

Vivacare Limited

Waterloo House

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 and accommodation for up to 14 people with mental health needs. Accommodation is spread over two floors. Waterloo House is an older style property in Stoke, a suburb of the city of Plymouth in Devon.

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

People we spoke with were all happy with the service. For example comments received included: "It is very good," "It is excellent," and "I love it here."

People were positive about the food, said they had enough to eat and were offered a choice. People could make a hot or cold drink when they wanted. There was a smoking room, in the back garden, which people could use if they wished.

People said they could go out if they wished. Staff provided some activities such as quizzes, bingo, and film afternoons. One of the staff was recently appointed as an activities co-ordinator, and took people out on trips in the minibus. The activities co-ordinator was planning to expand the activities available.

The service had suitable safeguarding systems in place, and staff knew how to recognise and what to do if they suspected abuse was occurring.

Risk assessment procedures were satisfactory so any risks to people were minimised. All other care documentation was informative, up to date, and regularly reviewed.

Staff were recruited appropriately. Overall, satisfactory recruitment procedures were followed in line with interim guidance issued by CQC during the Covid 19 Pandemic.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. 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 coronavirus and other infection outbreaks effectively.

The team worked well together and had the shared goal of providing a good service to people who lived at the service.

The service was managed effectively. There were appropriate audit and quality assurance systems in place. People, relatives and staff had confidence in the management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 1 January 2019).

Why we inspected

We undertook this focused inspection to check standards had been maintained following a series of management changes at the service. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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 ●

There service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

There service was Well Led.

Details are in our Well-Led findings below.

Waterloo House

Detailed findings

Background to this inspection

The inspection

The inspection was completed 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.

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.

Inspection team

The inspection was completed by one inspector.

Service and service type

Waterloo House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager who was registered with the Care Quality Commission. However the manager had submitted an application, and this was currently being processed. A registered manager, alongside the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We announced the inspection the day before we visited the service. We announced the inspection due to the current Covid 19 pandemic.

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 professionals who worked with the service. The provider was not asked to

complete a provider information return prior to the 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.

During the inspection

On 16 November 2020 we had a video call with the registered manager, nominated individual, and two other managers who worked for the provider. The purpose of the discussion was to give the registered provider opportunity to discuss how they believed they met the regulations. We completed the discussion remotely to minimise any risks presented by the Covid 19 pandemic. On 17 November 2020 we inspected the service. During the inspection visit we spoke with eight people who used the service and five staff.

We reviewed a range of records. This included three people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

The manager provided us with some additional information to assist us to make judgements about the service. For example a summary of training staff had received and some policies and procedures relevant to the inspection.

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 Good. At this inspection this rating has remained the same. This meant people were safe and were not at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. The majority of staff received safeguarding training, although some of the staff recruited recently had not. The manager said there was a plan in place to ensure all staff received this training.
- The provider was aware of multi-agency safeguarding procedures, and what action was necessary if they had a concern. Where necessary the service had made safeguarding referrals to ensure people were protected.
- People we spoke with said they felt safe. If they had a concern we were told people would speak to staff, the manager, a friend or relative about their concerns. People said they were confident staff would resolve the problem. Staff also said they thought people were safe, and had a good understanding of how to recognise abuse, and what to do if they had a concern.
- Systems to ensure people consented to their care and treatment, in line with the law and guidance, remained satisfactory. People, who we spoke with, said they did not think they were unreasonably restricted and were provided with choice about how they lived their lives. Where this was not possible decisions were made in people's best interests, and in line with legal guidance.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- We observed staff working with people in a safe manner, for example, when assisting people to walk or transfer from a chair, while maximising people's opportunities to be independent.
- Staff had access to relevant and up to date information. Risk assessments were in place to reduce the risks to people. Risk assessments were regularly reviewed. All care records were up to date, comprehensive and regularly reviewed.
- Most people who used the service adhered to government guidance about Covid-19. Where people did not adhere to these risk assessments were in place to minimise any risk the person may present to themselves and others.
- Systems to report, monitor, take suitable action, and minimise accidents and incidents were satisfactory. The registered manager had suitable systems to monitor accidents and incidents, take suitable action, and minimise future risks.
- One person told us they did not like staff opening their bedroom door at night, when completing night time checks. The manager said she would review the current procedure, and if there was minimal risk,

people could opt out so staff did not check on them, at night, to see they were safe.

- Emergency plans were in place to ensure people were supported in the event of a fire.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Using medicines safely

- Systems for administering, storage and monitoring medicines were safe.
- Medicines were regularly checked by senior staff to ensure no errors were being made.
- Medicines were kept securely in locked trolleys and cupboards. Stock levels were satisfactory and staff said there had been no supply problems throughout the period of the pandemic.
- Medicine records were fully completed and were tidy.
- When medicines were prescribed for use 'when required' there was sufficient written guidance for staff to know when these medicines should be given.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- Where necessary there were body maps to indicate to staff where to apply creams and lotions.
- Where medicines needed to be stored with additional security, suitable storage facilities were in place, and appropriate records were kept.
- Staff received appropriate training to ensure they were able to administer medicines appropriately.

Staffing and recruitment

- Overall staff were recruited safely to ensure they were suitable to work in the care sector. Overall CQC interim recruitment guidance was followed. Where necessary relevant information was obtained before or shortly after staff commenced employment.
- On the day of the inspection four care staff were on duty until 6pm, two until 9pm, and two staff on waking night duty. Catering and cleaning staff were employed.
- People who used the service said there was enough staff. People said if they rang the call, if they were in their bedrooms, and needed emergency help, staff would come quickly.

- People were positive about the staff who worked with them. For example we were told staff were, "Extremely caring," "fine, all nice," and "Fantastic."

Learning lessons when things go wrong

- We were assured there were regular discussion in the staff team regarding what improvements could be made particularly if there had been an incident or an error made.

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 this inspection this key question was rated as Good. This meant the service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager said she aimed to lead the service so it was, "person centred", and wanted staff to be "proactive so people were involved in home life, and decision making." She believed there was "good team work," and management were "hands on, and an integral part of the team." She said even if she was not on duty she was, "always at the end of the phone."
- Staff and people who used the service were positive about life in the home, found management and the staff team supportive. People told us, "management are approachable, and are good."
- On the day of the inspection visit, we felt there was a comfortable, warm, friendly atmosphere at the service. Staff were observed as helpful and supportive in their communication and interaction with people who used the service.
- Staff said the team worked well together and they all enjoyed working at the service. Staff told us, "I enjoy working here," "It is the best home I have worked at," and "There is a nice atmosphere, I enjoy coming to work."

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

- The manager was supported by a deputy manager. A compliance lead manager also worked with this service, and a similar service located in Cornwall. The nominated individual did not live locally but visited the service, when possible, and was in regular contact with the manager. A team leader and senior support workers assist in providing leadership, supervision and support on each shift.
- Staff, people and their representatives were positive about the manager. Staff told us the manager was supportive and approachable.
- The manager had a satisfactory working knowledge of regulatory requirements and was aware of what was required to be reported to the commission. The previous inspection report, displaying the rating, was on the notice board.
- The current manager was not registered with the Care Quality Commission. However we received confirmation that an application had been submitted to the Care Quality Commission and was in the process of being assessed.
- Staff had handovers between shifts. Good handovers helped ensure good communication between the team and consistency of care. Detailed handover sheets assisted staff to provide consistent care.

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 manager had a good understanding of the duty of candour and said staff would always ensure apologies were given if things went wrong. The manager said since she had started at the service had fortunately not been any incidents where it was necessary to apply the duty of candour policy.

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

- The service was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- The manager and the team regularly consulted with people and relatives on an informal basis, as well as in resident meetings.

Continuous learning and improving care

- Satisfactory quality assurance procedures were in place to identify any concerns with the quality and safety of care. For example the manager was actively involved in day to day life at the service, and ensured organisational systems were regularly checked and working effectively.
- The manager received assistance from a dedicated 'Compliance Lead' manager who assisted in ensuring the service met regulatory and quality standards. There were suitable systems to check standards about care planning, maintenance, accidents and incidents, cleanliness, staff training and medicines.
- The manager was open to feedback and felt this was important so the service could develop and improve. People and staff who we spoke with were all positive about their experiences of the service. External consultants had completed assessments of health and safety, and care standards; and provided reports to assist the provider to monitor and improve standards.
- Staff told us that they felt able to raise issues with the manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had positive links with statutory bodies such as health service and relevant local authority teams. The manager said the service received suitable support from the mental health team.
- People had opportunities to maintain positive links with their community, families and friends.
- The service had ensured people could maintain contact with friends and relatives, throughout the pandemic period, for example by telephone or the internet, if it was not possible for people to receive visits. Staff kept people's relatives updated, where this was appropriate, about any concerns or developments.