

Alpha Health Care Limited

Waters Edge Care Home

Inspection report

Stafford Road
Great Wyrley
Nr Walsall
Staffordshire
WS6 6BA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 11 April 2017. This was an unannounced inspection.

Our last inspection took place in March 2016 and we found when people lacked capacity to make certain decisions capacity assessments had not been completed and best interest decisions were not in place. We also found the provider did not have systems and reviews in place that were effective in identifying areas of improvement. We found that not all the information which was recorded was accurate.

The service was registered to provide accommodation for up to 63 people. At the time of our inspection 55 people were using the service.

There was a registered manager in post. 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.

When people were not able to consent, mental capacity assessments and best interest decisions were not completed. The systems in place did not always identify areas of improvements and the provider was not displaying their rating in the home in line with our requirements.

People were happy with the staff that supported them and they felt safe living in the home. Staff understood safeguarding and how to report concerns if needed. The provider had procedures in place for reporting safeguarding concerns. Risks to people were managed in a safe way and equipment used within the home was maintained to ensure it was safe to use. There were enough staff available to offer support to people and they did not have to wait. Medicines were managed in a safe way to ensure people were protected from the risks associated with them.

People's privacy and dignity was promoted and they were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. Families told us they were free to visit throughout the day. People enjoyed the food and were offered a choice. We found people had the opportunity to participate in activities they enjoyed. When needed people had access to health care professionals.

Staff received training and induction that helped them support people. The provider ensured staffs suitability to work within the home. Staff felt listened to and were able to raise concerns. The provider used feedback from people and relatives to bring about changes.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 felt safe and equipment was tested and maintained. Risks to people were managed in a safe way. There were enough staff available and people did not have to wait for support. Medicines were stored and recorded to ensure people were protected from the risks associated with them. The provider had systems in place to ensure staff suitability to work within the home.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.
When needed capacity assessments had not been completed and there was no evidence that decisions were made in people's best interests. The provider had considered when people were being unlawfully restricted. Staff received training that helped them to support people. People enjoyed the food and were offered a choice. When needed people had access to health professionals.

Is the service caring?

Good ●

The service was caring.
People were supported by staff they were happy with in a kind and caring way. People were encouraged to be independent and make choices about their day. Family and friends were free to visit at any time and felt welcomed.

Is the service responsive?

Good ●

The service was responsive
Staff knew people well. Care was reviewed and people were involved. People had the opportunity to participate in activities they enjoyed. People knew how to complain and complaints were responded to by the provider.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.
The systems in place were not always effective in ensuring areas for improvements were identified. The provider was not displaying their rating within the home as required. People spoke positively about the service and felt it was well managed.

Staff felt listened to and supported and understood the process of whistle blowing. The provider sought opinions from people who used the service and used this information to make changes. The registered manager understood their responsibilities around registration with us.

Waters Edge Care Home

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 visit took place on the 11 April 2017 and was unannounced. The inspection visit 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. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

The provider had 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 considered this information when we were planning the inspection.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with eight people who used the service, four relatives and four members of care staff. We also spoke with the operations director, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for six people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People were safe and well looked after. One person said, "It's having a lot of people around. There's always someone here. I have my door open. It's only at night that it's shut. It's nice to be somewhere you're safe and looked after". Another person told us, "You just feel safe". Relatives confirmed their relations were safe. One relative said, "My relation was very unsafe at home. The doctor comes in three times a week. That's another good reason to move them here". We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw people were sitting on pressure relieving cushions and people used aids to assist with their walking. Some people needed to be transferred with the use of specialist equipment. We saw staff using this equipment safely and in line with the persons care plan. This equipment had been maintained and tested to ensure it was safe to use. This showed us that people were supported in a way to keep them safe.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. A member of staff said, "It's if you see anything that's not done properly or if anyone might come to any harm". Another staff member told us, "I would report abuse of any sort to the manager, they would address this appropriately". Procedures were in place to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people were protected from potential harm.

Staff we spoke with knew about people's individual risks and how to support people with these. We saw that risks had been assessed to support people's health and wellbeing in a positive way. For example, staff explained how a person was at risk of falling. This person wished to be as independent as possible so equipment was used in the person's room to alert staff when the person was mobilising. We saw this equipment was in use. This demonstrated staff had the information needed to manage risks to people. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need.

There were enough staff available and we saw people did not have to wait for support. One person said, "You have got staff around you all the time. At night they're in and out to see if you're alright". A relative said, "There are always staff around. Staffing levels seem to be adequate". We saw that when people needed support staff responded in a timely manner and people did not have to wait for support. For example, when people needed support to move or with personal care.

People were happy with how they received their medicines. One person said, "No problems with how they do the tablets". We saw staff administering medicines to people in a safe way. Staff spent time with people ensuring they had taken them. We saw that when people were prescribed medicines on an 'as required basis', there was guidance in place for staff to show when these should be given. We saw staff checking with people if they were in any discomfort and offering them their prescribed 'as required' medicines. We saw there were effective systems in place to store administer and record medicines to ensure people were

protected from the risks associated to them.

The provider had systems in place to ensure staff suitability to work within the home. We looked at records for two staff and saw that references and DBS clearance were obtained before they were able to start working within the home. The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions.

Is the service effective?

Our findings

At our last comprehensive inspection, we found when people lacked capacity to make certain decisions, capacity assessments had not been completed and best interest decisions were not in place. This was a breach of Regulation 11 and 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014. At this inspection we found the provider had not made the necessary improvements needed.

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 or 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.

We checked to see if the principles of MCA were followed. We saw when needed capacity assessments had not been completed. The provider had taken steps since the last inspection however an incorrect assessment method had been used. When people lacked capacity to make decisions we did not see any evidence that decisions had been made in people's best interests and relatives were signing consent forms on behalf of people. For example, to consent to the use of bed rails and alarms. Staff did not demonstrate an understanding of MCA. One staff member told us, "It's when someone hasn't got capacity they have to have a Deprivation of Liberty Safeguarding in place". Another staff member said, "It's like safeguarding protecting people". This meant the principles of MCA were not followed.

This is a continuing breach of Regulation 11 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014

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). The provider had considered when people were being restricted unlawfully and applications when needed had been made to the local authority. Two people had a DoLS authorisation in place further applications had been made.

People told us staff had the skills to meet their needs. One person said, "Yes. I'm impressed. This can't be an easy job. I think they do a brilliant job". Another person told us, "They have me feeling better, so they must know what they are doing". Staff told us they received training and an induction to give them the skills needed to provide care and support to people. One member of staff said, "We have a lot of training so we are up to date with changes, we have practical sessions for moving and handling people which I like". This demonstrated staff were supported to receive training relevant to meeting people's needs. The registered manager told us how they had implemented the care certificate for all new starters as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People were offered choices at mealtimes and enjoyed the food provided. One person said, "The meals are lovely. There are no problems with the meals". Another person told us, "They bring a menu round and tell you what's on and you say what you'd like". We saw that throughout the day people were offered a selection of hot and cold drinks. When people needed specialist diets this was provided for them. For example, a soft diet. One person commented, "I'm diabetic. I have insulin once a day, I know what I can and can't eat. I have to watch my diet and the cooks try too".

People had access to healthcare professionals when needed. One person said, "I get plenty of outside help when I need, like the GP". A relative told us, "The district nurse comes in twice a day to administer their insulin. They have a health issue that they are keeping on top of. They seem to be on top of everything". People's visits from district nurses and opticians was recorded in their care plans. This showed us that when needed, people had access to health professionals.

Is the service caring?

Our findings

People and relatives told us they were happy with the staff. One person said, "They are quite a mixed bag who work together well as a team. I take my hat off to them. From what I've seen, they do a very good job and remain kind and caring. I think that's excellent considering the variety of residents". Another person said, "The staff are lovely. There isn't one that isn't nice. I like a laugh and a joke with them. It's the way they speak to us. They're not nasty". We saw staff stopping to talk with people. The atmosphere was relaxed and friendly. A relative told us, "I think they are absolutely marvellous. I love them". We saw that when people needed support at mealtimes this was offered to them. One person liked to feed the birds, they were offered left over bread at breakfast time and support to do this. This meant people were treated in a kind and caring way.

People's privacy and dignity was promoted. One person said, "If you're having a bad day and you feel a bit weepy, they will make you a cup of coffee but they don't intrude". Staff gave examples how they promoted people's dignity and treated people with respect. One member of staff said, "We offer respect to people, make sure things are private and as dignified as possible for people. We would close doors for personal care and try to be discreet".

People's independence was promoted. One person said, "They just do my food and drinks. I go in the bathroom myself and have a wash. You've only got to ring your bell and they'll bring things to you". A relative said, "They encourage people to be independent, they do it with people not for them". This demonstrated people were supported to maintain their independence.

People made choices about their day. One person said, "I like to stay in my room, it's quieter". A relative told us, "They are always somewhere different when we get here; they chose what they want to do and what time they get up". We saw staff offering people choices about where they would like to sit and what programmes they would like to watch on the television.

Relatives we spoke with told us the staff were welcoming and they could visit anytime. A visitor told us, "I come whenever I chose". Another said, "Anytime, they are all a friendly bunch". We saw relatives and friends visited throughout the day.

Is the service responsive?

Our findings

People were able to take part in activities they enjoyed. One person spoke about the activities and entertainment. They said, "I knit and they have a singer come in and bingo. I like bingo it passes an hour". Another person told us, "There is obviously a limit due to the different people, but they have the usual puzzles and there is a girl who comes in who is arty. For the mix of people I think it is as good as you can get". There were activity coordinators in post and we saw a quiz was taking place. We saw up and coming events were displayed on the activity board and photographs of previous events that had occurred in the home. A relative said, "They do something every day. My relation never stops. It's absolutely amazing. Quiz, knit and natter, bingo, musical bingo, scrabble, entertainers and singers coming in, Easter parade, garden party, and barbeques. On New Year's Eve they had 2 or 3 couples from Come Dancing in".

People and relatives told us they were involved with reviewing their care. One person said, "Yes I feel involved". A relative told us, "We are invited to meetings and kept up to date." Staff knew about people's needs and preferences. One person told us, "They know me yes". Staff told us they were able to read people's care plans to find out information. One member of staff said, "We talk to the person and families to find out things, but it's all written in the files if we need an update". We saw people had information in their files to inform staff about their life history, likes dislikes and preferences.

People knew how to complain. One person said, "I would go to the manager as she's the top one". A relative commented, "I could find out. I think there's some information out there. If I was concerned I'd go straight to the manager". We saw the provider had a complaints policy in place. When needed the provider had responded to complaints in line with their policy.

Is the service well-led?

Our findings

At our last comprehensive inspection, we found the provider did not have systems and reviews in place that were effective in identifying areas of improvement. We found that not all the information which was recorded was accurate. At this inspection we found the provider had made some improvements however further work was required. .

Systems were in place to monitor medicines; however these systems were not always effective. For example, we completed a stock check of medicines. For one medicine we identified the amount in stock was inaccurate. The audit the provider had completed had not identified this concern. This meant we could not be sure systems were effective in identifying concerns.

The provider had published the service's performance rating on their website however a copy of the latest rating and inspection report was not on display at the entrance to the home. The requirement to display the poster and report is to ensure that people, visitors and those seeking information about the service can be informed of our judgements. We discussed this with the registered manager who told us they would ensure this was displayed.

People spoke positively about the service and the registered manager. One person said, "I'm sure it's as well led as the next. They all seem to get on". A relative told us, "The leadership seems good. They are good role models. They always seem to be around, even when they're not on duty. It seems like a family atmosphere". The registered manager understood their responsibilities around registration with us and notified us of significant events that had occurred at the service. This meant we could check the provider had taken appropriate action

People had the opportunity to complete feedback on the home. One person said, "They have a meeting upstairs. I do go and they talk about different things. You can find out what's going on." A relative told us, "They did a questionnaire about the car park a few months ago and they are going to sort the car parking problem. The chef comes once a month and asks what they would like on the menu for that month, things like old fashioned food like bread pudding". We saw a survey had been completed in 2017 and an action plan was in place. This demonstrated the provider sought the opinions from people who used the service and used this information to make improvements for them.

Staff told us they had meetings to discuss changes in the home and had the opportunity to raise concerns. Staff told us they felt listened to and were confident their concerns would be addressed. One staff member said, "We have meetings and we can go in the office anytime if we are unhappy with something". Another told us, "I feel supported".

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "I know about whistleblowing this is something I would do if I needed to".

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 When needed mental capacity assessments had not been completed and decisions had not been made in people's best interests.