

# Mrs Sara Gibson

# Waverley

## Inspection report

164 High Street  
Mablethorpe  
Lincolnshire  
LN12 1EJ

Tel: 01507473071

Date of inspection visit:  
15 February 2021  
18 February 2021

Date of publication:  
01 March 2021

### Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Waverley is situated in the seaside resort of Mablethorpe in Lincolnshire. It can accommodate up to 14 people who experience learning disabilities and/or autistic spectrum disorder. It can also accommodate older people. On the day of the inspection 14 people were living in the home.

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

People lived in a safe environment. Staff worked to reduce the risks of harm to people in their care. People were supported by enough numbers of staff who knew their needs well. Their medicines were managed safely, and staff followed government guidance to reduce the risks of the spread of infection during the COVID-19 pandemic.

The quality monitoring processes in place had been reviewed since our last inspection and we saw there were improvements in this area. However, there was still a lack of clear evidence to show areas of care had been monitored, and effective oversight of the service.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Waverley worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

### Rating at last inspection

The last rating for this service was requires improvement (25 April 2019).

### Why we inspected

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.

We received concerns in relation to the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Waverley

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 one inspector.

#### Service and service type

Waverley is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We visited the service on two days and the visit on the first day was unannounced. We gave the provider 12 hours' notice of the second visit.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had not been asked to complete a provider information return (PIR) form. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke briefly with six people, a member of care staff and the registered manager. Following our visit, we spoke by telephone with three relatives of people who lived in the service. We also spoke with five members of staff and the nominated individual. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The registered manager had systems and processes in place to ensure people living at the service were protected from possible abuse.
- Relatives had confidence in the staff to keep their family member's safe.
- Staff we spoke with were aware of their responsibilities in protecting the people in their care from abuse. They had regular training on safeguarding issues and knew who to raise any concerns to.
- The registered manager used staff meetings to discuss any incidents or accidents so learning from events could take place.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and measures were in place to support their independence safely. For example, several people preferred to make their own drinks. There was information in their care plans on their level of ability and the facilities at the service allowed them to safely undertake these tasks.
- People's risk assessments and plans of care were individualised ensuring support for people was in place when this was required, such as maintaining skin integrity for people at risk of skin damage. For other people who under normal circumstances accessed the community on a regular basis, their care plans showed their level of independence and how staff could support this.

Staffing and recruitment

- People were supported by adequate numbers of staff. There were presently two members of staff who undertook a sleeping night shift and the registered manager was confident the level of support was enough to meet people's needs. He told us he would continue to review the staffing levels to ensure they met people's changing needs.
- There were safe recruitment processes in place. When staff were employed the registered manager obtained references from previous employers and used the disclosure and barring service (DBS). This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

Using medicines safely

- People were supported with their medicines safely. Staff received training in the safe handling of medicines.
- Where people required time specific medicines, we saw these were given at the correct times. Where people required as needed medicines there was guidance to support staff administer these medicines safely.

## 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.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant further improvements were required in the quality monitoring processes to ensure standards of care remained consistent

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

- Although there had been an improvement in the auditing processes in place since our last visit there was still a lack clear of evidence to show areas of care had been monitored. This included incidents such as falls. We found there was no impact on people's care as the registered manager took positive actions to support people, such as reviewing their needs, increasing observation and where needed contacting the relevant health professionals. However, they recognised they needed to evidence the actions.
- Following the inspection, we spoke with the nominated individual who told us they were in regular contact with the registered manager to retain oversight and was able to give examples of how they achieved this. However, they recognised the need to evidence this contact and would address this going forward.

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

- People received person centred care which met their needs. The registered manager and their staff team had worked with people for a long period of time and showed good understanding of their needs. The ethos of the service was to promote people's independence. The COVID-19 pandemic had proved difficult for people at the service, as a large majority of them accessed the community on a regular basis taking part in community events. The registered manager had plans in place to ensure people were supported to safely access these events and the community as restrictions are eased.
- Relatives and staff, we spoke with told us the registered manager's primary concern was supporting people who lived at the service and providing the best care for them.
- Relatives felt the communication was good and they felt able to raise issues. They told us the registered manager and staff regularly contacted them and would always inform them of any concerns.

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 registered manager was aware of their responsibilities to inform us of significant events at the service as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.
- A complaints policy was in place and relatives were aware of how to make a complaint if required.

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

- The registered manager had regular meetings with staff, we saw where staff had raised concerns to them, the registered manager had used an independent mediator to address these issues.
- The registered manager worked with people and their relatives to maintain regular contact. They had introduced lateral flow testing and socially distanced visiting. Relatives also told us they had regular telephone contact with staff and their family member.

#### Working in partnership with others

- The staff team worked to ensure relationships with external health professionals affected positive outcomes for the people in their care.
- We saw evidence of referrals being made to external agencies.