

Vivacare Limited

Waterloo House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook this unannounced focused inspection on 03 December 2018 to check that the provider had followed their action plan and to confirm that they now met legal requirements in respect of regulation 17 Health and Social Care Act 2008 (Regulated Activities). This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterloo House on our website at www.cqc.org.uk.

Waterloo House is a 'care home' that supports people living with mental health needs. 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.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service provides care and accommodation for up to 20 people. On the day of the inspection 14 people were staying at the service.

The service is owned and operated by Vivacare Limited, who also own another care home in East Cornwall called Tremanse House.

There was a manager in post, who had just had their interview with the Commission to become the registered manager of the service. 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 that action had been taken to improve the systems for monitoring the safety and quality of the service.

New monitoring checks had been devised and implemented. The provider had employed a new compliance lead who had responsibility for visiting the service on a weekly or monthly basis to meet and support the manager, carry out independent audits and feedback to the provider. In addition, the provider visited the service on a three-monthly basis to meet with staff and speak with people living at the service. This helped to monitor the overall culture and ensure that regulations were being met. Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

We found that action had been taken to improve the systems to monitor the quality and safety of the service.

Waterloo House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Waterloo House on 03 December 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in March 2018 had been made. We inspected the service against one of the five questions we ask about services: is the service well led? This is because the service was not meeting some legal requirements in this key question. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed records held about the service. This included, previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law. In addition, we reviewed information that had been shared with us, such as complaints, and compliments.

During the inspection we spoke with one person, the deputy manager and manager. Following the inspection, we contacted the registered provider.

We reviewed records held within the service to show how the manager and registered provider reviewed the quality of the service. This included a range of audits for care planning, medicines, the environment, infection control and safeguarding, as well as a copy of the providers monthly visit report for November 2018.

Is the service well-led?

Our findings

Our findings

At our last inspection in March 2018 this key question was rated as requires improvement because, the provider did not have effective systems and processes in place to monitor the quality and safety of the service. At this inspection we found action had been taken to make improvements, therefore the rating improved to Good.

Since our last inspection the provider had strengthened their governance framework.

The provider had employed a new compliance lead for the service. They had responsibility for visiting the service on a weekly or monthly basis to meet with and support the manager, and to carry out independent checks of the service. Whilst checks were being carried out, a new formal auditing tool was also being developed for the future. The compliance lead had regular contact with the provider.

New audits and checks to assess the quality and safety of the service, had been further developed and new ones had been created and implemented. Some of which included safeguarding, accidents and incidents, care planning, medicines, the environment, and infection control audits. These audits had helped to identify when improvements had been needed, for example improving medicines training for staff, changes to the laundry and updating the décor of people's bedrooms. Results of each audit are now shared with the compliance lead and provider, so that they have an overview of action required to improve the service, and so that can offer support where needed.

A new maintenance person had also become part of the providers overall governance framework. This person had been given responsibility for fire checks, water temperature checks and legionella safety.

The provider visited the service every three months, to speak with people, and to meet with the manager and staff. This helped to ensure staff felt valued, and to help monitor the culture within the service. In addition, all staff had access to the provider's telephone number, should they need to speak with them.

The manager told us they felt very supported by the new compliance lead and provider, describing them both as "so very supportive" and "always on the phone".

There was an action plan for improvement in place which had been created by the manager and compliance lead. The provider discussed the action plan with the manager and compliance lead monthly. The action plan had recently been shared with the local authority service improvement team, so that they could see the ongoing improvements taking place and offer support as needed.