

Waterloo House Care Home Ltd

Waterloo House Care Home Limited

Inspection report

36 Waterloo Road
Bedford
Bedfordshire
MK40 3PQ

Tel: 01234351608

Date of inspection visit:
04 December 2018

Date of publication:
08 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Waterloo House Care Home Limited accommodates 24 people in one adapted building across four floors. The service offers individual bedrooms, some with ensuite toilets. There are shared bathrooms available and other communal facilities. The service supported older people and some people receiving care were people living with dementia.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that showed serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Safe

Systems and processes to safeguard people were in place, with risk assessments and detailed care plans. Staff had good knowledge of how to support people and report any concerns. Processes for medicines management were in place and medicines were correctly administered. The registered manager shares lessons learnt from internal and external sources. There were infection control and prevention processes in place.

Effective:

Staff had received all training relevant to their role to safely meet the needs of people living in the service. All staff had completed either health and social care diplomas (HSC) or national vocational qualifications in care (NVQ). Some staff had also completed specialist training such as champion pathways and dementia awareness. Staff supported people to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service supported this practice. Some people had relatives who acted as Lasting Power of Attorney (LPA) to make decisions on their behalf. Appropriate tools were used for the management and monitoring of nutrition and other needs. Staff had put new initiatives in place since the last inspection. These initiatives looked at hydration and falls monitoring to try and find patterns and look for ways to reduce the number of falls.

Caring:

Staff were very caring and kind and interacted with people well. People and relatives gave positive feedback about the service, the team and the support received. Staff showed respect in the language used and attitude towards people which showed they cared in a way that maintained people's dignity.

Responsive:

Staff offered people a choice of main activities which they could change if they did not wish to join in. People responded positively to the entertainment of live music and a pat dog that visited on the day of the inspection. People were able to make complaints and raise concerns. People also gave feedback about the

service in other ways such as annual surveys. We had really positive feedback from people and relatives around how the team and the registered manager had supported people receiving end of life care. Staff were observed working well together on the day of inspection to meet peoples changing needs.

Well-Led:

We received extremely positive feedback from the team, people and relatives about the registered manager. The registered manager had a clear vision and goals for business development. The registered manager had good governance and auditing systems and very clear monitoring in place. Outcomes of audits were used by to effect change and improvements to practices and the environment.

Further information is in the detailed findings below.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Waterloo House Care Home Limited

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. We also looked at the overall quality of the service, to give a rating for the service under the Care Act 2014.

This was a planned comprehensive inspection. The inspection took place on 4th December 2018 and was unannounced.

The inspection team was made up of two inspectors. Prior to the inspection we reviewed information from statutory notifications that the provider had sent to us. We also looked at the Provider Information Return (PIR) which is a document the provider completed. It tells us about what the service does well and any improvements they plan to make. We received feedback about the service.

During the inspection we spoke to four people living at the service as well as two relatives and one long term friend of a person who lived at the service. We spoke to seven staff including the registered manager, the deputy manager, the catering manager, one domestic member of staff, one care assistant and two senior members of staff support staff.

We reviewed records which included the review of three care plans, four staff files, environmental checks, audits, health records, nutrition and fluid records and training. We used observation of staff practice as a tool to judge standards of care.

Is the service safe?

Our findings

The service was safe.

One relative, when asked if people were safe said, "Yes definitely. The staff are always friendly and if there is a problem they always contact me to let me know"

Staff carried out safe transfers with people in the hoist. Staff gave reassurance and guidance to minimise worry or discomfort such as, "We're going down okay, bend those knees." Information about the equipment needed, including the type of hoist sling, was detailed in people's care records which helped safeguard people from potential abuse.

Equipment servicing and safety certificates seen were mostly out of date. However, the registered manager was able to locate and email the current certificates to us with evidence of completion or showed evidence that the maintenance service had been booked.

Robust risk management systems were in place. There was lots of evidence of regular monitoring of potential risk areas such as problems with oral health, pressure areas, fluid intake, nutrition, bowel movements and weight. Records showed that action was taken where concerns were found, for example, referrals to external health care professionals.

Contingency plans were in place and the registered manager liaised with another local provider to share resources in an emergency such as if they needed to evacuate due to fire.

The registered manager ensured that all staff received thorough and full employment checks prior to their employment. Types of checks included checking for criminal records, references and investigating any gaps in staff's employment history. This meant staff were fit and safe to work at the service.

We saw clear personalised systems in place for medicine management and stock was monitored to ensure nobody ran out of medicines. Staff received e-learning medicines training. A senior staff member checked practical medicines competency to ensure people were safe. Staff were seen seeking consent before applying eye drops for one person.

On the day of the inspection, morning medicine administration took a long time which could affect people if they needed medication again at lunchtime. Some medicines required a certain time lapse before another dose can be administered. We checked and this was not the case on the day.

We spoke to the manager about this who assured us that medicine administration is usually quicker and they will monitor to ensure it does not affect people.

One domestic staff member explained how they used assorted colour cloths for toilets and sinks. Cleaning schedules were in place and they could describe the tasks they needed to do each day. The building looked

clean and smelt fresh. Staff used hand sanitiser and encouraged visitors to use it. One relative told us, "This hasn't got that smell that some homes have."

The manager encouraged staff to share lessons learnt through the various team meetings and the communication book. This practice is enabled staff to reflect on feedback on changes or concerns in the provider organisation and in the wider care industry so that improvements can be made.

Is the service effective?

Our findings

The service was effective.

People mostly appeared to be happy and relaxed and relatives told us that people had felt at home at Waterloo House. Limitations of the building space meant that there were some compatibility issues about the premises and the impact on people in terms of how well they got along with each other and available space they can use to pursue interests of their choosing or spend times with visitors.

We spoke with the registered manager about this who agreed to review the layout of furniture and rooms to try and better meet the differing needs of people.

One relative confirmed that people were involved in their care planning and that updates occurred regularly. Care plans were detailed and personalised and explained about people's needs. People also received full access to all relevant healthcare professionals and the registered manager monitored outcomes closely.

Staff told us they had the right training. All staff including catering staff had received training in how to recognise and report concerns. Records reviewed confirmed this and observations of good practice also supported this.

Most staff had completed NVQ qualifications as well as championship pathways in fluid and nutrition, pressure care, falls prevention and dementia. Some staff attended dementia training with the registered manager, delivered by an external trainer, on site during the inspection. The manager aimed to use the outcomes of this training and increased staff awareness to benefit people living with dementia.

Staff encouraged people to eat and drink and offered choices from a menu. In addition to main meals, fresh jugs of different flavoured squash, tea, coffee, hot milk and biscuits were available. Alternative drinks, such as milkshakes, were also seen in the kitchen that people could be supported to access if they wished.

We spoke to the registered manager about clarity of language at meal times who then reminded staff to be clear with people so people understood the options available, particularly where there may be limitations on their understanding through a healthcare need, such as dementia. Clarity led to one person then being seen to enjoy their pudding. They told us, "It's alright this."

The catering manager confirmed how people's religious and cultural needs had been met. They worked with the activity coordinator to give taster foods as part of different culture awareness activities. Meals we saw looked appetising and people were seen to eat well. Homemade cakes were cooling for later that day.

People had their names on their bedroom doors and there was a picture of a toilet on the toilet door(s). Staff told us that only a small number of people living at the service were living with dementia, but there was not a lot else to help people with dementia to orientate. We spoke to the registered manager about this who confirmed that they have plans to improve the décor and environment in the coming year.

Records showed that people's capacity was assessed. Staff were also clear about who did or did not have capacity when we spoke with them. They understood people's right to make informed decisions where they had capacity to do so for example, refusing medicines.

DoLS were in place where needed and in date. They had detailed information and corresponded with people's care records. "People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)"

Staff asked consent before offering support and documented this in notes. We spoke with the registered manager about ensuring that those consenting on behalf of people who could not do so for themselves had the legal right to do so such as Lasting Power of Attorney.

Is the service caring?

Our findings

The service was caring.

We observed staff to be kind, caring and patient. Even if staff were busy we saw them acknowledge people rather than just ignore them as they walked past.

Staff members were aware of people's body language and stopped doing a task to check on people who needed support. One person responded with, "Thank you dear boy." Another person blew a kiss to the staff member in response, indicating their appreciation.

One relative told us when asked about the care, "I have never seen them lose their temper or anything like that. They have a laugh with them and make it friendly like a family environment which is nice."

Staff used hand gestures to tell someone with a hearing impairment that lunch was on its way. Staff told us everyone spoke English, so there were no language barriers at this time. The registered manager was not aware of the requirement for information to be accessible in different formats to people but was able to describe alternative methods for communicating with such as writing messages.

When asked about the care and support their family member received, one relative told us, "I can't complain." Another relative spoke about how their relative had gone from receiving respite to deciding to stay permanently due to the care and support received and how this had improved their health and happiness.

Staff took the time to sit with people when the music session was on. One staff member held hands with two people, which seemed to help them engage in the activity even more. Staff sang along with people, completely comfortable with what they were doing without embarrassment. It was really nice to witness.

A 'welcome to your new home' folder in the hallway held information about visiting arrangements and there were no restrictions. Two staff confirmed visitors were welcome to eat with their relatives when they visited, if they wished to.

We saw visitors popping in without notice during the inspection.

When staff were offering people personal care, such as going to the toilet, they lowered their voices and provided this support in a discreet manner - reassuring them, "It's okay we'll sort you out." There seemed to be a lot of support with toileting, minimising the risk of people losing their dignity. This was one way that staff were able to demonstrate respect and how they upheld people's privacy.

There were also many 'thank you' cards on the notice board. One thank you card from a relative to staff read, 'Not quite sure how to express my heartfelt gratitude for the amazing love and care you've given my family member over the last three years. Especially during their last few days, you made all our family feel loved and cared for - absolutely nothing was too much trouble and we will never forget your kindness'.

And another relative said, 'A 'thank you' will never be enough for all your kindness, care and support that you have all shown whilst my relative was with you. Your carers are an absolute credit to you [name of registered manager], I will never forget how genuine and loving those involved in my relatives last days were, I'll miss you all."

Is the service responsive?

Our findings

The service was responsive.

People's holistic needs were detailed in their care plans and staff reviewed them regularly. There were many aspects of people's care that was personalised such as a one-page profiles of 'need to know information' about likes, dislikes, needs, health and allergies. Staff had a good understanding of each person's needs and how to meet them.

The service provided a variety of activities on a planner by a dedicated activities co-ordinator and people were free to take part or not. On the day of the inspection we saw people really enjoying a local musician who had been coming to the service for 20 years.

One relative told us, "I just think they are good staff, I have been to other homes and this is a good one, they tend to interact with people well and have parties for Halloween and Christmas and not just sitting around in chairs."

There was a lively, fun atmosphere because of these activities. One person became visibly alert and started to chat and join in with the musician in response to the songs they were singing. Prior to this, we had seen the person sitting quietly in a chair, not doing much. The right music had a very positive impact on this person. Another person who had appeared unsettled and confused earlier in the day shouted out, "More" when the musician's session ended.

The service worked with a local college to give experience for students in exchange for their time. We saw one student who spent the morning sitting chatting with people, playing games and helping at lunch time. One person commented, "They are very talented person" when speaking of the student.

People were equally delighted to see the pat dog. One person said to the dog, "Ah come here" and "Isn't he lovely."

Staff kept daily records. We spoke with the registered manager about including more personalised comments on people's experiences each day as the notes were more task led. However, some notes did also mention people's mood and feelings. The registered manager agreed to review this.

There was a compliments, complaints and suggestions box in place and people, relatives and staff could raise concerns and felt confident to do so. One relative told us that they would be happy to approach the registered manager with any concerns and confident that it would be acted on.

The assessment form used by the service asked for brief details about the arrangements in place for someone's death, this was not personalised or detailed. We spoke with the registered manager who said they would review this.

Nonetheless, the service had a lot of good practice when supporting people with end of life care. The registered manager used a discreet poppy symbol to indicate to staff in an emergency, who had a DNACPR in place. Comments from relatives about how their family members were cared for at the end of their life showed the service used personalised and caring practices.

One relative said, "We are enormously grateful of Waterloo House for everything they did for my family member. The moment my relative walked into Waterloo House and sat down they turned to me and said, "I feel comfortable here" and that was due to the warmth, as soon as you walk in the door you feel the warmth. [Name of registered manager] is amazing, they lead a team of people who all take care about their work. The way they moved to get my family member into hospital was outstanding, they woke them, saw they couldn't move and acted, their practical skills and decisiveness was amazing. My relative felt very secure and at peace there."

Is the service well-led?

Our findings

The service was well-led.

There was a registered manager in post. '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.'

The registered manager had a very clear vision with aims for the coming year. Most of the aims were related to improvements in the environment including carpets, décor and the garden.

The registered manager spoke of the values of the service in relation to caring and promoting a warm family atmosphere. This was very much our experience and observations on the day of the inspection. Staff understood the values and this showed in their practice.

One staff member said, "We communicate well and work together as a team." Some staff had worked for the provider over 20 years. They told us they enjoyed their jobs. They were confident, motivated and organised. Senior staff allocated tasks on each shift, so each staff member was clear about what they were responsible for.

Staff told us the registered manager supported them well and they could always go to her if they need to. One staff member described the registered manager as, "Really supportive."

Folders were freely available for people, relatives and staff in the hallway with information about the home including complaints process, privacy statement, mission statement, food, drink, hairdresser, chiropody, activities and key workers. The folders also contained useful contact numbers for external agencies such as the local authority, care quality commission, age concern and help the aged.

The registered manager encouraged community links with local colleges, community services and other providers. We saw a thank you card from one past student who had written, 'Thank you for having me for my college placement, being here has helped me learn so much more about healthcare and different work places. Thank you for helping me through as I went, everyone has been lovely'.

People and staff were involved in how the service ran day to day. Meetings with people took place, although these were not always well attended. Meeting agendas were displayed in advance and meeting minutes showed staff asked for feedback from people about activities and food.

Quality audits took place very regularly and were very detailed and robust. The registered manager wrote a summary and action plan from all audits and regularly updated these.

The registered manager spoke very highly of the staff team and how well they work together. They also

spoke well of the support given by their own managers who conducted their own detailed monthly audit of the service covering all aspects of care, staffing and documentation. We reviewed some of these documents which showed good oversight and support by the provider.

Our inspection feedback was well received by the registered manager and they showed they would act where needed, listen and use feedback from others to develop the service.