

# Horizon Care (Waterside Grange) Limited

## Waterside Grange

### Inspection report

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

Tel: 01909494474

Website: [www.watersidegrange.org](http://www.watersidegrange.org)

Date of inspection visit:  
01 December 2021  
09 December 2021

Date of publication:  
07 January 2022

### 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:

Waterside Grange is a care home providing personal care and nursing. It can accommodate up to 83 people. There were 60 people using the service at the time of the inspection.

People's experience of using this service:

People were safe. We observed staff ensured people's safety. People we spoke with told us they felt safe. Staff understood safeguarding and whistleblowing procedures. We observed there were enough staff employed to meet people's needs. Staff we spoke with also confirmed this. Accidents and incidents were effectively monitored, which ensured staff learned when things went wrong. Risks to people were identified and detailed assessments were in place, to ensure risks were managed safely. One person told us, "The staff know how to look after me and they are always there, they are lovely people."

Largely people were protected by the prevention and control of infection, although we identified some issues at site visit. However, these were rectified immediately, and documentation was updated to ensure any areas for improvement were identified through quality monitoring. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed.

Staff we spoke with were very knowledgeable about people's needs. We observed that care provided was person-centred and individualised. Staff had received effective training to ensure their knowledge was up to date. Staff were supervised and supported. 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. People had access to health care professionals. Staff worked closely with other professionals to ensure people's needs were met.

People we spoke with told us that staff were extremely kind and caring. Relatives we spoke with were positive about the care and support provided and spoke highly about the new manager. One relative said, "The manager is lovely, and her door is always open if I need to discuss a problem, she is always available." Staff we spoke with understood people's needs and described how they respected their dignity. We observed interactions between staff and people who used the service which were extremely positive, inclusive, respectful and person-centred, promoting people's well-being. Care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

There was a robust quality monitoring system in place. Relatives felt listened to and said complaints were appropriately dealt with and resolved. They told us their views were obtained to continually drive improvements. One relative said, "They [the staff] keep me informed and there is a personal touch." Feedback from staff was extremely positive. Staff told us they felt much better supported with the new manager and that morale had improved and they were working as a team.

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

#### Rating at last inspection

This service was registered with us on 19/06/2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 02/03/2019.

#### Why we inspected

This was a planned inspection based on the previous rating.

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 COVID-19 and other infection outbreaks effectively.

#### 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?

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.

# Waterside Grange

## Detailed findings

### Background to this 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 three inspectors 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.

Waterside Grange 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 did not have a manager registered with the CQC. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager had been appointed and was in the process of registering with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five relatives to gather their experience of the care provided. We also obtained feedback from commissioners of the service. We spoke with 12 members of staff including the manager, clinical lead, a nurse, a nursing assistant, an associate nurse, care workers, ancillary staff, activities co-ordinator and the providers representatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records, medication records and weight records. We looked at two 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.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Care plans contained detailed risk assessments to ensure people's safety. People were supported to manage risks as part of an independent lifestyle.
- People were involved in their care planning as much as possible and the care records we saw detailed people's involvement, choices and decisions where applicable. One person told us, "We had a meeting to discuss my needs. The staff know how to look after me and they are always there, they are lovely people."

### Using medicines safely

- Safe medicines practices were promoted. We reviewed processes in place for the ordering, reconciliation, storage, administration, stock checking and disposal of medicines. The service used an electronic medicines system, which enhanced management oversight. This helped to ensure staff were administering the correct medication to people.
- We saw a number of medicines that required disposing. We spoke with the provider about this on inspection and they subsequently confirmed this has been addressed.
- The medicines administration records accurately reflected people's stored medicines. When required medicines were recorded on the medication administration record correctly. Instructions for the use of when required medicines such as pain relief were documented. Appropriate documentation was in place for covert (without people's knowledge) medicines.
- Records showed, staff had received support, training and competency observations, to use the electronic medicines system. The system identified when medicines were due and staff checked each medicines box to verify, they had selected the correct medicine. Management told us this helped reduce the risk of errors.

### Staffing and recruitment

- Staff were effectively deployed to meet people's needs. We observed staff respond to people's needs in a timely way.
- Staff told us there were enough staff to meet people's needs safely. People told us staff were always available when they needed them. One person said, "As far as I know they have enough staff. They always come when I call."
- The provider had a recruitment procedure, which was followed prior to any new staff commencing employment. This ensured they were suitable to work with vulnerable people. Any agency staff used were from the providers own agency. Therefore, they were able to ensure all appropriate checks had been completed for agency staff.

### Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection (IPC). We identified

some areas of the service that were not clean or well maintained. Some of these items had already been identified by the provider and were to be replaced. However, the issues we found that had not been previously identified were addressed immediately by the provider during our site visit. The manager also amended the audit systems to include these areas in the daily checks to ensure improved standards of cleanliness.

- Staff were kept up to date with latest guidance and requirements. We observed staff promoted good IPC practices. For example, they encouraged people to wash and sanitise their hands before and after their meal and regularly during the day to help prevent cross infection.
- Personal protective equipment (PPE) was provided. Staff told us there was a good supply of PPE available in the home. We observed staff always wore masks and wore appropriate PPE when delivering personal care, washed their hands and followed infection, prevention and control practices.

Systems and processes to safeguard people from the risk of abuse

- People were safe. People told us staff were very good and made them feel safe. One person told us, "Yes, I am safe, nothing has happened to me."
- The provider had a safeguarding policy in place. The manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately, which meant procedures to safeguard people were being followed.
- Staff understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.

Learning lessons when things go wrong

- The manager had a system in place to monitor incidents and understood how to use it as learning opportunities to prevent future occurrences.
- The manager ensured lessons were learnt to prevent or reduce incidents. For example, a thematic review was carried out to review complaints and learn lessons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to be able to provide effective care. We observed staff responded to people's needs appropriately following best practice, which evidenced effective training. Relatives praised the staff, and told us they knew people well. One relative said, "They [staff] know my [relative] well. They have been brilliant; I can't fault any of them."
- Staff told us they felt very supported by the new manager and the management team. Staff received regular supervision. All staff we spoke with said, the manager was 'lovely' and always very approachable.

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.

- The principles of the MCA were being followed. The manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity a decision should be made in the person's best interests. We saw evidence of these in people's care plans.

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

- People's needs were assessed before any service was provided, which was to ensure their needs could be met. We saw the assessments in the care plans we looked at. The service had recently changed to a new electronic care record. We found them easy to follow and gave good detail of people's needs.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice and guidance. People's care plans included information about their preferences, choices and decisions. Relatives confirmed people's needs were met. One relative told us, "I can't fault the home. The staff have been brilliant; they really have been 100 percent. I would highly recommend the home."

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

- People received a nutritious balanced diet. We observed the lunchtime meal, there was a good choice of food which was appetising. The provider had introduced 'Stop the clock' at mealtimes. This meant all staff, including management and ancillary staff, supported the mealtime to ensure a relaxed, calm and enjoyable experience for people.
- Care plans detailed people's likes, dislikes and any foods which should be avoided. We observed staff supporting people with meals where required and ensured any concerns were highlighted and advice sought. People we spoke with told us the food was enjoyable. One person said, "The food is very good. I think they know how to look after me. "
- People's weight was monitored and reviewed to ensure if any advice was required this was obtained. We saw people had been referred to appropriate health care professionals when required. A relative told us how the staff had encouraged their loved one to eat more. They said, "They [staff] kept me informed when [relative] wasn't eating well and they were trying all sorts to tempt them. They were constantly trying different foods."

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

- The environment was appropriate and met best practice guidance in supporting people living with dementia.
- Staff had been nominated in the Regional Great British Care Awards and the homes dementia champion won the regional Dementia Care Award.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GP's and occupational therapists. We saw evidence in people's care plans of professional input.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring. We observed staff interacting with people showing compassion, respect and empathy. Staff valued people as individuals and care was personalised. Relatives told us the staff were kind and caring. One relative said, "They keep me informed and there is a personal touch."
- Through talking to staff and people who used the service, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them. One person told us, "The staff are very good, they look after us. The staff are lovely, whatever you ask for they try and get it for you. They are lovely. They always speak to us. They always ask before doing anything and always knock."
- We observed staff and saw they respected people's privacy and dignity. Staff were observed to close bedroom doors and knocked on doors prior to entering rooms.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

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

- Staff supported people to make decisions about their care. We observed staff asking for their consent before supporting them.
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed, including making referrals to other agencies where necessary.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans were person-centred. One staff member explained to us that their electronic system was new, and they were still adding to the plans ensuring they involved the person and promoted person centred care. One relative told us, "We have not met a lot of care staff but those we have, know [relative]. They are lovely and they know them and are informed about them."
- Staff received training to ensure they understood personalised care that was person-centred.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People were supported to follow their interests and take part in activities. The provider employed an activity co-ordinator. The activity coordinator told us they worked flexibly including evenings and weekends where needed, to facilitate activities people would like to be involved in. One person told us, "The activities are very good, there's something different every day. It's wonderful. The activity person is amazing, we play games and have dances, [activity coordinator] dresses up. I was baking scones the other day; we had a laugh."
- Outdoor activities were facilitated. One person told us they had been supported with their partner to attend a football match. They said, "I really enjoyed that." However, they also said they would like to go out more but there wasn't always enough staff to facilitate this. The manager had identified the lack of outdoor activities and was looking at ways to facilitate safe access to outside social activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff understood how to communicate with the people they supported and we saw this in practice. We saw detailed communication care and support plans in people's files.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The service clearly recorded and resolved complaints they received. Lessons learnt were also recorded. For example, a thematic review was carried out to review complaints and learn lessons.

Relatives told us communication with the provider was good. One relative told us, "Staff contacted me earlier to say [relative] had had a small fall, they keep me informed, but they never make me feel anxious, they are so reassuring, and I know [relative] is in good hands and looked after well."

- The manager had systems in place to communicate with people who used the service, staff and relatives. We saw meeting minutes and people's views were sought and listened to, to ensure continuous improvement of the quality of the service. One person told us, "We do have resident meetings, I like to put my own point of view across." We had received mixed feedback from relatives as some said they didn't know about residents and relatives' meetings whereas others informed us they had attended these events. We discussed this with the manager who agreed to ensure it was communicated to all relatives again.

#### End of life care and support

- People's needs were considered as part of the end of life care. Care plans were in place to record people's choice, wishes and decisions for end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care

- The manager and provider told us the vision of the service was to provide people with high quality care delivered by a competent skilled staff team. Staff told us they were well supported and received training necessary to be able to do their job well.
- The manager understood their legal requirements and complied with their duty of candour responsibilities. People told us staff and management kept them informed of any issues and concerns and were open and honest. One person told us, "I know the manager they are very nice and helpful, they worked here before. You can have a private conversation in the managers room, they take on board what you say, the manager writes it down and does something. They are very approachable."
- The manager and management team demonstrated an open and positive approach to learning and development. They were driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

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

- There was a manager in place who was applying to register with the CQC. They were supported by a team of staff. All staff we spoke with told us the service was much better since the new manager has started. Staff were happy in their roles and felt supported. Staff spoke highly of the team they worked in. They told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "The staff morale has greatly improved, we all work well as a team. I feel really supported by the manager."
- The quality assurance systems which were in place to monitor the service were effective. Where issues were identified, action plans were in place which were followed to ensure continuous improvements. For example, following our site visit the manager improved the audits to ensure all areas we found that were not clean were added so they were checked daily to improve cleanliness.
- All relatives we spoke with spoke highly of the new manager. One said, "[Name] is a lovely manager and their door is always open if I need to discuss a problem, they are always available."

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

- The provider engaged with people and their relatives. The manager had set up different methods of communication, for example, phone calls or zoom calls for relatives to be able to stay in touch. Predominantly most relatives told us communication was good. One told us, "Management have improved the visitors booking system. We wouldn't change anything."
- Staff meetings were held to gather views and to share information. Staff told us meetings were held regularly and were effective. All staff told us they were well supported.

#### Working in partnership with others

- The manager had links with other agencies to work in partnership to improve the service. This included commissioners, health care professionals and relatives.