

Waterloo Care Home Limited

Waterloo Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Waterloo Care Home is a care home providing accommodation and personal care to a maximum of 36 people aged 65 and above. Accommodation is provided in one building across two floors. Waterloo Care Home provides care to some people living with dementia. The home does not provide nursing care. At the time of our inspection there were 35 people using the service.

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

Improvements have been made and the home was well-led. People and relatives said the registered manager was visible and approachable. The registered manager had a robust governance and auditing system in place. Audits were up to date and identified any lessons learnt following incidents and accidents so action could be taken to keep people safe.

People told us they were safe at Waterloo Care Home and risks were managed well. A person told us, "I feel safe here. I have a known risk and they [staff] are taking every precaution." Medicines were managed, stored and administered safely. Where appropriate, people had risk assessments to administer their own medication.

Care plans and risk assessments were person centred. Relatives told us staff knew their loved ones well. Staff supported people in a kind and compassionate way, considering their dignity and respect.

People, relatives and staff spoke positively of the culture within the home. One person told us, "Every day is a new surprise, [I am] really happy here. I feel the home is well managed, all the staff multi-task." Staff and relatives described the home as a "family". One staff member told us, "The home is a happy environment, one team striving for good care for the residents."

The home was following up to date government guidance relating to COVID-19 for care homes. Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection.

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

Rating at last inspection

The last rating for this service was requires improvement (published 25 July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall 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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterloo Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service is well led.

Details are in our well led findings below.

Waterloo Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Waterloo Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Waterloo Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the operational manager, the deputy manager, the activities coordinator, senior carers and care workers.

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 six people's care and support records and six people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed. Risk assessments included details of potential risk, level of risk and how it would affect people. Staff were provided with clear instruction on how to manage potential risk in relation to eating, drinking, falls and skin integrity.
- Staff followed best practice when supporting people with transfers. This included offering reassurance, waiting for consent to begin care, ensuring equipment was being used correctly and being patient with people.
- Risks associated with the property and environment were managed. Corridors were free of clutter and the communal areas tidy and free of hazards.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans.
- Accident and incidents had been recorded and lessons had been learnt when things went wrong. The registered manager told us lessons learnt were shared in the staff team meeting with any additional training and support given.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. An electronic recording system was used to record any relevant information about safeguarding concerns.
- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- The registered manager had reported all relevant safeguarding concerns.

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

- The home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being

met.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
- Staff records were accurate and complete. Where a staff member had declared a health condition, the registered manager had undertaken a risk assessment to ensure they were able to complete tasks required of their role.
- Staffing levels met people's care needs, with extra staff sourced from a care agency in emergencies. The registered manager used a dependency tool, which enabled them to assess people's needs and ensured the home was staffed correctly to meet those needs.

Using medicines safely

- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- Medicines records were complete and matched stock balances. People had medicines guidance in place for as and when required medication. One person told us they self-administered their medication; they had detailed care plans and risk assessments that considered how this could be achieved safely.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book, audited by the registered manager, was completed accurately.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The home encouraged visiting from people's relatives and friends. One person told us, "Staff were absolutely marvellous during COVID, we were tested, and the staff tested. During lockdown they kept us in contact with our family. They even built a visitors room with a shield up between us to keep us safe."
- A relative told us, "I'm able to visit anytime, day or night. There is nothing to worry about here." Another relative told us, "When I can't visit staff will call each day and let me know how [person] is."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to keep accurate, complete and contemporaneous records of their care and treatment of people. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Improvements had been made and quality assurance systems were operating effectively. Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- The registered manager and provider undertook a series of audits to ensure the home was safe and responsive to people's needs. These included care planning, infection prevention and control, falls, and medicines.
- The registered manager told us audits were reviewed in a weekly senior team meeting. Actions from those were included on an overall service improvement plan, used to drive improvements within the home. Examples of this was improved infection control practice and decoration of the communal areas.
- Staff understood their roles and responsibilities.

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

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "They do everything I would do if I could, I can't ask for more." Another person commented, "They are always here for me. I have a call button here and one in the bathroom. I feel the home is well managed."
- Staff told us they felt supported by the registered manager and deputy manager. One staff member said, "I feel the management is good, I enjoy working with the registered manager [name], they are professional in their work and I think they are fair with staff and helps them whenever."
- People, their relatives and professionals gave us positive feedback about the management of Waterloo Care Home. The comments included: "The registered manager [name] is lovely", "A good stable management structure in place and some very positive interactions observed", "Registered manager [name] is very approachable, I feel they keep us informed", "Registered manager [name] has put on events for things

like the Jubilee and BBQs. Even in lockdown there was a good atmosphere and extra telephone calls."

- Staff told us they were proud to work at the home. Comments included: "Registered manager [name] is very supportive, always here, always on the end of a phone", "Deputy manager [name] is great and is planning lots of training sessions with us", "I feel confident in the registered manager [name] and they would address any concerns", and "Everybody is approachable to talk to whatever their position and supported well by our manager and team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and deputy manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- People were consulted in the running of the home. The home regularly asked for feedback from people and their relatives on the service provided; the results were used to make improvements. Improvements included a review of activities offered and trips decided by people using the service. The last results in July 2022 100% agreed they would recommend the provider to others.
- The registered manager completed a daily walk around and directly received feedback from people in the home.
- A new activity coordinator position had been appointed to with a view to increase community links following the easing of COVID-19 restrictions.
- All staff on duty attended a "take 10 at 10" meeting to discuss people's health and communicate planned visits from health professionals.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.