

Mrs Claire Dawn Frances Bird

Waters View Residential Home

Inspection report

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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

Waters View Residential Home is a residential care home providing accommodation with personal care within one building, for up to 15 older people, some of whom may be living with dementia. At the time of our inspection there were 13 people using the service.

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

People received care in ways suited to their preferences and wishes. There were sufficient numbers of suitably trained staff to provide quality care and meaningful interactions with people. Peoples medicines were well managed and administered safely. New staff were recruited safely and received a full induction to the service.

People were treated with compassion and kindness. Staff were very conscious of people's dignity, and respected people's choices. Staff asked for consent for all interactions we observed. Staff had built good relationships with the people they supported, and people's relatives also told us this.

People were involved in their care. Detailed care plans were regularly reviewed and updated and the provider included people's relatives and loved ones in tailoring their support needs. Staff knew people well, knowing people's preferences and catering to their needs. People were encouraged to remain as independent as possible, with staff assisting when required.

The manager and deputy manager worked hard to foster a supportive and inclusive environment for people and staff. The manager had good oversight of the service and showed a passion for providing people with good care. Staff received regular supervisions and told us they felt supported to do their job well.

The service supported people to access healthcare services, and to receive ongoing healthcare support if required. Good infection prevention and control practices within the service ensured people were protected from the risk of infections, such as COVID-19.

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.

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

Rating at last inspection

The last rating for the service under the previous provider was good, (published 22 December 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Waters View Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 05 August 2022. We visited the service on 20 July 2022 and 2 August 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to

plan our inspection.

During the inspection

We spoke with two people who used the service, and three relatives about their experience of the care provided. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with five members of staff, including the manager, the deputy manager, and the chef.

We reviewed two peoples care files, and three staff files in relation to recruitment. We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits. After the inspection we received additional information from the provider, as requested.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people had been thoroughly documented and staff were provided with detailed descriptions of how to minimise risks and keep people safe.
- Care plans and risk assessments were regularly reviewed and updated as people's needs changed. This was done by the manager and all staff were made aware of changes to people's care and support needs quickly.
- Equipment within the service was regularly checked and maintained. When concerns were identified with equipment the service acted quickly to ensure it was repaired or replaced to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe. One relative told us, "I think [person] is completely safe there."
- The provider had a safeguarding policy in place and staff received training on how to keep people safe and how to identify and raise concerns. Staff confirmed they would raise any concerns with the manager and knew they could raise concerns externally, such as directly with CQC.

Staffing and recruitment

- There were adequate staff to provide people with care and support to suit their needs and wants. The provider ensured staffing levels remained safe and consistent, with contingency plans in place for staff sickness.
- Staff were recruited safely in line with best practice, including DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff received regular and ongoing training, either face to face or via e-Learning, to ensure they had the skills to meet people's needs. The manager and deputy manager had completed advanced training courses in manual handling and medication administration allowing them to safely train staff and assess staff competency.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff demonstrated in depth knowledge of people's medicines, including knowing potential side effects and there were clear processes for ordering, storage, and stock management of medicines.
- Staff actively sought people's consent before administering medications, asking if they were ready and explaining to people in a dignified way what each medication was for.

- The provider ensured people had regular medication reviews, to make sure people's medicines were appropriate and not excessive.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was not restricted by the service, family and friends could visit easily. Although not mandatory for family and friends, the service provided masks and other personal protective equipment (PPE). COVID-19 checks were completed and documented for every visitor.

Learning lessons when things go wrong

- The provider demonstrated that all incidents and concerns were investigated and if applicable, notified the local authority and CQC. Actions were taken to minimise the chance of incidents recurring.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Peoples care plans were detailed and contained personalised descriptions of their needs and wants. Care plans included details of how people wished to present themselves and the style of clothing as well as preferences for going to bed, waking, and bathing.
- Peoples protected characteristics, such as religion or sexual orientation, had been considered by the service. Detailed descriptions of how to support people to meet their needs were included within peoples care plans.
- Care plans were regularly reviewed and updated. Managers and staff took an active role in ensuring care plans were correct and detailed.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service, including shadowing experienced members of staff and the manager. All staff received a range of training specific to their job role and were regularly observed by the manager to demonstrate their skills.
- Staff received regular formal supervisions. The provider supported staff to enhance personal development, staff could complete appropriate qualifications in Health and Social Care.
- Staff received specialist training for specific roles within the service, such as being a fire marshal. All training staff received was regularly updated and refreshed to keep staff skills up to date.

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

- People were supported to eat and drink in ways personalised to them. Staff knew people's preferences well but always offered a variety of choices for food and drink.
- The service had a set menu in place which had been designed with peoples input and feedback. People told us they enjoyed the food. One person told us "The food is delicious, it's always hot and fresh."
- The service sought professional advice for people who required support with eating and drinking, including specialist eating disorder services. This advice was clearly documented in peoples care plans and shared with staff.
- Mealtimes were observed to have a relaxed and comfortable atmosphere, with people choosing where they wanted to eat and who they wanted to sit with. People ate at their own pace with support and encouragement from staff where appropriate.

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

- The service closely monitored people's health and wellbeing, involving other professionals regularly to

ensure people had good health and support outcomes.

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

- The service was well decorated and maintained. Each person had input into how their bedrooms were decorated, including choosing décor such as wallpaper. People were actively encouraged to bring personal items such as pictures, ornaments and furniture to personalise their rooms.
- All bedrooms had ensuite facilities, allowing for increased privacy, dignity and independence. These were well maintained, kept clean and fresh smelling.
- Shared facilities, such as the communal bathroom were spacious, and well equipped to meet people's needs. We identified on inspection the bath chair had been damaged, the manager took immediate action to have this repaired.
- Access to the first floor of the service had been considered for all mobility types. The stairs had a stairlift fitted to allow people to be independent and there was also a lift installed for those unable to use the stairs or stair lift.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. People had thorough assessments before their capacity was decided. People living at the service without capacity had appropriate advocates and support to ensure decisions were made in their best interest.
- All staff demonstrated a strong understanding of capacity and consent and had received appropriate training in both MCA and DoLS.
- DoLS authorisations had been made appropriately and had been thoroughly documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and compassion. Staff had time to sit with people and engage in conversations. Staff knew people's personal histories, backgrounds and preferences.
- We observed staff encouraging people to walk to the kitchen to talk to the chef about what they would like to eat for lunch or what accompaniments they would like with their meal.
- Staff respected people's choices. One relative told us, "Staff certainly got to grips with [person] very quickly. Staff try to encourage them at all times and respected all their choices."
- People were encouraged to participate in activities in the service. One person enjoyed baking, so staff regularly assist them in the kitchen to make baked goods, encouraging their independence and only providing assistance when needed.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The service involved people in the planning of their care. Where a person might not have capacity to make decisions around their care the service made sure there was an advocate to represent their best interests and wishes.
- Small personal details were considered as important as large details. One person's care plan stated, "[Person] likes to have a bath every evening before bed, as it helps them relax and sleep better." This ensured people's care was person centred, and tailored to them.
- People were encouraged to share their views and opinions of the service including the choice of furnishing, such as carpets and curtains, and pets. This made people feel included in the decisions about their home.
- People's privacy and dignity were respected by staff. Care was taken to ensure curtains and doors were closed when receiving intimate care. Staff always sought people's consent for all interactions and spoke quietly with people when in communal areas to maintain privacy.
- We observed staff encouraging people to maintain as much independence as possible taking extra time to allow people to complete tasks, such as eating a meal, using the toilet or walking around the service.

Is the service responsive?

Our findings

This is the first inspection for this newly registered service. This key question has been rated good. 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; End of life care and support

- People's care plans were detailed, regularly reviewed and updated. Care plans included information on how to support people with their emotional and social needs as well as their physical needs. Care plans gave staff information about what situations might cause people to become distressed and how to help avoid this happening.
- People's families were involved in planning people's care. One relative told us, "I sat with [manager] and went through the care plan with her and [person]. [Manager] really does ensure the residents are part of their care."
- People were well supported during their end of life journey. The service ensured people's wishes surrounding end of life care were well documented and followed by staff.
- Conversations with people and families regarding end of life wishes were encouraged and supported. The service understood these conversations could be distressing and took steps to make people and relatives comfortable.
- The service was very quick to respond to changing health needs and actively involved external professionals, such as the district nursing team to keep people comfortable.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the Accessible Information Standard. Information was available in a range of formats to meet people's needs and understanding.
- Care plans detailed people's communication needs including the use of sensory loss aids, such as glasses or hearing aids.

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

- The service had planned activities for people to partake in daily. In addition, people were asked what they would like to do every day. This provided people with a variety of different socially engaging activities, including trips out for ice creams or group activities such as bingo.
- The manager had recently purchased their own minibus to facilitate more activities outside of the service, such as day trips and outings. These activities occurred regularly before but had dependent on when a minibus could be hired.
- People were encouraged to maintain hobbies and interests, such as painting or gardening. The service

had an easy access garden with raised beds, a summer house and outdoor seating creating a pleasant area for people to relax in.

Improving care quality in response to complaints or concerns

- The manager and deputy manager responded quickly to any concerns raised. One relative told us, "There was an incident a long time ago, we brought it to the attention of [manager] and it was dealt with so well, we were happy with the outcome." Another relative told us, "I would be confident to raise a complaint, they would deal with it straight away."
- The service had a formal complaints procedure in place. The manager demonstrated how complaints received would be investigated and a response provided, which would include details of how the service would learn and improve.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their role and responsibilities, including submitting regulatory required notifications to the Care Quality Commission. The manager was an active part of a local registered manager group, where they could seek advice and guidance from their peers.
- The manager understood duty of candour and demonstrated how it had been applied to previous incidents which had occurred in the service.
- The manager regularly reviewed the policies within the service ensuring they were still accurate and applicable. New policies were sought and tailored to the service when existing policies did not cover new concerns.
- The manager and deputy manager demonstrated a clear understanding of the importance of quality assurance and improvement. Regular reviews of the service drove improvements to care provided for people.
- The manager had good oversight of the whole running of the service. They spoke about areas that had been identified for improvement and what actions were being taken develop the service, such as refurbishing a communal bathroom and creating a new terraced area for people to enjoy.
- Staff demonstrated a clear understanding of their roles and responsibilities. Staff worked well together to meet people's needs and achieve good outcomes for people.
- The provider regularly reviewed incidents and concerns raised, actively looking for ways to learn and improve the service. This information was shared with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management were highly visible within the service. All staff we spoke to told us the management team were approachable, and staff easily able to raise concerns or make suggestions, this made them feel included in how the service was run.
- Staff were regularly chatting with people, sitting with them and engaging with them. The atmosphere in the service was relaxed and filled with chatter and laughter. One relative told us, "[Person] tells me the staff are all lovely and caring. [Person] would definitely tell me if they weren't."
- Staff told us they enjoyed working at the service and enjoyed the family atmosphere the manager had

created. Staff had a secure messaging service where they could stay up to date with changes to people's needs or to the service itself.

- The manager regularly sought feedback from both people and their relatives about their experience of the service. The manager used this feedback to make improvements, such as updating the décor of the service. The manager considered people's opinions very important, regularly holding meetings with people to ensure they had their voices heard.

Working in partnership with others

- The service worked closely with external professionals, regularly seeking support and advice for people. The service included specialist professionals to provide individual support, when they had identified specialist needs, such as mental health support and eating disorder support.