

Horizon Care Homes Limited

Waterside Grange

Inspection report

Waterside Park off Rotherham Road
Dinnington
Sheffield
South Yorkshire
S25 3QA

Tel: 01909519437

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20 July 2016

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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

This inspection took place on 19 and 20 July 2016. Waterside Grange is a nursing home that is registered to provide care and accommodation for up to 83 older people. The home is located in the Rotherham suburb of Dinnington. At the time of the inspection there were 72 people living at the home and many of them were living with dementia, some people also had mental health problems.

The home had a registered manager. 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.

People spoke highly of the staff and the care they received, one person said, "I have a good relationship with all the staff and I trust them, they take great care to make me feel comfortable and I'm never rushed." A visiting healthcare professional told us, "It is an excellent home that I am happy to recommend." Staff knew the people they were caring for well and spoke about them knowledgeably. People appeared happy and relaxed in the company of staff and told us that they had confidence in them, one person said, "The staff are wonderful, they help me in any way I need." Staff received regular supervision and their training was up to date. Staff told us they felt well supported within their roles.

People were protected from harm by staff who understood their responsibilities with regard to safeguarding procedures. There was an effective recruitment procedure in place to ensure the right sort of people were working in the home, and only staff who were trained and competent were able to give people their medicines. People received support to ensure they had enough to eat and drink and if they were identified as being at risk of malnutrition or dehydration suitable monitoring systems were used to maintain their health. Referrals were made to health care professionals in a timely way when required and people were supported with a range of health care services to maintain good health.

Staff understood the importance of obtaining people's consent to care and treatment and where people lacked capacity staff acted in line with legislation and guidance to ensure decisions were made in people's best interests. Staff showed a high regard for people's dignity and privacy and treated them with respect, one staff member said, "I have to make sure that the care I provide is person centred, even if it takes a little longer it's important that people are supported to retain as much independence as possible."

People and staff told us that the registered manager was approachable and that they felt comfortable raising any concerns or complaints they had.

People, staff and visiting professionals spoke highly of the registered manager, saying that the service was well led. One visiting professional said, "Waterside Grange is well run, the provider, the manager and the staff are extremely dedicated, they are always here and available to talk to at any time." Staff described an open culture where practice was discussed and challenged and they received clear guidance and leadership

from the registered manager.

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.

Medicines were stored and administered safely by trained and competent staff.

Staff understood their safeguarding responsibilities and knew how to recognise, respond and report abuse or any concerns they had about safe care practices.

We looked at staff files and found staff were recruited safely.

The provider carried out regular health and safety checks and ensured safety equipment in the service was regularly serviced and maintained.

Is the service effective?

Good ●

The service was effective.

People had a good choice of nutritious food and drink.

Staff and managers were trained and supported by way of supervisions and appraisals.

The requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Is the service caring?

Good ●

The service was caring.

People using the service told us they felt staff treated them well.

Staff promoted people's dignity and treated them with respect.

We saw staff interacted with people in a caring and friendly way and explained the support they gave people.

Is the service responsive?

Good ●

The service was responsive.

People using the service were involved in the development of their care plan.

Staff understood the care and support needs of people using the service.

The provider had a policy for people using the service and others about how to make a complaint.

Is the service well-led?

Good ●

The service was well-led

There was a positive, open culture where the needs of the people were at the centre of how the service was run.

The registered manager was approachable and supportive of staff.

Robust systems for quality assurance were implemented to continuously drive improvement.

Waterside Grange

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 inspection took place on 19 and 20 July 2016. The visit on 19 July was unannounced and we told the provider we would return on 20 July to complete the inspection. This was the first rated inspection of the service. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the service, this included statutory notifications the provider sent us about significant incidents affecting people using the service. We also contacted health and social care professionals for their views on the service.

During the inspection we spoke with eight people using the service, the registered manager, two directors, five members of staff and two visiting health care professionals. We looked at the care records for 10 people using the service and staff recruitment records for five members of staff. We also looked at other records relating to the running of the home, including quality assurance checks, the service's record of complaints and health and safety records.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, "I feel very safe here because of the building and the staff." A second person said, "I am safe here, I trust the staff to look after me." The home was secure and visitors were required to sign in and out of the building. This protected people who lived at the home from harm but would also be used to ensure that the building was properly evacuated in the event of an emergency.

We found that the staff understood their responsibilities to keep people safe and of the reporting processes relating to safeguarding were good. The provider had up to date policies on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Information about safeguarding people was displayed within the home. The provider had systems in place to safeguard people using the service. Staff told us they had completed safeguarding training and the records we saw confirmed this. Staff understood and could describe the types of abuse people may experience and told us how they would keep people safe. One staff member told us, "I would make sure the person was safe and then I would report my concerns to the manager. The manager would then inform the local authority." Another member of staff said, "I would report any abuse immediately. It could be to my manager or directly to the local authority or the Care Quality Commission."

People and staff told us that there were sufficient staff available to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. We found that staff were recruited safely. Checks on the recruitment files for five members of staff evidenced they had completed an application form, provided proof of identity and satisfactory references were obtained. The provider had also undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We found that the storage, administration and disposal of medicines was undertaken safely, in line with current professional guidelines. The service organised annual reviews of people's medicines or sooner if it was identified that their needs had changed to promote their safety and wellbeing.

People's individual medicines administration record (MAR) sheets showed their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that there were no gaps on the MAR sheets indicating that people had received their medicines as prescribed. Medicines were recorded electronically. During the inspection there was a short disruption to the broadband signal. We saw how the system continued to function whilst medicines were dispensed and records brought up to date when the broadband signal returned.

We saw that medicines were given to people in a dignified way and their privacy and preferences were respected. People were offered the choice of taking their medicines in a cup or on a spoon and were

provided with a drink. We saw that people were offered pain relief if they needed it and where the dosage prescribed was variable this was recorded on the electronic system. Protocols were in place to provide additional guidance to tell staff when each person should receive medicines that had been prescribed on an 'as needed' basis to ensure people's needs were met safely and effectively.

Most medicines were kept in lockable cabinets within people's bedrooms, although we found instances where creams had been left unsecured on top of the cabinet. The registered manager told us that this issue would be addressed immediately via team meetings and individual supervision. Records relating to medicines including stock control were completed accurately and stored securely. The medicine received, administered and returned to the pharmacy was recorded correctly. We saw that there was a specific cabinet for controlled drugs and the stock record was accurate and up to date.

There were personalised risk assessments for each person who lived at the home. Each assessment identified the people at risk, the steps in place to minimise the risk and the action staff should take should an incident occur. Examples of risk assessments carried out included the risks associated with the use of bedrails and wheelchairs and people's medicines. We saw that where people had been assessed as at risk of falling, a falls diary was kept and the cause of any fall was recorded. The falls were also recorded in the incident and accident log. Analysis of both of these records enabled the staff to take steps to reduce the risk of a person suffering a fall.

Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them. Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's risk assessments, their daily records and talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm occurring.

The registered manager carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments and the handling of potential hazardous substances. Checks were also carried out to ensure that equipment such as lifts and hoists had been serviced and portable appliances had been tested. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. One person said, "Staff know what I like and don't like." A visiting healthcare professional said, "No question. Staff are well trained and know what they are doing. The clinical lead is one of the most professional people I have ever come across." A visiting medical consultant told us, "Staff understand any instructions regarding people's health. Waterside Grange is excellent."

Staff told us they were well supported and had received the training they needed to be effective in their role. One staff member said, "The induction was thorough and I felt confident because there was always someone to ask if I needed to." A training plan was in place and the registered manager ensured that staff were up to date with their mandatory training. Staff told us they were encouraged to undertake additional training and we saw evidence of a range of training subjects that were relevant to people being supported such as mental health awareness, and end of life care. One staff member told us, "I am going through a process to become a senior carer. It involves additional training but I recognise the investment in me."

People said that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. For example some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. We found that mealtimes were a social time with lots of chatter and laughter between staff and the people they supported. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond. Where people needed the amount of food and drink that they had monitored this information was recorded in people's care records. We could see occasions where concerns about people's weight loss had been identified and the relevant health professionals had become involved. We spoke with the kitchen staff who was preparing the food during the inspection, and they had knowledge of everyone's food preparation needs and understood about providing a fresh nutritious diet for people. Staff had knowledge of people's nutritional needs and who needed additional support, which we saw was provided when needed. One person told us, "The food is lovely and there is plenty of choice, even the chips are homemade, which is wonderful."

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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act, and whether conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff asked for permission before they supported them. One person told us, "Staff always

ask and explain before they do anything." We observed staff ask people before they provided care or support to them. Staff told us that they always gained consent to support from people. One staff member said, "I check that everything is ok and get people's permission. If they said 'No' I would leave them for a while and ask again. If people are not able to tell me then I will tell them what I am planning to do and watch for their reaction."

People told us that they were supported to attend appointments with other healthcare professionals, such as dentists, opticians and chiropodists, to maintain their health and well-being. Records we saw confirmed this. One person told us, "I see a chiropodist here regularly." One member of staff told us how they involved other health care professionals in the care of the people who lived at the home. This included district nurses, speech and language therapists, physiotherapists, occupational health professionals and GPs. Records showed that people had been supported to attend appointments with opticians and dentists. Healthcare professionals that worked with the service told us that the staff worked cooperatively with them and followed their advice when providing care to people.

Staff received regular supervision and yearly appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us that these meetings provided them with the opportunity to raise any concerns or discuss practice issues with a manager. They described supervision as "Useful" and "Supportive." One staff member said, "Staff communicate well here and the team is good," another said, "We work as a good team." Staff meetings were held regularly and notes from the meetings showed a range of topics were covered including practice issues and training needs.

Is the service caring?

Our findings

People spoke highly of the staff saying they were kind and caring. One person said, "The staff are really very nice." Another person said, "The staff are wonderful, they help me in any way I need." A third person said, "The staff are really great, the care is wonderful, I am very happy." One member of nursing staff had been recognised at a national awards for their contribution to care.

Staff we spoke with were aware of the life histories of people who lived at the home and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives, and from the life histories within people's care records. Life histories had been developed in discussion with the people and their relatives to give as full a picture of the person as possible. One member of staff told us, "People love to chat. It's important to make the time as it helps us to get to know the people we care for."

We saw that people were relaxed in the presence of staff. We noted that staff always used the person's name, even when walking past them and people responded well to this. Staff listened to people and gave them time to answer when asked a question. Staff spoke clearly and approached people gently and with care. It was evident that staff knew the people they were caring for well. One person told us, "I have a good relationship with all the staff and I trust them, they take great care to make me feel comfortable and I'm never rushed."

People told us that the staff protected their dignity and treated them with respect. Staff were able to describe ways in which they respected people's dignity. For example one staff member said, "We always keep the door and curtains closed when we are supporting people, especially with personal care." Another said, "If people only want a female carer we make sure they get one." We saw that there was a 'Dignity Tree' in place that displayed information residents and staff had written down about what dignity meant to them. It also gave an opportunity for their views, opinions and wishes to be displayed to remind staff and each other what is important to everyone as an individual.

People told us that they were encouraged to be as independent as possible. One person told us, "If I can do it for myself then I will, it's important to be independent." Another person said, "They know what I can do and help me with the rest." A staff member told us, "We need to empower people to do as much as they can."

Information was displayed on notices in the hallway for people and visitors. This included information about safeguarding, the complaints system, fire evacuation instructions and details about planned activities for the month. This meant that people, their friends and relatives had the information that they needed and could plan how they wanted to spend their time.

People or their relatives had been involved in developing care plans. One person told us, "I was asked about what I like to do and what was important to me." People's care records showed that where possible, people had been consulted about their care plans and updates had also been signed.

Is the service responsive?

Our findings

People told us that staff understood their health and wellbeing needs. Staff we spoke with demonstrated this and were able to tell us about people's specific health needs and how these were responded to. For example staff told us about a person's mobility, how this had changed and what approaches to their safety were being used. Staff told us about the additional monitoring that was involved. Staff could tell us about this and what they needed to monitor regarding further changes. Staff were able to discuss people's needs and demonstrated knowledge of the approaches used to support people with particular needs.

People told us that staff responded quickly to signs that they may be unwell. For example one person said, "If I feel ill staff quickly get a doctor for me." Staff felt that if people's needs changed they were quick to involve other professionals. They were able to tell us about people they cared for and what they looked out for that would indicate any person was unwell. During the inspection one person had a change to their breathing pattern. Staff were quick to respond and involve other professionals and an ambulance was called and moved to hospital for observation. We heard examples from people where the doctor had been called following them saying that they felt unwell. We could see where additional reviews with other health professionals had happened as a result of changes in people's health. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

People told us that they knew how to complain. One person said, "I would tell the manager. I am confident that the manager would listen to and deal with any concerns or complaints I had." Relatives and visitors were made aware of the complaints procedure as it was displayed in several areas of the home. There had been one complaint in 2016. We saw that it had been responded to appropriately and in line with the provider's timescales and policy.

People told us that they felt that they were consulted with regarding their care and support and that staff made them feel valued and listened to. People's care and support was planned in partnership with them. People told us that there were regular meetings where they could put forward suggestions about menus, activities and any other topics that they wished to discuss. People also told us how they had recently planned for the Queen's birthday celebrations and had input into the activities. Staff said some people needed some extra time and support to have a voice in the meeting, but they always made sure that people had the time and support they needed to be able to have input into the meeting.

The provider employed an activities co-ordinator who ensured people had access to a range of activities. This included art and music groups, cookery classes and social events. A timetable of events was displayed on the public noticeboard so people could choose if they wanted to attend. People told us they were supported to do whatever they wanted to do. One person said, "I can absolutely do what I want, it's my choice." On the morning of our inspection we saw that people were gathered on the patio area enjoying a visiting singer. In the afternoon people were attending an organised barge trip. Due to the weather staff ensured people had hats and sun cream.

People's electronic care records were well organised, clearly laid out and easy to read giving a clear sense of the person, their needs and how staff should support them. People's needs had been assessed and risks identified. Support plans relating to identified risks gave clear guidance to staff in how best to support the person's individual needs and we could see that these were regularly reviewed and updated where a person's needs had changed. For example, one person's mobility and continence needs had increased, a review of the support plan showed the additional assistance that was needed and gave clear guidance to staff in how to achieve this. We observed that staff were working to the guidance in the support plan.

Is the service well-led?

Our findings

People, their relatives and the staff spoke highly of the registered manager and provider and said that they believed the home was well run. People told us the registered manager was approachable, kind and spent time with people, one person said, "The manager is always around and you can talk to them anytime." Another person said, "The manager is approachable and kind, I like that." A visiting healthcare professional said, "Waterside Grange is well run, the provider, the manager and the staff are extremely dedicated, they are always here and available to talk to at any time." The registered manager was knowledgeable about the people living at Waterside Grange and spoke about them with compassion saying, "We all strive to give the best possible care to everyone here, residents, relatives and staff."

The registered manager provided clear leadership, directing staff during the shift and checking in with them regularly. They told us that it was important to observe how staff were working saying, "I like to observe to ensure standards are being met." Records showed that staff meetings were held regularly and were well attended. Notes of the meetings showed that clear and specific guidance was given to staff during meetings. For example reminders were given for all staff to ensure all visitors signed into the building, we saw staff complied with this consistently. Staff told us they were able to bring ideas to the team meeting and to challenge practice, one staff member said, "The manager is always encouraging us to think of ways we can improve."

The registered manager spoke about the ethos of the home being to provide person centred care in an open and non-discriminatory way, we saw that staff were clear about their roles and that the ethos of the home was well embedded within their practice. One staff member told us "People come first, always." Another staff member said, "I have to make sure that the care I provide is person centred, even if it takes a little longer it's important that people are supported to retain as much independence as possible."

Staff told us they were well supported in their roles and that they had good links with the local community to support them in caring for people. We saw that a variety of health and social care professionals were regular visitors to the home and staff told us they welcomed the support they provided. One health care professional told us, "It is an excellent home that I am happy to recommend." There were effective systems in place to ensure people's care plans were reviewed regularly and this included those people who were subject to DoLS authorisations. This meant that people's records were kept up to date and staff had the information they needed to provide care that was appropriate to people's needs.

There was an effective quality assurance system in place including questionnaires to seek feedback from people, their relatives and visiting professionals. The responses were very positive and reflected the opinions that people had expressed to us during the inspection. Weekly quality audits were completed by the manager and covered a wide range of areas, including audits of care plans, medicines, and infection control. These audits were then collated and submitted as a report to the head office where it was used to analyse patterns any trends in relation to shortfalls. Improvement plans were then sent to the manager and the actions were signed off when they had been completed. A regular monitoring visit was also carried out by the provider.

