

Shaw Healthcare Limited

Waverley House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 8 and 10 March 2016 and was unannounced.

Waverley House provides personal and nursing care for up to 47 people most of whom are living with dementia. At this inspection 40 people were living there. The accommodation was provided over three floors.

A registered manager was in post but was not present during 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People were supported to make informed decisions about risk by staff.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. Before staff could start work the provider undertook checks to ensure they were safe to work with people.

People received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. The provider undertook checks to ensure staff followed safe practices when helping people with their medicines.

Staff had the skills and knowledge to meet people's needs. Staff attended training that was relevant to the people they supported. Staff were supported by the provider and the registered manager who promoted an open and transparent culture. The provider encouraged staff development and made resources available for people to benefit from staff members newly acquired skills.

People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld. Staff provided care and support which was personalised and respected people's likes and dislikes. People took part in activities they liked and found stimulating. People were involved in the day to day running of their home.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine

health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People were involved in assessments of risk whilst their independence was maintained. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs. People had access to healthcare when they needed. Staff supported people to make decisions and protected their rights.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. People's individual needs and preferences were known by the staff supporting them. People felt able to raise any concerns or comments with the provider.

Is the service well-led?

Good ●

The service was well-led.

People felt included in the running of their home and their suggestions were valued. The provider and staff had shared

values in supporting people. The provider had systems in place to monitor the quality of support delivered and made changes when required.

Waverley House

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 8 and 10 March 2016 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor in dementia care.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people receiving support, the deputy manager, four nurses, three carers, five relatives, the operations manager and the activities co-ordinator. We viewed the care plans for five people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, resident and family engagement and compliments and comments records.

During the inspection we were not able to talk with some people living at the home. We 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.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person told us, "I have never felt so safe in all my life". One relative said, "[Relative's name] is kept completely safe and secure here. It is humbling just how secure people are". Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "If I ever witnessed anything I did not feel was right I would intervene to stop it straight away and inform my manager without a moment's hesitation". Staff members knew the procedure to follow and where these were kept if they suspected anything was wrong. Staff knew how to report outside of the organisation if needed. One staff member told us, "I have full confidence anything I reported would be acted on but we also have the contact details of the local authority should we wish to report anything to them as well". We saw the provider had made appropriate referrals when necessary.

People told us they felt safe receiving services from the provider. One person said, "I can go out whenever I want but (staff) will always have a chat before I do to make sure I am safe". We saw one person going out. Before they left the building a carer spoke with them and went through what to do if they felt unwell or needed any help. People were involved in their personal assessments of risk. One person said, "I know I am a bit wobbly on my feet sometimes. Rather than being followed around all day by (staff) they spoke with me and we discussed how I can keep safe from falling". We saw people being assisted by staff who followed correct moving and handling techniques. One staff member said, "We are trained in moving and handling and also in the use of any equipment for example, hoists". We saw assessments of risk which were personalised. For example, risks of falls had been completed with directions to follow to reduce the likelihood of injury. We saw that risk was identified and managed whilst still allowing people to safely do what they wanted.

The provider had systems in place to manage the risk from any equipment used. We spoke with staff about risks from faulty equipment. One staff member said, "We were concerned about a piece of equipment as we believed it was unsafe. This was reported and the fault made safe immediately. Although the fault its self has yet to be fixed it is safe and no one can be hurt". We saw the accident and incident reporting procedure was followed by staff who took action and reported incidents when required. This information was overseen by the registered manager and operations manager who made changes if required.

People and staff told us there were enough staff to meet their needs. One person said, "I never have to wait for anything. I have confidence if I needed someone they would be there". The deputy manager told us staffing levels were set by the provider and this was based on people's needs. Should additional staffing be required to meet people's needs this was provided. A reassessment would take place and a request would be made to the funding authority to sustain the additional staffing for as long as it is required. At this inspection we saw staff were available to meet people's needs and to engage them in the activities they wanted.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers

make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

We looked at how people were supported with their medicines. One person told us, "I know exactly what I need to take and when. I count them with (staff) and we agree they are correct before I take them". Staff members told us they completed medicine training and were assessed to ensure they were competent before helping people. The provider used a computer based medicines record. The deputy manager told us errors were minimal as they were alerted automatically if there was a problem. For example, if medicine was late a record would be made. The medicine would be given and they would then complete an investigation why the medicines were late to prevent future errors. The deputy manager said, "This could be something as simple as the person did not want to take them at that time in which case a note is made". The provider had backup systems in place should there be a fault with the electronic recording. One staff member said, "There is always help just a phone call away and we can always use a paper based system if there is a problem".

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "They (staff) are very good at what they do. They seem well trained and know what they need to do". Staff told us they felt well trained and supported in order to provide care for the people. One staff member said, "I had to complete my induction training when I first started. I feel this gave me the basic knowledge I needed in order to start working here. It gives you the opportunity to make any mistakes and learn from them in a safe environment". Staff members told us they had to complete basic training as part of their induction which included, moving and handling, medicines and risk awareness. In addition new staff were guided by more experienced staff whilst on shift in order for them to become aware of people's needs and how best to support them. One staff member said, "Training is good but it is not until you start to work with someone that you get to know them and how they like things to be done".

Staff had access to training appropriate to the people they supported. Staff also felt they were able to request additional training which they were interested in and which brought extra benefit to people. For example, staff members told us they recently completed a massage and relaxation course. One staff member said, "We requested this training as we thought it gives us the opportunity to spend quality time with people to aid relaxation. It provided us with the skills we needed and [provider] has fully supported us in implementing what we have learnt with people". One person told us, "The hand massages are very special. I can relax and just enjoy it". Another staff member said, "I felt I needed to understand dementia a little bit more in order to help people. I requested the training and this was provided. As a result I had a better understanding of the care plans and the way we supported people living with dementia. I think it made me a better carer".

We saw staff sharing information appropriately between people they supported and other staff members. One person said, "I wanted to go out at a certain time. [Staff member's name] put what I wanted to do in the communication book. When the time came everything was in place for me to do what I wanted". We saw updates on people's health and welfare, their needs and preferences were discussed in order for staff to support people as they wished. Staff were aware of changes in physical health and needs and shared relevant information between themselves. For example at formal handover where information from the previous day was passed onto staff.

People received care from a staff team who felt well supported. Staff told us they received regular one-on-one sessions, during which they could discuss their training and identify any areas they felt they needed to develop. Staff told us they could discuss any care and support issues they thought were relevant to their role. One staff member told us, "It does seem a little strange having a one-on-one session as people always support each other every day. I use these sessions to see what has gone well and what I need to do better". Another said, "We have yearly appraisals. This is the chance to see how we want to develop over the next 12 months. It keeps you motivated and up to date with the latest training by making a plan of what you want to do". Staff told us they felt supported outside of these formal sessions. One staff member said, "I can go to [registered manager's name] or any member of the management team is accessible at any time. They truly have an open door and I can seek help or support at any time".

We saw people were supported to make their own decisions and were given choice. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "My day and my time here is my own. I can decide what I want to do whenever I want to do it". We saw people being provided with options on what to eat, where they would like to go and what activities they would like to take part in. We saw people and staff using a range of communication methods tailored to the needs and preferences of each person. For example, we saw staff sitting and talking to people whilst using gestures to aid what they were saying. We saw staff using "show and tell" plates of food at lunch time. One staff member told us, "Sometimes people get overwhelmed when presented with a number of different options. However, if we show them what the options are they can tell us or point". We saw staff giving people the time to make and communicate their decisions.

The deputy manager told us people's capacity to make decisions was assessed and reviewed when needed. The deputy manager and staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff we spoke with had a clear understanding of the principles of the mental capacity act and the process of best interest decision making. One relative said, "We had to look at the changing needs of [relative's name]. We met with the staff and the registered manager. We looked at what [relative's name] would have wanted and we all agreed a decision we think they would have made themselves".

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made.

Staff told us they have no need to use any restraint techniques but use distraction and de-escalation practices when required. One staff member told us, "We know that at about the same time each [person's name] starts to become restless and distressed. We look to engage them in activities before they become upset". The deputy manager told us they monitor any behaviours which could cause the person any alarm or distress and pass this information to the GP or mental health team. This information is also used to guide staff when and how to help people.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "The food here is excellent. I have full choice and if I ever didn't like something on the menu I can always order something I would prefer". Lunch time was a social occasion for people and those requiring assistance received it at a pace to suit them. We observed one person decline anything to eat and then later go out. We spoke with staff who were aware of a change in the person's appetite and told us what they were doing to encourage their eating. Staff members were aware of people's individual weight losses and what they needed to do in order to promote health. For example one staff member recognised someone had not eaten much lunch. They didn't pressure the person to eat but looked at alternatives. We later saw this person moving around whilst eating snacks. We saw one staff member intervening during lunch time when one

person's lunch was interrupted. We saw this person was given a choice of what they wanted to do. When this person returned to the table their food was returned hot and they were given assistance and encouragement to feed themselves.

People had access to healthcare services, including GP, district nurses, dentists and chiropodists and were supported to maintain good health. One person told us, "I just need to say I am a little under the weather and they get someone one in. It's that fast". We saw one person attending an out patients appointment at the local hospital. One staff member told us, "People still go out to different appointments. If everyone came here there is the risk people become isolated. By going out we can make it a social occasion as well". One relative told us, "I have full confidence that staff will act if ever [relative's name] became unwell. On several occasions a GP has been called and the correct treatment given when needed. I have total faith in (staff)".

Is the service caring?

Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. One person said, "They are fantastic, everyone here is just so lovely". One relative said, "It's like a home from home for [relative's name] they treat us all like we are part of the family. I wouldn't mind coming here myself". One staff member said, "We are here because of the people who live here. We are coming into their home and we should respect them and where they live".

We saw one person starting to become upset. A staff member recognised this quickly and sat with this person reassuring them and allowing them to express how they were feeling. This person appeared to relax and spoke with the staff member until they felt better. The staff member did not rush the person and showed compassion and understanding which the person appeared to appreciate. A staff member said, "People can become upset, sometimes because they are no longer in their own home or just for reasons we may never know. Either way we spend time and support them to feel better. If they want to talk about it we will listen, if they don't then we just take it at their pace".

We saw people and staff members sharing jokes and humour appropriately. One person said, "You have to have a laugh it's what I have always done and I will carry on doing". We saw staff chatting and encouraging relatives to stay for lunch with family members. One relative told us, "It's not just [relative's name] who is cared for here but the whole family. We all feel included in the home and part of one big team".

People were involved in making decisions about their own care and support. One person said, "I do try to do what I can and sometimes I need some help. Staff will always ask me what I want to do today and if I need any help just shout out. I find it reassuring that I can decide what to do and have help on hand if needed". Another person said, "I struggled when I first came here. I wanted to do everything for myself but quickly realised I wasn't as young as I used to be. I didn't like thinking that way. Now I can do what I want for myself and it's never an issue to ask for some help with the things that are a little difficult". Staff told us they help promote people's independence by encouraging people to do as much as they can for themselves. One staff member said, "We have to be careful we do not de-skill people by just doing things for them. We need to just take a step back and encourage people to do what they can for themselves. This helps involve people, motivate them and maintain their independence". One person told us, "I thought when I came here I would end up just sitting down all day. It couldn't be further than the truth. I am up and about first thing, I can move around where I want and go out whenever I feel".

When people were unable to speak up for themselves and they had no one available to assist them advocate services were made available. The deputy manager told us, "The majority of people can let us know what they want and some have families to help them. Someone did not have anyone to speak up for them and so we arranged an advocate to become involved. This helped ensure the person had someone who could speak up for them and to keep them involved in the day to day running of the service and decisions about care needs". We saw information was made available to people and relatives of local advocacy services.

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is done in private. Sometimes we do need to have an embarrassing conversation about something but this is always done to one side where no one else can hear". We saw staff assisting people in a way which maintained dignity. For example, during lunch time one person spilt a small amount of food. A staff member quickly and discreetly assisted this person whilst chatting to them to make sure they had the person's permission to help them. We saw staff members knocking on people's doors and waiting for an answer before entering. One person told us, "I do go into the lounges when I want but sometimes you just want to shut your door and have some private time. That's ok here, you don't have to be social all the time". Staff members were aware of privacy and confidentiality. One staff member told us "These are people's lives and we never discuss anything with anyone we do not have permission to do so. Its basic respect we all must comply with".

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "They came out and completed a full assessment before I came here. When I got here everything was in place to help me and staff seemed to know all about me before we even met". We saw these plans were regularly reviewed with changes in need included. At this inspection all care plans were being changed into a different system. This meant some information had been removed from people's plans in order for the changes to take place. However, staff we spoke with were knowledgeable about the people they assisted. They told us about recent changes and what they did as a result meaning they understood and responded appropriately to people's needs. One relative said, "I meet regularly with [staff member's name] we go through the plans together with [relative's name] and agree any changes or just leave things as they are". One staff member said, "We use a keyworker system where relatives have a named person they can come to but they can discuss anything with anyone here. As a keyworker I ensure the person I support has everything they need day to day including getting what toiletries they like". The deputy manager told us before someone moves in they complete a pre-admission assessment. They said this is a comprehensive assessment which assessed and focused on what the person could do for themselves. People and relatives we spoke with told us they were involved in the pre-admission assessment and had the opportunity to say what they wanted. One relative said, "This also gave us the opportunity to reminisce with [relative's name]. It gave us the chance to think about things we hadn't done for some time".

We asked people what activities they were involved in. People told us they could take part in as much or as little as they wanted. One person said, "Some mornings I like to go out and buy some food for Freddy and Senna [resident cats]". We saw a number of activities taking place which included, shopping trips out, walks, cooking and music and singing. Families were encouraged to take part in activities. We saw people sitting with relatives during a sing song and grandchildren cooking with grandparents. One person told us, "If I was at home this is the sort of thing I would be doing, at least here someone helps you to clear up the mess you make". We saw staff encouraging people to take part in activities and people were able to move around their home in order to become involved. There was a programme of scheduled activities on display for people to see and to choose from. People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting was available to them. One person told us, "I found out my mate from years ago lives here. I go and have a cuppa with them most mornings".

People told us they believed their support was good and adapted as their needs changed. One person told us, "I was feeling rotten one day. I told [staff member's name] and decided to stay in bed and rest. They asked if I wanted a doctor but I didn't at that point. They kept coming in to see me and although I had my bell I didn't need to use it as they kept an eye on me". One relative said, "We are fully informed of any changes concerning [relative's name]. They are very proactive in spotting any changes and responding to them promptly. I have the utmost confidence they will always put [relative's name] well-being at the heart of everything they do". Staff we spoke with were aware of people's changing needs and responded to them appropriately.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "You never have to complain as there is nothing to criticise here. If I had to I would just talk to anyone or [registered manager] and they would sort it straight away". One relative said, "I did raise my concerns about something one day. I spoke with [registered manager] and when I next came in I could see straight away they had listened and addressed what I had said". People and relatives told us about a feedback form which they could use to raise any issues they had. They knew where these were located and had confidence they were read and acted on. One relative said, "It's not just what is wrong that you put on these forms. It's about praising what is good. I complimented [staff member's name] one day and a couple of days later they thanked me after [registered manager] passed on my comments". People and relative have the opportunity to be involved in resident and relatives meetings with the registered manager or deputy. One person said, "We did ask for more fresh fruit to be made available instead of just biscuits each day. Within a week a basket of fruit appeared and we could pick and choose something a bit more healthy if we wanted". The deputy manager told us people had raised a concern that the garden area was not looking well cared for. As a result contracts were changed and new gardening services were commissioned. One person told us, "The garden is looking much better and I can't wait for it to warm up a little and get out there again".

Staff told us how they encourage people to raise concerns they may have. One staff member said, "If we can sort something straight away we always will. However if someone would like to make a formal complaint or comment we will either show them how to do it or assist them to raise their concern. We can't take it personally but have to see it as a chance to do something better".

Is the service well-led?

Our findings

People told us they felt involved in decisions about the service that was provided. People knew who the management team were. One person said, "[Registered manager] is always here. I can talk to them whenever I want but usually I just talk to one of the staff if I need". People and staff told us they believed the provider created a culture that was open and transparent. One relative said, "[Registered manager] does truly have an open door. They always shout "hello" whenever I come here and comes out to have a chat to make sure everything is OK".

Staff told us about the values they follow. One staff member said, "We always put the person first in what we do. If someone needs something then everything else can wait. If we need to hand over a particular task to another staff member then this is not a problem as long as the person gets what they need". One relative told us, "The way it works here is, always [relative's name] first then the family and then the home. People matter to [provider] and they prove it every day". Throughout this inspection we saw staff involving people in their support and decision making. Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed. Staff understood the whistleblowing process and felt they would be supported by the provider should they need to raise a concern.

Staff told us they felt appreciated and their views and opinions were valued by the provider. One staff member told us, "We attend regular meetings as a team and have the opportunity to say what we like and can recommend any improvements we feel may be needed". Another staff member said, "Following some training we thought how this would benefit the people we worked with. We raised our ideas at a team meeting and [provider] has given us the resources and time to bring our new skills into the work we do". One relative told us the provider actively encouraged people to maintain links with their community. This relative helped the provider arrange local events and social activities for people, friends and families at local venues. This relative said, "It is good to feel useful and to give something back to those who do so much for us. I, and others, feel appreciated by the provider for our ideas and suggestions".

At this inspection there was a registered manager in place although they were not available at this inspection. During their absence people and staff were supported by the deputy manager and operations manager. The management team clearly understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered manager had systems in place to monitor the quality of service provision. The deputy and operations manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, they identified from a quality of life check there was a gap in activities. They spoke with people about what they wanted and the activities schedule was revised to remove this gap. People we spoke with were very happy with the diverse activities on offer.