

Waterfield Supported Homes Limited

Waterfield Supported Homes Limited

Inspection report

55 Broadfield Road
London
SE6 1ND

Tel: 02035929062

Date of inspection visit:
27 February 2023
10 March 2023

Date of publication:
25 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Waterfield Supported Homes Limited is a residential care home providing personal care to up to 7 people. The service provides support to older people, people living with dementia and people with mental health needs. At the time of our inspection there were 7 people using the service.

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

Staff understood how to keep people safe and had suitable training in infection control. However, there were not sufficient systems to ensure the cleanliness of the premises and the building was visibly dirty in places. After our visit the provider engaged a new cleaning contractor to address this.

There were enough staff to safely meet people's needs. The provider operated suitable pre-employment checks on staff.

People told us they were treated with respect and listened to by staff. People were involved in making day to day choices about how they spent their time, including access to in house activities. People felt safe living in the service and were able to approach managers if they had any concerns.

The provider ensured that key safety checks were carried out around the service and had risk management plans in place to mitigate risks to people's wellbeing. The provider had implemented a new recording system to ensure that people's needs were suitably assessed and monitored, however systems of audit did not always address issues with the cleanliness of premises.

The service engaged people in the running of the service and held regular residents meetings. People told us they were comfortable approaching managers if they had any concerns. Staff spoke of feeling well supported by staff and had received key training and supervision.

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. There were suitable processes to ensure that restrictions on people's liberty were applied legally.

People received their medicines safely by staff who had the right skills to do so; we have made a recommendation about how the provider maintains records of medicines administration.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 7 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations.

We have found breaches in relation to the cleanliness of premises. We have made a recommendation about how the provider records people's medicines.

Please see the action we have told the provider to take at the end of the full version of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Waterfield Supported Homes Limited

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Waterfield Supported Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including notifications of any serious events the provider is required by law to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 27 February and ended on 10 March 2023. We visited the service location on 27 February 2023.

We spoke with 4 people who used the service, the registered manager and 2 support workers. We looked at records of care, risk management and support for 3 people who used the service and records of medicines management for 7 people. We looked at records of recruitment for 3 staff. We reviewed information relating to the management of the service such as safety checks, policies, staff training, audits and staff meetings.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection including the cleanliness of premises

- The home was not clean. We found substantial amounts of dirt and dust throughout the service, including on stairwells, bathrooms and in people's rooms. High level cleaning such as dusting had not been carried out for a long time, the stairlift was covered in dirt and in bathrooms we found that mould was beginning to accumulate and shower heads were in need of either replacement or descaling.

This constituted a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit the provider told us that they had signed a contract with a new cleaning company to address the issues we had identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were not subject to restrictions on visitors. Risk management plans were in place for people to be able to receive visitors safely.

Staffing and recruitment

- Staff were recruited safely. The provider carried out appropriate checks of staff members' identity and the right to work in the UK and checked staff with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider obtained required information on staff. This included obtaining a full work history and evidence of satisfactory conduct in previous health and social care employment. In one instance, however, the provider had obtained references for a staff member, but had not obtained references relating to a single previous role in social care.
- There were enough staff to meet people's needs. We observed sufficient staff were on duty to monitor people's wellbeing and to provide support as needed. Comments from people included, "There are always enough staff day and night" and "There is always someone around."

Using medicines safely

- People received their medicines safely. People's medicines needs were assessed, including their prescribed medicines and level of support people required to receive their medicines. Care workers received training in managing medicines and managers carried out appropriate checks of staff knowledge and competency.
- Medicines were safely recorded, but did not always follow best practice. People's medicines were recorded on Medicines Administration Recording (MAR) charts, with notes also completed on the providers electronic recording system. These showed that people received their medicines at the right time. However, at times handwritten MAR charts were used, which is not best practice, and sometimes inhalers were not recorded on the MAR chart, although these were recorded in the daily notes. The provider was in the process of transitioning to an electronic medicines recording system.

We recommend the provider take advice from a reputable source to take into account the NICE guidance document 'Managing medicines in care homes'.

Systems and processes to safeguard people from the risk from abuse

- There were systems and processes to safeguard people from the risk of abuse. Staff had received training in safeguarding adults and understood their responsibilities to report suspected abuse.
- The service had suitable safeguarding procedures. This outlined the responsibilities of staff and the registered manager to report abuse.
- People felt safe using the service. Comments included "It feels safe" and "I have no complaints."

Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing. This included assessing key areas of risk such as those from people's mental and physical health conditions, accessing the community independently and those relating to eating and drinking. Care workers we spoke with understood the risks to individuals' health and how to manage these whilst respecting people's choices.
- There were plans in place to mitigate risks to people. These highlighted the key steps staff needed to take to manage these risks. At times this information was quite broad and repetitive and did not always explain why certain steps were taken. The provider told us they would review risk assessments to ensure preventative steps were more clearly explained.
- The provider carried out checks of the safety of premises. This included checking electrical and gas safety and ensuring the fire alarm was checked and fire drills carried out regularly. There were suitable personal evacuation plans in place to outline the support people would need to evacuate in the event of an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The provider applied for authorisation to deprive people of their liberty and ensured that these authorisations remained in date. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- The provider recorded and monitored incidents and accidents. There was a suitable policy for addressing incidents. The provider maintained a clear record of what was done in response to an incident occurring, such as liaising with local health services and notifying the local authority.

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 our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not always have suitable systems of audit for the service. Audits included reviewing and monitoring care plans, safety checks on the premises and those relating to infection control. In many areas these were effective in assessing quality performance, however the systems had not fully or promptly addressed issues to do with the cleanliness of the premises .

- The provider had introduced a new system for planning and recording care. This involved the use of an electronic system which staff could access through tablet computers. This meant that key tasks for each individual were prompted and recorded by staff and supported managers in monitoring people's wellbeing and daily support.

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

- People were supported to make choices about their daily lives. Staff gave us examples of how people were supported to make choices. People told us they were treated with respect and listened to by staff and gave us examples of how they were supported to carry out their preferred activities. People told us they were supported to access the community when they wished to and were involved in compiling the food menu.

- People using the service felt confident approaching the registered manager if they had concerns. We saw examples of people approaching the registered manager to discuss issues important to them. Comments from people included, "They come most weeks and will fix things if needed" and "I can speak any time I want, I have no concerns about this. I haven't had any worries though."

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

- The service engaged people and staff effectively. This included through having a regular house meeting in which people could discuss changes to the house and any changes they wished to see. The provider had regular meetings for staff, however these were less frequent and occurred across all the provider's services, which meant there was less discussion of individual service issues, although these were covered in individual supervisions.

- The provider ensured that staff understood their responsibilities and promoted improved practice. This included through online quizzes relating to policies and were prompted to work in teams to answer situational questions relating to key areas such as health and safety and infection control. Staff were given

incentives to improve, for example being offered a prize to the team who hosted the best Christmas Party.

- Staff told us they felt supported by managers. This included through regular supervision and training. A staff member told us, "I had an induction and this person who did this was patient. I feel I can approach management with questions."

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 provider understood their responsibilities under the duty of candour. Duty of candour formed part of the provider's policies and clearly explained the registered manager and provider's responsibilities. The registered manager explained their approach when things had gone wrong and understood the importance of transparency.

Working in partnership with others

- The service worked in partnership with other agencies. Care plans were clear about the levels of support people required to access health services and which other professionals were involved in people's care. The service ensured that partner organisations were kept updated on changes in people's needs and conditions. When incidents had occurred the provider was aware of which organisations needed to know in order to obtain appropriate support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment used by the service provider were not clean; the registered person had not, in relation to such premises and equipment, maintained standards of hygiene appropriate for the purposes for which they were being used 1(1)(2)