous experiences and interest.

The registered manager had followed the principals of the Mental Capacity Act 2005 and Deprivation of Liberty

Safeguards when assessing people's ability to make specific decisions. Applications had been submitted to the supervisory body so the decision to restrict people's liberty was made by people authorised to do so.

People had access to food and drink they enjoyed. Meal times were relaxed and people received the support and guidance needed to maintain their nutritional needs. People had access to healthcare professionals in a timely manner.

Relatives were made welcome and could visit their family member at any time. Relatives were aware of how to raise concerns or complaints and felt they would be listened to and action taken to improve the service provided. The registered manager encouraged relatives to be involved and share their comments about the quality of the service provided.

The registered manager had systems in place to monitor and improve the quality of service provided and as a way of making further improvements to the quality of care experienced by people.

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?

People were not always fully protected against risks associated with medicines. People who were identified as at risk of weight loss were not always fully protected by means of regular weight checks taking place. People were supported by sufficient staff. People were cared for by staff who had knowledge about how to protect them from harm.

Requires improvement



Is the service effective?

People were supported by staff who had the knowledge and skills to do so. People enjoyed their food and were supported to access food and drink when needed. People were consulted before care and support was provided and received appropriate healthcare intervention.

Good



Is the service caring?

People who lived at the home and their relatives told us they found the staff to be kind and caring. People's privacy and dignity was respected.

Good



Is the service responsive?

People were able to engage in pastimes they enjoyed and were of interest to them. People living at the home and their relatives were able to raise any comments or concerns and these were responded to appropriately.

Good



Is the service well-led?

Relatives were able to approach the registered manager to discuss the care provided to their family member. People benefited from staff who felt supported by the registered manager and senior staff. Effective systems were in place to assess, monitor and improve the quality of care provided.

Good



Waterside Care Centre

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 19 and 21 August 2015 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using services or caring for someone who uses this type of care service.

We looked at the information we held about the provider. We looked at statutory notifications the provider had sent us. Statutory notifications are reports the provider is required to send us by law about important incidents that have happened at the service. We also looked at the concerns about the service provider which were sent to us.

As part of the inspection we looked at the Provider Information Report (PIR). This report was sent to us before the inspection and gives us some key information about what the service does well and any improvements they plan to undertake.

We saw how staff cared and supported people who lived there. Many of the people who lived at the home were unable to communicate with us verbally so we used different ways to communicate with them. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people who lived at the home. We also spoke with the registered manager as well as other staff. These staff included three nurses, five care staff and the cook. In addition we also spoke with seven relatives and visitors to the home. We looked at four people's care records and the medicine records of five people. We also looked at records regarding the management of the home such as two recruitment files, accident and incidents and quality assurance.

Is the service safe?

Our findings

The medication administration record (MAR) sheet for one person showed one medicine to be prescribed on an as and when required basis. The nurse on duty informed us this was incorrect as it was now regularly given. However, we saw gaps in the records whereby nursing staff had failed to sign to confirm the medicine was administered to the person. We were shown the medicine concerned and found too many tablets remained. The registered manager and the nurse on duty confirmed that this person had not always been given their medicine as prescribed.

We saw some people received medicine on an as and when basis. We spoke with two nurses who informed us they had no protocols or information in place to refer to and demonstrate when these medicines should be given. The nurses we spoke with could not provide us with assurance these medicines would be given in a consistent way or the symptoms people would need to display to receive their medicine.

Care staff we spoke with confirmed they applied the majority of creams and ointments prescribed to people who lived at the home. We were told by staff the nurse on duty signed people's MAR sheet to evidence the cream had been applied. This was confirmed by the nurses we spoke with. We were informed care staff completed records following the application of creams and ointments. We found these were not always available and staff we spoke with could not explain where they were. Staff we spoke with could not always confirm whether creams and ointments had been applied as staff on an earlier shift were due to apply them and they were no longer on duty.

We spoke with relatives about the administration of medicines. They were confident staff administered their family member's medicines as prescribed.

Risks to people's care were assessed and regularly reviewed. These risks included moving and handling, skin care and nutrition. Although regularly reviewed we saw the actions identified as needed were not always effectively followed through to reduce risks to people. For example the assessment of some people showed they needed to be weighed regularly due to them being nutritionally compromised and at risk of further weight loss. We were informed that for a period of time equipment to weigh people had not been available as it was broken. However

the timeframe when weights were not taken were considerable larger than the time when the equipment was not available. We saw there was conflicting information recorded for example one person was recorded as requiring fortnightly weights however it was also recorded that the same person could not be weighed. Therefore risks identified were not always managed to ensure the wellbeing of people.

We spoke with relatives about staffing levels and their ability to meet their family members care needs. One relative told us 'Sometimes I think they're a bit pushed' while another told us they felt sufficient staff were on duty adding, 'It's hard for them to meet so many diverse needs'. Staff we spoke with believed staffing levels to be sufficient to meet people's needs.

At the start of the inspection the registered manager informed us about staffing difficulties experienced at the home. They told us of the measures they had put in place to ensure sufficient staff were on duty at all times. The registered manager used a staffing tool to determine the staffing levels required to meet the needs of people and promote their safety.

The registered manager informed us of the use of agency staff who were on long term contracts to promote continuity of care. As a result the same agency staff were working at the home on a regular basis. In addition to the long term use of agency staff we also saw that further agency staff were required from time to time to ensure sufficient staff were on duty. We were informed agency staff were also required to cover the nurse's rota. The registered manager told us they tried to ensure one of the two nurses on duty was a permanent member of staff and therefore aware of the needs of people who lived at the home.

We saw the provider had carried out checks on staff before they commenced work at the home. These included a Disclosure and Barring Services (DBS) check. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with two recently appointed members of care staff who confirmed they attended an interview and understood that a DBS check had been returned before they could work with people on their own. The registered manager confirmed that staff would not commence work until checks had taken place.

Relatives we spoke with told us they believed their family member to be safe living at the home. One relative told us

Is the service safe?

staff cared for their relative and told us the person “Is safe living at the home”. Another relative told us they had visited a number of different homes and felt Waterside was the best. The same relative told us their family member was safe due to the care they received by the staff. A further relative told us they had no concerns about safety because staff knew their family member well and their care and support needs.

Staff members we spoke with were clear about safeguarding people and were able to describe different types of abuse which people could potentially be subjected to. Staff members understood and were

comfortable with the whistleblowing policy although they had not had cause to use it. One member of staff told us, “I would speak to the nurse and then the manager” if they witnessed or suspected abusive practice within the home. The same member of staff told us they were confident that people were safe living at the home. Another member of staff told us, “I would report to a senior, the manager or the police.” All the staff we spoke with told us they had never needed to report any abusive care towards people who lived at the home. One member of staff told us they were confident people were safe living at the home.

Is the service effective?

Our findings

Relatives we spoke with were confident the staff had the skills and ability to care for their family members. One relative told us, “The regular staff seem to be knowledgeable”.

Staff we spoke with were positive about the training provided by the provider. Staff explained that some training was delivered by senior staff who were in-house trainers. Staff confirmed that all members of staff received training in dementia care due to the number of people who were living with dementia at the home. We saw staff interacting with people assisting them to understand their surroundings. We saw a new member of staff working alongside an experienced member of staff as part of their induction training. This was to provide new staff with hands on experience, training and guidance about the care provided to people who lived at the home.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). We also spoke with staff members who also understood the importance of the MCA and of gaining people’s consent before they provided personal care and support. Throughout the inspection we heard staff seek permission from people before they provided care and support. For example staff asked people if they wanted to wear protective covers over their clothing whilst eating their meals. Staff asked and guided people to use footrests on wheelchairs as a means of keeping them safe.

We looked at the Deprivation of Liberty Safeguards (DoLS) which is in place to make sure people are looked after in a way which does not inappropriately restrict people’s freedom. The registered manager had submitted applications to the local authority where it was assessed this needed to be done. The registered manager was aware of the applications granted for people.

We saw people enjoying the food and drink available to them. One person told us, “The food is nice”. We saw people eating fish and chips served rapped in newspaper. We were able to speak briefly with some people who confirmed they liked their meal. We saw staff offered people a choice of meal. To assist people who were living with dementia to make a positive choice we saw staff showed people the choices available to them and described the meal to them. Staff were seen to guide and assist people with their meal as needed. One member of staff was heard saying, “Can I help you with your dinner?” When staff were assisting people they checked people were enjoying their meal and that it was what they wanted. One person was sleeping. Their meal was temporarily removed and kept warm until they woke up. We saw the person eat all the meal shortly afterwards on waking.

Some people needed to have their meals prepared in a special way or have thickener added to their drinks to prevent the risk of choking. We spoke with staff about these needs and found consistency in their responses.

One person told us about the drink of tea they had. They informed us, “I don’t like it strong” and told us staff listen to me, “That’s what is good”. We heard another person ask for a cup of tea. A member of staff agreed to make one for them and asked whether they wanted biscuits as well.

One relative told us staff knew their family member well and knew how they were. Another relative also confirmed staff kept them informed of any changes with their family member. A further relative told us of a healthcare need which had improved as a result of the care provided by the staff. We saw records written in care plans by medical professionals such as a doctor and nurse practitioner. A nurse practitioner is able to prescribe medicines such as when people required painkillers or antibiotics. We saw evidence of other healthcare professions having involvement at the home such as specialist nurses and chiropodists in order to meet people’s individual needs.

Is the service caring?

Our findings

People we spoke with and their relatives were complimentary about the care provided.

One relative spoke about the staff and told us, "They are lovely; they are so kind and aware." Another relative described the care provided as, "Excellent" and added "Staff are so attentive". A further relative told us their family member was, "Very well cared for".

We saw the care and support provided to people. We saw that staff were kind and caring towards people who lived at the home. There was a relaxed atmosphere throughout the inspection. For example we did not see any member of staff rush people who lived at the home. When speaking with people we saw staff maintained appropriate eye contact by bending down or resting on their knees. We saw staff were cheerful and entered into friendly banter with people.

Staff spoke of their desire to involve people as much as possible in their own care. One member of staff told us, "I think we provide person centred care by giving people choice." One nurse told us, "I know from my heart we develop good care practices". The same nurse told us they would, "Root out poor care."

We saw staff responded to a situation when somebody fell to the floor. Staff were seen to respond in a timely way. We saw staff checked the person was not injured and made comfortable whilst specialist equipment was obtained so this person could be supported safely from the floor. We saw staff reassured the person throughout informing them of what was happening and continually checking they were alright and not hurt.

Relatives we spoke with felt their family member was cared for with privacy and dignity. Staff we spoke with were able to tell us about their practices within the home and how their actions ensured people's privacy and dignity was respected. Relatives we spoke with confirmed they could visit their family member at any time. Staff knew who visitors were and greeted them in a friendly manner involving them in their family members care.

We saw staff addressed people by their preferred name. For example when speaking with people who lived at the home most people were called by their first name. However, some people were addressed by a title of their choice. By carrying out this practice staff showed a regard for people's personal choices as well as a demonstration of suitable respect and recognition of people's individuality.

Is the service responsive?

Our findings

Relatives we spoke with confirmed they had been very involved in working with the staff on the life history of their family member. We saw staff had information available to them on people's likes and dislikes. Staff we spoke with were able to describe areas around people's care and how the support they provided was tailored to the individual. For example we saw staff were aware of different techniques in approaching people who were living with dementia to assist with their understanding. We heard staff taking an interest in what was important to people for example looking over books and entering into discussions with people. We found staff including catering staff were aware of people's likes and dislikes such as the types of food they liked.

Relatives we spoke with told us they had involvement with the development and reviewing of their family members care plan. One relative said, "I have seen the care plan and found it to be accurate." Another relative told us staff had "Gone over the care plan" with them. We saw care plans were reviewed on at least a monthly basis to provide staff with up to date information on people's care needs. Staff we spoke with confirmed people's care needs and any changes were discussed as part of staff handovers. This was so they were aware of these changes or areas in need of monitoring during their shift.

One member of staff was employed as an activities co-ordinator. Throughout the inspection we saw this

member of staff engaged with people who lived at the home in small groups and individually. During the inspection we saw different events take place. We saw staff ask people if they wanted to be involved in a religious activity. Staff were seen explaining to people what was scheduled to take place and gave people time to respond as to whether they wanted to be involved. People's individual choices were respected. We also saw staff provided manicures for people who wanted their nails painted.

We saw the walls of the home were decorated with pictures and sensory items to prompt memories and lead discussions. These pictures included ones of the local area and newspapers of major world events. There was seating areas for people in addition to the lounge and dining room area for people to sit, relax and look over books or other items of reminiscence. Themed areas were provided such as a tea room, a bar and a potting shed. We saw staff looked at books with people to stimulate discussions. Toilet doors were painted brightly to assist people in finding these facilities in the corridor area.

Relatives told us they would be confident any concerns raised would be listened to. Information about the complaints procedure was on display. We saw the registered manager maintained an audit of complaints. We saw complaints were investigated to establish the circumstances and how they were resolved.

Is the service well-led?

Our findings

Relatives we spoke with knew who the registered manager was and felt they could talk to her if needed. One relative told us they had found them to be lovely. The registered manager informed us they had an 'open surgery' once a week for relatives to see them. Relatives we spoke with were happy with the availability of the registered manager and felt able to talk with them if needed about the care of their family member.

Staff we spoke with told us they were happy working at the home. Some staff had worked at the home for several years. One member of staff told us it was the best move they had made when they joined the staff team at Waterside. Another member of staff told us, "I like everything here. I am very happy here."

Staff told us they were able to speak with the registered manager if they needed to. One member of staff said, "I have every respect for her. She will help anybody". Another member of staff described the registered manager as, "Really good" and added, "She helped me and with my understanding of the job." A further member of staff told us, "Staff nurses and the manager always support us well". Staff we spoke with believed the level of service provided to be good and believed the home to be well managed.

The registered manager was able to describe the care and support needs of all the people who lived at the home. We saw people responded well to the registered manager when they were in the communal parts of the home. The registered manager told us they believed it to be important to be seen out of the office and therefore led by example. Staff we spoke with confirmed the registered manager lead their team this way.

Staff we spoke with confirmed they received regular support and received one to one meetings from the management of the home. Staff told us about systems in place where staff worked as a team to provide care and support to people who lived at the home. Staff told us they found these to be beneficial to them and helped them provide quality care for people who lived at the home.

Relatives and other visitors were able to comment on the service provided. A comments book was available in the reception area. Comments within this book were favourable. Blank copies of the provider's questionnaire were also available for people to complete. Information was on display inviting relatives to a forthcoming relatives meeting. We saw minutes of previous meetings were available.

The registered manager undertook regular audits of care plans, medicine records, complaints and accidents. The registered manager used audits as a way of identifying underlying concerns and where needed had recorded action taken. For example comments on the level of activities available to maintain people's interest. We saw regular visits were undertaken by an area manager working on behalf of the provider to monitor the quality of service provided. The registered manager was able to contact their area manager and the provider if needed.

The provider had systems in place to seek the views of relatives. We saw responses to questionnaires dated February 2015. These were positive about the care their family member had received. Where any improvement was needed the registered manager had recorded the action they had taken to resolve the concern and improve the quality of care and service provided to people.