

Daughters of Mary Mother of Mercy Waverley Care Home

Inspection report

14-16 Waverley Road
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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Waverley Care Home is a large three-story building. The service supports people with nursing needs. The service is registered to accommodate up to 20 people. At the time of the inspection, there were 16 people living at the home.

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

At this inspection, we found concerns with the management of risk, medicines, record keeping, staffing, the environment and governance.

Staff did not have sufficient guidance to provide safe and appropriate care. Medication management was unsafe and placed people at risk of avoidable harm. The environment was in need of significant refurbishment and improvements were needed to ensure the safety of people living in the home.

Staffing levels were not sufficient to ensure the upkeep of the home and the safety of people at nighttime. Staff had not received a robust induction or supported with the appropriate training, however they had received regular supervision.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans and risk assessments were not completed appropriately; staff did not have the most up to date information to provide safe and effective care to people living in the home.

The provider did not have sufficient oversight of the service. Quality checks and audits were not driving improvement and had not identified the issues found during the inspection. We could not be certain that complaints had been investigated appropriately as the recording was insufficient.

People were comfortable in the presence of staff and we observed staff respecting the privacy and dignity of those needing support with their care.

Rating at last inspection and update: The last rating for this service was requires improvement (published 29 October 2019) and there was a breach of regulation. At this inspection we found the provider remained in breach of regulations.

The service is now rated inadequate. This service has been rated requires improvement for the previous four consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received regarding fire safety. A decision was made for

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

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from requires improvement to inadequate based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines, environment, need for consent, staffing and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Waverley Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

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

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for ten months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with five members of staff, the home manager and three professionals who visited the service. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure records relating to people's care and treatment were updated or completed fully or accurately. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17.

- Care files did not contain the appropriate information regarding people's health needs. Health needs were not always adequately described, or risk assessed as a measure of providing staff with the information they needed. For example, catheter care information was not sufficient enough.
- People's daily records did not show that people received the care they needed. For example, fluid intake monitoring charts to mitigate dehydration risks were not being completed.
- Risk assessments had not been regularly reviewed. Staff did not have the most up to date information to safely support people with their needs.
- Personal evacuation information that was held in the event of an emergency did not match the information held in people's care files. Staff were not always aware of how to safely support someone in an emergency.
- Regular health and safety checks of the environment had not been completed. Some service agreements and safety certificates not been identified by the provider as being out of date. This had been identified by an outside source. We were not assured that the environment was safe.
- Parts of the environment needed repair and improvement. For example, there was poor lighting in areas that was accessible to people who have deteriorating eyesight and we identified an unsafe external smoking area.
- Waverley Care home had 16 people living in it at the time of inspection, however there was only one bathroom available as the shower had been in need of repair for 10 months. This meant that there was insufficient bathing facilities for the people living in the home.

The provider had not ensured risks in relation to people's care were properly managed to prevent avoidable harm. This is an additional breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely.
- We found incomplete topical cream records which also indicated that creams were not always applied as prescribed. Therefore, we were not assured people's skin was cared for properly.
- Medicines were not always available in the home to be administered to people; one person had run out of their painkiller medication. Low quantities of medicines had not been acted on by staff, so we could not be assured medicines were administered safely as prescribed.
- Recording processes for controlled drugs was not sufficient and potentially could have led to mistakes being made.

The provider failed to manage medicines safely. so people were placed at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Overall staffing levels was insufficient. For example, there was insufficient domestic and maintenance cover for the effective upkeep of the home.
- There were unsafe staffing levels of a night. If there was an emergency there would not have been appropriate support to ensure the safety of the people living in the home.
- Appropriate identification systems had not been followed during the recruitment processes.
- The staff rota contained names of agency staff however there was no corresponding information in the agency care staff files relating to their identity checks or any induction they had completed. The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed and deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Observations assured us that the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider had failed to ensure records relating to staff support: induction, training, skills and experience had been updated or completed fully or accurately. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17.

Staff support: induction, training, skills and experience

- New staff inductions did not show staff had received the appropriate training. For example, safeguarding, health and safety, infection control had not been completed during their induction period. This was discussed with the manager.
- Staff who administered medication had not had their competency levels checked. We were not assured that staff were capable or competent in this area of care.

The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed and deployed. This was an additional breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervision and the manager had sourced moving and handling training for the coming month.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had bed rails in place; bed rails are used to prevent people accidentally falling, or slipping, out of bed but require formal consent for use, as they are considered a form of restraint. Despite this, there was no evidence that people's capacity to consent to bed rails had been sought.
- People's care plans made suggestions that they may lack capacity to make decisions about their care based solely on an impairment in their brain. Throughout their care plan these statements were repeated without any further clarification or evidence that a full assessment to determine their capacity had been made.
- We were unable to see how Deprivation of Liberty Safeguards (DoLS) processes were monitored and if any conditions were incorporated into people's care plans appropriately.

The provider failed to ensure appropriate consent was sought. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs, risks and choices were not always assessed in a timely manner. This meant staff lacked critical information about people in their care. Due to the number of agency staff used by the home this placed people at risk of avoidable harm.
- People had access to healthcare services when they needed it. However, where professional advice had been given, this had not always been adhered to or followed up on appropriately. For example, a professional had advised staff to monitor a person's blood pressure. There was little evidence that this had been done.

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

- There was nutritional information in people's files however, some of this information had not been updated and advice from dietary professionals had not been incorporated into people's care plans. For example, a nutrition care plan did not contain professional advice.
- There was no adequate system in place to ensure catering staff had accurate information on people's dietary needs or risks.
- We received mixed feedback regarding the food that was provided in the home. Some comments were positive for example, "It is good food and you get a choice and you get plenty. There are drinks available whenever we want."
- We also received negative feedback, for example one person ordered their own food from a supermarket as they did not like the food provided and another said "The type is not like my type of food, I prefer plain food."

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

- The lounge area was very small and could not accommodate more than eight people. This meant the majority of people could not choose to utilise this area for socialising or eating in.
- It had been recognised by the provider that parts of the building was in need of significant repair and some refurbishment. However, this had been noted at previous inspections and no actions had been taken.
- People were able to personalise their rooms with pictures and personal furniture when they moved in.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People's wishes had not always been documented appropriately. Conversations with people and their relatives indicated that there was mixed opinions about the care being delivered by staff.
- Comments we received from people included, "I think they are pretty well caring but sometimes with the toilet they don't come quick enough," and "The staff are very busy, and they could do with some more help. They don't have time to chat, but they do try and stay for a while with me." Relatives also commented, "The staff I have met are all right, but one was a bit abrupt. A couple are really nice." "They do take comments on board. They see [person] and they talk to them."
- People were supported to make decisions about their daily life for example what food was wanted and what clothes to wear. Relatives comments included, "Meetings I have been to are assessments for Dad and GP's."
- People who could not consent or make their own decisions were supported by staff in a patient and respectful manner.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- One person said, "The staff are very kind and caring. They are kind to us. They definitely treat me with respect and dignity." Another told us, "They are very pleasant and very patient." A family member said, "The staff are always amenable and pleasant and willing to help."
- The manager and staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgeably.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- Staff were respectful of people's privacy and dignity. For example, one person needed support with personal care. They were patient and encouraging. A relative told us "They treat [person] with respect and dignity. [Person] washes themselves and they take [person] for a bath. The clothes are clean and [person] always gets their own clothes back from the laundry."
- We were unable to see evidence in people's care files that support to promote a person's independence had been identified.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure records relating to people's care and treatment were updated or completed fully or accurately. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider continued to be in breach of regulation 17

- Care plans had not consistently been completed to identify people's needs, likes, dislikes and preferences.
- Some care plans and reviews had not been completed at all. For example, safe environment, mobilising, skin integrity care plan, pain management, mental health, personal care, oral health, communication, recreation, sleeping, physical health/medical needs, end of life and sexuality all required further information and updates to help staff deliver the expected level of person-centred care.
- Care plans that were in place did not always include professional advice given, for example nutritional advice. There was also no guidance on how to monitor signs and symptoms of people's medical or physical health care needs that needed monitoring.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some care plans contained information regarding their communication support needs, however some did not. This meant staff did not always have the appropriate information to be able to communicate effectively with people requiring an additional level of support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback regarding activities that were available. We raised concerns that the activities were not always socially or culturally relevant. This was raised with the manager who assured us that this would be reviewed.
- Comments we received included, "I have no activities and they have not got time for me in my room they

say they are very busy," and "I have my own money. They will take me in a wheelchair to the shops or cash machine."

- People we spoke with told us they were able to maintain their relationships with friends and families and significant events such as birthdays and religious festivals were celebrated.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.
- During the inspection it was identified through a staff meeting that a complaint had been made. The provider and manager had not maintained a complete log of complaints received and could not demonstrate how complaints were investigated or responded to appropriately.
- We received mixed feedback regarding the responsiveness of the provider to any concerns raised. Comments included "If there are any issues I can always speak to them. They do act on things and it is always rectified," and "They do not act on things. I asked if I could speak to a nurse and I could not get any answers and was told to ask the GP." This indicated that not everyone living in the home and their relatives had the same experiences when raising concerns.

End of life care and support

- Some care plans in people's files held some information regarding their end of life needs and wishes, however some did not. This meant staff did not have the appropriate information to be able to effectively support people according to their wishes.
- Nobody was receiving end of life support at the time of inspection, however the provider did have an end of life policy in place.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection the provider had failed to have robust quality assurance systems in place. This was a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits continued to be ineffective. For example, the fire safety audit stated that the home had a current fire risk assessment in place. This was not the case, the fire service identified that a risk assessment still needed to be completed.
- Care file audits were ineffective; they did not state which files had been reviewed and if any actions had been identified. The environmental audits stated there were no issues with the lighting however we identified lighting issues during the inspection.
- We were unable to see any official oversight the provider maintained of the service. This information had been requested but not provided.
- Systems and processes such as recruitment, complaints and the providers mental capacity responsibilities were ineffective and needed to be reviewed and improved.
- Risks relating to the health, safety and welfare of people was not assessed, monitored and mitigated. For example, the fire service had identified significant issues regarding the environment. They had used their legal powers to ensure the provider implemented improvements that would assure the safety of people living in the home.

The governance arrangements in place were not robust and record keeping was not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- The provider had employed a new manager and deputy manager who had been in post for a short period of time. They were both starting to improve systems and processes. There had been a significant lack of oversight within Waverley Care Home and a lack of understanding about roles and responsibilities.
- Staff meeting minutes indicated that there was a cultural concern within Waverley Care Home which could impact the service positively moving forward. This was due to the lack of cohesive working amongst the staff team. However, we were assured that action was being taken to address this.
- Records in relation to people's care did not always contain adequate information and were not always completed properly. This meant we were not always assured that people received the care they needed and if this care promoted good outcomes for people.
- The manager had implemented ways to communicate with families, for example sending emails with updates following 'resident' meetings.
- The majority of feedback we received from people and their relatives suggested that the staff engaged and communicated with people well. However, we also received some comments that indicated that methods of communication could be improved.

Working in partnership with others

- The manager and staff worked with external professionals and the feedback we received was positive. One professional commented "They are always proactive and very professional (especially the senior nurse), sometimes they may be too busy to discuss over the phone what resident's need to be discussed but always get back to me when they have the time to do so."
- The manager had started to implement improvements following the findings of the fire service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to ensure appropriate consent was sought.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance arrangements in place were not robust and record keeping was not always adequately maintained and the provider had failed to have robust quality assurance systems in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed and deployed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured risks in relation to people's care were properly managed to prevent avoidable harm and had failed to manage medicines safely, so people were placed at risk of harm.

The enforcement action we took:

Warning Notice issued