

Waterloo Care Limited

Waterloo House

Inspection report

Waterloo Road
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22 August 2017

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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

The inspection visit took place on 21 August 2017 which was unannounced and we returned announced on 22 August 2017.

Waterloo House is a residential home which provides care over two floors to older people including people who are living with dementia or a cognitive impairment.

Waterloo House is registered to provide care for 35 people. At the time of our inspection visit there were 33 people living at the home.

At the last inspection in May 2015 the service was rated 'Good' overall. At this inspection we found the service remained 'Good' overall.

There was a registered manager at the home however they were not present during this inspection. A temporary manager was managing the home and because of recent managerial changes, it was planned they would become the new registered manager once they had completed their application to become registered with us. 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 and relatives were pleased and satisfied with the quality of care provided. People were encouraged to make their own decisions about how they lived their lives, such as receiving their care and support in line with their expressed wishes.

People were supported to remain as independent as possible so they could live their lives as they wanted. People made choices about what they wanted to do for themselves, such as what to do, where to sit and what to wear. People were encouraged to maintain important relationships with family, and relatives felt involved in the support their family members received.

Care plans contained supportive information but needed to be more detailed and personalised for staff to help them to provide the individual care people required. For people assessed as being at risk, care records included information for staff so risks to people were minimised, although these were not always specific enough. However, we found staff knew how to support people to minimise identified risks and they knew how to keep people and others safe.

Staff knew how to keep people safe from the risk of abuse. Staff and the manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

Staff understood people's individual needs and abilities which meant they provided care in a way that

helped keep people safe. Staff received essential and regular training to meet people's needs, and effectively used their skills, knowledge and experience to support people.

People's care and support was provided by a caring and consistent staff team. People told us they felt safe living at Waterloo House. Relatives were complimentary about the staff team, their caring approach and told us nothing was too much trouble.

The manager and care staff worked within the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge ensured people received consistent support when they were involved in making some decisions. Care records did not clearly identify what decisions or support people needed if they lacked capacity. However, staff told us and we saw, staff sought people's consent before they provided care and support.

People were supported and encouraged to pursue hobbies and leisure activities although some people said there was little to keep them stimulated. The manager was working to improve the variety and range of activities to make them more personalised.

People received meals and drinks that met their individual dietary requirements. Anyone identified at risk of malnutrition or dehydration, were monitored and if concerns were identified, advice was sought and followed.

People said the visibility and access of staff and management made them feel they could share concerns or complaints. The manager had an 'open door' for people, relatives, staff and visitors to the home. People said the visibility of the manager meant they could raise any minor concerns so they did not escalate into formal complaints.

A recent management change has had a positive impact on the staff team and the manager had a system of audits and checks to improve the delivery of service. The manager has prioritised those areas that need improvement such as care plans, risk assessments and seeking people's feedback. The provider was confident in the manager's ability to ensure improvements were made. The provider continued to have oversight of the service which gave them confidence that a good quality service was being delivered. The provider had submitted a Provider Information return (PIR) and they understood their legal responsibility to notify of us of important and serious incidents.

Further information is in the detailed findings below.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

Waterloo 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 visit took place on 21 August 2017. It was a comprehensive unannounced inspection and was conducted by one inspector. We announced our return on 22 August 2017.

We reviewed the information we held about the service. This included information shared with us by the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. We looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

To help us understand people's experiences of the service, we spent time during the inspection visit observing and talking with people in the communal areas of the home, or their rooms when invited. This was to see how people spent their time, how staff involved them, how staff provided their care and what they thought about the service they received.

We spoke with four people who lived at Waterloo House and one visiting relative. We spoke with the provider (who is the owner of this home) a manager, five care staff, a cook and a maintenance person.

We looked at four people's care records and other records including quality assurance checks, training records, observation records for people, medicines and incident and accident records.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

People were safe living at Waterloo House and people told us why they felt safe and secure. One person said, "There is always someone on watch all of the while." People said the staff team were approachable and they were not concerned about asking for help when needed.

Staff received safeguarding training and understood the signs that might indicate a person was at risk of harm or abuse. Staff had confidence to challenge poor practice and to share any concerns with the manager or provider. Where a safeguarding concern or incident had been identified, the manager had taken action to report this to the relevant organisations who have responsibility for investigating safeguarding issues. They also informed us by submitting a statutory notification.

Care plans contained risk assessments so people received care that did not put them at risk. Staff's knowledge of supporting people was more detailed than written risk assessments. For example, staff knew how to de-escalate a person's behaviour that became challenging. However, there was no written information that told staff what to do, what to look out for and how to manage the situation to further limit risk. The manager knew this was an area for improvement and was addressing this. Other risks around people's food, nutrition and mobility were described, monitored and reviewed to ensure the risks were minimised where possible.

There was sufficient experienced staff to meet people's needs. People told us there were enough staff to care for them. A senior staff member completed the rota which they told us helped because they knew people well and staff's experience and skills. Staff felt there were enough staff, and when staff numbers fell below expected levels due to sickness, "It works, we all pull together. We are a good team."

Maintenance and safety checks had been completed for all areas of the service. These included safety checks of mobility equipment, environment and water safety. Records confirmed these checks were up to date. In addition, there was regular testing of fire safety equipment and fire alarms so people and staff knew what to do in the event of a fire. People who used the service had updated Personal Emergency Evacuation Plans (PEEPs). These are for people requiring special provision to ensure their safety in the event of an emergency.

Systems ensured medicines were ordered, stored and administered safely. People who lived at Waterloo House received their medicines as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their medicines and daily counts by trained staff made sure medicines were given as prescribed. MARs were completed correctly but we found for prescribed creams, these did not state where to be applied. This was being addressed with the local GP surgery. Some potential time critical medicines did not always record when they were to be given and the manager immediately followed this up with the pharmacist to seek advice to ensure they continued to be given safely.

Is the service effective?

Our findings

At this inspection visit we found people continued to receive care and support from trained and experienced staff and from staff who provided people choices in line with their wishes. The rating continues to be Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

As we found at our previous inspection, the service was working within the principles of the MCA. Where people required an assessment under DoLS the registered manager had submitted applications to the relevant local authorities.

Staff understood the MCA and how to support people using the principles of the Act. Staff offered people choice regardless of their capacity and staff said it was important to continually promote choice as people's decision making varied. We saw examples of mental capacity assessment records in care plans, however there were no records of best interests meetings or what specific decisions people could not make for themselves. The manager assured us this would be rectified as they were reviewing all of the care plans and risk assessments.

Training for staff was relevant to their role which equipped them to meet the needs of the people. Staff confirmed they received training in subjects including safeguarding, dementia, moving and handling, medicines and infection control. The administration clerk monitored staff training, to ensure staff received refresher training to keep their skills updated. The training matrix showed staff refresher training was completed at the required intervals.

People told us they enjoyed the meals, though one person said, "It's not like my cooking." People were given two choices at lunch time and at supper, and special diets were provided, such a vegetarian, low sugar and soft diets. People who required it received assistance, whilst the independence of others was maintained by prompting and staff cutting up people's food where needed.

Staff completed food and fluid charts to identify people at risk of dehydration or malnutrition. People's weights were monitored regularly and fluctuations were investigated, as well as seeking advice from a GP or dietician. People received support from the GP and district nurses. Staff followed their advice.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at Waterloo House as they had been during our previous inspection, because they felt staff cared about how they felt. The rating continues to be Good.

People were complimentary of the staff who supported them and said they were happy with the care provided. One visiting relative told us, "The day I am concerned, I will move [name]...they are very good and look after [person] very well."

We saw staff interactions with people at the home were respectful, kind and positive. Staff were gentle and supportive when caring for people and they responded to people's needs quickly. For example, one person who was in bed was extremely agitated and kept shouting out. A number of different staff throughout the morning comforted the person, giving reassurance that they were okay and being looked after. Staff arranged for the GP to visit immediately to ensure everything was being done. Staff said the GP was content everything was being done and that it was a symptom of the person's condition.

Staff knew the people well and responded to their wishes and preferences in a caring way. For example, we saw staff asking people in the lounge what they wanted to do, some people did art and crafts while others did crosswords or watched the television. We heard staff comment positively on people's appearance which people appreciated.

We observed staff supporting people during lunchtime. The interactions were considerate, caring and respectful. Staff who were helping people to eat did not rush them so people could eat at their own pace. When people stopped eating, staff gently encouraged them to finish their meal but were not forceful and respected if people chose not to.

Staff respected and maintained people's right to dignity and privacy. Staff were observed to knock on bedroom doors, and await a response before entering. Staff told us personal care was only carried out in private rooms. Staff told us, when providing personal care, they always explained to people what they were going to do so people felt involved and knew what was happening. They ensured the doors were closed and curtains drawn so people did not feel vulnerable when receiving personal care. Where personal care was provided, people told us they felt comfortable and not embarrassed.

End of life care was managed with sensitivity, although no one was receiving end of life care during our inspection. Staff explained how they cared for people at end of life and why it was important. One staff member said, "I like to know I have done everything I can." Information about the person's wishes in regards to end of life, with input from relatives was sought and recorded. Topics covered included the person's resuscitation decision, and where care should be provided, for example in the care home or at a local hospital. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNAR) form, completed and signed by the person's doctor. The form confirmed agreement between the person's doctor, the person if they were able to and/or the person's relatives.

RESPECT forms were being completed which replaced the DNAR forms and a butterfly on each person's door, signified who had agreed not to be resuscitated. This acted as a reminder to staff. However, we asked senior staff to review this as one person no longer received end of life care, just to ensure people's wishes regarding resuscitation remained correct. For others, GP's RESPECT approval conflicted with their decision. This meant the actions to take were not always clear and could put people at risk of unnecessary treatment.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff were responsive to people's needs. A relative told us, "The staff are very good, they treat [person] like family." This relative told us their family member had potential to choke when eating. They explained staff were very good when assisting the person to eat and did not rush them. They said they felt confident staff knew what they were doing and if anything was needed, it was done. One person told us how staff had made a positive difference to them because staff wanted to do their best for people in their care. This person said, "Staff are exceptionally good, when I came here I couldn't walk...now I can." They said whenever they needed help, staff were on hand to assist.

Care plans included information about people's needs such as how they wanted to be cared for which ensured they had support, as well as promoting their independence. Care plans were up to date and reviewed, however were not always person centred. For example, if people had challenging behaviours, there was no information for staff on what the triggers were, what to do to support the person and how to de-escalate the situation. The manager had identified this was an issue and had plans to address this. We found senior staff reviewed care plans but were unclear themselves what a 'good care plan' looked like. We told the provider and manager about this. They agreed to provide support and consistency to senior staff to achieve consistent and informed care plans.

Staff were knowledgeable about the people they supported and knew in detail, the individual ways people wanted to be supported. Staff said they knew about people because, "We use CMS (electronic care plan system) and we have handover." A senior staff member said they provided a handover to staff at each shift change which meant essential information was passed on to every staff member, so they could respond to people's needs in a consistent way. Staff told us they relied on handover as they did not always read the care plan. Staff told us in each room was a 'This is me' document which gave a summary of each person's needs. Staff told us they found this helpful. Staff said they worked well together and the staff team were consistent, used to each other which helped provide continuity of care.

We had mixed views regarding activities, yet improvements were being made. Some people pursued their leisure time interests such as photography, gardening, reading, puzzles and spending time with family. For others, they felt there were limited activities to stimulate interest. The manager said they had begun improving this. They had set up a sensory garden, the Worcester University used this to contribute to their "Nature based study for people living with dementia". A dementia researcher involved in this project wrote to the provider, "You assisted us above and beyond what we would usually expect." Plans were to increase the garden to involve planting vegetables and other crops in raised beds. The manager had also enquired with 'OOMPH' (external provider of activities for enhancing the mental, physical and emotional wellbeing of older adults.). This would provide the home with additional resources, ideas and equipment to support people with pursuing activities, such as days out and transport.

People knew how to make a complaint if they were not happy, but people and a relative were pleased with the service. One person said, "I would speak with staff if I had a concern." People and a relative said the manager was visible so would raise concerns with them if they needed, or staff if they were not available. In 2017, there had been no complaints. The manager assured us that if any complaints were received, they would be investigated in accordance with the provider's complaints policy and actions taken to limit further similar complaints.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The registered manager at the time of our last inspection had been in post until their absence in July 2017, although they were still registered with us. The provider explained there had been a period of managerial instability, but a new manager had undertaken the role as 'home manager' and was responsible for the day to day management of the service. It had been agreed that the new manager will make an application to become registered with us.

People and relatives were happy with the quality of the service. People knew who the manager was and were positive in their comments. One person said of the new manager, "[Name] is super, an absolute star – Always talks and has a laugh." Other people said management was visible and approachable. One person said of the staff and management, "First class in my view."

Staff said they had confidence in the new manager and said recent managerial changes had a positive impact on some staff. Staff said the manager was approachable, listened and staff were comfortable raising concerns with them which they had not always been with the previous manager. Staff said the team worked well together, communication was good and shifts ran smoothly so people received a good quality and responsive service.

The manager had prioritised areas for improvement. They had a programme of audits and checks in place. They had identified care plans needed improving and these were being reviewed. The manager wanted to develop staff knowledge further in care planning to ensure the quality and accuracy of support plans was consistent.

An external pharmacist had recently audited medicines and was making a follow up visit during our inspection. Any areas of doubt were checked with the pharmacist, such as time critical medicines, so staff could be confident all medicines continued to be administered safely. This demonstrated willingness by the manager and staff to learn and improve.

The manager and staff had identified activities was an area for improvement. The manager had contacted an external organisation to seek to improve the quality and delivery of activities. Improvement had been made in the garden area which continued to be a work in progress.

The provider and manager understood their legal responsibilities to submit statutory notifications and had done so when important events had occurred. The provider had displayed the ratings poster in the home and they had updated their website from the last inspection visit which they have a legal duty to do. The provider tackled poor practice and staff said they were confident in speaking with the provider if they had concerns. They continued to have oversight of the service and visited the service weekly to check people and staff remained pleased with the service at the home.

