Waterloo House Rest Home Limited

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Inspection report

103 Waterloo Road
Blyth
Northumberland
NE24 1BY

Tel: 01670351992

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13 July 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Waterloo House Rest Home Limited provides care to a maximum of 41 older people, some of whom have a dementia related condition. There were 32 people living at the home at the time of the inspection.

The inspection took place on 7 July 2016 and was unannounced. This meant that the provider and staff did not know that we would be visiting. Two announced visits were carried out on 8 and 13 July 2016 to complete the inspection.

We previously carried out a comprehension inspection on 29 April 2015 and 1 May 2015 where we identified a breach relating to the premises and equipment. We found that the premises were not clean or well maintained. Following our inspection, we received information of concern relating to staffing levels. We carried out a responsive inspection in June and September 2015 and identified a further two breaches relating to staffing levels and the governance of the service. We also found further concerns with the premises and equipment. We rated the service as 'Requires improvement' and judged the 'Well led' domain to be 'Inadequate.' After both the comprehensive and responsive inspections, the provider wrote to us to say what action they were taking to meet legal requirements.

We inspected the service again on 7 and 8 and 13 July 2016 to check that action had been taken and carry out a full comprehensive inspection. We found that improvements had been made with regards to staffing. However, we identified continuing shortfalls with the safety and governance of the service.

Since 2012, the provider had been in breach of the regulation relating to the premises on five occasions. We had previously issued two warning notices in September 2012 and September 2014 with regards to the premises. Despite the provider taking action to meet the requirements of the warning notices, improvements regarding the premises were not sustained.

At this inspection, we spent time looking around the service and found concerns with the environment. One fridge in the kitchen was rusty and stained, another fridge was leaking. In addition, staff told us that there should be a guard between the cooker and deep fat fryer for fire safety. The flooring in the kitchen, office and other areas of the home was uneven and damaged which was a trip hazard and the roof leaked during heavy rainfall.

There was a quality assurance system was in place to monitor the service. We concluded however, that this was ineffective since action was not taken in a timely manner to ensure the safety of all those concerned. We also found shortfalls with record keeping relating to the management of the service and people.

We noted that the previous CQC inspection ratings were not displayed at the service in line with legal requirements. The manager told us that a person with a dementia condition kept removing the poster which displayed the ratings. We spoke with the director about this issue. He told us that this would be addressed.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. They were fully aware of the whistle blowing procedure.

Safe recruitment procedures were followed. No concerns about care staffing levels were raised by people or relatives. We observed that staff carried out their duties in a calm unhurried manner. Some staff told us that more domestic staff were required to maintain environmental standards. We observed that some areas of the home including the bathrooms were not as clean as they could have been. We made a recommendation that domestic staffing levels are reviewed to ensure that environmental standards are maintained.

The manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who lived at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. We made a recommendation at our last comprehensive inspection on 29 April and 1 May 2015 that records evidenced care and treatment is always sought in line with the Mental Capacity Act 2005. We found however, that this had not been actioned.

The manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff. People were supported with kindness and care. Care plans were in place which gave staff information about how people's needs were to be met. Staff had started to complete 'one page profiles' which gave an overview of people's needs and helped staff provide care in a more person-centred way.

There was an activities coordinator employed to help meet the social needs of people. People and relatives told us that there was enough going on to occupy people's attention. There was a complaints procedure in place. Meetings and surveys were carried out.

The overall rating for this service is 'Requires improvement.' However, we are placing the service in 'special measures.' We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This

will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We identified continuing shortfalls with the safety and suitability of the premises.

There were sufficient care staff to meet people's needs and safe recruitment procedures were followed. There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Further work was required to ensure that the environment fully met the needs of people with a dementia related condition. Staff were following the principles of the MCA in practice, although records were not maintained to evidence this.

Staff had carried out training in safe working practices and to meet the specific needs of people who lived at the home.

People's nutritional needs were met and they were supported to access health and social care professionals.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

People and relatives told us staff promoted people's privacy and dignity.

People and relatives told us, and records confirmed that they were involved in people's care and regular reviews were carried out.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided to people.

An activities coordinator was employed to help meet people's social needs.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. Meetings were held and surveys carried out.

Is the service well-led?

Inadequate

The service was not well led.

There were deficits in the governance of the service since action to address the premises shortfalls had not been taken in a timely manner.

We found that previous improvements regarding the premises were not sustained.

The previous CQC ratings were not displayed at the service in line with legal requirements.

Waterloo House Rest Home Limited

Detailed findings

Background to this inspection

The inspection took place on 7 July 2016 and was unannounced. This meant that the provider and staff did not know we would be visiting. Two further two visits were carried out on 8 and 13 July 2016 to complete the inspection. The inspection was carried out by one inspector.

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.

Most of the people who used the service had a dementia related condition which meant they were unable to communicate their views verbally. We therefore observed staff practices and spoke with their relatives in order to determine how their care was delivered.

We spoke with six people and six relatives on the days of our inspection. We contacted one relative by phone following our inspection. We conferred with a reviewing officer from the local NHS Trust, a social worker and a challenging behaviour clinician from the local Mental Health Trust. We also spoke with a care home support technician from the Medicines Optimisation team and a contracts officer from the local authority.

We spoke with the nominated individual, the registered manager, a senior care worker, three care workers, the laundry assistant and the maintenance man. We examined three people's care records. We also viewed two staff files, to check details of their recruitment and training. We looked at a variety of records which related to the management of the service, such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. This included notifications which the provider had sent us. We did not request a provider information return (PIR) prior to our inspection. A PIR is a form which asks the provider to give some key information about their service, how

it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we identified two breaches relating to staffing and premises and equipment. We found that there were insufficient staff employed and deployed to ensure people's safety and welfare. The home was not clean and many of the rooms were without call bell leads. This meant there was a risk that people could not summon assistance when required.

At this inspection in July 2016, we found that some action had been taken with regards to the premises. Many areas of the home had been redecorated and the ceilings had been upgraded in line with fire safety regulations. New dining room furniture and armchairs had been purchased. However, we found other areas of concern relating to health and safety and infection control.

We observed that corridor carpets were damaged in one area of the home and had been stuck down with black masking tape. In addition, some of the flooring was uneven which was a trip hazard. There was a strong persistent odour of stale urine in two of the bedrooms we visited. The manager told us that this had already been identified and new carpets were to be laid. On the third day of our inspection, one of the bedrooms had been re-carpeted.

Fire exits were linked to the call bell system. We checked one of the first floor fire exits which led outside and were able to access the stairs for several minutes without staff attending to ascertain why the alarm was sounding. This was a falls risk for people who lived at the home. In addition, there was a risk that vulnerable people could go out of the building unsupervised. Following our inspection, the manager contacted us and stated that fire exits had an extra locking mechanism that could only be opened using both push turn handles at the same time.

We checked the kitchen and found concerns with infection control and health and safety. Flooring in one area was uneven. The meat fridge was rusty and the shelving was damaged. The other fridge was leaking and two tea towels had been placed on the floor to soak up the water. Some of the wooden shelving in the kitchen was damaged. This was an infection control risk since these areas could not easily be cleaned. The gas cooker and deep fat fryer were located directly next to each other. We read health and safety audits which stated that a guard needed to be fitted between them for fire safety. This had not been actioned.

There was a bathroom on the ground floor which had a bath with an 'over bath' shower. Staff told us that this bathroom was rarely used. They explained that most people had a shower and used the wet room on the first floor. We checked the wet room and saw that there was mildew on the floor and ceiling. A staff member said, "Look at the mould, the vent is too small. We need a bigger vent." Another staff member said, "It's too warm, it's unbearably hot for us and the residents." The manager told us that she was looking into this issue and said, "It would be preferential to have a shower downstairs too, but I accept that that would be difficult."

We checked the condition of the windows. The manager had highlighted in January 2016 that some of the wooden window frames needed attention. We noticed that window restrictors in the home did not conform

to the Health and Safety Executive (HSE) guidelines. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. One person's bedroom windows were sealed up. The manager explained that she had been advised by the fire safety officer that the fire exit was immediately outside the person's bedroom and the windows needed to be sealed to prevent any smoke affecting people's safe evacuation from the building. She explained that she had offered them another room, however they had declined.

We read health and safety audits which stated that the roof sometimes leaked during heavy rainfall. One relative had stated, "I suggest the owners get the roof fixed. Tired of coming in and seeing buckets upstairs when it's raining." A member of staff said, "It does leak in next to the dining room and upstairs along by [name of person's bedroom]." This was a slip hazard. On the third day of the inspection, the manager told us, "We have got the go ahead for a new roof."

Prior to our inspection, we were contacted by Northumberland fire and rescue service who told us that they had issued the provider with an enforcement notice on 10 February 2016, because the provider was failing to comply with certain provisions outlined in the Regulatory Reform (Fire Safety) Order 2005. A second visit was carried by the fire and rescue service on 20 June 2016 and it was deemed that sufficient action had been taken to meet the requirements of the enforcement notice.

We saw however, that some bedroom doors were held open by ornaments, toys or a slipper. This meant that doors would not close automatically if the fire alarm went off to help reduce the spread of fire. There was a new smaller smoking room. There was a strong odour of cigarette smoke in the corridor where the smoking room was located. People and relatives with whom we spoke told us that this did not affect them.

It was not always clear what work had been carried out to ensure the safety of the premises. We noticed that a check had been carried out on the safety of the electrical installations. We saw that this had stated that the electrical installations were "unsatisfactory." It was unclear whether remedial work had been carried out to address the identified deficits. We asked to see evidence that an asbestos survey had been carried out. The manager told us, "I haven't got a copy, but I know that this has been done." It is a legal requirement for providers to undertake an asbestos survey since asbestos containing materials, if found, can pose a health risk. We also asked to see a copy of the Legionella risk assessment. The manager told us, "[Name of water service] have been out to do all the chlorination, everything is done, I just need the risk assessment." Although checks and tests had been carried out to reduce the risk of Legionella, it is a legal requirement to carry out a Legionella risk assessment.

We checked the management of medicines. People told us that staff supported them to take their medicines. One person said, "They dish out your medication. They never forget." A relative said, "When they were in [name of other care home] they used to have challenging behaviour and they used to give them [name of sedative medicine], but they have not needed to do that here."

We examined medicines administration records for everyone who lived at the home and noted that there were gaps in the recording of some people's medicines. This meant that it was difficult to ascertain whether medicines were administered as prescribed. We checked the storage of medicines. The medicines room was warm and we noticed that the medicines fridge was not working. There was a nutritional supplement stored inside. We asked to see records relating to the fridge and room temperatures. We saw that temperatures had not been recorded since October 2015. This meant that medicines were not always stored to ensure their effectiveness and safety. On the third day of our inspection, the manager told us that the medicines fridge was now operational and staff were monitoring the room and fridge temperatures.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment.

Following our inspection, we spoke with the nominated individual who explained that there had been a delay in the refurbishment programme due to additional work which had to be carried out to ensure the premises met with the fire safety regulations. He said that the refurbishment programme was now back on track. He told us that two new fridges had been purchased and he had sourced an assessor to undertake a legionella risk assessment. He also informed us that they were going to carry out an audit on all the window restrictors and upgrade them where necessary. The electrician who had carried out the original electrical installations check contacted us to state that the electrical installations were now satisfactory. The manager also contacted us to state that a Legionella risk assessment had been completed together with an asbestos survey.

We checked equipment at the home such as moving and handling hoists. Checks had been carried out to ensure their safety. The manager told us that more call bell leads had been purchased. One person told us, "I have my buzzer here." Where people were unable to use a call bell or did not want one, the manager told us that risk assessments had been completed.

At our last inspection we identified a breach with staffing levels. At this inspection, people, relatives and staff said there were now sufficient staff deployed to meet people's needs. Comments included, "Ooohh yes, there's enough staff" and "I think there is enough staff, there's always someone around making sure they are safe."

There were now five care staff on duty in the morning; four on in the afternoon and evening and three on at night. In addition, the manager was on duty Monday to Friday through the day. We observed that staff carried out their duties in a calm unhurried manner and a member of staff was present in the lounge area throughout the day, to ensure people's safety. We saw that staff monitored people discreetly. They sat and talked with people individually and joined in with communal conversations.

Some staff told us that more domestic staff were required to maintain environmental standards, since one of the domestic staff was covering care duties. We spoke with the manager about this issue. She said they were allocated 36.5 hours of domestic staff a week although she explained that all staff were involved with ensuring that standards of cleanliness were maintained. We observed however, that some areas of the home including the bathrooms were not as clean as they could have been. We recommend that domestic staffing levels are reviewed to ensure that environmental standards are maintained.

Staff told us, and records confirmed that correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. We noted that the reference forms did not include the date when the forms had been completed to evidence that the references had been obtained prior to the staff member commencing work at the home. The manager told us that this would be addressed. She explained she had recently employed an apprentice. This member of staff had not completed an application form since they were recruited directly from a training organisation. The manager said she was going to obtain details of this staff member's employment history, education and training to ensure that all information was available to view.

People told us that they felt safe. This was confirmed by relatives. One relative said, "I can go on holiday and know she is safe." Another said, "The staff are all pleasant and lovely – there's no cheeky staff." There were

safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. They told us that they could contact the manager with any concerns they had. The manager told us that there was one ongoing safeguarding issue. This was not connected to the service and had been raised when the person lived at home.

Individual assessments were in place where people had been identified as being at risk. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included falls, moving and handling, malnutrition and pressure ulcers. We noted that these had been reviewed and evaluated regularly.

Requires Improvement

Is the service effective?

Our findings

At our previous comprehensive inspection on 29 April and 1 May 2015, we made two recommendations relating to the Mental Capacity Act and the design and decor of the premises. We stated that records should evidence that care and treatment was always sought in line with the Mental Capacity Act 2005. Secondly, we said that the design and decoration of the premises should be based on current best practice in relation to the specialist needs of people living with dementia. At this inspection in July 2016, we found that improvements were still required in these two areas.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that the manager had submitted DoLS applications to the local authority to authorise in line with legal requirements.

We observed staff ask for people's consent before carrying out any care or support and it was clear that they were following the 'best interests' principle in practice when people lacked the capacity to make specific decisions. We noticed however, that there was no evidence that mental capacity assessments had been carried out for these specific decisions. We read that one person lacked capacity to vote. However, a mental capacity assessment had not been carried out to assess this decision. We saw that sensor mats were in place for some people who were at risk of falls. These mats alert staff when someone is moving around their room unsupervised, for example during the night. Staff were able to explain that these were in place to protect people from falling; however a mental capacity assessment had not been carried out to demonstrate that staff had assessed and considered whether the use of sensor mats were in people's best interests and were the least restrictive option.

This was a breach of regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Good governance.

We checked the suitability of the design and décor of the service to meet the needs of people who lived there. We noticed that some people had photographs of themselves on their doors or other relevant pictures to help them identify their room. The manager told us that further work was still required to ensure that the environment fully met the needs of those who had a dementia related condition. There was a new smaller smoking room which had previously been a bedroom. People who smoked told us that this room was appreciated since they did not have to smoke outside if the weather was cold. The former smoking room which overlooked the garden was being refurbished. The manager told us, "We want to turn it into a

garden room for those who can't access the garden. We want to bring the outdoors indoors."

People and relatives told us that they considered that staff were well trained. Comments from relatives included, "They are competent and knowledgeable," "They all seem to know what they are doing" and "They are so clued up about dementia."

Many of the staff had worked at the service for a number of years. This experience contributed to the skill which they carried out their duties. The community mental health nurse said, "Many of the staff have worked here for a long time and have built up a good rapport with the patients."

Staff told us that there was sufficient training available. One staff member said, "[Name of manager keeps us up to date with what we need to be doing training wise." We saw evidence that they had carried out training in safe working practices, for example moving and handling and first aid. Training had also been carried out to meet the specific needs of people who lived there such as dementia care, falls awareness, pressure area care and mental health.

Staff told us, and records confirmed that they undertook induction training when they first started working at the home. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff informed us they felt supported by the manager. Supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

We spent time with people over the lunch time. People and relatives were complimentary about the meals. One person pointed at his stomach and said, "That [his stomach] says the food is good here." Other comments included, "Cookie [the cook] is lovely, the food is great," "The food is lovely." A relative said, "The food is tip top, mum has put on weight. They will always say to me, 'Do you want to stay for tea?'" A social worker informed us, "That cook is amazing - if the residents don't want something that's on the menu she will make something individually that they want. One to one service, you don't see that a lot."

We saw staff provided discreet support to those who required assistance with their meals. Meal times were a social experience with both care staff and kitchen staff interacting with people. One person shouted out, "Great whale and chips today cook!"

The cook was knowledgeable about people's needs. She said that people required different types of specialised diets such as fortified, diabetic, modified textured and high or low fibre diets. She said, "[Name of person] has a fortified diet and he has cornflakes with milk and evaporated milk in the morning. [Name of person] can't have pips, greens or anything with skins. We have got this letter [from the speech and language therapist] and they haven't got to be on a blended diet now…[Name of person] can't use a spouted beaker and can't have crisps...[Name of person] has had problems with their bowels so we are now trying bran and prunes." She told us that she received information about people's likes and dislikes and any special diets people required. This meant there was good communication between care and catering staff to support people's nutritional well-being.

One person celebrated their birthday on our second visit to the home. The cook had baked a cake and people and staff all congregated in the dining room to sing happy birthday. They all laughed as the person swiftly took one of the chocolate twirl decorations off the top of the cake whilst they were blowing out the candles.

We noted that people were supported to access healthcare services. This was confirmed by people and relatives. One person said, "They get the doctor if anything is wrong." We read that people attended appointments with their GP, consultants, dentists, opticians and chiropodists. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Good

Is the service caring?

Our findings

People and relatives were very complimentary about the caring nature of staff. People told us, "The staff are lovely" and "They are so canny [nice]." They described the staff as, "outstanding," "brilliant" and "fantastic." One person said, "They go above and beyond."

Comments from relatives included, "I think it's so homely. They make you feel so welcome. They will say, 'Do you want a cup of tea?' It's such as lovely atmosphere, the staff are so friendly," "They are always thinking of the residents," "They deal with residents' needs compassionately," They treat mum as an individual, not someone with dementia," "It's home from home; mum thinks it is her home," "It's first class, no one is every grumpy and if they feel grumpy they never show it. They are truly dedicated," "We're able to bring the dog in and it makes such a difference, they love seeing him," "The staff are all lovely – beautiful. They have such patience and understanding," "The staff are all so friendly – they are wonderful," "Some of the other homes look tip top, but the care is not there. Here it might not look tip top, but the care is the best," "They are so patient, they have the patience of a saint" and "They set up a table for us to have our meals together, just like we would do at home."

We read a thank you card from a relative which stated, "To all my lovely family and friends at Waterloo House. Thank you very much for all your loving care and attention toward [name of person] the whole time he was in Waterloo House." We contacted this relative by phone. She told us she still visited the home following the death of her husband. She said, "Waterloo House is great – it's a fantastic home. I would advise anyone to go there. I cannot fault them, the carers are fantastic - they make it. As soon as I come in, they will say 'Hello [name], do you want a cuppa?' When [name of person] was poorly the doctor phoned me up to ask whether I wanted him to go to hospital and I said, no, I want him to be looked after at Waterloo where they love him."

Health and social care professionals were also positive about the caring nature of staff. The reviewing officer told us, "They are just so caring…They just go above and beyond," "They are still as lovely as before. I just think they are outstanding. I do not know what more they can do to provide person-centred care. It's just unbelievable what they do." A social worker said, "The care is second to none and the staff are second to none. They always consider the needs of the residents. One lady had a little dog and we didn't know what to do [with the dog] and she was going to have to come into care. We just didn't know what to do with this little dog and then they phoned up and said, 'bring the dog'" and "They care for the residents as individual people…It has my backing 100% and I think their care is outstanding."

The community mental health nurse said, "The concern that they show for the residents is lovely. They know the residents so well. You can see the care and compassion." She also told us, "I have a patient who comes here for respite care. Even when she is not here she loves to come and visit and I think that is so lovely because they have made such an impression on her, she loves them so much."

We observed positive interactions between people and staff. We saw staff chatting with individuals on a one to one basis. One staff member told us, "I love sitting talking to people and making them happy." Staff

displayed warmth when interacting with people. Staff were very tactile in a well-controlled and non-threatening manner. We observed a member of staff giving one person her antibiotic tablets. The staff member said, "These are for your leg infection" and gently stroked the person's face. We saw that some people enjoyed cuddling dolls. Staff told us that cuddling a doll or soft toy appeared to comfort people. One person accidentally dropped her doll and started to cry; a staff member immediately said, "Don't worry, the bairn [child] is alright" and put her arm around the person's shoulders to reassure them.

Staff were knowledgeable about people's needs and could describe these to us. One member of staff said, "I know when she is happy, she will come and give me a kiss on the cheek or give me a cuddle…She used to have a bar, so she likes to tidy away, I know when she is tidying away it's important not to stop her as I know why she is doing this." Another member of staff said, "[Name of person] loves music and I'll put the music on for them. They also have lots of pictures and photographs in their room and I'll say, 'Who is this [name]?"

Staff promoted people's privacy and dignity. We observed care staff assisted people when required and care interventions were discreet when they needed to be. During meal times staff carefully supported people to wipe their mouths and hands to ensure there was no residual food on their hands or faces.

Whilst we acknowledged the caring nature of staff; we considered that the condition of the premises such as the condition of the carpets and some malodours, did not always promote people's dignity.

Staff informed us that people's independence was promoted which was confirmed by relatives. A relative said, "Mum came back from hospital and she wanted to walk. Rather than keep telling her to sit down, they just walked behind her to make sure she was safe. I can't praise the home enough or the staff, when she was at home, she was never out of her room." One person told us that he could "Come and go" as he pleased which included holidaying abroad in Ibiza and Portugal! We saw that people were free to walk around the home and were not continually prompted by staff to sit in a certain area.

Staff had started completing one page profiles which gave staff an overview of people's needs. We read one person's profile which stated that they liked to have their handbag and tissues to hand. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

People and relatives told us that they were involved in people's care. Comments from relatives included, "We work together" and "Everything is coordinated with us." The manager informed us that no one was currently using an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People, relatives and health and social care professionals were complimentary about the responsiveness of staff. People told us, "The staff go above and beyond" and "If they can do it, they will do it for you." Comments from relatives included, "They always get onto things straight away," "My mum has changed – this place is fantastic. The more praise I can give, the better. The staff are fabulous, nothing is a bother. The staff are approachable and always on hand," "Since she has been in here she has been like a different person…We have seen her laugh" and "When my mum went in for respite care while I was on holiday, I had just packed night wear for her as she was just staying in bed. However, when I came back from holiday, there she was, all dressed in her clothes and she was sitting there and her hair had been done. I've never seen her like that for seven years, I just welled up. She has never looked back since being there - she is a totally different woman. The change in her is unbelievable, she used to be aggressive, but it's all gone now."

The community mental health nurse told us, "[Name of person] is completely happy there, they have managed their behaviours well." The reviewing officer said, "With the residents they do anything they need. They might go to the shops and get someone a Greggs pasty…They just do their best."

Each person had a care plan for their individual daily needs such as mobility, personal hygiene, nutrition and health needs. These gave information about how people's needs were to be met and gave staff instructions about the frequency of interventions. Staff had completed two people's 'one page profiles' which included information about their likes, dislikes and other important information which the manager told us that staff could view "at a glance." One copy was kept in the person's care file and the other was kept in people's rooms. One person had chosen to display their one page profile on their wardrobe door. We spoke with the person about their profile and they stated, "That's me, yes they know about what I like." Care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

We checked how people's social needs were met. The manager told us, "I know how much benefit the residents get from activities." The community mental health nurse said, "They will put a film on and people will enjoy a beer. [Name of person] loves to stay up late and there's no shoving them to bed, staff will sit with her and have a talk. The night staff are as good as the day staff."

We saw people relaxing in the sun outside. Some were enjoying a beer or a shandy; others were sitting in the entrance of the home, watching the world go by. People and relatives told us that people's social needs were met. One person told us, "I've been to Ibiza last year and Portugal this year. Portugal was first class." He also told us, "I like to go to the social club, I've put a £20 bet on Newcastle to get promoted – I'm not a gambling man though." Other comments included, "You can go out whenever you want," "They get entertainers in," "There's loads going on, we couldn't have picked a better place" and "[Name of activities coordinator sits with them doing different activities with them or spends time talking to them or getting them to sing. They have parties and they have just had Macmillan coffee morning and they had a cup-cakes event."

There was an activities coordinator employed to help meet people's social needs. She told us that many people who lived at the home had a dementia related condition. She said that organising activities was sometimes difficult since people had varying degrees of dementia. She told us, "I try anything. I can't plan in advance because things change so quickly, so what maybe alright for a person one day, may not be the next day…Anything they want I will do and try my best." She had organised a quiz on the last day of our inspection. She told us and our own observations confirmed that some people were able to join in and answer the questions; others just enjoyed listening and watching. She also organised a sing along and played the Ukulele. People enjoyed singing; even the cook sang heartily to the chorus of, "When the Saints go marching in" when she walked past the lounge which made people laugh. One person said, "Welcome to the Waterloo Care Home choir!" A relative said, "Hearing them sing is amazing, watching them as they remember a song – some of them have fabulous voices." The activities coordinator told us that some people were not able to join in with the actual singing, but they tapped their feet and moved their hands and arms to indicate that they were enjoying the music.

There was a complaints procedure in place. None of the people or relatives with whom we spoke raised any concerns. Comments included, "This is the best home I've ever visited. I cannot fault them" and "I have no complaints, it's first class." One informal complaint had been received; records were available to state what action had been completed to address the concerns. This was confirmed by the reviewing officer.

Inadequate

Is the service well-led?

Our findings

At our previous inspection in June and September 2015, we identified three breaches which related to the premises and equipment, staffing and good governance. We found that action to address concerns with the premises was not carried out in a timely manner. We rated this domain as inadequate.

Following our inspection the provider submitted an action plan in October 2015. They stated that all actions to achieve compliance had been completed.

Since 2012, the provider had been in breach of the regulation relating to the premises on five occasions. In September 2012 and September 2014, we issued the provider with a warning notice because of the condition of the premises. Despite the provider taking action to meet the requirements of the warning notices, improvements regarding the premises were not sustained.

The manager completed a number of audits to check all aspects of the service. These included medicines management, infection control and health and safety. We noted however, that the medicines audits had not highlighted the issue we found with regards to the storage of medicines. In addition, care plan audits had lapsed and had not been completed for two months. The manager told us that she had to redo the care plan audit form since it did not cover all the care planning documentation they now used.

We examined health and safety audits from January 2016. We noted that the manager had highlighted ongoing issues such as the state of the office flooring, the lack of a guard for the deep fat fryer and the condition of some of the wooden window frames. We saw that these issues were ongoing. We spoke with the manager about this issue. She told us, "I have repeated things numerous times, but I am optimistic now that things will be done."

The care consultancy agency also carried out regular audits and checks. We read that they had identified concerns with the fridge and shelving in the kitchen, the roof and bathroom. These issues had also not been fully actioned.

We therefore found that a quality assurance system was in place to monitor the service, however this was ineffective since action was not taken in a timely manner to ensure the safety of all those concerned.

We checked the maintenance of records. We identified shortfalls with record keeping relating to people and the management of the service. There was a lack of documentary evidence that mental capacity assessments and best interests decisions had been carried out by staff to demonstrate that staff were following the principles of the MCA. In addition there were shortfalls with records relating to medicines management. The manager was unable to locate the results from the 2015 satisfaction survey. The asbestos survey could not be found and it was not clear whether remedial work had been carried out following an unsatisfactory electrical installations check because records were not available.

This was a continuing breach of Regulation 17 of the Health and Social Care Act (Regulated Activities)

Regulations 2014. Good governance.

We noted that the previous CQC inspection ratings were not displayed at the service in line with legal requirements. The manager told us that one person with a dementia condition had removed the poster which displayed their ratings. We spoke with the nominated individual about this issue and he told us that it would be addressed.

This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Requirement as to display of performance assessments. This issue is being followed up and we will report on any action once it is complete.

The home had been open for over 25 years and had been owned by the same provider. There was a registered manager in place. She had worked at the home for 15 years. People, relatives and health and social care professionals were very complimentary about her. One person said, "[Name of manager] is first class." Comments from relatives included, "[Name of manager] always gets onto things straight away, nothing is left," "The manager is really professional, absolutely lovely" and "[Name of manager] definitely leads it well. The office is well placed and she can see everything which goes on."

Staff were also complimentary about the support they received from the manager. Comments from staff included, "[Name of manager] is very supportive. She is more like a best friend," "[Name of manager] has been marvellous, absolutely fantastic. I couldn't have asked for more support" and "[Name of manager] is very fair. Everything is dealt with straight away…Her door is always open" and "[Name of manager] is 100% supportive. I don't think we can fault her about anything."

People and relatives told us that they were involved in the running of the service. Meetings and surveys were carried out. The manager had recently sent out questionnaires to people and relatives. Three had been returned. A comments box was also situated in the reception area of the home. Two comments had been received. One related to staffing levels and the other comment was about the condition of the roof. The manager informed us that she was hoping to write a regular newsletter with a 'You said, we did' section in order to demonstrate what action had been carried out in response to the feedback which had been received.

Staff told us and records confirmed that they attended meetings. Staff informed us that they felt able to raise any issues and the manager was approachable. We looked at minutes of recent staff meetings where the home's refurbishment was discussed.

There were no staff reward schemes in place. The manager told us, "Being positive works. I always say thank you." This was confirmed by staff who told us that morale was good and they enjoyed working at the home. One staff member said, "I love working here. You get along with everyone here."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that the premises and equipment was always safe. Regulation 12 (1)(2)(d)(e).

The enforcement action we took:

We imposed a condition on the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Action had not been taken in a timely manner with regards to deficits with the premises. In addition, there were shortfalls with record keeping relating to people and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(ii)(f).

The enforcement action we took:

We imposed a condition on the provider's registration.