

Alpha Health Care Limited

Waters Edge Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The comprehensive inspection visit took place on 15 May 2018 and was unannounced.

Waters Edge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Waters Edge is registered to provide accommodation for up to 63 people. There are two floors which both have various communal areas for people to access including, communal lounges and dining areas. There is also a large garden area for people to access. At the time of our inspection 50 people were using the service.

There was a registered manager in place. 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.

As some capacity assessment were not in place, people were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Relatives consented on behalf of people when they did not have the legal power to do so.

There were enough staff to support people. People felt safe and were supported by staff who knew them well. The provider had suitable recruitment processes in place to ensure staffs suitability to work within the home. Staff understood how to recognise and report potential abuse. They felt listened to and were assured action would be taken if concerns were raised. Individual risks had been identified for people and staff had the information needed to keep people safe. Medicines were administered, stored and recorded to ensure people were protected from the risks associated to them

People were supported in a caring way by staff they liked. They were encouraged to remain independent and make everyday choices. People's privacy and dignity was maintained. When people needed support to access health professionals this was available for them. Visitors were welcomed in the home. People enjoyed the food that was available to them and were offered a choice. People were also offered the opportunity to participate in activities they enjoyed.

Staff received an induction and training that helped them offer support to people. Staff knew people well including their likes and dislikes. And care plans were written and reviewed in line with current legislation. There were infection control procedures within the home that were effectively implemented. People knew how to complain and there were procedures in place in relation to this.

Staff felt listened to and had the opportunity to raise concerns. The registered manager understood their

responsibilities around registration with us and notified us of significant events that occurred within the home. There were systems in place to drive improvements within the service. People and relatives had the opportunity to raise concerns and suggest improvements and we saw these were considered. When needed lessons had been considered and learnt so that improvements could be made.

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.

People felt safe and risks to people were considered and reviewed. There was enough staff available to offer support to people. Medicines were managed in a safe way. Infection control procedures were in place and followed. Lessons were learnt when things went wrong to ensure improvements were made. Staff understood safeguarding and there were procedures which were followed when needed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some capacity assessments were not always in place and relatives were consenting for people without the legal power to do so. Staff received training and an induction that helped them offer support to people. People enjoyed the food and were offered a choice. Referral and support from health professional were available when needed. The home was decorated in accordance with people's preferences.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way by staff they were happy with. People were encouraged to remain independent and make choices. People's privacy and dignity was maintained and they were encouraged to maintain contact with people who were important to them.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and what their preferences were. People had the opportunity to participate in activities they enjoyed. People knew how to complain and there was a procedure in place. No one was currently receiving end of life care.

Is the service well-led?

Good ●

The service was well led.

Staff had the opportunity to raise concerns and felt listened to. When improvements within the home were needed the relevant

action was taken. There was a registered manager in place and they understood their responsibility around registration with us.

Waters Edge Care Home

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 visit took place on the 15 May 2018 and was unannounced. The inspection visit was carried out by two inspectors.

This inspection was informed by notifications we received from the service and information from members of the public. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to formulate our inspection plan.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with seven people who used the service. We also spoke with three members of care staff, the deputy manager and the registered manager. And the operations director and the compliance officer. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for six people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and incident and accident forms.

Is the service safe?

Our findings

People received safe care. People were happy with the care they received and felt safe. One person told us, "I have always felt safe here". We saw when people needed support to keep them safe; staff provided guidance and support for them that was in line with their care plans and risk assessments. For example with their mobility; we saw people using walking aids when needed to mobilise. Staff walked alongside people to offer guidance and reassurance when needed. Risks to people had been considered and assessments were in place. When incidents such as falls had occurred within the home, these risk assessments had been reviewed to reflect people's changing needs. When people needed equipment this had been maintained and tested to ensure it was safe to use. This showed us that people were supported safely. We saw plans were in place to respond to emergency situations. These plans provided guidance and the levels of support people would need to be evacuated from the home in an emergency situation. The information that was recorded in the plans was colour coded to demonstrate the levels of support people would need. Staff we spoke with were aware of these plans and the levels of support people would need.

Staff understood safeguarding procedures and had received training in this area. One staff member said, "It's when something is happening to a resident that shouldn't be". They went on to say, "I would report my concerns to the manager. There is a number you can call and all the staff have been given this". Procedures were in place and displayed around the home to ensure any concerns about people's safety were reported appropriately. We saw when needed these procedures were followed to ensure people were protected from potential harm.

We saw and people confirmed there were enough staff available to offer support to them when needed. One person told us, "There is always someone around day or night, they are lovely staff". Staff confirmed there were enough of them available to meet the needs of people. When people were in their rooms we saw there were call alarms available for them. One person told us, "They make sure it's with me when I leave and if I need them I give it a press. They come pretty quick usually within a few minutes". There was a system in place to ensure there were enough staff to meet the assessed needs of the people who used the service.

People were happy with how they received their medicines. One person said, "I prefer the staff to do my medication that way I know it's safe and done correctly, it one thing less for me to worry about". We saw staff administering medicines to people in a safe way. Staff spent time with people ensuring they had taken them. We saw staff checking with people if they were in any discomfort and offering them their prescribed 'as required' medicines. We saw there were effective systems in place to store administer and record medicines to ensure people were protected from the risks associated to them.

There were infection control procedures in place and these were followed. We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them. Cleaning checks were undertaken in bathrooms, bedrooms and other areas throughout the day and we saw this was completed during our inspection. We also saw the provider had been rated a five star by the food standards agency. The food standards agency is responsible for protecting public health in relation to food. The provider also completed an audit in relation to infection control and when needed action was

taken to make improvements.

We saw there were systems in place so that when incidents occurred within the home these were investigated and actions put in place to ensure learning could be considered when things went wrong. Before our inspection we had received information of concern that we had shared with the provider. The registered manager and deputy had conducted spot checks on the home and had completed an internal investigation. The investigation was on going however they had demonstrated to us how they would use this information so that improvements could be made and lessons learnt.

We spoke with a member of staff who had recently started working within the home. They told us that they had to wait for all their relevant checks and information from their previous employee before they could start working within the home. This demonstrated the provider had a system in place to ensure staffs suitability to work within the home.

Is the service effective?

Our findings

At our last inspection when needed capacity assessments had not been completed and there was no evidence that decisions were made in people's best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, however further improvements were needed.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of the MCA When people lacked capacity to make decisions for themselves capacity assessments had been completed. These covered areas such as personal care and moving and handling. We saw for each area that had been assessed best interest decisions were in place. However, the provider had not considered all areas and further improvements were needed. When people had restrictions placed upon them there was not always capacity assessments in place. For example, one person used a reclining chair that they could not use independently; there was no capacity or best interest decision in place for this. Some capacity assessments covered multiple areas and were not always individual to the area being assessed. For example, when people were using bed rails or sensor alarms these were covered in the moving and handling capacity assessment. Furthermore we saw that some relatives were consenting on behalf of people without the legal power to do so. This meant the principles of MCA were not always followed.

The provider had considered when people were being unlawfully restricted and a DoLS application to the local authority had been made.

Staff received an induction and training that helped support them in their roles. One member of staff told us, "We do all the essential training, like fire and food hygiene". Another staff member who had recently started working within the home told us about their induction. They said, "It was very good. I had a week of face to face training, I did safeguarding and all about the homes policies and procedures. Then I shadowed staff for two or three days which was really useful". This demonstrated staff received training that was relevant to meeting people's needs.

We saw that when needed, care plans and risk assessments were written and delivered in line with current legislation For example; when people had a specific medical diagnosis such as diabetes we saw people had care plans in place for this. Alongside this the provider had printed the most up to date information and guidance from relevant bodies. This ensured staff had the most up to date information to follow.

People enjoyed the food and were offered a choice. One person said, "No complaints" Another person said, "It's better than my wife's and she did a lovely meal". At breakfast and lunch time we saw people were offered a choice of meals. Tables were presented well at meal times and there was a variety of condiments for people to use. People had chosen prior to their meal what they would like for lunch. When lunch was being served to people, staff checked with them that they still wanted their choices. When people had changed their mind they were provided with the alternate meal. Staff asked people what portions sizes they would like and gave them the options of vegetables and gravy before plating this up for people. When people only wanted one vegetable or no gravy this was served to them in their preferred way. People were offered a choice of drinks with their meals and some people chose to have alcohol. Throughout the day people were offered a choice of drinks and snacks. When people needed specialist diets this was provided for them in line with their recommendations and risk assessments.

Records confirmed people attended health appointments and when referrals were needed to health professionals these were made by the provider. We saw referrals to district nurses and the speech and language team had been made. The district nurse attended during our inspection to offer support to people and staff told us how they worked alongside other professionals. This demonstrated when a person needed access to health professionals it was provided for them.

The home was decorated in accordance with people's choices and needs. People had their own belongings in their bedrooms. People had personalised boxes next to their bedrooms doors with items in that were important to them. For example, photographs of their families, a nurses dictionary and items about their favourite football team. People also had a sign with their name on above their door and a picture of reference. The home had been adapted to support people living with dementia. Within communal areas various rooms have been adapted into café areas, reminiscence rooms and a bar. We saw corridors had been decorated with posters from previous decades and the lift had been designed as a music emporium. The home had signage throughout indicating where the bathroom and the lounge areas were.

Is the service caring?

Our findings

People told us they were happy with the staff. One person said, "I am very well looked after by the staff that work here". The atmosphere was relaxed and friendly. We saw staff laughing and joking with people. When people needed support it was provided for them. Staff spent time with people offering support and guidance when needed. For example, when people wanted support with their meals or when people wanted to chat with them. Staff used information they knew about people and their lives to generate conversations. We saw that when people were uncomfortable staff supported them to adjust their position and after meal people were encouraged to wipe their hand and faces. This demonstrated people were treated in a kind and caring way.

People were encouraged to be independent. One person said, "I do what I can, the staff are there if needed". Staff gave examples of how they encouraged people to remain independent. One staff member said, "We let people make their own choices and do what they can in their own time". We saw people had access to their walking frames so they could walk around the home independently and in line with their care plans. The care plans in place reflected the levels of support people required.

People were supported to make choices. One person said, "I like to go out for a cigarette, no one minds". Another person said, "I prefer being in my room it's much quieter, the staff know and don't mind. They let me know what entertainment is on but I'm happy in here". Staff told us they offered people choices about what clothes they would like to wear and if they would like to take part in activities or not. At lunch time we saw people had the choice if they would like their meal in the room or the dining room. During our inspection as it was a sunny day some people chose to spend time in the garden.

People's privacy and dignity was promoted. Staff gave examples of how they promoted people's privacy and dignity and treated people with respect. One staff member said, "We shut doors and make sure any intervention is completed in private". People confirmed this to us. We saw that on people's doors that a dignity in care sign was in place; this was used when people were supported with their personal care needs. This demonstrated people's privacy and dignity was promoted.

Relatives and friends could visit freely. One person said, "They can come when they like". We saw that relatives and friends visited people within the home during our inspection. Some relative chose to take people out in the community. This meant people were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

Staff knew about people's needs and preferences. When asked, one person said, "They are very individual, as it's a joint home they think about us as individuals and know we are all different, I find that really nice". Staff told us they were able to read people's care plans to find out information and new information was also shared with staff. One staff member said, "We have to communicate all the time so that everything runs smoothly, we are a nice team and we all get along which helps". The provider had considered people's cultural and religious needs and information was gathered from people as part of their pre-admission assessments. The local church came into the home and people had the opportunity to attend the service if they wished to do so. At this inspection no one was being supported with any specific needs in relation to this. The provider had started to consider the accessible information standards (AIS) and easy read guidance was displayed on notice boards, they told us this was an area that they were developing. AIS were introduced by the government in 2016; it is a legal requirement for all providers of NHS and publically funded care provision to make sure that people with a disability of sensory loss are given information in a way they can understand.

People were given the opportunity to participate in activities they enjoyed. One person said, "There is always something to do". There were activity coordinators who were employed to work in the home. We saw there were both individual and group activities taking place during our inspection including musical bingo and a sing along. There was also a dog as part of pet therapy that people called over and were happy to see. There were upcoming activities displayed around the home including coffee mornings and an external speaker. The home was completing a 'cruise around the world' and each month a different county was the focus. During that month people had the opportunity to sample food from the country and other activities that were relevant. We saw displayed around the home photographs of previous countries the home had cruised to and the activities people participated in.

People knew how to complain. One person said, "I would speak with the deputy or manager if I was unhappy". No one we spoke with had made a complaint so could not comment on how this had been dealt with by the provider. No formal complaints had been made since our last inspection. The provider had a complaints policy in place. This demonstrated there were systems in place to deal with concerns or complaints.

At the time of inspection, the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

At our last inspection we found systems were in place to monitor stock medicines however these were not always effective. At this inspection we found the provider had made the necessary improvements.

Quality checks were completed by the manager and provider. These included monitoring of incidents and accidents, care plan reviews and medicines. Following the last inspection we saw that a written stock check of medicines was now being completed. We completed random stock checks for people's medicines and we found these to be accurate as to what was recorded. We saw that information from these audits was then analysed so trends and themes across the home could be considered and reviewed, this was then shared at the providers meetings. We saw when areas of improvement had been identified the necessary action had been taken. For example, when bottled medicine did not have the opening date on monthly checks and been introduced to ensure this was now completed. We checked this during our inspection and the bottles we saw had the date of opening on.

People and relatives had the opportunity to complete surveys relating to the service. When people had received respite care a survey was completed after their stay and when people moved into the home a four week post admission survey was also completed. The surveys we reviewed had positive comments. We saw records of residents meeting taking place and people had the opportunity to comment on areas within the home including the food they received.

There was a registered manager in post. The registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home in line with our requirements. The provider does not currently have their own website to display their rating.

Staff we spoke with felt the registered manager was approachable and would be happy to raise any concerns. One staff member said, "Both the manager and deputy are always available, I would be happy to discuss anything with them, they would both listen". Staff told us they had the opportunity to raise concerns and staff we spoke with told us they had the opportunity to attend staff meetings and individual supervisions with the registered manager or quality team.

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I would have no concerns whistle blowing if needed". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

We saw how the home worked in partnership with other agencies. We saw that external agencies were booked and came into the home to deliver talks to people and relatives who used the service. We saw that a talk in relation to dementia was planned for the week of our inspection.

