

## Waterloo House Rest Home Limited

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### Inspection report

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### Ratings

Is the service safe?

**Requires improvement**



Is the service well-led?

**Inadequate**



### Overall summary

We carried out an unannounced inspection of this service on 29 April and 1 May 2015 where a breach of legal requirements was found in relation to premises and equipment.

After this inspection, we received concerns relating to staffing levels. It was alleged that due to low staffing levels; night staff were getting people out of bed and dressed after 4am. In addition, there were concerns about people's care and welfare. We therefore undertook a focused inspection on 19 June 2015 to look into these concerns. A second announced visit was carried out on the 10 September 2015.

This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterloo House Rest Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Waterloo House Rest Home Limited accommodates up to 45 older people, most of whom are living with dementia. There were 30 people living at the service at the time of our first visit and 27 on the second.

We visited the service at 6.30am on the 19 June 2015. Although some people were up and dressed, there was no evidence that staff were getting anyone up that did not want to. Care plans documented what time people liked to rise and go to bed. We noted that some people liked to get up very early. We spoke with staff and observed their practices. We did not have any concerns about people's care and welfare at the time of the inspection. We did however; find concerns with staffing levels, the premises and equipment and the governance of 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

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

On our first visit to the home we found that not all areas were clean and some were in need of refurbishment. There were offensive odours in several of the rooms we checked. We saw that a number of beds did not have head boards and several mattresses were uncomfortable when we sat on them. We also had concerns about the condition of the bed linen and pillows. Many of the pillows were lumpy and some of the bedlinen was threadbare and mattress covers were torn. On our second visit to the home, we found that people's bedrooms and communal areas were cleaner; however, we still had concerns with the condition and quality of individual bedrooms and shared accommodation. The quality of bedlinen in use was inadequate and we noticed that many of the rooms were without call bell leads. This meant there was a risk that people could not summon assistance when required.

We found that sufficient numbers of staff were not employed and deployed to ensure people's safety and welfare were maintained and environmental standards were met.

On our first visit to the service, we found that no checks or audits of the service had been carried out since our last inspection. On 10 September 2015, the manager informed us that she had recommenced all audits and checks, although further work was still required. The provider was using a care consultancy agency to advise on the management of the service.

We spoke with the provider's representatives on the second day of our inspection and advised them of the regulatory options currently under consideration. They assured us that improvements in all aspects of the service would be made and sustained to ensure that they met all the fundamental standards of quality and safety.

We found three breaches relating to staffing; premises and equipment and governance. You can see what action we told the provider to take at the back of this report.

# Summary of findings

## 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 not safe.

Insufficient staff were employed and deployed to ensure people's safety and welfare.

The home was inadequately clean at our first visit and there were insufficient domestic staff employed to ensure the cleanliness of the premises. Many of the rooms were without call bell leads. This meant there was a risk that people could not summon assistance when required.

There were safeguarding procedures in place and there was no evidence that people were at risk of abuse.

**Requires improvement**



### Is the service well-led?

The service was not well-led.

The provider did not have effective and robust systems in place to ensure the service was being well-led.

Some audit processes had been recommenced but these failed to ensure the service operated safely or effectively.

**Inadequate**



# Waterloo House Rest Home Limited

## Detailed findings

### Background to this inspection

We undertook an unannounced inspection of Waterloo House Rest Home Limited on 19 June 2015. A second announced visit was carried out on the 10 September 2015. This inspection was carried out because we received concerns about staffing levels and people's care and welfare. As a result we undertook a focused inspection to look into those concerns.

We inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service well-led?

The inspection was undertaken by two inspectors and an inspection manager.

We spoke with the provider, the provider's representative; the registered manager; the deputy manager; a senior care

worker; five care workers; a domestic member of staff; a laundry assistant and a maintenance man. We also conferred with the director of an external care consultancy agency which the provider was using.

We spoke with four people who were able to communicate with us verbally. Most people who lived at the service were unable to communicate with us verbally because they were living with dementia.

We consulted the local authority contracts team. Two contracts officers were at the service on the morning of our inspection. We also conferred with a safeguarding officer from the local authority

Prior to carrying out the inspection, we reviewed all the information we held about the home.

We checked 10 people's care plans and other documents relating to the management of the service.

# Is the service safe?

## Our findings

We received concerns in relation to staffing levels. It was alleged that due to low staffing levels; night staff were getting people up and dressed after 4am. In addition, there were concerns about people's care and welfare.

We visited the service at 6.30am on 19 June 2015. Although some people were up and dressed, there was no evidence that staff were getting anyone out of bed that did not want to get up and dressed. Care plans documented what time people liked to rise and go to bed. We noted that some people liked to get up very early. This was confirmed by people who were able to communicate with us verbally. One person said, "I can get up and go to bed when I like, the girls are good."

We spoke with three care staff on night duty and two members of care staff on day duty. They were knowledgeable about what action they should take if abuse were suspected. None of the staff with whom we spoke raised any concerns about staff practices or behaviour. We spent time observing staff and did not have any concerns about the care they provided.

The registered manager told us and records confirmed that staffing levels had been reduced following our last inspection. Following the registered manager's return from leave; she told us that she had spoken with the provider and insisted that staffing levels were increased.

We spoke with the provider's representative about this issue. He explained that because of the low occupancy levels at the time of the previous inspection; they had made a number of staff redundant. He said however, that during a local dispute over fees the provider of Waterloo House Rest Home Limited had signed a new contract which had led to them accepting nine new admissions in a short period of time.

On the second day of our inspection, the manager told us that staffing levels had improved. She told us however, that due to holidays, maternity leave and sick leave it was still difficult to cover certain shifts at the home. She said they were having to use domestic and kitchen staff and the activities coordinator to cover some care shifts. This however, had impacted on environmental standards and activities provision.

We checked ancillary staffing hours. The registered manager told us during our first visit that domestic staffing hours had been reduced to 8am-1pm, although the domestic had to cover the kitchen from 8am – 9am because kitchen staffing hours had also been reduced. This meant that there was one domestic to clean 30 bedrooms and communal areas in four hours per day. In addition, the registered manager explained that domestic cover at the weekend had been reduced because the domestic had to cover care duties. On our second visit to the home, the manager told us that a second domestic had been recruited and were due to commence employment the following week. She said however, that due to the age of the property, more maintenance hours were required to ensure that all areas of the home were well maintained.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [staffing].

We spent time looking around the home on both days of our inspection. We found that many areas were in need of refurbishment. We saw that some of the furniture was worn and shabby. We observed that a number of beds did not have head boards attached. In addition, several mattresses were uncomfortable when we sat on them. We also had concerns about the condition and quality of the bed linen and pillows. Many of the pillows were lumpy and some of the bed linen was threadbare and mattress covers were torn.

There were offensive odours in several bedrooms we checked and we noticed that some of the vents in people's en suite bathrooms and communal toilets were not working. In addition, there was an odour of cigarette smoke in the corridor where the smoking room was located because there was no extraction or ventilation fan in this room.

On our second visit to the home, we noticed that many of the bedrooms did not have call bell leads. This meant there was a risk that people could not summon assistance when required. The manager informed us that there was a shortage of call bell leads. She said however, that everyone who needed a call bell lead had one in place, however, more were required.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [premises and equipment].

## Is the service safe?

We spoke with the provider on the second day of our inspection. They assured us that improvements in the premises would be made and these improvements would be sustained. They said that the manager could order all necessary equipment and bed linen as a priority.

# Is the service well-led?

## Our findings

At our previous inspection on April 29 and 1 May 2015 the registered manager was on a period of leave. At this inspection she was present throughout the inspection.

At this inspection, we found concerns with the premises and equipment, staffing levels and governance. On our first visit on 19 June 2015, we found that no checks or audits of the service had been carried out since our last inspection. We spoke with the registered manager about this issue. She told us, “The audits are behind, but with the best will in the world, I am behind because of the staffing.” She told us that she often had to take work home to complete in her own time, such as staff rotas. On 10 September 2015, the manager informed us that she had recommenced all audits and checks, although further work was still required.

The provider was using a care consultancy agency to advise on all aspects of the service. The consultancy agency had carried out an in depth audit of the home in May 2015. A number of shortfalls had been identified. We noticed however, that many of these had not been addressed. The director of the agency stated this was due to the manager being on leave and now the manager was back at work; she hoped that all actions would be carried out. We pointed out the provider’s responsibilities for the good governance of the home to the two directors and director of the consultancy agency.

Staff told us and our own observations confirmed that the provider’s representative visited the home regularly. We found however, that effective communication systems between the home and provider were not fully in place. The provider’s two directors stated that they were unaware of some of the concerns which the manager told us she had raised with the provider’s representative.

We spoke with the manager about how staffing levels were assessed. The manager said that the external care consultancy advised on staffing levels. The director of this

agency stated that it was the manager’s responsibility to make sure that their suggested staffing levels met with people’s assessed needs and dependency levels. The manager said however, that although a dependency tool was in place, this was not linked to staffing levels. This meant that staffing levels were not currently based on the assessed needs and dependency levels of people who lived at the home.

On our first visit to the home, we checked people’s care documentation and noted that there were some omissions in the completion of records. We noted that admission information had not been completed for several people who had recently moved to the home. The registered manager told us, “Care planning documents are not up to date because [name of deputy manager] is on the floor and has no supernumerary time.” Although we did not have any concerns about the actual care provided, we considered that people were at risk of receiving inappropriate or unsafe care because accurate records were not always maintained. On our second visit, the manager told us that improvements in care planning had been made.

We checked the service’s statement of purpose which providers have to complete as part of the conditions of their registration. A statement of purpose is a document which includes a standard required set of information about a service. We noted that this did not contain all the information required in line with legal requirements. We spoke with the registered manager about this issue. She told us that she would address this immediately.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 [good governance].

We spoke with the provider’s two directors on the second day of our inspection. They assured us that improvements in all aspects of the service would be made and sustained to ensure that they met all the fundamental standards of quality and safety.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

A system to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others involved in the service was not in place. Regulation 17 (1)(2)(a)(b).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient numbers of staff deployed. Regulation 18 (1).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were cared for in an environment that was not always clean or well maintained. In addition, call bells were not always easily located. Regulation 15 (1)(a)(c)(e)(f)(2).