

# Horizon Care Homes Limited

# Waterside Grange

## Inspection report

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

Tel: 01909519437

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## 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 provides residential and nursing care for up to 83 people. Some people using the service were living with dementia. At the time of our inspection there were 75 people using the service.

People's experience of using this service:

People were protected from the risk of abuse. Staff we spoke with knew how to recognise abuse and how to report it. Risks associated with people's care were identified and actions were taken to minimise risks occurring. From our observations we saw people's needs were responded to in a timely way. However, it was not clear if adequate staffing levels were in place on Kirkstall unit. We raised this with the provider who informed us that a dependency tool was used to determine staffing numbers on all units and reassured us there were sufficient staff available. Medicines were managed in a safe way. People receiving medicines on an 'as and when' required basis had protocols in place to identify when they were required. However, some protocols had limited information. The provider was in the process of addressing this.

The service was clean and well maintained, minimising the risk of infection. We identified some areas which required attention and the registered manager took immediate action to address them. Accidents and incidents were recorded and analysed to identify any trends and patterns. Action was taken to minimise repeated accidents and incidents.

People's needs were assessed and care and treatment was delivered in line with people's needs. Staff we spoke with told us they received appropriate training and support to carry out their roles and responsibilities. People were supported to eat and drink enough to maintain a balanced diet. People told us they enjoyed their meals. People had access to healthcare professionals who were referred to in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We spent time observing staff interacting with people and found they were kind, caring and supported people in a sensitive way. Staff were very patient and gave people time and opportunities to remain independent.

Staff knew people well and supported them in line with their current needs and wishes. Staff ensured people received social stimulation in line with their interests. Staff were knowledgeable about people's favourite flowers and colours and could engage in meaningful conversations. People and their relatives felt able to raise complaints and were confident that appropriate actions would be taken to address their concerns.

The service had a registered manager in place who was responsible for the day the day running of the service along with a management team. Audits were completed to ensure the service operated within the

providers policies and procedures. People who used the service, their relatives and staff were given opportunities to be involved in the service and discuss their opinions about the home.

More information is in the full report.

Rating at last inspection: Good (report published 13 August 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

# Waterside Grange

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the home.

We spoke with 13 people who used the service and 10 of their relatives. We spent time observing staff interacting with people. We also 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 spoke with staff including care workers, nurses, the registered manager, cook, team leaders and the nominated

individual for the service. We looked at documentation relating to three people who used the service, two staff files and information relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means 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

- The provider had systems and processes in place to safeguard people from abuse.
- Staff were knowledgeable about how to recognise and respond to various types of abuse. They had received up to date training in safeguarding vulnerable adults. Staff told us they would feel comfortable raising any safety issues with the registered manager and were confident any concerns would be taken seriously.
- We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I feel safe here it took me a little while to get to know people." A relative we spoke with said, "[My relative] is completely safe here. I have no problems at all." Another relative said, "It's a good home [relative] is well looked after, all I could wish for. No safer place for my [relative] I could wish for. No worries."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were safely monitored to ensure people remained safe.
- We looked at care records belonging to people and found they contained risk assessments. These were documents which identified risks and gave guidance about how to support people in a safe way. Risk assessments were in place for things such as falls, choking, use of bed rails and mobility.
- We observed staff assisting people to mobilise using equipment. Staff were very patient and explained everything they were doing and offered reassurance.

Staffing and recruitment

- The provider had a recruitment policy which ensured staff were safely recruited. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.
- Staff we spoke with told us they received an induction when they commenced employment at the service. This included shadowing experienced staff.
- It was not clear if adequate staffing levels were in place on Kirkstall unit. We raised this with the provider who informed us that a dependency tool was used to determine staffing numbers on all units and reassured us there were sufficient staff available. We were sent this following our inspection and were satisfied that people were supported by sufficient numbers of staff to meet their needs.
- The provider had a dependency tool which was used to identify the numbers of staff required to meet people's needs. This ensured that people were supported by sufficient numbers of staff who were able to meet their needs.
- Through our observations we found people were supported by enough staff to ensure their needs were

met, and to engage with people in a positive and meaningful way.

- We spoke with people who used the service and one person said, "The staff here have just been unbelievable. Sometimes there are enough staff on, sometimes there is not. They are often rushing around to get things out of the way. Other than that, I have no complaints."

#### Using medicines safely

- People received their medicines in a safe way. We looked at the storage, administration and recording of medicines and found safe practices were in place.
- Some people were prescribed medicines on an 'as and when' required basis. We saw protocols were in place to explain when these medicines should be administered. However, we found some protocols could be more detailed. We spoke with the provider who had previously identified this and was in the process of updating them.
- Temperatures of the medication store rooms were taken daily. However, the maximum and minimum temperatures were not taken. We spoke with the provider about this and following our inspection we received confirmation that a new temperature monitoring system was being piloted at Waterside Grange. This will monitor maximum and minimum temperatures.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. The service was clean and well maintained.
- We completed a tour of the home with the registered manager and identified some minor issues. For example, some fridge seals were damaged, some seals at the rear of kitchen sinks needed replacing, there were untreated wooden shelves in one store room and there was a lack of consistent labelling of food in refrigerators. The registered manager took immediate action to resolve these issues. Following our inspection, we received confirmation that appropriate action had been taken.
- We spoke with staff who told us the provider ensured there was always an ample supply of personal protective equipment available to use.

#### Learning lessons when things go wrong

- The provider had arrangements in place for reviewing and investigating accidents and incidents.
- Accidents and incidents were analysed to identify trends and patterns. Appropriate actions were taken to minimise incidents reoccurring.



# Is the service effective?

## Our findings

Effective – this means 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

- The provider ensured that people's needs were assessed and care was provided in line with people's current needs and wishes.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability. Staff said people had regular visits from their church so they could practice their chosen religion.

Staff support: induction, training, skills and experience

- People who used the service were supported by staff who knew them well. Staff received appropriate training to carry out their roles and responsibilities.
- We saw records of training which evidenced that staff received appropriate training to support them to carry out their role.
- Staff we spoke with told us induction and training was good and had enabled them to effectively carry out their roles effectively. They also received service specific training and regular training updates.
- Staff received regular supervisions and appraisals and they said they felt well supported by the management team.
- One relative we spoke with said, "Staff are well trained."

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

- People received sufficient food and drinks to ensure they maintained a healthy and balanced diet. During our inspection we observed meals were of a good quality with thought being given to how meals were presented. The nutritional value of each meal was available so staff could check that people were eating the required number of calories. We also saw regular drinks and snacks being offered.
- We spent time observing lunch being served and found people were given a choice of what they would like to eat and drink. Some people appeared to struggle to eat the food they were presented with, but they were encouraged to try their food and aided with eating it. We saw a sponge pudding was served without any custard or cream and the person commented how dry it was. Staff listened to the feedback and went to look for some cream.
- People we spoke with were happy with the meal service they received. One person said, "The food is good and there is definitely enough to eat." Another person said, "Food is very good, excellent cannot complain. There is enough and enough choice. Drinks are available whenever we want."

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

- People had access to healthcare professionals when they needed their support. Staff ensured any advice

given was followed appropriately.

- Staff told us that a familiar GP visited the home regularly and that staff would call for a GP if a person was unwell. One staff member said, "I would report it if a person was poorly. I would tell the team leader who can do the observation. If there was no team leader I would report it to higher management or make a call to the GP, 111 or 999."

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals whenever they needed their support.
- We spoke with people who used the service and they told us they had access to health care professionals when required.

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 looked at care records and found 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 we spoke with had a good understanding of the MCA and DoLS and could explain who had authorised DoLS and if there were any conditions attached to them.

# Is the service caring?

## Our findings

Caring – this means 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; equality and diversity

- We observed staff interacting with people and saw they were patient and understanding. One staff recognised that a person was feeling a little bit cold so quickly went and got them a cardigan. Another member of domestic staff popped in during their break to have a chat with people. We saw this made one person's face light up and they started to tuck into their lunch happily.
- We spoke with people who used the service and their relative and they felt staff were kind and caring. One relative said, "Staff are extremely caring. We are happy [our relative] is well care for here. [Our relative] is thriving." Another person said, "Staff are totally caring, they take my needs into account. Just so brilliant. Always asking what I need."

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

- Staff had very good knowledge about people's individual preferences. Staff told us how they encouraged people to engage when their mental wellbeing was in decline and how this boosted their mood and made them happier. One staff said, "[People] have their own choices and do their own thing. There is a person-centred culture here definitely." Another staff said, "I try to promote positive mental wellbeing. Listening to what people want, is important. Listening helps to make people happy." Staff told us one person had arrived at the home from hospital with very little belongings and they spent time getting to know the person and then they were able to go and buy them some belongings based on their hobbies and interests to help them feel more at home.
- A visiting health professional said, "Its lovely here, staff are kind and caring."

Respecting and promoting people's privacy, dignity and independence

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.
- Staff were aware of how to promote and protect people's privacy, dignity and confidentiality. One staff said, "If there's something I need to discuss I talk in private, staff don't talk about people in front of others. We keep everything to do with the care plan online and we all have individual online passwords."

## Is the service responsive?

### Our findings

Responsive – this means that services 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

- We saw people were supported to be as comfortable as possible. One person decided they didn't want to have their lunch at the table so staff quickly helped the person to mobilise and offered them a choice of where they wanted to sit. They chose a comfortable chair to sit in and their meal was served on a table next to them.
- We observed one person being supported to walk to the communal lounge. Staff were patient with the person who was hesitant to walk but because staff gave verbal encouragement and reassurance the person was able to reach their destination and enjoy sitting in company of the other residents.
- People we spoke with told us they were involved in their care plan.
- Staff told us everyone was responsible for encouraging people to be engaged and activities like spending one to one time with people, simply sitting and chatting, or painting someone's nails were as important as big organised activities. A visiting health professional said, "The entertainment is fantastic. They have theatre groups, singers, day trips out. They have been to Rufford Park, shopping to Meadowhall and to Cleethorpes last year. Some carers will come in on their day off to go with people." One person said, "Activities are good, I get up to different things, I go to dancing, keep fit, they read to us, I love to dance there is enough to keep me occupied."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and took appropriate actions when they received concerns.
- People we spoke with told us they would raise concerns if they needed to.

End of life care and support

- The provider had systems in place to ensure people were supported at the end of their life's. Staff told us they helped to keep the person dignified, gave relatives as much time as they needed and ensure the person was kept pain free and comfortable.
- We looked at care documentation and found end of life plans in place. These gave good detail and clearly showed people were involved and included in their wishes and choices.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

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

- The home had a registered manager who was supported by a care manager coordinator and team leaders. Staff knew their roles and responsibilities and felt that they were well supported. They told us the registered manager and care coordinator were regularly visible to staff and took time to get to know people, staff described them as being 'person centred.'
- One staff member said, "The registered manager has been in post about a few months they have implemented a few positive changes. Anything you go to the manager with they will do anything to help you out. If you ever have a problem they would help. The registered manager is simply all for the people."

Continuous learning and improving care

- The provider had systems in place to monitor the quality of the service and to ensure continuous learning.
- We saw a series of audits were completed frequently and used to identify any areas of improvement. Following the audit process, action plans were devised to address and issues.
- The provider also visited the home regularly and actively engaged in the auditing of the service.

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

- People who used the service, their relatives and staff, were offered various opportunities to engage with the provider about the service. These included a management surgery, where people were invited to discuss issues with the management team. Residents and relative's meetings took place frequently.
- People we spoke with told us the home was well managed. One person said, "It is so well led here it is like home from home which is needed." Another person said, "Definitely well managed here, the manager is definitely good, can't fault him."
- The provider had an employee special mention system for relatives and people who used the service to comment on staff they felt deserved a special mention.
- People and their relatives were regularly asked to complete a quality survey. Survey results were displayed on each unit in the format of, 'you said, we did.' We saw the provider had taken action to address issues raised.

Working in partnership with others

- Staff explained how they worked in partnership with others. They said, "We do referrals for various healthcare professionals. We have nurses coming out, sometimes daily if they need to. We have the advance nurse practitioner who will come out if we can't get a GP to come, there's lots of health professionals

involved."