

H Dhunnoo

Waterfall House

Inspection report

363-365 Bowes Road
New Southgate
London
N11 1AA

Tel: 02083680470

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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

About the service

Waterfall House is a residential care home providing accommodation and personal care to up to 18 people with mental health needs. At the time of the inspection there were 11 people living at the home.

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

People told us that they were happy living at Waterfall House and felt safe. Many people had been living at Waterfall House for several years and considered it their home.

Staffing levels during the day were observed to be appropriate and met people's needs safely. However, only one member of staff was allocated to work at night. We highlighted specific concerns regarding this to the registered manager and provider, especially in relation to fire safety and evacuation of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we found that where people lacked capacity, a mental capacity assessment and best interest decisions that had been made, had not always been clearly documented within the person's care plan.

Risks identified with people's health and care needs had been assessed and appropriate guidance had been provided to staff which enabled them to support people to remain safe and free from harm.

Medicines management and administration systems in place ensured people received their medicines on time and as prescribed.

Recruitment records confirmed that the provider only employed staff members who had been assessed as safe to work with vulnerable adults.

People were supported with their nutrition and hydration needs. People had access to drinks and snacks throughout the day. Where specialist support was required this was provided.

The service supported people to access the services of a range of health and social care professionals where required.

Support staff received the relevant training and support to carry out their role.

We observed positive and respectful interactions between people and staff. People were supported and encouraged to maintain their independence as far as practicably possible.

Care plans were person centred and detailed and focused on people's needs and wishes.

People knew the provider and the registered manager well. We observed people approaching them with confidence.

A variety of systems and processes were in place to oversee and monitor the quality of care that people received. This enabled the service to learn, develop and improve care provision.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 May 2018).

Why we inspected

The inspection was prompted in part due to concerns we received about the provider, staffing allocations especially at night, the level of care people received and food and drink provisions. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the full report for further detail.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Waterfall House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. One Expert by Experience attended the service on the day of the inspection and spoke with people. The second Expert by Experience made telephone calls to relatives after the inspection. 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

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

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

Notice of inspection

This inspection was unannounced.

What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people using the service about their experience of the care provided. We also observed interactions between people and care staff. We spoke with the provider, the registered manager and four support staff.

We looked at the care records for four people and medicines administration records and medicine supplies for nine people who used the service. We also looked at the personnel and training files of five support staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with three relatives to obtain their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living at Waterfall House. One person told us, "Staff and the environment make me feel safe." Another person stated, "I feel safe. It's very relaxed here."
- Relatives also told us that they felt their relative was safe living at Waterfall House. Comments included, "My [relative] is comfortable, he is alright, he is being well looked after" and "They have a care plan in place to keep my [relative] safe."
- The registered manager and all staff knew their responsibilities around keeping people safe and protecting them from the risk of abuse. This included reporting all concerns to the appropriate authorities.
- Staff explained the signs they would look for if abuse was suspected and the steps they would take to report their concerns. One staff member explained, "For example seeing bruises on someone or if someone is withdrawn most of the time. If you don't witness it's not so straightforward but you would discuss this with your manager and you would expect them to do something about it."
- Staff knew how to whistle-blow and listed the local authority and the Care Quality Commission as organisations they would report concerns to.

Assessing risk, safety monitoring and management

- People's care plans recorded and assessed all risks associated with their health, care and social care needs. These ensured that people were kept safe and free from avoidable harm.
- Risk assessments were in place for identified risks associated with specific medical conditions such as diabetes, falls, behaviours that challenge, choking and use of specialised equipment such as bed rails.
- On completion of a risk assessment, detailed guidance was provided to support staff on how to support people safely to minimise the known risk. One staff member said, "We try and minimise and prevent risk. People's care plans contain this information."
- The registered manager ensured all appropriate health and safety checks were completed regularly to ensure people's safety within the home. These include fire safety, gas, electrical, environmental and maintenance of the home.

Staffing and recruitment

- During the inspection we observed there to be enough numbers of staff, during the day, supporting people and ensuring their safety.
- At night, the provider only rostered one staff member to complete a waking night shift so there was only one staff member available to support people at night. This meant that where people required the support of two staff members, especially in case of an emergency or if evacuation was required, people would not be safely supported.

- Personal emergency evacuation plans for two people living at the home clearly stated that they would need the support of two staff to evacuate safely.
- We highlighted our findings to the provider and the registered manager who agreed to review staffing levels at night.
- Relatives told us that there was always enough staff available to support people. One relative told us, "There are definitely enough staff around, the staff are friendly and they take care of my [relative]."
- The provider had carried out relevant checks to ensure that staff recruited had been assessed as suitable to work with vulnerable adults. These included checking the Disclosing and Barring Service for any criminal convictions, conduct in previous employment and proof of identification.

Using medicines safely

- Medicine Administration Records showed that people received their medicines safely, on time and as prescribed. There were no gaps or omissions in recording noted.
- Medicines were stored securely.
- Where people had been prescribed medicines to be administered 'as and when required' staff knew about how and when to administer these medicines which could include pain relief or to relieve anxiety. However, 'as and when required' protocols had not been completed so that staff had clear guidance and instruction on how to administer these medicines safely. Following the inspection, the registered manager sent us completed protocols that had been put in place.
- All staff authorised to administer medicines had received the appropriate training to do so. The registered manager regularly assessed staff competencies to ensure staff were competent to administer medicines. However, these assessments were not formally recorded. The registered manager confirmed that going forward competency assessments would be recorded and following the inspection sent us assessments for staff that had been completed.
- The registered manager and senior staff member completed daily and weekly medicine audits and stock checks to ensure people were receiving their medicines safely and as prescribed.

Preventing and controlling infection

- Processes in place helped prevent and control the spread of infection.
- We found that all areas of the home were clean and free from malodours.
- Staff had received infection control training. Support staff had access to personal protective equipment to prevent and control the spread of infection.

Learning lessons when things go wrong

- There had been no noted accidents or incidents since the last inspection. However, systems were in place to record and analyse any such occurrence, to promote further learning and development.
- The registered manager explained, "We try not to repeat the accidents, we look at how it could be prevented and try for it not to happen again. We review the person's health and issues surrounding the incident and we do discuss it at handover."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission to Waterfall House, so that the service could determine and confirm that they would be able to meet people's needs.
- As part of the assessment, people's needs and preferences around their health conditions, nutrition and hydration, mental health and hobbies and interests were discussed.
- The registered manager explained the process and told us, "When we get the referral, we read the referral, we then fix a date with the social worker to visit the resident. We then invite them to the home to spend a few hours to see whether they like the home."
- Records confirmed that the person, their relatives and any involved healthcare professional were part of the assessment process.
- Information gathered at the assessment was then used to create a comprehensive care plan which detailed people's support needs, preferences and wishes.
- Care plans were then reviewed every six months to ensure they were receiving the right care and support.

Staff support: induction, training, skills and experience

- People received care and support from staff that were appropriately skilled and trained to carry out their role. One person told us, "They [staff] are all professional." One relative said, "I think they are aware of my [relatives] ways and know what she likes and dislikes they are very attentive to her needs."
- Staff told us that they received an induction when they began working at Waterfall House which included shadowing a more experience member of staff.
- Records confirmed that staff also received training was also in a variety of topics which enabled them to support people effectively with their needs. Training was refreshed on a regular basis.
- However, we did find that the training records for the provider themselves, showed that they had not refreshed any of their training. This was especially relevant as the provider, in emergencies, included themselves on the rota to help deliver care and support to people. This meant that the provider may not have been appropriately trained and skilled to deliver care. The registered manager and provider gave assurance that this would be addressed following the inspection.
- Staff confirmed that they felt well supported in their role and received regular supervision and annual appraisals which allowed them to assess their performance and further development. One staff member told us, "Supervisions are very helpful, if I am not doing something right and if I need to improve the manager tells me how to do."

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

- People told us that they were happy with the meals provided at Waterfall House and always had access to snacks and drinks when they wanted.
- Throughout the inspection, we observed people accessing the kitchen facilities as and when they wished to make drinks. Some people planned and cooked their own meals and on occasions also cooked for other people. One person told us, "We are well fed here." Another person told us that the quality of the food was, "excellent."
- Where people had been assessed as requiring specialist support and assistance with their dietary needs, this had been clearly documented within their care plan. Staff were aware of these needs and supported people accordingly.
- People's dietary likes and dislikes as well as any cultural or religious requirements were also detailed within their care plan.

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

- The registered manager told us that the service worked positively with multiple agencies and healthcare professionals to ensure people received consistent, effective and timely care.
- Staff knew people well and ensured any changes in health was reported and acted upon immediately. Care plans documented details of referrals made to healthcare services where a specific need had been identified. For one person we saw records for an urgent referral made to the mental health team and diabetic service due to concerns that had been identified.
- Care plans also recorded visits from health care professionals including GP's, social workers, opticians and psychiatric nurses and detailed the nature of the visit, the outcome and any follow up actions.
- People were supported to attend all health care appointments where required. Staffing support was arranged accordingly.
- Most people living at the home were quite independent and maintained their own personal and oral hygiene. We saw some people had access to toothbrushes and toothpaste, but this was not visible for everyone in their bedrooms. This was highlighted to the registered manager during the inspection who told us that, for some people, it was difficult to encourage oral hygiene, as they were not always willing to do so.
- Care plans listed people's support needs in relation to oral hygiene. The registered manager confirmed that going forward further attention would be given in this area to people who were willing to engage.
- Staff maintained regular logs of people's health and wellbeing, weight and behaviour charts so that they could work together to ensure people received effective care and support.

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

- Waterfall House was observed to be clean and no odours were noted around the home.
- Some signage was available around the home to aid with orientation around the home. However, this could be further improved upon to further enhance and support people especially those living with dementia.
- People were able to decorate and personalise their rooms as they wished.
- People had access to outdoor areas, local amenities and public transport links.

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

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

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was generally working within the principles of the MCA. Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Some people were able to access the community independently. People were encouraged and supported to go out as and when they wished. We saw evidence that people went out to various places and people identified as being at risk when going out in the community had risk assessments in place.
- However, where people lacked capacity and best interest decisions had been made on behalf of people, these had not always been clearly documented and incorporated into the care planning process. We showed examples of where this applied to the registered manager. Following the inspection, the registered manager sent us examples of completed capacity assessments and best interest decisions that had been made for people where applicable.
- Where people had capacity, records confirmed that they had been fully consulted and involved with the care planning and delivery process. People had signed their care plans to confirm this.
- Staff understood the key principles of the MCA and how these influenced the ways in which they support people. We observed staff seeking consent from people before care and support was provided.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that they were very happy living at Waterfall House and that they were always treated with dignity and respect. Feedback from people included, "[Registered manager] makes me laugh. I do like her" and "I like this home very much. If they told me to go somewhere else I wouldn't go."
- Relatives feedback about the care and support people received was also very positive. Comments included, "The staff support residents and they are polite and kind" and "They have a Christmas party once a year and they encourage the residents to get up and dance, it's a lovely atmosphere."
- During the inspection, we observed staff interacting with people with a kind, caring and respectful approach. People's diverse needs were taken into consideration and were supported accordingly.
- We saw that people knew staff well and the same for staff knowing people. People had established positive relationships with staff and we saw them approaching staff, expressing their needs and requests with confidence. We saw staff understand and respond to their needs in a caring manner.
- Care plans detailed information about people's protected characteristics so that staff could support people to meet their needs accordingly. For example, people's cultural and religious needs were documented and being met by staff. One relative told us, "My [relative] enjoys going to church."

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

- People were able to express their views and were involved in all decisions about how they wished to be cared for and supported.
- We saw people telling staff what they wanted, for example getting their lighter so that they could go to the smoking room to have a cigarette or asking for their money when they wanted to go out into the community.
- Staff knew people really well and demonstrated an awareness of people and their needs taking into account their likes, dislikes, preferences, personalities and behavioural traits. This enabled them to support people appropriately and promote their positive well-being.
- People told us they were involved in the planning of their care. People told us that staff discussed their care with them and that their opinions were listened to.
- Relatives also confirmed their involvement in care planning and told us, "I was involved in my [relatives] care-plan, they asked my views and opinions on all aspects of my [relatives] care."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff always respected their privacy and dignity. One person told us, "They [staff] will knock on your door before entering." Another person stated, "There are locks in the rooms in case you want

time and space to yourself."

- Staff demonstrated a clear awareness of the importance in respecting people's privacy and dignity and throughout the inspection we observed this in practice.
- People were supported to maintain their independence as far as practicably possible. Support staff understood the importance of this and one staff member told us, "We encourage them to do whatever they want to do."
- During the inspection we observed people cooking, cleaning and accessing the community independently. One relative told us, "My [relative] gets involved in setting up and clearing the table. She likes to help with the washing up. She is quite independent and likes to go out shopping."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- We observed people receiving care and support individualised and responsive to their needs and preferences.
- Care plans were person centred and detailed. Information was available on people's life and background, likes and dislikes so that support staff could support and engage people in ways which took into consideration their needs and past experiences.
- Care plans were reviewed every six months or sooner where changes had been noted.
- Each person had an allocated key worker. A key worker is someone who takes responsibility for the review and development of the person's care plan, exploring with the person access to wider health and social care service and ensuring that the care plan remained current and responsive to the person's needs.
- Where people had behaviours that challenged, care plans listed the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and support the person back into positive well-being.
- If people required the support and involvement of specific health care professionals this was identified in a timely manner and appropriate referrals were made to access the required support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans recorded people's individual communication needs and how staff were to support people accordingly. This included whether people required visual or hearing aids to support their communication.
- Staff knew people's specific communication needs and adapted their communication style in response to these.

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

- People were encouraged and supported to maintain relationships, participate and access activities, social and cultural events to avoid social isolation.
- We saw that people were free to do as they wished, and most people were able to access the community and local amenities when they wanted to.
- For those people who chose not to access the community or were unable to, support staff ensured that people were encouraged and supported to participate in and access activities within the home which

included arts and crafts, playing dominoes, baking and reading newspapers.

- The registered manager also told us about outings within the community which included attending weekly tea/coffee morning held at the local church hall and visits from the deacon from the local church. One person told us, "I listen to Classic FM on my radio, watch TV and I read the newspaper." One relative stated, "My [relative] gets to do her colouring if she wants to; she can go across to the shops if she wants to."

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any complaints or concerns to raise and were confident these would be addressed immediately. One person told us, "I would just speak to my key worker." A relative said, "I know who to complain to if I needed to, the manager."
- The service had no recorded complaints since the last inspection. Systems were in place to record, investigate and respond to complaints when raised. The registered manager told us that she took people's concerns very seriously and worked towards addressing any concerns raised immediately.

End of life care and support

- The service was not currently supporting anyone with end of life needs.
- However, care plans recorded people's wishes on how they wished to be supported when they reached the end of their life. One person's care plan stated, 'I would like my daughter and two sons to make decisions and to be contacted.'

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked towards ensuring people received person centred care which achieved good outcome for them whilst living at Waterfall House. Waterfall House had been some people's home for 30 years.
- People knew the registered manager and provider well and told us that they both were always available when they needed them. One person told us, "[Registered manager] and [provider] are very nice. They are very kind and generous." Another person said, "[Registered manager] is always friendly and cheerful."
- Relatives also spoke highly of the registered manager, provider and support staff. Feedback included, "The manager is [registered manager] and I think she is a great manager. She involves me in everything regarding my [relative]" and "I think the manager is lovely, it is like a family. They are very in touch with my [relatives] needs and they look after her."
- People were empowered to live an independent life as possible and were encouraged to be involved in all aspects of the day to day running of the home.

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

- The registered manager fully understood their legal responsibilities around reporting specific incidents and allegations of abuse to the local authority and the CQC.
- We found that the registered manager was open and honest with people when something went wrong. Accident, incidents and safeguarding records confirmed this.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- This inspection was brought forward due to concerns that we had received about the service and the care people that were receiving. During the inspection we did not find any evidence that people were placed at risk of harm.
- We discussed details of the concerns that had been raised with the registered manager and the provider, who were already aware of the concerns and were working towards ensuring that learning and improvements could be implemented where required.
- We identified concerns around staffing levels during the night and training requirements for the provider especially as in emergencies the provider included themselves on the rota to deliver care at the home. The registered manager and the provider agreed to ensure these areas of concern were considered and

addressed where required.

- The registered manager had systems in place to monitor and oversee the quality of care people received. Checks and audits monitored medicines administration and management, care plans, health and safety and food hygiene.
- Where issues or concerns were identified, details of actions taken had been recorded to address the issue and make the required improvements.
- The service demonstrated a willingness to learn and reflect to improve the service people received.
- Throughout the inspection we gave feedback to the registered manager and the provider, which was received positively, and clarification was sought where necessary.
- There was a clear management and staffing structure visible within the home and staff were confident in approaching the registered manager and the provider with their concerns. One staff member told us, "I do like the way she [registered manager] works, very transparent and very supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were encouraged to engage and be involved in the day to day running and management of the service.
- People were encouraged to participate in residents meeting on a regular basis and discussed topics such as food, activities and how they were feeling. People were also able to discuss some of the difficulties they were facing, for example, in obtaining oyster cards.
- People, relatives and visiting healthcare professionals were asked to complete annual satisfaction surveys to give feedback about the quality of care and support that people received. Satisfaction surveys had recently been sent out but not all had been completed and returned.
- Surveys that had been completed were positive. One relative had written 'He is very happy and very safe with the care provided.'
- Where issues or concerns had been identified, the registered manager, had recorded actions taken to address those concerns.
- Staff told us that they were engaged, involved and listened to about the management of the service and ensuring people receive good quality care. This was done through daily handover, regular staff meetings, supervision and annual appraisals. One staff member explained, "We talk about handover about the residents, extra information, any problems, we will express our ideas and talk about the development of the home."
- The service worked in partnership with a variety of healthcare professionals such as GP's, district nurses, community psychiatric nurses and psychiatrists to maintain the health and wellbeing of people.
- Where there had been referrals, appointments or on-going engagement with a professional, this was well documented in people's care files.
- The service also worked with the community and had established links with the local church, local shops and amenities and the local schools.