

# Shaw Healthcare Limited

# Waverley House

## 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** 

# Summary of findings

## Overall summary

About the service:

Waverley House is a residential home that was providing personal and nursing care to 41 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they felt safe. However, we found the home was not always safe. Staff were not consistently deployed to meet people's needs in a timely manner. We have made a recommendation about this.

Risks within the environment were not always suitably managed in a timely manner. We have made a recommendation about this.

We received mixed feedback about the quality and choice of food at the home. The registered manager confirmed they were actively addressing these concerns. We have made a recommendation about this.

We saw complaints and concerns were actively addressed. However, systems for monitoring complaints were not consistent. We have made a recommendation about this.

The registered provider had a comprehensive auditing system, however we noted this had failed to identify concerns within the environment. We have made a recommendation about this.

Staff received training relevant to their role and said they were supported by the management team at Waverley House.

Consent was recorded in people's care files and relevant deprivation of liberty applications had been submitted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives told us Waverley House was a nice place to live. It was repeatedly described as a "home from home".

People told us their privacy, dignity, rights and needs were respected. Care plans reflected people's individual care needs and how these could be met. A variety of activities were available to people.

People, relatives and staff told us the service was well-led and praised the registered manager and deputy manager for their support within the home. We saw people and relatives were encouraged to express their views and influence how the home was managed.

Rating at last inspection: Good (21 April 2016)

Why we inspected:

This was a planned and scheduled inspection.

Follow up:

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 had deteriorated to Requires Improvement.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service remained Good

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service remained Good

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service remained Good

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service remained Good

Details are in our Well-Led findings below.

**Good** ●

# Waverley House

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection visit was carried out by one adult social care inspector and a specialist advisor who was a registered nurse.

#### Service and service type:

Waverley House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an unannounced inspection.

#### What we did:

Before the inspection, we completed a planning tool to inform the inspection visit. We reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who used the service. We also spoke with Herefordshire Council and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. This allowed us to gain information relating to the quality and safety of service being provided. We used this information to develop our inspection plan.

During the inspection we spoke with 14 people, eight relatives and a visiting health professional. Because not all people could verbally communicate with us, we carried out a short observational framework for inspection (SOFI). SOFI helps us understand the experiences of people who are unable to communicate with us.

We spoke with three members of care staff, the deputy manager, the registered manager, a cook, a laundry assistant, the maintenance person, an activities coordinator and two nurses.

We looked at a variety of records. This included care records related to five people who used the service. We also looked at information related to the management of the service. This included quality audits, records of accidents, incidents and complaints. We did this to ensure the registered manager had oversight of the service and to ensure the service was appropriately managed.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety

There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. For example, risk assessments had been completed to ensure health associated risks were suitably managed.
- Staff were familiar with people's needs and plans to manage risk.
- Although individual risk was suitably managed, we identified concerns within the environment which had not been identified and addressed. We found good practice guidance 'Health and Safety in Care Homes (Health and Safety Executive, 2014) had not been considered and consistently implemented.
- Two recently installed hot water taps had not yet been fitted with safety mechanisms to reduce the risk of people being scalded by hot water.
- Staff told us they carried out visual checks on equipment to maintain people's safety. Staff could tell us processes to follow to ensure equipment was safe. However, we found records were not always maintained to evidence these checks had taken place.
- We raised these concerns with the registered manager who agreed to take immediate action. Following the inspection visit we received confirmation action had been taken to reduce and address environmental risk.
- We recommend the provider seeks and implements good practice guidance to ensure risk is suitably addressed and managed at all times.

Staffing

- People told us at present they had no concerns about staffing levels within the home.
- Two relatives told us there had been some uncertainty about staffing levels and staff turnover in the past year but this had now been stabilised. We confirmed this through discussions with the registered manager and deputy manager.
- We reviewed call bell response times during our visit and noted call bells were answered in a timely manner. However, during the inspection visit, we were made aware one person was calling from their room for assistance. The person's calls for assistance were not responded to for 20 minutes until we sought help from a staff member.
- We raised these concerns with the registered manager who said they were disappointed with staff response in this situation and agreed to investigate why this had occurred.
- We recommend the provider reviews deployment of staffing within the home to ensure responses for assistance are acted upon in a timely manner.

Using medicines safely

- People told us they received their medicines in a timely manner.
- People could choose to manage their own medicines, if they were able, and were supported to do so.
- We observed staff administering medicines and saw staff were respectful and patient when providing people with their medicines.
- Staff responsible for the safe management of medicines were aware of good practice guidance and safe systems of working.
- Medicine management policies, procedures and recognised guidance was accessible to staff.
- The provider had processes to complete regular audits of medicine management practices.
- The registered manager and deputy manager raised concerns about processes for medicines being supplied to the home. We saw they were acting diligently to reduce risk of any medicines supply errors.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Everything is ok in here. I feel safe."
- Staff demonstrated they had a good awareness about protecting people from abuse or poor practice. They could identify instances of abuse and how to report them appropriately.
- The service had procedures for reporting allegations of abuse. The registered manager provided relevant training to strengthen staff skills and staff confirmed this.

#### Preventing and controlling infection

- People and relatives praised the standard of cleanliness within the home. One person said, "You won't find any smells in here! It's always nicely cleaned."
- We observed staff carrying out tasks and noted personal protective equipment was used when required.
- Although good practice was considered when carrying out tasks. We found disposable aprons weren't always suitably stored to prevent exposure to bacteria. We discussed this with the registered manager who agreed to act upon this information.

#### Learning lessons when things go wrong

- The provider had systems to ensure actions were taken and lessons were learned following accidents and incidents occurring at the home.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- We received mixed feedback from people about the quality and availability of food at the home. Feedback included, "You can't fault the food." And, "Sometimes the food could be cooked better."
- Relatives also expressed some concerns about the quality of food provided. Feedback included, "Sometimes the pieces of cake are tiny." And, "There have been problems with the food. Sometimes it's been abysmal."
- We observed support provided over a mealtime. One person left their meal uneaten. Staff asked the person about the meal and the person told the staff member the food was "terrible".
- We received negative feedback from a staff member and a relative regarding the lunchtime meal. Both confirmed the potato dish was undercooked and the potatoes were still hard.
- Although, we received negative feedback on the day of inspection, after the inspection we were provided with records of positive comments that had been previously made about food.
- One person who lived at the home and one relative expressed concern about the lack of variety provided when people had specialist diets. Feedback included, "I am diabetic and sometimes I find it hard to get diabetic foods." And, "[Relative] needs a soft diet, there is never any choice apart from pureed food."
- We fed back people's experiences of food to the registered manager. The registered manager confirmed they were aware there had been some ongoing issues raised regarding meals at the home. They provided us with reassurances these were being addressed through a working group who were looking at how meals could be improved. We spoke with one person and a relative who confirmed they were part of the working group looking to improve meals and increase people's satisfaction.
- Following the inspection, we received feedback from the registered provider in relation to the provision of diabetic foods for people who lived at the home. They told us they had referred to good practice guidance and said it was no longer appropriate to talk about a diabetic diet. They said the home focussed on providing a varied and individualised diet tailored to each individual.
- We recommend the provider consults with good practice guidance and implements systems to ensure people's dietary needs are consistently met.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good understanding of the principles of The Mental Capacity Act 2005. They told us they had received training in this area and knew what they needed to do to make sure decisions were made in people's best interests.
- Staff told us how people's family members were involved in decision making, where appropriate. Relatives confirmed this.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The home supported people who were living with dementia. We saw the service had ensured assessments of people's capacity to consent were carried out before decisions were made on their behalf.
- Where people had restrictions placed upon them, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful. We found that conditions made within the authorisations were being followed and met.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.

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

- The management team assessed people's needs before offering a service. They did this to ensure the service could meet the person's individual needs. This included liaising with health and social care professionals whenever appropriate.
- We saw care plans detailed expected outcomes for each person and reflected people's wishes and preferences. The registered provider regularly reviewed and updated care plans when people's needs changed.
- The management team understood the importance of delivering care in line with standards and guidance. We noted reference was made within care records to good practice guidance.

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

- We reviewed care records and noted there was a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from doctors, district nurses and podiatrists.
- People and relatives told us they were happy with the arrangements to meet their health needs. One person said, "Any concerns and they will ring a doctor on my behalf."
- The service had an arrangement with the local GP practice whereby an advanced nurse practitioner visited the home on a weekly basis to ensure the well-being of people who lived at the home. Staff praised this arrangement and said it promoted continuity of care as people saw the same health care professional.
- Relatives confirmed the service had arrangements to ensure people had timely access to healthcare. One relative said, "The out of hours doctor came out within 30 minutes when [family member] had a rash. It was treated quickly."
- We spoke with a visiting health professional, they said had no concerns and offered reassurances people received consistent, effective and timely care.

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

- Waverley House is a purpose-built home which has been developed to meet people's needs. The home was arranged over three floors with a lift which provided access between all floors.
- During our visual inspection of the home we saw the home was suitably maintained to promote a welcoming and homely feel for people living at the home. People and relatives passed comment on how the home felt homely and it was repeatedly likened to a 'home from home.'
- The premises had sufficient space to ensure people had the choice of communal living as well as individual spaces for privacy. Each floor had their own kitchen area where people could make their own drinks if required.
- People were supported to make their own room homely with their own belongings.
- We saw good practice guidance had been considered for people who were living with dementia. For example, signage was placed around the home to promote independence.
- The registered manager was aware of the Accessible Information Standard and the importance of ensuring the service was adapted when people had communication needs.

#### Staff support: induction, training, skills and experience

- People and relatives told us they considered staff to be appropriately skilled.
- All staff said they were happy with the training offered by the registered provider.
- The registered manager understood the importance of staff training. Staff confirmed training included annual refresher of skills as well as optional training aimed at enhancing staff knowledge and people's experiences of care
- Staff told us they had to undertake an induction period at the start of their employment. This included completing training and shadowing more experienced members of staff. Staff said they felt suitably prepared for work after the induction period had finished.
- Staff told us they were supported in their roles. They told us they received regular supervision with a member of the management team. Supervision is a one to one meeting between a staff member and a more experienced member of staff. Staff confirmed supervisions included feedback about their performance and enabled them to discuss any concerns, training and development. Staff praised the supportive relationship provided by the management team at the home and told us they could be contacted at any time for advice and guidance.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

- People repeatedly told us they were treated well by staff at Waverley house. Feedback included, "I am definitely well looked after and cared for." And, "Everyone who works here are fantastic people. They are lovely."
- Relatives also praised the positive relationships developed between their family members and staff. Feedback included, "Everyone here is lovely. It's a warm, loving and friendly place." And, "The care here is beyond belief. I would not want [relative] anywhere else. The staff are incredible."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of respecting people's different and diverse needs. We saw care records contained people's preferences and information about their backgrounds.
- The service had carefully considered people's human rights and supported people to maintain their individuality. Partnership working had taken place between families and the activities coordinator to develop person-centred collages which detailed people's life histories and important aspects of their life which could be used by staff to prompt individual discussions of importance.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were consulted with and could make decisions about their care at Waverley House. Feedback included, "I was asked about my care when I moved in." And, "I was consulted with and able to make decisions."
- Staff were patient and aware of the need to involve people in making choices. When people were unable to communicate their decisions verbally, staff used objects of reference to promote choice. For example, one person was shown two puddings so they could pick which one they preferred.
- When people were unable to express their own views and make decisions, the registered manager was aware of the importance of involving other people to help in the decision-making process. Relatives confirmed they were included in decision making when their family member lacked capacity to make choices for themselves.
- The registered manager was aware of the importance of referring to advocacy services to support people who had no family and could not make their own decisions. An advocate is an independent person who has received training to support people make decisions.
- The service encouraged people to be involved in making decisions about how care provision could be improved. When concerns about food had been highlighted by people and relatives, we saw a working group had been set up to look at how people's experiences could be improved.

Respecting and promoting people's privacy, dignity and independence

- We saw people's independence was considered and promoted always.

- People confirmed this was the case. One person said, "I am able to keep my independence." Another person told us they had access to a kitchen which they could use at their own will to prepare snacks and drinks.
- People and relatives told us dignity and respect was an important part of care delivery. We saw an instance when one family member had noted their family members dignity had been compromised. The registered manager acted swiftly and spoke with staff highlighting the importance of promoting dignity always.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery

Improving care quality in response to complaints or concerns

- People told us they would not be afraid to raise complaints.
- We saw concerns highlighted by people and relatives were raised and discussed at team meetings so changes to care and support could be made to prevent concerns being raised again.
- We received conflicting information about the number of complaints raised at the home. The registered manager said no complaints had been raised. However, we were made aware one formal complaint had been raised from a relative and concerns had been raised about the quality of food. This demonstrated that although processes were in place to record, investigate and respond to complaints, these were not consistently implemented.
- We recommend the registered provider reviews and strengthens complaints processes within the home to ensure they are reflective of all concerns and complaints received.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person who lived at the home had a care plan which was designed to meet their individual needs. Care plans included people's preferences and how they wanted their support to be provided.
- People received personalised care that was responsive to their needs. Feedback included, "I can do as I please, get up and go to bed when I want." And, "It's not about the staff here, it's about the people."
- Staff regularly reviewed care plans and updated them where necessary, to respond to people's changing needs. One relative told us, "They pick up on things and notice when there's a difference."
- Staff kept daily records of people's well-being and the care the support provided to them. There were additional monitoring records. For example, staff maintained records in relation to specific health care needs and behaviours.
- People told us activities took place at the home. Feedback included, "[Volunteer] comes in on a Friday and does quizzes. There's one or two other things going on if we want to be involved." And, "There appears to be things going on. You just go along and join in." Also, "We are making Easter crafts at the moment."
- The activities coordinator told us they consulted with people to find out their hobbies and interests and provided social support to meet people's needs. We saw good examples of individualised person-centred activities taking place. For example, arranging spiritual support for people who were at the end of their life.
- People's cultural and spiritual needs were addressed and managed. People told us visitors attended the home to meet their needs. One person said, "I used to go to Church every week, people come in here now [to provide spiritual support]. It is so important to me and makes me so happy."
- The activities co-ordinator expressed concerns however. They said they did not always have time to ensure all people's social needs were met. They said, "Sometimes I feel bad if I haven't had enough time to spend with people."
- We discussed these concerns with the management team at the home. The deputy manager confirmed the

availability and quality of activities were discussed at each relatives' meeting and concerns were fed back to the senior management team. They confirmed however, no response had been received from the senior management team.

- We reviewed three sets of residents meeting minutes and noted that concerns with the availability of appropriate activities had been raised twice by relatives and residents
- We recommend the provider reviews the provision of activities to ensure they are in line with good practice guidance and meet the needs of all people who live at the home.

#### End of life care and support

- The service provided end of life care when necessary, in response to people's preferences and changing needs.
- We spoke with two relatives who had experienced end of life care at Waverley House for their loved ones. Both agreed the care provided at the end of their family member's life was high quality, compassionate and respectful.
- The registered manager said staff took time away from their duties to pay their respects to people leaving the home after they had passed away.
- The service worked with other agencies as appropriate, when responding to people's specific needs.
- Staff worked in a timely manner to seek advice and guidance when a person had shown signs of deterioration in their health and it was thought they needed end of life care.
- Any advanced decisions were sensitively obtained, agreed and recorded, to ensure care was delivered in line with the person's wishes.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff said they were happy about the way in which Waverley House was managed. Feedback included, "I think the home is well-led, you only have to ask and they will sort it." And, "The home is well-managed. [Registered manager] is amazing."
- We saw there was an emphasis on planning and developing person-centred care within the home. It was noted this was consistently addressed at each team meeting.
- Poor practice was challenged and staff were expected to make improvements when the service had not met the required expectations.
- The registered manager and deputy manager valued openness and transparency. The deputy manager said, "We are an open book here."
- We reviewed minutes of meetings held between the management team, people who lived at the home and relatives and saw there was an open and transparent culture. People and relatives were kept well-informed about progress and challenges faced within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were knowledgeable and enthusiastic about their working roles. They told us Waverley House was a good place to work.
- Staff praised the skills, knowledge and commitment of the registered manager and deputy manager and said they contributed to the positive morale within the home. One member of staff said, "I take my hat off to that man, [registered manager]. He makes time for everyone."
- The registered manager was aware of their role and their regulatory requirements. We saw notifications had been submitted to the Commission in a timely manner and the performance certificate was on display as required.
- The service had systems and procedures to monitor and assess the quality and safety of their service. However, these were not always effective. For example, environmental audits hadn't identified the risk of scalding from taps without thermostatic valves.
- We recommend the registered manager reviews auditing systems at the home to ensure they are consistently effective.
- The registered provider acted diligently and swiftly, responding to identified concerns and potential risk in a timely manner.

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



#### characteristics

- Equality and diversity was recognised and promoted throughout the service. Staff had been provided with training to increase awareness of the importance of equality and diversity. The registered manager said they took a zero-tolerance attitude to discrimination.
- One relative confirmed there was regular communication between themselves and the service. They said, "We are constantly asked for feedback."
- The registered manager understood the importance of reviewing and improving care experiences at the home. We saw they consulted with people, relatives and staff to develop and enhance the service. The registered manager had also consulted with relevant professionals for advice and guidance when they had identified risks within processes at the home.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement.

#### Continuous learning and improving care

- The management team completed a range of quality audits to ensure they provided an efficient service. These included, quality of life, medication, safeguarding incidents and care records. When concerns were identified, staff were consulted with and action taken. This meant improvements could be made to continue to evolve and provide a good service for people.

#### Working in partnership with others

- The service worked well with relatives and other agencies, including health care professionals and social services.
- The provider had procedures for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.
- The service worked with local schools, churches and community organisations for the well-being of people using the service.