

Mrs C Bradshaw

Waters View Residential Home

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 ●

Summary of findings

Overall summary

Waters View Residential Home provides accommodation and personal care for up to 15 people, some who were living with dementia.

Our previous inspection of 11 and 28 August 2015 found that the service required improvement. There were breaches in regulation that related to the service not being up to date with the Mental Capacity Act 2005 and the assessment of people's capacity to consent to care and treatment was not being undertaken in line with the Mental Capacity Act 2005 and ineffective quality assurance systems to ensure that the service continuously improved. Improvements were needed in the recording of external medicines and the assessment of risk in relation to pressure care. People's needs, wellbeing and social inclusion was not effectively assessed, planned and delivered to meet their needs and improvements were required to ensure people were involved in their care planning. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the need for consent and good governance.

There were 14 people living in the service when we inspected on 4 October 2016. This was an unannounced inspection. During this inspection we found that improvements had been made.

People received care that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Procedures and processes guided staff on how to ensure the safety of the people who used the service. Recruitment checks were carried out on prospective staff with sufficient numbers employed who had the knowledge and skills to meet people's needs.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff sought consent from people before supporting them with their care and respected their choices.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting

professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

There was a system in place to manage complaints and use them to improve the service. There was an open and empowering culture in the service. Quality assurance processes were used to identify shortfalls and address them. As a result the service continued to improve.

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.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff members were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy and dignity was promoted. Staff took account of people's individual needs and preferences.

The positive and friendly interactions of the staff promoted people's wellbeing.

People were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People knew how to complain and share their experiences.

Is the service well-led?

Good ●

The service was well-led.

The deputy manager was visible in the service and there was an open and transparent culture. Staff were encouraged and well supported and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Waters View Residential 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 was planned to check 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 unannounced inspection took place 4 October 2016 and undertaken by two inspectors.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make. We also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with five people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us. We also observed the interaction between people who used the service and the staff.

We looked at records in relation to three people's care. We spoke with the deputy manager and five members of care staff including kitchen staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our inspection of 11 and 21 August 2015, we found that improvements were needed in how people were provided with their prescribed medicines for external use. At this inspection, we saw that improvements had been made. Since the last inspection, the service had introduced a topical medicines application record which was being completed when creams were administered to evidence that people had received these medicines when they needed them. The seniors completed regular audit checks on these records to ensure they had been completed.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with mobility and falls. Since our last inspection of 11 and 21 August 2015, improvements had been made in people's care records which now included a recognised skin viability assessment which identified if people were at risk of pressure ulcers developing and the measures in place to reduce these. Guidance was available for staff in the office which advised of pressure ulcers and what they needed to be aware of to recognise when a pressure ulcer may be developing.

People told us that they were safe living in the service. One person said, "I am very safe here." They commented on examples which made them feel safer in the service than they did when they lived in the community, for example they had been worried when they needed to go out for shopping when they lived alone but no longer had to worry because their food and essentials were taken care of by the service.

During our inspection we saw staff ensuring people's safety. For example, walking alongside a person when they were mobilising around the service to minimise the risks of them falling.

There were systems and policies in place to reduce the risk of potential abuse. Staff had received training in safeguarding and had the knowledge and confidence to identify safeguarding concerns and knew how to report any suspicions of abuse to the appropriate professionals. One staff member said, "I have just done a course about it. I would go to management." Another staff member said, "I would tell the manager and they will get it sorted." Staff knew how to escalate any concerns if they felt that action was not taken to deal with any potential abuse by the management of the service.

There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. A fire officer had recently visited the service to review their fire procedures. The fire evacuation procedure which was displayed in the office did require updating as a result of this visit. The deputy manager confirmed this would be actioned. Certificates of training displayed in the office showed where staff had received fire marshall training to ensure that the risks to people in the event of a fire were minimised.

People we spoke with told us that they felt that there were enough staff working in the service to provide assistance when they needed it. One person said, "When I need their help they help me." Staff we spoke to generally told us that there were enough staff available to meet people's needs. However, one staff member said, "Sometimes there is enough staff but there is no domestic which pulls us away from the residents." The

staff member felt that the staffing levels still met people's needs. Another staff member said, "Most of the time there is enough staff, it can be difficult when the senior is doing office work as they are the third carer. Weekends are easier as the senior is not office based." Despite this feedback, we saw that staff were attentive to people's needs and requests for assistance were responded to promptly. When asked whether the call bells were answered promptly, one person said, "If I am in trouble, I press the buzzer and they [staff] come pretty quickly."

The deputy manager assessed the staffing levels based on people's needs. The deputy manager told us that they were fully staffed and there was a low turnover of staff, with some working in the service for many years. Records confirmed the staffing numbers which staff had told us about and we could see that one staff member was allocated domestic duties during the shift.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. This showed us that checks had been carried out to make sure people were of good character and suitable to work with vulnerable adults.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "I do my own inhaler, they [staff] look after them for me. I don't have to worry about them." We saw that medicines were provided to people in a polite and safe manner by staff. When people asked staff they were reminded what their medicines were for.

Medicines were stored safely in a locked trolley for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). MAR sheets were checked daily by the seniors to ensure that there were no gaps and that there were no errors on the sheets. Monthly audits on medicines were carried out which covered a stock count and the pharmacy had recently completed an external audit of medicines held in the service. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. We saw that where a signature was missing, action had been taken immediately to identify the reasons why and a discussion had been held with the responsible staff member.

The temperature of the fridge that was used to store medicines was taken daily. On some days during the summer months, the temperature had been too high; action was taken to reduce the temperature by opening an outside door to the office. The deputy manager told us of plans to move the fridge to resolve the issue. This meant that action was being taken to ensure that medicines were stored at the correct temperature.

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection of 11 and 21 August 2015, we found that improvements were needed to ensure that the service was complying with the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). At this inspection, we saw that improvements had been made. Staff had been provided with training in MCA and DoLS and the deputy manager understood when applications should be made and the requirements relating to MCA and DoLS.

Care records identified people's capacity to make decisions. The records included documents which had been signed by people to show that they had consented to their care and had been involved in their care planning. There were documents in place which showed if people required assistance with best interest decisions and if no DoLS were in place. The staff team had a good understanding of MCA. The consent policy in the service required updating to include how to assess mental capacity and the process to follow if a person does not have capacity to make a specific decision. The deputy manager confirmed this would be addressed promptly.

We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

People told us that the staff had the skills to meet their needs. One person told us about how staff supported them with physiotherapy and said, "The staff are really helping me with my mobility."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided them with the knowledge and skills to understand and meet the needs of the people living in the service. Some staff were completing National Vocational Qualifications (NVQ) in care. New staff completed an induction and shadowed experienced members of staff before working on their own in the service. Staff told us that they felt they were trained and supported to meet the needs of people who used the service and gave us examples of how they used the training to improve their practice. One staff member said, "I have had training in moving and handling and it helps by telling me how to position chairs when transferring people and how to support people properly using the hoist." Another staff member said, "I sometimes feel that as dementia progresses, I don't know enough but I have had training and have discussed it with the deputy manager and they are

looking at other training that I can do." The deputy manager confirmed that they were looking into additional training as much of the current training provided is by DVD and this training can become out of date very quickly.

Staff told us that they felt supported in their role. The deputy manager held supervisions with staff and there was an update board in place in the office which was used to communicate key information and ensure the team were aware of any changes to people's needs. Supervision is an opportunity for the staff member and their manager to discuss performance, training needs and any concerns. One staff member said, "We use the update board and we have verbal handovers about any changes." Another staff member commented, "At supervision, we are asked if we are happy and if any changes are needed."

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate which was being completed by a new member of staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. We saw through staff interaction with people that they were knowledgeable about their role, people's individual needs, and how they were met.

People were complimentary about the food they were provided with in the service. One person said, "The food is lovely." Another person said that the cook was, "Very good, always nice food." Another person told us that they had enjoyed their lunch, "The sweet was the best." Another person commented about how they had enjoyed their lunch, "I'm going to thank the cook later, it is important to do that." The cook was aware of people's nutritional needs, for example, those that required a soft diet.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person told us how they had a cooked breakfast that morning and a bowl of cereal, "You can have whatever you want. I do like [brand of cereal]." We saw the person throughout the morning have another two bowls of cereal when they asked for them. On the last bowl, a staff member said that lunch would be in an hour and they would not be hungry then if they had more cereal. When the person said they still wanted the cereal, they were given what they asked for and ate all of their lunch too. This showed that people were provided with their choice of food when they wanted it rather than having to wait for set meal times.

People were encouraged to eat independently and staff promoted independence where possible. Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace. One person was being assisted to eat their meal by a staff member in a caring way. They sat with the person until they had finished their meal and checked when they were ready for the next mouthful. Staff had a good understanding of people's dietary needs and abilities.

People were provided with choices of hot and cold drinks throughout the day. One person told us, "Get lots of tea and juice, glass is never empty." This meant that there were drinks available for people to reduce the risks of dehydration.

Since our last inspection of 11 and 21 August 2015, improvements had been made in people's records which showed that their dietary needs were assessed and met. There were now Malnutrition Universal Assessment Tools (MUST) in place which assisted staff to recognise if people were at risk of not eating enough. Records showed that people's weight and body mass index (BMI) was monitored to check if they were losing weight. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician and their advice was acted upon.

One person told us, "I have seen the doctor." People's health needs were met and where they required the

support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person said about the staff, "They are all nice." Another person said, "The staff are so caring and they have looked after me very well."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner and communicated effectively by making eye contact with people and listening to what people said. Staff knew people well and understood people's specific needs and how they were met. One staff member told us because the service was small they knew people well and people knew them.

People's privacy was respected by staff who communicated with people discreetly, for example when they had asked for assistance with their continence. Staff were respectful when speaking about people who used the service.

People's views were listened to and their views were taken into account when their care was planned and reviewed. People told us that they chose when they wanted to go to bed and get up in the morning. One person said, "I get up when I am ready." This was confirmed by the manager and a discussion we heard between staff. They talked about people who had said that they were not ready to be supported to get up yet and that they would return later to check on the person and their wishes.

Residents meetings were not held within the service. The deputy manager told us that this was because the service was small and any issues were discussed daily with each person to ensure that people's needs were being met.

Records showed that people had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. The records included information where discussions about people's care and wellbeing had been held with their relatives, where appropriate. People's choices relating to their end of life decisions were in place, and records relating to if they wanted to be resuscitated showed that they had been endorsed by a health professional.

People's care records identified the areas of their care that they could attend to independently and how this was to be promoted and respected. During our inspection we saw staff encouraging people's independence, including when they mobilised and when they were eating. For example, one person had stopped eating their meal, the staff member, with the person's agreement, assisted the person to eat some, and then encouraged the person to eat independently, by handing them their fork and saying, "There you go; now you try." The person then ate some more of their meal.

Is the service responsive?

Our findings

At our inspection of 11 and 21 August 2015, we found that improvements were needed in how people's needs, wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met. There was no evidence to show that people were involved in their care planning and some information had not been regularly updated. At this inspection we saw that improvements had been made in people's care records which guided staff on how people's needs were to be met.

Records were written in a person centred way and included information about people's preferences about how they wanted to be cared for, their usual routines, their life history, hobbies and interests. This showed that people had been involved in their care planning. The records included information about people's specific needs and how these were to be met. Care plans were reviewed and where people's needs had changed they were updated to reflect this. 'This is me' documents had been reviewed and included up to date information about people and the things that were important to them.

There was a daily update sheet in the office which staff could refer to identify if there were any recent changes to people's wellbeing and needs and actions that needed to be taken. This document alerted and reminded staff of information that they should be aware of when supporting people. For example, a person had been noted as needing cream applied to a part of their body. Another person was to have their medicines at a specific time. This provided staff with up to date information, in addition to their care records and staff handover meetings, to ensure that people's changing needs were responded to.

Daily care records included information about people, such as the care they had been provided with and their wellbeing. In one person's bedroom, there was important information about the person which included their normal routines and what they liked for breakfast. This ensured that staff knew how the person liked to be supported.

People told us that they felt that they were cared for and their needs were met. One person said, "I am alright here." Another person commented, "I don't have to worry about anything here, I like it, I like my bedroom. Everything is done for you, whatever you need."

Staff were attentive to people's needs and requests for assistance were addressed. People were not left for long periods of time with no interaction from staff. One person asked for assistance and reassurance throughout the day, this was given by staff in a calm and respectful manner. This meant that the staff responded to people's needs.

People commented about the social events that they could participate in. One person told us, "I don't get bored, not bothered about doing too much, as long as I can go out [for a cigarette]." Another person had been to a club in the community during the morning of our inspection. They told us that they, "Always loved it there, been doing some drawing." The person said they travelled by taxi which they also enjoyed and had a group of friends at the club who they liked to see. The assistant manager told us about another person who went out on a weekly basis with a community worker, which they enjoyed. The service had recently

taken part in a cake making competition with other services in the area and had come 2nd place. The residents had been involved and we were told that this had been an enjoyable event. This ensured that people were not isolated, and wider social networks were encouraged.

People told us that they could have visitors when they wanted them. One person commented how they liked going out with their friend. A notice in the office reminded staff to make visitors welcome and always offer drinks and homemade cakes.

Two staff members provided some additional day care support and their role was to spend time with people, talk to them and ensure that people were provided with meaningful stimulation. There was no structured programme of activities as people chose what they wanted to do on a day to day basis. We saw people participating in activities throughout the day. This included reading their newspaper which had been delivered, talking to each other and staff and watching television. In the afternoon people chose a film they wanted to watch. One person told us about the history of the film, which was relating to the second world war. A staff member complimented them on their memories and knowledge of this and the person smiled and said, "I do know a lot don't I?".

People told us that they knew how to make a complaint, although those people we spoke with said they had not raised any concerns. One person said, "No need to complain, it is all alright."

We saw feedback from relatives which included compliments such as, "For the first time, I can miss visiting for a day and I know that all of [relative] needs and support will be given." And, "Thank you for the excellent care that you gave to [relative]." We saw where feedback had been received regarding a chest of drawers that required replacement, that these had been replaced. A feedback book had been introduced to ensure that any comments or feedback that visitors wished to give on a day to day basis were recorded and could be actioned quickly.

Is the service well-led?

Our findings

At our inspection of 11 and 21 August 2015, we found that improvements were needed to ensure that the service's quality assurance systems were robust and identified shortfalls so that the service could continuously improve. Since our last inspection, improvements had been made in how the service assessed and monitored the care that was provided to people. Records of people's weight had been signed by the deputy manager and provider to show that they had monitored these records and any actions taken to support people effectively.

The deputy manager had completed audits of the service to identify any concerns in practice and to ensure that the service continually improved. Audits and checks were made in areas such as residents files and medicines. We saw that where concerns were identified action was taken to address these and reduce the risk of it happening again, for example, discussing the concern with the responsible staff member. The provider visited the service regularly to provide support. This provided additional oversight of the service to ensure that the care provided was of a high quality.

The deputy manager kept up to date with best practice through the internet and the CQC website and gave us an example of a risk assessment tool that they had put into place for some people at the service following a choking incident that had occurred in another service. This showed that the service continued to improve. The service maintained contact with other local services which ensured that they did not become isolated.

Statutory notifications had been submitted as required by the CQC which was an improvement from the last inspection. This is information about important events that have happened in the service, such as deaths and serious injuries which the provider is required to send us by law. .

The deputy manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly. The deputy manager was visible in the service and there was an open culture. They spoke with staff and people regularly and so they could monitor the service on an ongoing basis and make improvements as required. There were policies and procedures in place to provide guidance to staff and these had been reviewed regularly and were displayed for staff in the office on different subjects. For example, action to take following a fall.

People knew who the provider and the deputy manager were. One person told us about the provider and how they visited the service. The person said, "She is very nice, I wrote a poem, she said it was very good and took it, I think she is getting it published." This showed that the provider was known to people and showed an interest in them.

Staff told us that they felt supported. One staff member said, "[Deputy manager] is lovely and takes everything on board that we say and action is taken." Another staff member said, "The service is well led. We have been together for a long time, we get on well and we do what we should do. The correct action is taken

about major things." Staff had an awareness of the whistleblowing procedure and who to contact if they had any concerns.

Staff told us that the service was well led. One staff member said, "I wouldn't be working here otherwise – it is good." Staff feedback had been gathered through a recent survey and we saw that the results from these had been positive.

Minutes of staff meetings showed that the staff team had been consulted about changes in their shift patterns, which were under review. This meant that their views and comments were valued and listened to. These records also included information about how staff were provided with information about their training requirements and any changes in the service.

The service sought feedback on the care that it provided. We saw compliments from surveys that had been completed by professionals who were linked to the service. One compliment said, "Home appears well run with friendly helpful staff and residents seem happy and content."