

Mrs Sara Gibson

Waverley

Inspection report

164 High Street
Mablethorpe
Lincolnshire
LN12 1EJ

Tel: 01507473071

Date of inspection visit:
23 May 2022

Date of publication:
22 July 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Waverley is a residential care home providing personal and nursing care to ten people at the time of the inspection. The service can support up to 14 people.

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

Right Support

Where decisions had been made for people who lacked capacity to make specific decisions, there was a lack of documented consultation with relevant family members, social workers or advocates. However, the service supported people to have choice, be independent and have control over their own lives. People's strengths were promoted and there was a focus on what they could do, so people had a fulfilling and meaningful everyday life.

Staff enabled people to access specialist health and social care support in the community.

Right Care

Some people's care plans had not been reviewed to ensure they still reflected people's needs. This short fall had not been identified in the provider's quality monitoring processes.

The principles of STOMP (stop over medicating people with learning difficulties) were not always followed.

The service had enough appropriately skilled staff to meet people's needs. However, some aspects of staff training were not delivered by appropriately trained staff.

Staff promoted equality and diversity in their support for people. People received kind and compassionate care.

Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them. This was because staff supported them consistently and understood their individual communication needs.

Right culture

People were supported by staff who knew how to protect them from potential abuse.

The systems and processes in place to identify, report and investigate safeguarding concerns were used effectively by the registered manager and his staff.
Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

The last rating for this service was Good (published 27 February 2021).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support Right care Right culture. The inspection was prompted in part due to concerns received about allegations of abuse. A decision was made for us to inspect and examine those risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines, consent to care and treatment, and leadership.

Follow up

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

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 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

Two Inspectors carried out this inspection on site and a third inspector undertook telephone calls to relatives after the inspection.

Service and service type

Waverley is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 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

This inspection was unannounced.

We inspected the service on 23 June 2022 and following this undertook phone calls to relatives and staff.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority team who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with nine people who used the service. We spoke with three relatives about their experience of the care provided. All the people we spoke with were able to verbally communicate with us.

We spoke with seven members of staff including the registered manager, a senior support worker and five support workers.

We reviewed a range of records. This included three people's care records and ten medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 registered manager to validate evidence found. We looked at training data and quality assurance records.



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 key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- The information in people's care plans did not always reflect the current risks to their safety. This lack of clear guidance put people at risk of receiving unsafe care.
- For example, one person's file showed they had epilepsy, however there was no information on how often the person had seizures or what the triggers might be. This meant staff may not recognise when the person would be at risk of a seizure.
- The same person's care plan noted they were able to walk with the use of a frame. However, the person was unable to mobilise with a frame and was only able to transfer from bed to chair and wheelchair with the aid of a stand aid. There was also conflicting information about how many staff were required to support the person to transfer. Their care plan stated one member of staff, but all the staff we spoke with told us the person required two staff members. This left the person at risk of receiving unsafe support.
- A further person's care plan noted the person was nursed in bed. However, we were told by staff the person's needs had changed and we saw the person was not nursed in bed. The person was also prone to emotional distress that could impact on other people. There was very little guidance around possible triggers or actions for staff to take to reduce this distress. This meant staff supporting the person may not support them in a way that reduced the risk of this distress.
- Environmental risks had not been regularly assessed. The fire safety folder contained four personal emergency evacuation profiles (PEEP's) for people no longer living at the service. There was no PEEP for one person who had moved to the service in December 2021. We highlighted this to the registered manager before we left the service. They told us they would rectify this straightaway.

Using medicines safely

- People's medicines were not always managed safely and the principals of STOMP (stop over medicating people with a learning disability, autism or both) which is an NHS England guideline, were not always followed. The registered manager was not aware of this guideline.
- For example, two people were receiving medicines that had been prescribed several years ago. The registered manager told us the people had yearly reviews with the learning disabilities team and their GP, however, the need for these medicines was not discussed. Following our inspection, the registered manager checked the prescription with the GP who recognised there was no need for the medicine and withdrew it. This meant people had received medicines which they did not require.
- Best practice was not followed when using handwritten prescription on MAR (medicines administration records). The prescriptions had not been double signed to show robust checking of the prescription had been undertaken. There was also a lack of protocols in place to give staff guidance on when 'as required' medicines should be administered to people. This meant people may not always receive these medicines in

line with their needs.

This lack of clear up to date information in people's records and the lack of oversight of people's medicines, put them at risk of receiving unsafe care and is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, we saw evidence of people being involved in managing risks to themselves and in taking decisions about how to keep safe. For example, some people enjoyed helping prepare their meals and were aware of how to maintain their safety in the kitchen.

Learning lessons when things go wrong

- The processes in place to show learning from events at the service were inconsistent. The registered manager did not always monitor incidents or accidents to look for themes and trends which would help them, and the staff team look for triggers to reduce incidents and accidents.
- For example, when one person was displaying distress and anxious behaviours that impacted on other people, there was no monitoring of these incidents to look for triggers. We were told the person responded well to one member of staff. However, there was no evidence to show their strategies for supporting the person were shared with other staff or recorded in the person's care plan.
- However, the registered manager had worked with a person who was prone to falls, retain some independent, while at the same time reduce the number of falls the person had.

Staffing and recruitment

- Staff recruitment processes required some improvement. Of the employment records we viewed, one had an unexplained gap in employment, and a reference from a family member. A further staff member had not used one of their last two employers for a reference. This lack of complete history could put people at risk of receiving care from staff who may be unsuitable for the role.
- There had been checks made via the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by adequate numbers of staff. All the staff we spoke with told us there was enough staff to meet people's needs with the present number, and dependency needs of people at the service. The registered manager told us they would review the staffing levels should there be any changes to people's needs or if there were more people admitted to the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe at the service. Relatives supported this. One relative told us their family member had told them staff treated them very well.
- Where necessary the registered manager had reported any safeguarding concerns to CQC and the local safeguarding teams to support people's well-being. Staff had received appropriate training to support their knowledge of how to manage any safeguarding concerns. Staff we spoke with clearly understood their responsibilities in managing any safeguarding concerns. They had confidence the registered manager would act on any issue they raised.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping premises clean and

hygienic.

- The service prevented visitors from catching and spreading infections.
 - The service followed shielding and social distancing rules.
 - The service admitted people safely to the service.
 - Staff used personal protective equipment (PPE) effectively and safely.
 - The service tested for infection in people using the service and staff.
 - The service promoted safety through the layout of the premises and staff's hygiene practices.
 - The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
 - The service's infection prevention and control policy were up to date.
-
- The service supported visits for people living in the home in line with current guidance.
-
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some principles of the MCA were not being followed. Where decisions had been made for people who lacked capacity to make specific decisions, the decision documentation only showed the registered manager's involvement in these decisions. There was no documented evidence to show people's families, social workers or advocates had been consulted. This meant we could not be sure clear discussions had taken place to ensure the least restrictive options had been taken for people.
- For example, two people had devices in their rooms that detected sound, to alert staff if they were awake during the night. There was no documentation to show a best interest meeting had been undertaken to show if this was the least restrictive option for these people.
- The registered manager told us, they had always consulted with people, their families or social workers when undertaking any decisions around people's care. However, these interactions were not always documented.

The provider had failed to demonstrate appropriate people were consulted during the assessment process and the least restrictive options were being applied. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A DoLS authorisation for one person required renewal and the registered manager had sent the application to the DoLS assessment in a timely manner. They continued to work with the DoLS assessment

team to ensure they were working in line with this aspect of the MCA.

Staff support: induction, training, skills and experience

- Staff had not always received practical training from trainers with up to date training qualifications in moving and handling. This meant we could not be assured staff had received the most up to date and consistent training in this area.
- For example, staff had received practical training on the use of equipment at the service to support moving and handling people from other staff who did not hold a train the trainer qualification in this area. We raised this with the registered manager who told us they had used an instructional on-line video from the company which manufactured the stand aid they used to support one person at the service and relied on the fact the majority of their staff had received practical training on moving and handling in the past or in other roles prior to working at Waverley. This left people at risk of receiving moving and handling support from staff who had not been appropriately trained to do this safely and effectively.
- Staff we spoke with told us they had completed on-line training to support their learning in areas such as Health and Safety, Mental Capacity Act (MCA), food hygiene, distressed behaviours and Infection Prevention and Control (IPC). The registered manager had a sheet which he used to remind staff to complete different training each month. He was also able to view staff training records online to ensure they were up to date with their training modules.
- Staff told us they were supported with regular supervisions from senior care staff. They told us they found it useful. However, the senior care staff who should receive supervisions from the registered manager had not received supervisions on a regular basis. This lack of regular documented engagement with the senior staff meant issues or concerns from this group of staff may not be clearly recorded and acted upon.

The lack of appropriate training and support for staff is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans did not always contain relevant information on their needs and choices. This meant some people's wishes may not have always been considered as they had not had a chance to voice them to staff.
- For example, the care plan for one person, who had been at the service since December 2021, lacked information around expressing their sexuality. The section had been left blank and this aspect of their care had not been discussed with them. A form that would show a person had agreed to different genders of staff supporting them, had not been completed to show the person had been consulted on the need to receive care from a staff member of a different gender to themselves.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional needs. Where appropriate people were encouraged and supported to help with preparation of their meals. Where people needed support with eating this was given in a dignified and respectful way.
- Mealtimes were sociable, and people enjoyed sitting together. People chose to have their main meal at teatime to fit in with the different activities people undertook.

Adapting service, design, decoration to meet people's needs

- People lived in an environment that allowed them both privacy, and when they wanted, the ability to be sociable. The environment was well maintained and in good decorative order.
- People's rooms were personalised and there were different communal areas and we saw people making use of the different areas throughout the day of our visit.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were well managed. When people required support from health professionals, staff worked with the professionals to ensure good outcomes for people. For example, one person had some changes to their behaviours and the registered manager had asked for advice from the relevant health professionals to support the person.
- People and their relatives told us staff were quick to address any health concerns they had, and relatives were contacted if there were any issues of concern with their family member's health.

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 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

- Quality monitoring processes were not always robust; this had impacted on areas of care highlighted throughout this report. This included how incidents had been managed and had resulted in a lack of learning from events.
- The lack of information in people's care plans on different aspects of care had not been highlighted, such as the lack of bed rail assessments. Medicines were not always managed safely. The medicine's auditing tool used had not highlighted the issues we found on inspection, and there had been a lack of oversight of personal emergency evacuation profiles (PEEP's) resulting in out of date information in the fire safety folder.
- There was a lack of documented management checks on staff practices to show assurance of best practice.
- At our last two inspections of the service, we highlighted to the provider there was a lack of evidence to show their oversight and governance of the service. At this inspection this aspect of governance had not improved. Although the registered manager told us the provider was in regular contact there was no records of their involvement or oversight of the service.
- This is the third inspection where the registered manager and provider had not been able to clearly demonstrate effective governance in all aspects of their quality monitoring processes.

This continued lack of oversight and effective governance of the service is a breach of Regulation 17 (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was visible in the service, approachable and took a genuine interest in what people, their families, staff and other professionals had to say.
- People living at the service enjoyed different activities both in the service and in the local community. This allowed people the level of independence they wanted in their everyday lives.
- All the relatives we spoke with told us they were happy with the way their family member was cared for, and how their independence had been encouraged. One family member told us since their relative had been living at the service their relationship with each other had improved and was more enjoyable. They felt this was as a result of staff supporting their relative in the way they wanted and the family being able to go back to their role as the person's family rather than their carers.

- Staff spoke of how they supported people in a person-centred way. They were able to give examples of how people were empowered in their everyday life. For example, one member of staff said, "I wouldn't do something for a person if they, both could and, wanted to do it for themselves." Another member of staff told us about one person who was 'fiercely independent'. They said they always followed the person's lead when providing care, as some days they were able to do more than other days.

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 had fulfilled their legal responsibilities to CQC and reported on events at the service.
- The registered manager was aware of their responsibility to give honest information and suitable support to people and families, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us both the registered manager and their staff were quick to engage with them, to keep them informed and involved in the running of the service. People were communicated with in a way that they understood and were comfortable with. This included simple conversations or easy read documents.
- People's opinions of the service and the way it was run had been gathered using a questionnaire and the results collated. Any comments made were reviewed and acted upon by the registered manager
- The registered manager continued to work to engage with health professionals to support good outcomes for people as their needs changed.

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 11 HSCA RA Regulations 2014 Need for consent Principles of the mental capacity act were not being followed when supporting people with decision making.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of clear up to date information in people's records and the lack of oversight of people's medicines, put them at risk of receiving unsafe care
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The continued lack of oversight and effective governance of the service put people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was lack of appropriate training and support for staff