

Scimitar Care Hotels plc

Waterbeach Lodge

Inspection report

Waterbeach Lodge
Ely Road
Cambridge
Cambridgeshire
CB25 9NW

Tel: 01223862576

Date of inspection visit:
15 April 2019

Date of publication:
10 May 2019

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

About the service: Waterbeach Lodge is a residential care home that was providing accommodation and personal care to 46 older people at the time of the inspection.

People's experience of using this service: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.

People felt safe having their care provided by staff at the service. Risk assessments were in place to identify possible risks to people's health and well-being. Measures were implemented to guide staff on how to reduce these risks. Staff worked in conjunction with guidance from external health professionals across different organisations to help promote people's well-being where possible.

Dependency tools were used to determine staffing levels. This was to make sure staffing levels met the needs of the people using the service. Medicines were safely managed.

Staff knew the people they supported well. To develop their skills and knowledge staff received regular training, spot checks and supervisions. People were supported to maintain their independence and well-being. Staff promoted people's food and fluid intake.

Staff promoted and maintained people's privacy and dignity. People had developed good relationships with staff who had a good understanding of their needs and preferences.

People and their relatives told us staff were kind and caring. People's personal information was kept confidential. People and their relatives were involved in discussions about their care and felt that staff and the registered manager knew them well. People told us if they had to raise any concerns, they would be confident they would be listened to and the concern resolved where possible.

People and staff told us the service was well managed. Staff felt well-supported. Audits including organisational audits were carried out to monitor the service and address any improvements required. The registered manager notified the CQC of incidents that they were legally obliged to.

Rating at last inspection; Good. (Report published 11 October 2016).

Why we inspected: This was a planned inspection to check that this service remained Good.

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

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

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.
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our Well-Led findings below.

Waterbeach Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Waterbeach Lodge is a 'care home'. People in care homes receive accommodation and 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. Waterbeach Lodge accommodates 46 older people in one adapted building. One of the floors specialises in providing care to people living with dementia.

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 was an unannounced inspection.

What we did:

Prior to the inspection we reviewed information we held about the service to aid with our inspection planning. This included notifications. Notifications are incidents that the registered manager must notify us of. The provider also completed and sent CQC a Provider Information Return (PIR) in June 2018. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspection. We also contacted other health and social care organisations such as representatives from local authority contracting and quality improvements teams and

safeguarding team. We also contacted Healthwatch (an independent organisation for people who use health and social care services). This was to ask their views about the service provided.

During the inspection we spoke with five people and five relatives of people who used the service. We also spoke with the registered manager, the deputy manager, two senior care staff, a care worker, one domestic worker and a chef. We looked at two people's care records and corresponding risk assessments, and monitoring records. We also looked at records used in the management of the service.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff knew and were trained on how to recognise and report incidents of poor care and harm and protect people from the risk of abuse.
- ☐ A person said, "Of course I feel safe, there is nothing here to make me feel un-safe. I have never heard anyone being horrible ever, if I did I would say something I'm not afraid to speak up, I would object to any behaviour like that."

Assessing risk, safety monitoring and management

- ☐ People had individual risk assessments in place as guidance for staff to monitor these assessed risks. These were updated to make sure they met the persons current needs.
- ☐ People had a personal emergency evacuation plan in place as guidance for staff in the event of an emergency such as a fire.

Staffing and recruitment

- ☐ Staff when recruited had a series of checks undertaken to make sure they were suitable to work with the people they supported.
- ☐ Dependency tools were used to determine the number of staff people needed to support them. A person told us, "I have rung the [call] bell once, that was in the night when I first came here, I had bad indigestion, [staff] came straight away and got me something to ease the discomfort."

Using medicines safely

- ☐ People's medicines were stored, administered and disposed of safely by staff. A person said, "I am on medication and it is very regular, [staff] know the times they are supposed to give it to me, and they do, they stand and wait till I have taken it, they're very cautious."

Preventing and controlling infection

- ☐ Staff had training in infection control to prevent the risk of cross contamination. Rooms seen were visibly clean with no malodours. Staff told us, and we saw rooms were cleaned daily.
- ☐ Personal protective equipment (PPE) were single use items only.

Learning lessons when things go wrong

- ☐ Staff told us lessons were learnt when things went wrong. A staff member said about learning, "[Information of learning from incidents] gets handed to the care co-ordinator which then gets passed on to seniors and we pass it on to the staff."

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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support

- ☐ People's needs were assessed prior to them moving into the service to make sure that staff could meet these.
- ☐ People had access to and staff worked with guidance from external health professionals to promote people's well-being. A person said, "I have seen the doctor...I'm waiting for the results, but I thought that was first class service, I use the chiropodist and I visit my own dentist."

Staff support: induction, training, skills and experience

- ☐ Staff when new to the service completed an induction which included training and shadowing another staff member until competent and confident to deliver care.
- ☐ Staffs knowledge was developed through a training programme and regular spot checks on their work and supervisions.

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

- ☐ People's food and fluid intake was promoted by staff to maintain their well-being including those people on a specialised diet. People who required additional assistance with their food were supported by staff in a kind and patient manner.
- ☐ People had positive comments about the food. One person said, "The food is very nice I can't complain, plenty of choices, there is always a jug of water in my room, they will always freshen it up for me, there's plenty of fruit on hand, tea, coffee and biscuits."

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff worked with other agencies such as the district nurses' team, GP's and mental health teams to make sure that people received care in a timely and effective manner.

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

- ☐ The service decoration and signage had been adapted to support people to navigate their way safely around the building.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff were trained and had a basic understanding of the MCA 2005 and DoLS. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. A staff member confirmed, "You can't make decisions for them. You have to offer [people] choices."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People and their relatives had positive comments about the care and support provided by staff. One person said, "Whilst I have been here, [staff] have been very kind to me, nothing has been too much trouble for them, it's like a good hotel, I would say, I would recommend it to anyone."

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were not aware of their care plans. However, people said they felt staff knew them as individuals and their preferences and care decisions were listened to and up-held.
- ☐ Observations showed staff knew people well and their choices were respected. Staff had positive relationships with the people they supported.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us, and we observed that staff promoted and maintained people's dignity and privacy. This including knocking before entering a person's room and being transferred with a hoist in a communal area was done behind screens.
- ☐ A person said, "I like my independence, that is definitely promoted by the staff, I think they get to know the ones who are proud, and like to do things for themselves, like I do, they always knock before coming in my room, I do my own personal care totally, my choices are respected."
- ☐ People's personal information was kept confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Staff completed a pre-assessment on people new to the service, to make sure that staff could meet the person's needs. From this information an individual care record was set up as guidance for staff on how to support the person and meet their wishes.
- ☐ A relative told us, "When [family member] first came for respite, a meeting was held whereby, we were asked about [family member's] health, likes, dislikes, allergies, medication and so on. When [family member] asked to stay on another review was conducted."
- ☐ Activities took place and people were supported to continue their interests such as gardening. A person said, "I love gardening, I water all the plants here, there are a lot of them I really enjoy that, last year I grew strawberries, broad beans, tomatoes, I haven't done any planting yet, I have been asked to assist in a new gardening programme, they are going to include it as an activity."

Improving care quality in response to complaints or concerns

- ☐ People told us they would feel comfortable raising concerns and that it would be listened to and resolved where possible.
- ☐ A person said, "I haven't needed to complain but if I had to, I would, I would have thought they would welcome it, because they are those kinds of people that would sort it."

End of life care and support

- ☐ People at the end of their life were supported by staff and external health professionals to have as dignified a death as possible.
- ☐ A relative told us, "My [family member] is end of life, I just want to tell you how caring the staff are, [family member] has been here [named number of years] and is now at the end of their life. [Family member] is still making choices whether to stay in bed, or get up to sit in the chair, [family member] will choose to have a wash or a shower, the care has been the same throughout, I can go home and have no worries about them."

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.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ The registered manager encouraged feedback and acted on it to continuously improve the service, for example by undertaking regular reviews with people about their care and support needs.
- ☐ A relative told us, "We know the manager, they are very approachable, their door is always open unless they are in a private meeting, they walk about the home a lot, chats to the residents. I couldn't think what to improve about this place, we are happy with everything, truly."
- ☐ Staff told us there was a clear expectation from the registered manager for them to deliver a good quality service to the people they supported.
- ☐ Staff said the registered manager supported them. A staff member told us, "I just want to tell you how wonderful and supportive the [registered] manager and staff are towards me... I have been off work with [named health condition], I am now back, thank god, and the support has been amazing."
- ☐ The previous CQC inspection rating was displayed in a communal area so people and their visitors could refer to this if they wished to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- ☐ There was organisational oversight of the service. This included the provider's compliance manager and an external consultant company both undertaking separate audits of the service provided. Areas for improvement were recorded in actions plans with the date of completion documented.
- ☐ Staff at all levels understood the importance of their roles and responsibilities.
- ☐ The registered manager notified the CQC of incidents that they were legally obliged to.

Working in partnership with others

- ☐ The registered manager and staff team worked in partnership with representatives from key organisations such as GP's, district nurses and mental health teams to provide joined-up care and support.