Care Quality Commission

Vivacare Limited

Waterloo House

Inspection report

Waterloo House
3 Nelson Gardens
Stoke
Plymouth
Devon
PL1 5RH
Tel: 01752567199
Website: waterloocare@tiscali.co.uk

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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

Overall summary

The inspection took place on 27 September and 9 October 2015 and was unannounced.

Waterloo House is a residential home providing care, rehabilitation and support for up to 20 people with mental health needs. At the time of the inspection 20 people were living at the home.

Waterloo House has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

During the inspection people and staff appeared happy and relaxed; there was a calm and pleasant atmosphere. Comments included; "I feel like I am back home again living with my mother and sisters. I never thought I would feel like that again. That's remarkable. I've never felt safer

Summary of findings

all my life. When I had my own home I was burgled several times. Here, I do feel so safe. I am very happy." Another person told us "The best thing here is the freedom to do as you choose."

Care records were individualised and gave people control and reflected their choices, likes and dislikes. Staff responded quickly to people's change in needs if they were physically or mentally unwell. People were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected for example if they preferred particular staff to support their needs.

People's risks were managed well and monitored. People were promoted to live full and active lives and were encouraged to go out of the home and visit the local shops, pubs, parks and leisure facilities if they wished. One person told us ""There are trips out to Cornwall and they take you to all your appointments." Activities were varied and reflected people's interests and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed and on time. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, mental health professionals (CPN's) and social workers. People told us "They give me my medication which helps, I'm a bi polar and it stops my mind racing, keeps me on an even keel."

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Advice was sought to help safeguard people and respect their human rights.

All staff had undertaken training in safeguarding adults from abuse. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. Where people had capacity and there were concerns about their safety if they left the home, meetings were arranged with professionals who knew people well to consider risk management strategies.

Staff described the management to be very open, supportive and approachable "I love it here. I feel so at home. We all get on like a house on fire. "X", the manager, is amazing. She'll come up to my room if I need her to. You can talk to her about anything and everything, and she will sort things out for you. She is brilliant, I love her to bits." People told us the management was a visible presence within the home. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were trained and had the correct skills to carry out their roles effectively.

There were effective quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. People knew how to raise a complaint if they had one. One person said "No complaints – I'd talk to staff if I had any."

Feedback from people, friends, relatives, health and social care professionals and staff was positive; and people felt listened too. Learning from feedback helped drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

Summary of findings

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

People felt the service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People's risks had been identified and managed appropriately. Assessments had been carried out in line with people's individual needs to help support and protect people.

People's medicines were administered safely and as prescribed.

The home was clean and homely.

Is the service effective?

Good

The service was effective. People received care and support that met their needs.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice where needed.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

People's health and social care needs were met.

Is the service caring?

Good

The service was caring. People were supported by staff who promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's experiences were taken into account to drive improvements to the service. There was a complaint's policy in place.

Is the service well-led?

Good

The service was well-led. There was an open, transparent culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Summary of findings

Quality assurance systems drove improvements and raised standards of care.

Waterloo House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was undertaken by two inspectors for adult social care and an expert by experience on the 27 September and 9 October 2015 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with 18 people who lived at Waterloo House, the registered manager and five members of staff. We also looked at four care records related to people's individual care needs, four staff recruitment files including staff training records and looked at the records associated with the management of medicines. We reviewed quality audits undertaken by the service. We spoke with the deputyship team (a legal authority who care for people's finances), three mental health nurses and a psychiatrist as part of the inspection.

During the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living at Waterloo House. Comments included "I love it. I feel safe, comfortable and happy"; "Where I was staying previously, I was bullied and attacked. I have never before felt safe in a communal area, as I do here. You can sit all day in the lounge and feel safe" and "There's good security on the front door, no one can come in here and trouble you."

People were protected by staff that were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. For example, we discussed a recent safeguarding issue and the registered manager had followed the necessary and correct procedures to keep people safe. Staff understood the correct procedures to follow and informed us that incidents of a safeguarding nature would be notified to the registered manager, the relevant authorities and plans put in place to reduce the risks. Staff told us "I would report any concerns to the manager" and "I would take the matter as far as I could if there was any doubt the matter wasn't being taken seriously." People confirmed they felt safe "Oh yeah, I'm safe, they'd sort anyone out who wished me harm"; "They all speak nicely to us" and "If I am late back, they phone and check I'm ok." Policies related to safeguarding were accessible to staff in the absence of the manager.

People's money and finances were managed well "I look after my own money but they help me budget." Where people were not able to look after their own finances, staff kept their money safely in a locked deposit box. Regular checks took place to ensure there was an audit trail of incoming / outgoing expenditure. Where more formal mechanisms were in place to protect people's money the local deputyship team were involved.

People felt they were kept safe by staff that were aware of their risks and put plans in place to minimise these. "Staff are there to advise and guide you, and lead you by the hand when you need it." One person told us they had been feeling low recently "It is the anniversary of my son's death so I've been in my room a lot – they come up and check I'm OK and if there is anything I need." One staff explained their role was keep people safe and they did this by reading people's care plans and being aware of people's moods, risks and vulnerabilities.

Staff had a good knowledge and understanding of each individual. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, some people at the home could at times become agitated due to their mental health needs. Staff were observant to people's changing moods and used distraction techniques and de-escalation to reduce people's anxiety. Staff were aware of the impact of people's behaviours on other's in the home and appropriate strategies had been put in place to keep people safe such as additional support (one to one care) for some people.

Staff were observant of people's own communication styles which might indicate they were troubled or showing signs which might suggest a relapse of their mental health. Risk assessments detailed people's individual early warning signs for staff to observe. For example care records detailed signs such as people's personal hygiene deteriorating, people sleeping more or disengaging from conversation. There was good communication amongst staff through verbal and written handovers to share information about people's needs, appointments, and any events which might be worrying them. This supported safe care. Discussions were then held with staff and plans were put in place to minimise any potential risk to people and staff. People's health professionals such as their community mental health nurses (CPN's) and psychiatrists were involved at an early stage. This helped ensure the safety of people and staff and reduced the likelihood of an incident.

Staff were confident in managing situations and people's behaviour which could impact on others. Staff were firm regarding what was considered acceptable behaviour and reinforced particular rules within the home to keep people safe. For example many people enjoyed smoking at the service but no smoking was permitted in the building. These rules were reinforced regularly to keep people safe. Risk assessments and strategies were also in place to discourage people from smoking in their rooms. A smoking shelter was being built in the garden in time for winter and staff observed those smokers who were more likely to smoke in their bedrooms.

The home had a locked front door and visitors were greeted by staff, asked to sign in and had their identity checked before they were allowed further. This helped keep people safe.

Good

Is the service safe?

The service had a good relationship with local business owners such as the newsagents and pubs people liked to visit. If people were out and about and the local community had concerns they would call the home.

The registered manager informed us that new admissions to the home were carefully considered to ensure the mix of people in the house remained as stable and safe as possible. Previous care plans and risk assessments were obtained prior to admission to help ensure risks had been considered.

People were encouraged to be as independent as possible. Staff told us they asked people to inform them if they were going out and the time they were likely to return. People's mental health needs meant some people were vulnerable to others in the community. People's care plans and risk assessments clearly reflected the legal conditions people were required to adhere to where these were in place. Staff were conscious of the restrictions in place by law, but ensured as far as possible, people's freedom was not inhibited and they were supported to reach their personal goals. There were clear policies in place such as the missing person protocol if people did not return in a specified time frame and there were descriptions of people to share with the authorities if required in the event of an emergency.

People's skin integrity was monitored and advice sought when needed. Protective equipment was arranged where required and people were encouraged to use special cushions where risks had been identified. Equipment was checked and serviced regularly and where people had wheelchairs staff knew to check the brakes were on and people were secure and safe when these were in use. Those people with mobility needs were known and consideration was given to their room within the house, whether occupational therapy assessments were required and those who needed mobility aids had these close by. Call bells were in people's room so they could call for help if they needed staff assistance and staff knew to check frequently on those people who were known not to use their call bell.

People were supported by suitable staff "The manager has done a good job with the staff she's chosen – they have no malice." Safe recruitment practices were in place and organised records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us there were enough staff to meet their needs and keep them safe. Staff had time to spend with people and support them to attend appointments "One of the staff spent half an hour talking to me yesterday." Staff were flexible when there were shortages in events such as sickness, this provided continuity for people. Staffing levels were dependent on people's needs and activities on specific days. Most days there were five or six staff on duty including the senior management. Cleaning staff and maintenance staff were additional to care staff. There was an on call system which supported staff in the event of an emergency, staff shortage or if they required advice. During our inspection staff had time to sit and talk with people throughout the day. Health professionals confirmed staff were visible when they visited and supported people to attend health care appointments. All staff carried out their work in an unhurried and calm manner. Staff told us there were enough staff to support people to participate in community activities where this was required.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff received medicine training and were observed for competency in administration. Regular audits occurred and minor issues such as gaps in recording on the MARs were quickly picked up through the auditing process. The service had worked closely with pharmacists to improve this area and attended local workshops to improve knowledge and practice. People told us "They give me my medication which helps, I'm a bi polar and it stops my mind racing, keeps me on an even keel." Where people had required medicine to be administered covertly (without their knowledge) the registered manger had agreement from people's doctors. Regular reviews with people's doctor's ensured people were not on excessive medicines and the necessary blood tests for particular medicines were undertaken to keep them safe. People were encouraged to take responsibility for aspects of their medicine management such as attending for blood tests but staff prompted people as needed to ensure essential blood monitoring appointments were not missed.

Good

Is the service safe?

People knew what medicines they should take and what they were for "I'm on physical and psychotic tablets for my problems" and "Staff help me with my medicines, they do it for me and I'm happy with that, they always remember, never forget." Staff knew when people might require additional medicine (PRN) for their mood or behaviour and only used this when necessary. Staff knew what they should do if people refused their medicine and were conscious of the impact this could have on people's health. When people were physically unwell for example with a chest infection, GP advice was sought promptly.

People were kept safe by a tidy environment. They said "It is clean and tidy including the toilets. It is always cleaned up straightaway if anyone is sick." All areas we visited were clean and hygienic. Cleaning staff undertook responsibility for the cleaning alongside people in the home where possible. Those who were independent and liked to help with the household chores were encouraged to do this. Those people who had behaviours and needs which made maintaining a clean environment difficult were known to staff and additional support and checks undertaken. Protective clothing such as gloves were readily available throughout the home to reduce the risk of cross infection. Staff understood the importance of following infection control procedures.

Good

Is the service effective?

Our findings

People we spoke with confirmed staff were well-trained. Professionals were confident staff had the skills they needed to support people. Staff had been supported at the start of their employment by a thorough induction to the home, information about the people who lived at the house, and the philosophy of the home. The induction included essential information about the service, health and safety information, and how to respond if there was an accident. The Care Certificate induction was in place and due to be implemented for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care.

Staff had undertaken additional health and social care qualifications. Mental health awareness training, learning disability training and training to support staff to manage people's behaviour and breakaway training were evident. All staff were receptive to training which would enable them to provide care to the best of their ability. The registered manager informed us training would be sought for staff if people had specific health needs they were unfamiliar with. The registered manager was undertaken a leadership and management course with the local authority to enable her to have the skills to do their role effectively.

All staff confirmed they felt supported in their roles. The new registered manager had just started formal supervision and appraisals for staff. Regular informal competency checks were conducted through observation of practice, this ensured the standard of care provided remained high and staff had the necessary skills and knowledge to carry out their roles effectively. All staff felt there was an open door policy where they could approach the senior staff for advice.

People when appropriate, were assessed in line with the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides the legal protection for vulnerable people who are, or may become, deprived of their liberty. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. No one at the home was subject to a DoLS authorisation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions and when people's capacity fluctuated due to their mental health. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf and understood the role of advocates in supporting people to make informed decisions and help them have their views heard.

Staff were proactive in identifying those who may not have capacity to manage their finances and we saw relevant social care professionals had been contacted for advice. Staff were mindful of people's legal status (Mental Health Act restrictions) or if people had a particular legal order in place to protect them, such as a Guardianship Order or a Community Treatment Order (CTO). Staff understood the need to obtain consent and involve people in decision making where possible regardless of their legal status. Staff understood the difference between lawful and unlawful practice. Staff were mindful of the restrictions related to people's care and treatment, but as far as they were able to, gave people freedom of choice to live as independently as possible.

People were involved in deciding the menu and food. They told us the food was good and there was always plenty available "The food is freshly prepared and very nutritious. If you don't like the choices, they will do you something separately. "The cook is really nice and a good cook." The cook took pride in their job and the presentation of meals. People's likes and dislikes were considered and particular requests listened too. Meals were spaced throughout the day at set times. The mealtime routine helped people have structure to their days although there was flexibility depending on people's activities and plans. The dining room was spacious and a hot drinks machine was available for people throughout the day. Information on allergens was visible for people. Food was home-cooked and people shared meals in the dining area. If people did not want to eat in these areas they were able to eat where they chose.

Staff encouraged people to consider healthy eating options for their health and weight. People were weighed each

Good

Is the service effective?

month. If there were notable or concerning changes, people's GP would be informed and the interval for weight checks increased. If there were concerns about people's food or fluid intake this was monitored and recorded. One to one discussions were held with people who had specific dietary needs to help educate them and prompt them to make healthy choices. Staff balanced people's right to choose what they ate (which was sometimes not healthy and nutritious) with supporting and encouraging them to make good food choices for their well-being. Some people required specific diets such as low phosphate diets and this was accommodated and foods which people should avoid were known.

People engaged with a range of healthcare in the community. For example everyone was registered with a dentist, GP and optician. People had these professionals visit them at Waterloo House or they went to see them. The health professionals we contacted were positive about the home and the links which had been developed over the years. People were supported to attend their mental health reviews. Appointments with health professionals were in the diary to ensure people were at the home and could be supported to attend these. Staff felt this was important so they could help people understand what was said and so they also knew how best to support people following any recommendations made.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to people's mental health or wellbeing had been identified. People told us if they were feeling unwell they had seen their GP promptly. Care records reflected possible relapse indicators for people and what do if these presented for example if a person decided to stop taking their medicine, began to neglect their personal care needs or their sleep pattern changed. Staff were aware to seek advice quickly from people's mental health professionals. Other care records indicated people were visited by the health and social care professionals involved in monitoring their health and placements. During the inspection someone became unwell and staff had promptly contacted the emergency services and liaised with the person's GP to arrange a follow up visit.

Good

Is the service caring?

Our findings

People who were able to share their views told us that they felt listened too, cared for and they mattered "I'm very happy. I've got a nice big room with a toilet. I love my room. It's a lovely home. If there are any problems, I ask the manager or "X". I've got a lot of friends here. When I don't want to watch the TV, I go up to my room where I've got a comfortable chair"; "If I need anything at all, washing, cleaning…they do it"; "They're just so kind, I have companionship here."

Staff were supportive, caring and showed genuine fondness and positive regard for people at Waterloo House. People shared "The staff here are brilliant. There isn't anything they wouldn't do for you"; "All the staff are lovely. They are very attentive and all are approachable. If you've got a problem, you can go and talk to them" and "It's a care home that really cares."

We were told people were viewed as extended family "We view this as people's home"; "We sit and talk to people about their interests"; "We listen to them, if they want to chat we give them time and understanding." Other staff explained their role as enabling people to have whatever they wanted to maintain their independence and comfort. Supporting people to be involved in their care and treatment choices was important to the staff at Waterloo House, so people received care in the way they wanted and liked. Many people at the home had limited social networks and family, so creating an environment where people felt they mattered and there was a family atmosphere, was important to the staff. One person told us ""I've never felt like I've belonged anywhere all my life and I do feel like I belong here. It is one big happy family and the staff are just an extension of that."

The staff showed concern for people's welfare at Waterloo House. One person became unwell during our inspection and staff were professional but clearly distressed by the unexpected event. Conversations with people were honest, relaxed and friendly. We observed through our conversations with staff and through reading care plans, a staff value base that was non-judgemental and compassionate. Staff invested time to build relationships with people who, due to their pasts often found it hard to build relationships with people. Staff understood and recognised people's individual needs and worked alongside people at their pace to build trust. This had helped people who lived at Waterloo House to have their health and holistic needs met which had been difficult when they had lived in the community.

Staff showed their kindness at all times. When people were unwell and in hospital, they visited and helped them have the care they needed during their stay. This was particularly important for people who did not trust strangers and found it hard to accept help.

People's needs in terms of their mental health, race, religion and beliefs were understood and supported by staff in a professional and non-discriminatory way. Staff were knowledgeable about all the people at the home and were able to tell us about people's preferences, routines and background histories. Staff told us they had time to sit and talk with people, listen to their concerns, and get to know their likes and dislikes. They encouraged people to pursue their hobbies and interests where possible. People's personal histories were known to all staff and this enabled staff to offer a caring, individualised approach. Staff celebrated people's special occasions such as birthdays and other important events.

People told us their views were respected by staff. Staff supported people's choices even when this was difficult, for example if they had dependency needs which impacted on their health but people had capacity and understood the risks associated with their behaviour.

Some people at Waterloo House had difficulty building trusting relationships with people so when they did build a rapport with particular staff, this was understood. Their preferences for particular staff were known and respected. People's independence was encouraged where possible for example, although staff cleaned the home, if people were able to tidy their own rooms and make their beds this was encouraged. For those able to take more responsibility for aspects of their healthcare, this was supported, for example managing their own medicines. Most people were independent with their personal care needs but staff were mindful some people needed prompting and encouragement to wash regularly, brush their teeth and change their clothes. Other people were independent regarding how they wished to spend their time, staff understood some people lacked motivation to engage in activities and support and encouragement were given when needed.

Good

Is the service caring?

People were involved in planning their care. People met with the manager on a one to one basis so their views could be shared and incorporated into their care plan. People's privacy and dignity was respected. Staff knocked on people's doors before they entered their bedrooms, people were able to lock their rooms if they wished, and the language used in interactions was considerate and polite. The written language used in people's care plans was thoughtful where people had particular needs which required staff help but people found difficult to openly discuss, for example their continence care.

People's personal and private information and health care records were kept safely and their confidentiality protected. People's privacy was maintained by staff. Respecting people's dignity was paramount and the registered manager or deputy attended the local Dignity in Care forums where best practice was discussed.

Advocacy services were available for people to support their views to be expressed where appropriate. People's views were taken in to account through their one to one meetings with staff, review meetings, informal discussions and through residents' meetings.

We were told by people that friends and family were welcomed and encouraged to visit "Family visit as regular as they like, if it's late it's alright too." People were supported to maintain relationships with friends outside of the home and told us they met friends for coffee in cafes nearby or at one of the local pubs. This was important for people's well-being.

People at the end of their lives were supported with one to one staff to ensure they were comfortable and all their needs were met. External health professionals such as the district nurses and people's doctors supported the home to enable people's last days to be pain free and dignified. Some people's end of life care wishes had been discussed with them so their funeral wishes were known, such as songs they particularly wanted. Staff offered support to family members after people died giving them time to talk, visit the home if they wished and signposted them to receive help with funeral arrangements where needed.

Good

Is the service responsive?

Our findings

A thorough assessment occurred prior to people coming to live at Waterloo House to ensure the service was able to meet people's needs. Relevant information was obtained from the health and social care professionals involved in people's care and meetings were held to discuss people's move so it happened in a planned way. Where possible people were encouraged to visit as part of the admission process. The service worked with people to support their recovery but recognised their limitations and when alternative placements needed to be considered to keep everyone at the home feeling safe.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how the individual wished to receive their care. Staff confirmed residents at Waterloo House came first and their needs were met in an individualised way as far as the service was able to. People had person-centred care records which detailed their unique likes and dislikes, their daily routine, preferences and the particular areas each person required support for example with personal care. These were being reviewed and updated as the new registered manager took time to get to know people.

People were involved in planning their own care and making decisions about how their needs were met. People had as much involvement as they wished and were encouraged to have the maximum amount of control over their lives and care. Some people had restrictions in place which made this difficult at times but people's wishes were central to their care as much as possible.

People were involved in developing and reviewing their care records where this was possible and people were able to engage in the process. They told us "They do this constantly, I feel involved; they make notes about us, what is going on, how we're sleeping and what we've been doing." Care records reflected what staff had shared with us about people and what people told us about their lives.

Each care record highlighted people that mattered to the person. People's views were taken in to account through their one to one meetings with staff, informal discussions and through residents' meetings.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Activities were organised according to people's choices, interests and needs. People told us "I'm pretty independent and like to go fishing, to the pub and do some gardening sometimes" and "I sometimes go out but I have everything I need here, no need for me to go out spending." Staff were creative in considering ideas to engage people, support their recovery and build their self-esteem. Some people liked to go into the local town for coffee and the local shops; others enjoyed attending the organised mental health group network activities in the area such as snooker. People told us they enjoyed a range of activities from fishing, watching the sports they enjoyed such as the rugby, reading and visiting the library. People had access to a computer and the internet so they could look up football matches and information of interest to them. Staff informed us the activities on offer were flexible depending on people's needs and goals at the time and anything was possible.

No one had any complaints at the service and people told us they all felt confident to discuss any concerns with staff "There is no problem in giving feedback or making suggestions. The quality of the staff is good and they have been successful in finding people who aren't disciplinarians. They are very reasonable indeed." Throughout the inspection people freely approached staff and visited the registered manager in their office. The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed within the service and there was a complaints box. People knew who to contact if they needed to raise a concern or make a complaint. Staff confirmed any concerns made directly to them, were communicated to the registered manager or deputy manager and were dealt with without delay. There had been no formal complaints received by the service.

Good

Is the service well-led?

Our findings

The registered manager and deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There was an open culture where relationships between staff and people were valued. The philosophy of the home was to treat people as individuals and respect individuality. The registered manager was new to the post and time was being spent to build relationships in the team and encourage people to feel empowered and have greater freedom, choice and control about how they lived their lives at Waterloo House.

There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

People, relatives and professionals views and feedback on the service was sought to encourage improvement within the home. People felt the manager was approachable, kind and everyone was very positive “The manager’s great”; “They helps us when we need support.” The registered manager encouraged people to voice their opinion and they felt listened to when they did. Questionnaires were completed by residents which were positive. Areas for improvement were followed up, for example the laundry system had recently been improved as a result of people’s feedback

Information was used to aid learning and drive quality across the service. Daily handovers, staff supervision, staff induction and staff meetings were seen as an opportunity to reflect on current practice and challenge existing procedures. For example, following a medicine error earlier in the year, improved systems were now in place.

Changes to make care more individualised were occurring slowly and at a pace which was comfortable for people and staff living at Waterloo House. Staff confirmed they felt involved in the changes and able to approachthe registered manager for advice and support. Staff confirmed they were encouraged to raise concerns and knew these would be listened to. They informed us the management was visible and dealt with any issues quickly.

Staff told us they were happy in their work, were motivated by the management team and understood what was expected of them. Formal supervision and appraisals were in progress and staff found these helpful to discuss and embed the changes occurring. The registered manager was visible, role modelling good practice and working alongside staff when required. They wanted to support people and staff to voice their opinions and feel involved in how the home developed.

There was an effective quality assurance system in place. Audits were carried out in line with policies and procedures for example there were medicine audits, cleaning schedules and daily checks, audits of people’s money and environmental and maintenance checks. Areas of concern had been identified and changes made so that quality of care was not compromised. Staff reflected on situations which had occurred, how they had managed these and whether anything else could have been done in particular situations. The registered manager and deputy manager were open to ideas for improvement and kept up to date with changing practice and legislation such as the new Care Certificate for staff. Local forums were attended to gain support, advice and knowledge, for example the dignity and care forum. Close links were established with the local authority, pharmacist and health and social care professionals. Advice and suggestions for improving practice were listened too such as recommendations made by the pharmacist.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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