

Waterloo House Rest Home Limited

# Waterloo House Rest Home Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Waterloo House is a residential care home providing personal care to 40 people aged 65 and over. At the time of this inspection there were 36 people living there, some of whom were living with dementia.

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

People said they were very happy at this home and had many positive comments about the "lovely" staff. Relatives praised the caring and kind staff who made the home a friendly, welcoming place.

All the people and relatives we spoke with felt the home was safe and comfortable.

Medicines were now managed in a safe way and there were systems to check this continued. Risks to people's health and safety were assessed and minimised.

There were enough staff to make sure people received care and support whenever they needed it. Staff followed national guidelines to prevent the spread of infection and to make sure the home was hygienically clean.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People said the home was well-run. They said the registered manager and staff were "very approachable" and "lovely to talk to". People said they could raise suggestions and felt "listened to".

The management team and staff were open, approachable and supportive. Relatives and staff said the management team had made significant improvements in the home. The provider and registered manager expressed their commitment to continuous improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 May 2019) and there was a breach of regulation 12 (safe care and treatment). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

### Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for

those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterloo House Rest Home Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Waterloo House Rest Home Limited

## **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

This inspection was carried out by one inspector.

#### Service and service type

Waterloo House Rest Home Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave a very short period notice of one hour before the inspection. This supported the home and us to manage any potential risks associated with coronavirus.

#### 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 health professionals who work with the service. We used all of this information to plan our inspection. 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.

#### During the inspection

We spoke with one person and contacted another by telephone about their experience of the care provided. We spoke with five relatives by telephone. During the visit we spoke with the registered manager, assistant manager and practice improvement lead. We contacted nine other staff by telephone for their views.

We reviewed a range of records. This included multiple medicine and risk assessment records. We looked at staff rotas and a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had not always managed people's medicines in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There had been improvements to the way medicines were managed. After the last inspection the registered manager had worked closely with a medicines specialist to make sure safe medicines procedures and practices were followed. The medicines specialist reported there had been "considerable improvement in the medicine management".
- The provider had appointed a practice improvement lead who took responsibility for the oversight of medicines. Medicine records and practices were checked daily. People told us, "Staff make sure I get my medicines at the right time" and "They're spot-on with medicines."
- Staff who assisted people with their medicines were trained and had regular checks of their competence. Instructions were now in place about 'when required' medicines, although these could be more detailed to ensure a consistent approach. The registered manager said this would be addressed.

### Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm. Risk assessments had improved. These now set out the individual risks to each person and the strategies used to minimise these.
- Staff understood where people required support to reduce the risk of avoidable harm without compromising their independence. For example, if people went out independently.
- Checks and tests were carried out to the building and equipment to make sure it remained safe for use by people and staff. These checks had continued throughout the pandemic.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect the people who lived there. Since the last inspection additional safeguards had been put in place to protect people's finances.
- People and relatives said the home was a safe place for people to live. Their comments included, "They make me feel comfortable and safe here" and "I know she is in safe hands – the staff are all lovely to the residents."
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident that these would be acted upon.

### Staffing and recruitment

- There were enough staff deployed to meet people's needs. Staffing levels were kept under review to make sure people received safe care.
- Staff were allocated to each floor so they were always nearby. People told us, "Yes, there's enough staff. Staff usually work on the same floor so it's nice to know who's coming on duty" and "No matter how busy they are staff always make time."
- At the last inspection the service followed safe recruitment practices. The home had a very stable staff team and there had been no new recruitment.

### Preventing and controlling infection

- The service followed the latest national guidelines relating to the prevention and control of infection. There was personal protective equipment (such as aprons and gloves) readily accessible for staff around the building. One staff member was the designated infection control lead for the service who checked hygiene practices.
- People and relatives said the staff worked hard to prevent infection. They commented that the home's safe measures meant there had been no known cases of coronavirus.
- Staff received regular training in infection prevention and control. They had also recently received additional training in personal protective equipment from the NHS infection prevention and control nurse. The service liaised closely with a link coronavirus nurse to make sure safe practices continued to be carried out.

### Learning lessons when things go wrong

- The management team monitored staff practices and used reflective discussions to learn from errors and promote improvement. The provider had appointed a practice improvement lead to support staff with those improvements.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had been strengthened by an assistant manager and a practice improvement lead. There were now clear lines of auditing and accountability which had led to improved practices, for example in medicines management and care recording.
- The management team continually monitored the standard of service and acted where improvements could be made.
- Relatives and staff said there had been "massive improvements" since the last inspection. They commented, "[Registered manager] has made a real difference" and "It's so much better than it was."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 home had a positive culture that was person-centred, welcoming and put people at the centre of their care service. People and relatives said the care was personalised and individual choices and independence were encouraged.
- People said the registered manager and staff team were very approachable. Staff commented on the friendly atmosphere and support they received from the management team.
- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said they were included in discussions about the service. Their comments included, "[Registered manager] comes around every day to see how we're doing and I could mention anything to her" and "We are really listened to by staff".
- People and relatives had been supported to keep in touch throughout the coronavirus pandemic. Relatives praised the staff for helping people to use a variety of different media to contact their loved ones.
- Staff were encouraged to raise suggestions at team meetings and during daily discussions.

Continuous learning and improving care

- The provider and management team were committed to continuous improvement of the service for the people who lived there.

- There had been a number of premises improvements since the last inspection, including redecoration and a new passenger lift.
- There were plans to introduce an electronic care recording system so staff could record the support they had given in real time wherever they were in the building.

#### Working in partnership with others

- The service networked with other health and social care organisations to achieve positive outcomes for the people who used the service.
- The service had good links with local community services that reflected people's social, cultural and spiritual needs.