

Majestic Care Home Limited

Waterside Care Home

Inspection report

192 Queens Promenade
Bispham
Blackpool
Lancashire
FY2 9JS

Date of inspection visit:
01 December 2015

Date of publication:
15 January 2016

Tel: 01253351612

Website: www.watersidecarehome.co.uk

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

This inspection visit took place on 01 December 2015 and was unannounced.

At the last inspection on 01 September 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Waterside Care Home is registered to accommodate 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor. At the time of our inspection visit there were 17 people who lived there.

There was a registered manager in place. 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.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed they had received induction training when they commenced working at the home. One staff member said, "I found my recruitment very thorough."

Staff had received training and were knowledgeable about their roles and responsibilities. They had skills, knowledge and experience required to support people with their care and social needs.

We found sufficient staffing levels were in place to provide the support people required. We saw the deployment of staff throughout the day was organised. We saw staff were available to support people when needed and call bells were answered quickly. People told us when they requested assistance this was responded to in a timely manner. One person said, "I haven't been here very long but I feel happy and safe. I have no concerns about the carers and I think there are sufficient staff on duty both day and night."

We undertook a tour of the environment and found it was maintained, clean and hygienic. No offensive

odours were observed by any members of the inspection team, The registered provider had a refurbishment programme in place to make improvements to the environment. The registered manager informed us some bedrooms were scheduled for new carpets and vanity units to be fitted in the new year.

Equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found care plans were organised and had identified the care and support people required. We saw people or a family member had been involved in the assessment and had consented to the support being provided. We found the care plans were informative about the care people had received. They had been kept under review and updated when necessary to reflect people's changing needs. People we spoke with said they were happy with their care and they liked living at the home.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care being provided.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. We observed the lunch time meal which was well organised. People who required support to eat their meals were supported by staff who were caring and patient. The cook had information about people's dietary needs and these were being met.

We found people had access to healthcare professionals and their healthcare needs were met. A visiting healthcare professional told us staff were organised and communicated effectively with them when they visited the home.

People told us they were happy with the activities arranged to keep them entertained. Activities organised on the day of our inspection visit were well attended.

We found medication procedures in place at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they knew how to make a complaint if they had any concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included staff and resident meetings and care reviews. We found people were satisfied with the service they were receiving.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good ●

Is the service well-led?

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Good ●

Waterside Care Home

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 checked 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 took place on 01 December 2015 and was unannounced.

The inspection team consisted of an adult social care inspector and 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. The expert by experience for the inspection at the Waterside care home had experience of services who supported older people.

Before our inspection on 01 December 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, deputy manager, three members of staff, four people who lived at the home and a visiting healthcare professional. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people, recruitment records of one recently employed staff member, the duty rota, training and supervision records, menu's, records relating to the management of the home and the medication records of three people. We also undertook a tour of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "I am happy and safe in the home. I have no concerns about the staff who I find very friendly and helpful." Another person said, "Yes I feel safe when the staff are supporting me. They are kind and patient and I appreciate everything they do for me."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and his staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. Staff spoken with told us they were aware of the whistleblowing procedure the service had in place. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct. Staff spoken with told us they had never witnessed any unsafe care practice which had caused them concern.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home. Discussion with the registered manager confirmed he had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of his responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

We looked at the services staff duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation and laughter. One person who lived at the home said, "I haven't been here very long but I feel happy and safe. I have no concerns about the carers and I think there are sufficient staff on duty both day and night."

Staff spoken with told us they had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked at the recruitment procedures the registered manager had in place. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people had a criminal record and were safe to work with vulnerable people. Two references had been requested from

previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties. We also found the service had appropriate arrangements in place for the removal of clinical waste.

We found the registered provider had a refurbishment programme in place to make improvements to the environment. The registered manager informed us some bedrooms were scheduled for new carpets and vanity units to be fitted in the new year. The registered manager said, "The provider is very supportive when improvements need to be made to environment. We had originally planned to implement the improvements this year but some emergency work was required to the building." We saw clear signs (using pictures and words) had been put in place to enable people to move around the building confidently. We saw fixtures and fittings that created links to the past. These included black and white photographs of the local area in bygone days.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for five people following the morning medication round. Records showed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

We observed one staff member administering medication during the lunch time round. We saw the medication cabinet was locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestricted movement around the home and could go to their rooms if that was their choice. One person said, "I have settled very quickly since I moved into the home. The staff seem to know what they are doing and are looking after me very well."

We spoke with staff members and looked at individual training records. Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Staff had recently attended training facilitated by Blackpool Borough Council regarding dementia awareness. 'Let's respect' training is provided specifically for staff working with people who lived with dementia. The course aimed to increase staff awareness of the need to create a welcoming environment for friends, family and visitors to the home. The course had addressed diet and nutrition, health and wellbeing, quality of life and rights. One member of staff said, "Really enjoyed the training. The presentation was excellent."

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and had plenty to eat. The service didn't work to a set menu and people were asked daily about meals and choices available to them for the day. On the day of our inspection visit the choices provided were chicken, potatoes and mixed vegetables or an alternative of people's choice. One person we spoke with said, "We have a good cook and the food is very good. If I wanted breakfast in bed I could have it, they make sure that my diet is catered for as I am diabetic." Another person said, "The meals are very good I enjoy them all. If I did not like what was on offer they would get me something different. I have problems with my throat so I have to drink a lot of fluids. "

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. People who required special cutlery to eat their meals had been provided with these. We saw most people were able to eat independently and required no

assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

We spoke with the cook about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. When we undertook this inspection there were two people having their diabetes controlled through their diet. The cook was able to fortify foods as required. Portion sizes were different reflecting people's choice and capacity to eat.

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. The application procedures for this in care homes and hospitals are 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 were being met. We found the registered manager had submitted DoLS applications for three people whose liberty needed to be restricted for their safety. We saw appropriate procedures had been followed.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We spoke with a visiting healthcare professional who told us staff were organised and communicated effectively with them when they visited the home. The healthcare professional told us the care recently provided for one person on palliative care had been very good.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. One person we spoke with said, "The staff are all very kind and caring towards me. They treat me with dignity and respect. I am very happy here and would recommend the home to others."

We observed staff members enquiring about people's comfort and welfare throughout the inspection visit and responded promptly if assistance was required. For example we saw one person who was agitated and having difficulty settling. We saw a staff member being kind, patient and spending time with the person to reassure them. We observed this happened on a couple of occasions and the person eventually settled with a cup of tea.

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed staff sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff engaging in conversation and joking with each other. We saw people singing happy birthday to one member of staff who came on duty whilst lunch was served. They seemed to be really enjoying themselves.

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect. Walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and asked if they could enter. One person we spoke with said, "The staff are very kind and caring towards me. I have found the routines here very relaxed. I can go to bed and get up when I like. They treat me with dignity and respect when carrying out my personal care and respect my privacy at all times."

We looked at care records of three people. We saw evidence they had been involved with and were at the centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their care and daily routines. For example we saw one person had received a visit from their GP when staff had identified concerns about their health. We noted the outcome of the visit had been documented and a follow up visit had been planned by the GP. The records showed staff were closely monitoring the person's welfare.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could

access appropriate services outside of the service to act on their behalf if needed. People who were the subject of a DoLS authorisation had advocates visiting the service. This was to ensure the service complied with conditions and restrictions as agreed in the DoLS.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff undertaking their duties and saw they could spend time with people making sure their care needs were met. One person we spoke with said, "The staff know me really well and I am receiving the best possible care. They are wonderful with me."

People told us their relatives were encouraged to visit and made welcome when they came. One person said, "My family and friends visit me all the time. They know all the staff and get on well with them."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of one person identified their daily routine and their food and fluid intake had been recorded. We also saw contact with family and friends had been recorded along with the activities they had undertaken. We spoke with the person who told us they were happy with their care and enjoyed living at the home. The person said, "It's really nice here. I find the staff are really attentive and helpful. The home has a nice relaxed atmosphere and we all get on well together."

The service provided a variety of activities to keep people entertained. These were arranged both individually and in groups. On the day of our inspection visit we observed people playing scrabble and dominoes in the afternoon. This was well attended and we observed people laughing and joking whilst undertaking the activity. The people we spoke with told us they enjoyed the activities provided for them. One person said, "The activities girl is very good. We have a good laugh and I enjoy attending them." Another person said, "I attend the activities but I am also encouraged to continue with my hobby of knitting. My friends bring me in the wool to do this. Everything I knit goes to charity."

The registered manager had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to staff or the registered manager when necessary. One person said, "Yes I know how to complain if I am not happy. I have no issues at the moment. The staff are lovely and I am well fed."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One member of staff said, "We all get on with the manager who is friendly and approachable." A visiting healthcare professional told us they felt the home was well managed and people who lived at the home received good care.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other. People told us the atmosphere was relaxed, fair, and open.

The registered manager and staff on duty were knowledgeable about the support people in their care required. They were clear about their role and were committed to providing a high standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with him. Throughout the inspection visit we saw people were comfortable and relaxed in the company of the registered manager and staff on duty.

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care through meetings. We looked at the minutes of a recent meeting held. The feedback was positive with comments about the care provided, friendliness of staff and quality of food. Comments included, 'The staff do their very best for us and are very helpful.' And 'Very happy with everything. Keep it as it is.'

The service worked in partnership with other organisations to make sure they were following current practice and providing a good quality service. They were part of the Community Care Coordination Team Plan, which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). Members of the Care Home Support Team are qualified senior healthcare professionals with district nursing experience employed by local NHS Trusts. Their aim is to work with the service to assist with care planning around the management of risk of falls and monitoring of pressure ulcers. The team would look into the reason for any hospital admissions and undertake a root cause analysis if people had been admitted to hospital. The team member would aim to find out reasons why people had been admitted to hospital and then feedback to the service and see if there were any gaps in the service.

The registered manager informed us he had found the Community Care Coordination Team Plan valuable.

This was because it helped to reduce the need for people who lived at the home to be hospitalised.

Throughout the inspection we observed the atmosphere in the home was relaxed. People who lived at the home were observed being comfortable in the company of the registered manager and staff. Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other professionals and services involved in people's care and support.