

Minster Care Management Limited

Waterside Care Centre

Inspection report

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Date of inspection visit:
19 November 2019

Date of publication:
17 December 2019

Ratings

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

Summary of findings

Overall summary

About the service

Waterside Care Centre is registered to provide nursing and personal care for up to 47 people. This is a purpose-built home where care and support are provided for people aged 65 and over, this includes people living with dementia. At the time of the inspection 47 people were living at the home.

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

People living at the home and their relatives were happy with the standard of care they received. They felt people's needs were met and staff were skilful in supporting them to provide kind and compassionate care. Staffing arrangements were monitored and reviewed to promote people's needs and safety.

Since the last inspection there was more consistency around staff knowledge about people's identified risks and plans supported staff in their caring roles to keep people safe. Risks around eating safely and maintaining a healthy weight were identified and where necessary people were referred to healthcare professionals for advice. Medicines were managed by staff who had received the training to do so safely. Staff had received training in infection control and knew how to work to minimise the risk of infection.

People's needs were assessed before they moved into the home. Care plans noted people's care needs together with their preferences and dislikes so personalised care was promoted. 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.

Staff involved people who lived at the home and their relatives in planning their care and were confident to raise any issues they had with the registered manager. Where people's needs had changed staff practices continued to promote consistent care and support. People were supported by staff who knew their communication needs well and used varying methods to support people's understanding.

People were supported emotionally and physically with activities which included sensory sessions and visits from external sources to bring enjoyment and interest into people's lives. Staff supported people to be pain free at the end of their lives and for their wishes to be followed at this important time in their lives. Relatives were welcomed into the home and included in their family member's care.

The provider had arrangements in place to monitor the quality and safety of the service. The registered manager took corrective action to resolve any concerns identified. Incidents and complaints were analysed, and learning was shared with staff. People living at the home and their relatives were encouraged to raise issues around quality and safety.

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

Rating at last inspection and update

The last overall rating for this service was Good (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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

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 not always 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 not always well-led.

Details are in our well-Led findings below.

Waterside Care Centre

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 Care Act 2014.

Inspection team

The inspection team consisted of two 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 Care Centre 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and the clinical commissioning group who work with the service.

We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all

of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with people and spoke with eight people who lived at the home and four relatives about their experience of the care provided. We also spoke with the registered manager, area manager, two nurses, one senior care staff, four care staff, activities coordinator and a domestic staff member.

We looked at a range of records. This included people's care and multiple medication records. We also looked at two staff recruitment files, incident records, selected records relating to the safety of the premises and management of the service.

After the inspection

We spoke with two relatives about their experiences of the care provided. We also looked at the additional information sent to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since the last inspection improvements have been made so risks to people's safety and welfare had been recorded and followed through in practice.
- Risks to people had been identified and care was planned to keep people safe. For example, staff were aware of people who were at risk of choking and the support needed to reduce the risk such as using a thickener in their drinks.
- Staff practices showed they knew how to meet people's needs safely. This included supporting people who became distressed due to their mental and emotional health needs.
- The registered manager had considered people's previous life experiences before they came to live at the home when looking at aspects of people's safety.
- Where needed equipment such as hoists, and wheelchairs were available to support people's needs. These had been serviced to ensure they were safe for people to use.
- The provider completed and arranged regular checks on the premises. This included regular checks on the fire alarm system.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with indicated they felt safe and comfortable due to staff support. We saw people looked comfortable in the company of each other and staff. One person said, "Most of the time I'm very happy here. I've got no worries here at all."
- Relatives told us that they felt the home was a safe environment for their family members. One relative told us, "They [staff] come in regularly to check on [family member], and they change [family member's] position so that [family member] doesn't have any skin sores." Another relative said, "I do think [family member] is safe. I never feel [family member] is neglected here."
- Records showed that the registered manager had fully investigated any concerns which had been raised. They had identified any concerns and made changes when required to keep people safe.
- Staff had received training in how to keep people safe from harm and knew how to raise concerns both within the organisation and to external agencies.

Staffing and recruitment

- People told us staff were available to support them when they needed this. One person told us, "They [staff] always come straight away if you ask for help, and the night time staff are alright too."
- Most relatives also believed staffing arrangements meant their family member's needs were met safely. One relative said, "I suppose you could always have more [staff], but they always help straight away if we ask for anything. They [staff] always respond well, and I know they [staff] check on [my family member]."

- Staffing arrangements maintained by the registered manager supported people's needs to be met safely during the inspection visit. Staff also informed us although they were busy they were confident people's needs were met safely and without any unreasonable delays.
- The registered manager told us how the provider had a staffing tool in place. This supported the registered manager to increase the staffing levels when people's needs changed.
- In addition, due to where the home is situated there were difficulties in recruiting staff. Therefore, the provider and management team had utilised agencies who provide regular staff to ensure staffing levels remained consistent.
- There were systems in place to check staff employed at the home were safe to work with the people living there.

Using medicines safely

- A personalised approach was taken by staff when assisting people to take their medicines. For example, knew people's preferred communication methods and utilised these, while also taking care to make people feel at ease.
- Medicine systems were organised, and people were receiving their medicines when they should.
- Where people received medicines 'as required' [PRN], there were guideline's about when these medicines should be taken, and the reasons they may be required recorded.
- The nurse removed two creams from the fridge as these were not required and took action to ensure two inhalers had prescribing labels on these.

Preventing and controlling infection

- People told us they felt the home environment was clean. One person said, "It's very clean here, you know."
- The home environment was clean and odour free. We spoke with a domestic staff member who knew the reasons loose toilet rolls required storing in appropriate cupboards and to ensure toilet brushes were not standing in liquid.
- Where people needed to use equipment, the registered manager had followed good practice guidance around infection control. For example, people had their own hoist slings which were stored in their individual rooms.

Learning lessons when things go wrong

- Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring.
- Learning from incidents was reviewed at forums such as, staff meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Care plans were regularly reviewed and reflected people's changing needs and wishes. Relatives said they had been involved in discussions about their family member's care. This was important as some people would require support to voice their individual needs, likes and dislikes.
- Assessments of people's needs were in place, expected outcomes were identified and care and support was reviewed when required.
- Where people required one to one care to meet their needs effectively the registered manager had worked alongside agencies to ensure funding was sourced to make this a reality.
- Staff had access to guidance about best practice such as accessible information from various organisations including the Alzheimer's Society.

Staff support: induction, training, skills and experience

- People's relatives believed staff were able to meet their family members needs. One relative felt staff were trained to meet their family member's needs and went on to say, "They [staff] know how to support their [family member] so they eat well."
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.
- During the induction programme new staff had opportunities to shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences.
- Staff said they felt supported and were provided with all the training they required so they could meet people's needs. One staff member told us, "[The] training is very good I've learnt what to do if people become agitated."

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

- People told us they enjoyed their meals and were supported to make their own choices.
- Staff discreetly supported people with their meals. One relative told us, staff were good at supporting their family member. Staff provided support which enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- All staff worked together including the chef to effectively meet people's food choices, specific dietary needs and any food allergies. For example, texture modified diets were prepared for people where required to meet their specific needs and so they were not discriminated.
- Throughout the day of our inspection staff encouraged and provided people with continuous drinks.

- People's eating and drinking needs were monitored. When concerns had been raised healthcare professionals had been consulted such as the GP.

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

- People who lived at the home and relatives told us they had received the help they needed to see their doctor and other healthcare professionals such as the GP, dentists and opticians. One relative told us, "I would much rather [my family member] be here than in hospital. We are meeting the GP this afternoon about that. [My family member] is better off here."
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.
- People's oral health was assessed and planned for.

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

- Since the previous inspection the management and staff team have continued to design and decorate the home environment to meet people's needs. For example, in communal areas there were objects to provide interest and talking points. People could see, touch and pick up different items.
- Arrangements were in place to assist people with orientation around the home. For example, there were signs in words and pictures.
- People's rooms were personalised and where people required specific equipment to assist them with their care this was in place.
- There were different communal rooms for people to relax in and or to take part in different recreational activities, such as relaxation and sensory experiences.
- The outside areas were safe and secure, and people were able to access these if they wished.

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 authorisation's to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity, mental capacity assessments and best interest decisions had been completed for any restriction placed on them.
- Care plans described people's capacity and whether DoLS applications had been applied for or authorised. There were systems in place to reapply as needed.
- People were asked if they agreed to staff helping them and about their choice of meals and drinks.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People who lived at the home and relatives told us staff were caring. One person told us, "All the staff are very good, they are very kind." Another person said, "I get on with them [staff] all. They [staff] are good." One relative said, "I can't fault the carers [staff], they are very good. They [staff] are beautiful and they look after people like it's [a] five star [establishment]."
- Staff communicated positively with people who lived at the home throughout our inspection visit. For example, staff recognised a person became frustrated as they attempted to drink from an empty cup which had been turned upside down. A staff member checked with the person whether they would like a different cup and supported the person to choose what they would like to drink. The person's wellbeing was visibly enhanced by this and they looked happy.
- Staff gave each person appropriate care and respect while considering what they wanted. For example, when administering medicines, we saw a nurse explained to people what they were taking and gained their consent. The nurse also asked people what they would like to drink and what support they would like such as, whether people preferred their medicines in their hands.
- Staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided. Where people had expressed a preference in the gender of staff this was detailed in care records. In addition, the provider had information which explained their open culture about equality and diversity.

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

- Staff showed they knew people's preferred communication. Where people were not able to verbally communicate their needs and choices staff used their knowledge about the person to understand their way of communicating.
- People were able to make decisions about where they spent their time, either in their own rooms or in the different lounge areas.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was consistently respected. For example, people were called by their preferred names and this was documented in the care records. When supporting a person to move we saw staff ensured people were appropriately covered to preserve their dignity.
- We saw staff enabled people to be as independent as possible while providing support and assistance where required. For example, explaining to people how they could assist when being supported.
- People's care records were stored securely so that only people who needed access to them were able to

look at them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People who lived at the home and relatives, we spoke with felt involved in the care provided. One person explained to us they got on well with the chef who always asked them what they would like. Another person said staff were responsive in changing the dressings on their leg, so their needs were promoted.
- One relative explained how their family members needs were responded to by staff supporting their family member's health needs including the monitoring of their body temperature.
- People's care plans were individual to each person, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date.
- Staff showed through discussion, and conversations they had with people who lived at the home and relatives, they knew people's current needs.
- Staff were responsive to people's needs during our inspection. For example, staff effectively, utilised distraction techniques when people became distressed.

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.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support each person to communicate.

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 had support to participate in fun and interesting things. The provider employed a staff member dedicated to supporting people with recreational activities. These activities included one-to-one time with people, fun exercise sessions and group games, reminiscence work and sing-alongs and hand massages.
- The activities coordinator had been supported to gain an insight into Namaste which includes a programme of sensory activities and aims to improve the care of people with dementia. During our inspection the activities co-ordinator supported people in a relaxing way by using music, calming aromas and atmospheric lighting to enhance people's wellbeing.
- We also saw people receiving one-to-one time and participating in a planned activity where different animals were brought into the home. This was a lively event where lots of conversations about the animals and laughter was shared.
- Relatives and visitors were always welcome at the home. One relative told us, "They [staff] are so friendly,

and we feel really welcome."

Improving care quality in response to complaints or concerns

- People who lived at the home and relatives understood how to raise concerns if needed. One person told us, "If you are worried you can complain, but I'm not worried about anything." One relative said, "We don't have any major concerns. I went to see [the registered manager] when the decision was being made about [my family member] staying in bed, and I would go to see her [registered manager] if there were any issues." Another relative informed us they were going to see the registered manager on the day of our inspection visit to try to resolve the issues they had.
- There was a complaints policy and a procedure for logging and responding to complaints, which showed that any complaints had been responded to.

End of life care and support

- Care records documented people's wishes at this important time in their lives so people's preferences were known to staff.
- Staff worked in partnership with other healthcare professionals to support people in experiencing a comfortable and pain free death.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who lived at the home and relatives gave us their views about how the service was led. People told us the registered manager and deputy manager were visible in the home and provided support to people and their relatives when needed. One relative told us, "I would be happy to go to see the [registered] manager. I get on with all the management team." Another relative said, "I really like [the registered manager]. We get on like a house on fire."
- Staff were confident in the registered manager, one member of staff told us, "[The Registered Manager] is good and will sort for you any problems about work. If you ask for training they will book you on this straight away."
- The registered manager told us they expected to be contacted when they were not at work, if there were problems in the home or if staff needed support.
- All staff were positive and told us they worked as a team to meet people's needs. Staff described how they put people at the heart of all decisions. For example, the activities coordinator described how they had supported people to personalise their rooms. For one person this had been completed to reflect their individual interests.

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

- The registered manager was supported by a deputy manager, the area manager and the provider. The area manager provided regular support and monitored the quality assurance systems. During our inspection the area manager was present to provide support.
- There were effective systems in place to identify concerns with the quality and safety of care and the home environment. The registered manager and area manager undertook quality checks of different aspects of the care provided including care planning and analysing incidents. The registered manager ensured when any concerns were found these were shared with the area manager and action was taken to make improvements.
- The provider was able to maintain oversight of the home as computer systems and conversations with their management team ensured they had information about safety and quality at the home.
- The registered manager held meetings at the home to ensure staff were aware of any issues and so any concerns about people's care could be raised with the registered manager for action.
- Staff were clear about their roles and how they could positively impact on people's experiences of care. One staff member told us, "I love working here. [The registered manager] is very good at encouraging us to

do well in our jobs."

- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured their rating was displayed in the home environment. The registered manager had notified us about events which happened at the home.

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

- If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- People had opportunities to share their views of the home including care review meetings and within satisfaction surveys. We saw positive comments from people about their care. For example, one person's relative had commented, "We as a family are very pleased with the way [family member] is cared for. [My family member] is very happy."
- Staff were also able to raise concerns and suggestions for the home. They had regular one to one meetings and staff meetings. All the staff we spoke with had confidence the registered manager would take action on any issues raised.

Working in partnership with others; Continuous learning and improving care

- The registered manager and deputy manager worked with other agencies to ensure people who lived at the home received the care they needed and received the best possible outcomes.
- The registered manager wanted to continue to drive through improvements. These improvements included the development of an information pack in relation to end of life care and had sourced training from undertakers as a further method of supporting relatives.