Care Quality Commission

Waterhall Healthcare Limited

Waterhall Care Centre

Inspection report

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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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.'

The inspection took place on 22 July 2014 and was unannounced, this meant the provider did not know we were going to inspect. The last inspection took place on 25 July 2013 during which we found there were no breaches in the regulations.

Waterhall Care Centre provides nursing and residential care for up to 56 older people, including people living with dementia. On the day of our visit there were 51 people using the service. The service is required to have a registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. A registered manager was in post at the time of this inspection.

During the visit we spoke with people using the service, care staff, visitors, the registered manager and deputy manager. We also looked at records in relation to people's care, staff recruitment, staff training and management audits.

People were safe at Waterhall Care Centre and staff knew what to do if they had any concerns about their welfare. Records showed that staff had received training on safeguarding adults, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew how to manage risks to promote people's safety, balanced with people's rights to take risks.

People were supported by appropriately recruited and trained staff who knew the needs of the people they supported. People's likes, dislikes and preferences were central to how their care was provided and the staff worked in a way so as to promote people's choice and independence.

People told us that they were pleased and happy with the care and support provided at the service, they also told us they were supported to make choices about all aspects of their lives. We saw that people were encouraged to socialise and take part in a range of activities both in and out of the home.

Staff took prompt action in response to any concerns about people's health or well-being.

People had access to visiting and external health and social care professionals as and when they needed.

Management audits were carried out on all aspects of the service, these included reviews of people's care records, staff recruitment records, maintenance records and health and safety checks to the premises and grounds. The service encouraged feedback from people using the service and their representatives, which the service used to identify and make improvements.

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 safe.

Good

The staff knew what to do when safeguarding concerns were raised and they followed policies and procedures.

The staff understood the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

The service considered and ensured a suitable skill mix, competencies, knowledge, qualifications and experience when arranging staffing so that people's individual needs were met at all times.

Is the service effective?
The service was effective.

Good

The staff had the necessary skills and knowledge to meet people's assessed needs, preferences and choices. Established staff supervision and appraisal systems were in place to regularly monitor staff performance and identify staff development needs. The staff said they felt well supported.

Systems were in place to regularly assess people with complex needs to identify risks associated with poor nutrition and hydration. The mealtimes were pleasurable and unhurried.

Referrals were made quickly to relevant health services to make sure people's day to day health needs were met.

Is the service caring?
The service was caring.

Good

People told us the staff were kind and caring. The staff understood and promoted respectful and compassionate behaviour. They knew the people in their care and facilitated individual choices and preferences.

People were given the information and explanations they need at the time they need it and staff were able to communicate effectively.

Is the service responsive?
The service was responsive.

Good

People who used the service and their representatives were involved in their care and were asked about their individual preferences and choices.

There was a choice of activities for people to participate in if they wished. The service arranged for people to attend day trips and regular visits to a local day centre.

Summary of findings

People told us they knew how to share their experiences or raise any concerns or complaints and felt comfortable doing so. Systems were in place to encourage people, their relatives and friends to provide feedback about the service. The service acted on information received.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post and all other conditions of registration were met.

Investigations into whistleblowing or staff concerns, safeguarding and accidents and incidents were thoroughly investigated and the service learned from them so they were less likely to happen again.

People who used the service, their family and friends were regularly involved in the service. The registered manager and the senior staff team were aware of the day to day events in the service.

Waterhall Care Centre

Detailed findings

Background to this inspection

We inspected the service on 22 July 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was led by an inspector who was accompanied by 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.

Before we visited the service we checked the information that we held about the service. We reviewed the provider's information return (PIR). This was information we had asked the provider to send us about how they were meeting the requirements of the five key questions, is the service, safe? effective? caring? responsive? and well-led?

We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC and a legal requirement, it sets out what services are offered, the quality of care that can be expected and how the services are to be delivered. We reviewed the statutory notifications we had received from the provider. Statutory notifications tell us about important events at the service, which the service is required to send us by law.

We contacted four health and social care professionals involved with monitoring the care of people who used the service, to obtain their views about the quality of care provided at the service.

During the inspection we informally observed staff interactions with people who used the service. We looked at how people were supported over lunch time and during group and one to one activities.

We looked at a range of records relating to people's care and the management of the service. This included looking at the care records of four people who used the service, four staff recruitment files, staff training records and health and safety audits carried out by the registered manager and delegated members of staff.

We spoke with six people who used the service and two visiting relatives. We also spoke with the registered manager and six members of staff, which included nursing staff, senior care staff and care staff.

Good

Is the service safe?

Our findings

We spoke with six people who used the service. One person said, "I always feel safe." One person said, "I feel secure".

We spoke with two visitors who both told us they considered their relatives were safe living at the service. One visitor stated they felt confident that their relative was safe in their absence. They said, "When I leave I know he is OK."

Concerns about people's safety were appropriately reported to the local safeguarding authority. The staff we spoke with were able to explain the different types of abuse and understood their responsibility to report any form of abuse. The staff training records confirmed that staff received safeguarding training to make sure they knew the process for reporting abuse concerns.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for four people who used the service. Each had up-to-date risk assessments in place. The assessments were individualised according to the risks identified and care plans were put in place to protect people from harm.

Information about the care provided for people was updated within people's care plans and risk assessments as and when their needs changed. This meant that staff were kept up to date with the details of people's, care and knew how to keep people safe.

The principles of the Mental Capacity Act 2005 had been followed. In the care records we looked at, there were clear records demonstrating the steps taken to support people to make a specific decision for themselves. Where assessments determined people lacked capacity to make their own decisions, records showed that the person and other people involved in their care and welfare had been consulted in reaching 'best interest' decisions on behalf of people.

Staff knew about the principles of the Deprivation of Liberty Safeguards [DoLS] and knew how to manage risks to promote people's safety, balanced with people's rights to take risks. All relevant factors, including finding the least restrictive option, had been considered before any DoLS authorisations were put in place.

Records showed that regular reviews of mental capacity assessments, best interest decisions and DoLS authorisations were undertaken to ensure that any decisions made remained valid. This meant that people's rights were protected.

The staff employed at the service had completed a thorough recruitment process to ensure they had the right skills, qualifications and knowledge required to provide the care, treatment and support that people who used the service needed. Disclosure and barring checks were carried out to confirm new staff were suitable to work with vulnerable adults. References were obtained from previous employers, to verify the staff's employment history, professional qualifications and training.

Appropriate checks were also carried out to verify that nursing staff were registered with a professional body such as the Nursing and Midwifery Council (NMC) and proof of up to date re registration was available within the staff personnel files. This meant the provider had done everything practicable to ensure they recruited staff that were legally entitled to work in the United Kingdom, were of good character, suitably qualified, physically and mentally suited to their job.

We saw that the service operated an effective system to make sure the staffing numbers and skill mix were sufficient to keep people safe. We also saw that a 'clinical lead' person was employed to oversee and coordinate the nursing care at the service.

Good

Is the service effective?

Our findings

The staff were trained so they could provide the right care for all people who used the service. The staff we spoke with had completed the provider's induction training period. They confirmed the training included, safeguarding adults, fire safety, food hygiene, moving and handling and infection control. They also told us that further training was also provided on dementia care, care planning and risk management. We saw records of training certificates were held within individual staff files.

Staff also completed competency-based assessments to make sure that they could demonstrate they had the required knowledge and skills. Examples of the assessments included administering medicines through enteral tube feeding systems into the stomach. Also airway suction to assist people who have breathing difficulties.

The staff we spoke with told us they felt supported and enjoyed their work. One staff member said, "I really enjoy my job, it's very demanding but at the same time, very rewarding." The staff told us they attended regular 'supervision' meetings with their supervisor. We saw that there was a schedule of individual supervision meetings to provide the opportunity for staff to meet regularly on an individual basis with their supervisor.

The meetings enabled the supervisors to review how effectively members of staff

were doing their job and identify any further training or support needed. We also saw that registered nurses received regular 'clinical' supervision to provide the opportunity to reflect upon their nursing practice.

Staff involved external healthcare professionals and therapists in the care, treatment and support for people when they had identified a need. For example, dieticians, speech and language therapists and tissue viability specialists. Individualised care plans for specific areas, such as dietary requirements had been developed with the involvement of relevant healthcare professionals. We saw that the instructions on how to meet people's needs within people's care plans were followed by the staff.

The care plans had been reviewed regularly to ensure they remained up to date and reflected people's current needs. For example, one person had swallowing difficulties and was unable to take foods and fluids by mouth and was fed through a feeding tube inserted direct into the stomach. Their care plan detailed how the person was to receive nutrition and hydration safely. The plan also gave detailed instruction on the cleaning of the feeding tube to reduce the risks of blockage or cross infection.

People's weight, foods and fluids intake were closely monitored and recorded within their care plans. Nutritional guidance was sought from the relevant healthcare professionals in response to any significant weight gain or loss. This meant that people, especially those with complex needs, were effectively assessed to identify the risks associated with nutrition and hydration.

We saw that choice was available from a range of meals, snacks and drinks. We saw that vegetable tureens were placed on the dining table, so that people could help themselves to vegetables of their own choice. The people we spoke with told us that if they did not like or want what was on the daily menus they could always choose an alternative meal.

People who were frail and with poor mobility and at risk of developing pressure damage to their skin had appropriate pressure relieving equipment in use. In addition people were provided with appropriate aids, adaptations and equipment, to support their mobility and maintain their independence. We observed staff using safe moving and handling techniques when assisting people to move.

Good

Is the service caring?

Our findings

The service provided people and their representatives with information about the service when they were admitted, in a format that met their communication needs and their ability to understand. The information included a welcome pack which provided information about the service, the facilities and support offered.

The people we spoke with told us they were happy with the care and support they received. People spoke of the staff being 'very nice and 'very pleasant.' One person said, "This is my dream home."

People who used the service and their representatives told us that the service met their individual care needs and preferences. People's care records contained up-to-date care plans that were personalised and individual to the person. They outlined people's likes, dislikes and preferences and the staff we spoke with were aware of each individual's preferences.

The staff were knowledgeable about the needs of the people in their care and spoke in detail of how they supported the individual needs of people who used the service. We spoke with three visitors, they also told us the staff always made them feel welcome and kept them informed about the care of their relative. One visitor said, "The staff work very hard and they try their best." Another visitor said, "The staff are very approachable."

We observed that staff supported people with care and compassion. For example, one person became distressed and did not want to take part in a group activity. A member of staff responded to the person in a calming and soothing manner and they offered the person the choice of withdrawing from the activity, which the person accepted and they returned to a calmed state.

Some people who used the service required support to express their views and preferences. We observed staff responded to people's communication through non-verbal body language and treating people with dignity and respect.

We heard the staff speak with people politely and respectfully and we heard them call people by their preferred name.

The staff promoted the privacy of people who used the service. We observed that staff knocked on people's doors and waited to be invited in before entering. The people we spoke with confirmed that staff respected their privacy and their need for time alone.

People's care plans where held on a computerised system. We observed staff used a secure password to access the system. This meant that confidential information was stored securely.

Good

Is the service responsive?

Our findings

Pre - admission assessments were completed, prior to people's admission into the service. Important information was provided by other health and social care professionals about peoples' needs to make sure people's care was coordinated on admission. This meant that staff were informed of people's needs and able to provide consistent care.

The staff used assessment and monitoring tools to identify changes in people's health and wellbeing so they could quickly access the appropriate health, social and medical support people needed.

Staff told us they worked with people to establish effective methods of communication so that individuals could be involved in their care and treatment. We saw that each person had a care plan that was personal to them, which was used to guide staff on how to involve people in their care and provide the care they needed. People's different methods of communication were described within their care plans. For example if a person could not verbally communicate, other communication methods were used, such as staff reading people's facial gestures and body language.

Staff gained consent from people about the care, treatment and support they received. One person told us they had requested only female carers provide their personal care and this had been arranged.

The staff had identified that there was limited support for one person who had moved from receiving rehabilitation support to requiring full time residential care. Arrangements were put in place with the person's representative for a private physiotherapist to continue working with the person to retain as much independence as possible.

People were encouraged to choose the activities they wanted to participate in and staff respected their choices. One person told us they liked spending time in the garden and on the afternoon of our visit we saw the person was enjoying time in the garden. We saw, people taking part in a group activity of throwing a soft ball, people helping with washing and drying the dishes and setting up dining tables. One person told us they looked forward to and enjoyed making cakes with the activity person.

The provider took account of complaints and comments to improve the service. The people we spoke with told us they had not needed to complain about the standard of care they had received because they were very satisfied with the service provided. They also told us that if they had any cause for concern about the standard of care they received they would feel comfortable talking to any member of staff or directly with the registered manager. We looked at the complaints records, and saw that complaints were recorded appropriately and followed up in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

The provider's values and philosophy of the service were clearly explained to staff through their induction programme and training and there was a positive culture at the service where people felt included and consulted.

The service met the individual requests of people and had good links with the local community to enable people to engage in community life. For example, people were supported to attend a local day centre. Families and friends could visit at any time and meals were provided for visitors. We spoke with one visitor who told us they visited their wife on a daily basis and the staff provided them with lunch each day.

The staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns.

There was a clear management structure. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence. Staff also told us that the registered manager was very approachable, acted immediately on any concerns they reported while maintaining their confidentiality.

Regular staff meetings took place, to provide a forum for information to be cascaded down from the organisation, to discuss work related matters, any concerns and ideas for service improvements.

During our inspection we spoke with the registered manager and the deputy manager about the care provided for people. They were knowledgeable of the individual needs of people, which showed they had regular contact with people who used the service and were aware of people's changing needs.

The registered manager monitored the quality of the care provided by completing regular audits of medicines management, care records and health and safety audits. They evaluated the audits and created action plans for improvement, when improvements were needed.

People and their representatives were asked to share their experiences of using the service at resident and visitors meetings, so that areas for service improvement could be identified. For example, vegetable tureens were introduced a result of feedback received from people who used the service and their representatives.

We also saw that people were also encouraged to provide written feedback on the service. We looked at the responses from a satisfaction survey that was carried out in June 2014. Positive comments were entered onto the feedback forms, such as, "This is a happy home." "It takes special staff to do the job." "The staff are dedicated." "The staff are hard working, caring, supportive and friendly," and "We are treated with compassion."

As a result of feedback from the satisfaction survey the provider had made improvements to the laundry systems. This included the use of a laundry tag system and an increase in the laundry staffing hours to provide a more continuous service.