Waterloo Care Home Limited

Waterloo Care 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

This inspection was unannounced and took place on 28 and 29 November 2016.

Waterloo Care Home provides accommodation for up to 36 older people living with dementia who require personal care and support; they do not provide nursing care.

The last full inspection of the service was carried out in April 2013 when we found some medicine administration procedures were not fully safe. Following that inspection the provider sent us an action plan and we re-inspected the home in October 2013 looking specifically at the issues raised. At this inspection we found there had been a marked improvement in the management of medicines within the home.

At the time of the inspection there were 36 people living in the home. There was no registered manger in post, however the new manager had sent their application for registration to CQC and were awaiting a response. 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 provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Training had been given to all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home and with staff. One person said, "Yes I feel very safe living here."

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere. There was a consistent staff team with some staff working at the home for up to ten years. It was evident staff knew people well.

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

People had their nutritional needs assessed and received meals in accordance with their personal preferences and needs. Where people required physical assistance to eat this was provided in a dignified manner. We saw people were supported to eat in line with the recommendations made by healthcare professionals. The experience at meal times for people living with dementia was good with people being able to see the meal options available to them and make an informed choice. People told us the food was always good. One person told us they had enjoyed their lunch but it was sometimes a bit large.

People were supported to take part in activities of their choice. A full activities programme was advertised. Care staff carried out activities throughout the day. They organised news discussions, conversations, quizzes, jigsaws and a sing-along. Visiting entertainers also came to the home. One person said they were looking forward to the singer in the afternoon.

The management of the home was described as open and approachable and we were told by people and staff that they would be comfortable to raise any concerns. Where concerns had been raised within the home, appropriate action had been taken to make sure people were fully protected.

The manager had plans for the future development of the home. They told us they wanted to run a happy home where people felt safe and as healthy as possible and for staff to feel part of a family group. They wanted families to feel it was their relative's home rather than a care home. We could see these plans in action with staff supporting relatives to continue to be involved with people's care.

People told us they received care and support from kind and caring staff. Throughout this inspection we saw people were supported in a friendly and gentle way. Personal care was provided to people in a way that respected their privacy and dignity.

People's health needs were monitored and they had access to healthcare professionals according to their individual needs. Incidents and accidents were analysed to ensure people received the support they required to maintain their health and well-being.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs.

People's legal rights were respected and protected.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received where possible.

Is the service responsive?

Good

The service was responsive

People received care that was responsive to their needs because

staff had a good knowledge of the people they provided care and support for.

People were able to make choices about most areas of their lives where possible.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by trained and committed staff who understood the vision and values of the service.

People were supported by staff who were motivated. They worked as a team and were dedicated to supporting people in a person centred way.

Waterloo Care Home

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.

This inspection took place on 28 and 29 November 2016 and was unannounced.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

The last full inspection of the service was carried out in April 2013 when we found some medicine administration procedures were not fully safe. Following that inspection the provider sent us an action plan and we re-inspected the home in October 2013 looking specifically at the issues raised. At this inspection we found there had been a marked improvement in the management of medicines within the home.

Waterloo Care Home is registered to provide accommodation for up to 36 older people many living with dementia who require personal care and support; they do not provide nursing care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with ten people who lived at the home, five relatives, six members of staff, the care manager, the manager and the operations manager. We looked at the premises and throughout the day we observed care practices in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, three staff personal files and records related to quality

monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "I do feel safe, staff act very kindly towards me". One relative said, "I am very happy with the home, I know [the person] is very safe and well cared for when I am not here." Throughout the inspection people were very relaxed and comfortable with staff.

People were protected from harm because staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. One staff member said, "I am very confident the manager and the deputy would act on anything immediately."

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records in staff files showed checks had been carried out. The home also received support with recruitment from the organisation's human resources department.

Care plans contained risk assessments which included assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk. Records showed staff monitored people's intake of food and drink where they had been assessed at high risk of malnutrition and took appropriate action. One care plan indicated a person was at risk of developing pressure damage to their skin. The care plan stated clearly that the person needed regular repositioning. Care records maintained by staff showed the person was repositioned in line with the care plan.

Staff had a very good understanding of people and their needs. They would inform the manager if people's abilities or needs changed so risks could be re-assessed. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

We observed during both days there were enough staff to help keep people safe. People did not have to wait long for staff assistance. For example we observed staff respond quickly when people requested assistance. People were supported in an unhurried and relaxed manner. The manager told us they adjusted staffing levels to meet the needs of people. For example if someone was unwell and required additional support then extra staff would be provided. People and staff told us they thought there were enough staff to support people in the home.

People's medicines were managed safely. Systems were in place that ensured medicines were ordered,

stored, administered and recorded to protect people from the risks associated with them.

Medicines were administered in a safe and caring way to people, and people were asked if they needed any medicines that were prescribed on a 'when required' basis such as pain relief. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises. Medicines were stored securely. The manager explained in the past a number of people had been placed on paracetamol on a 'when required' basis. They explained these people very rarely needed pain relief. They had discussed this with the GP who was arranging for all 'when required' medicines to be reviewed so they were relevant to the needs of the person.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

There was a system in place to record any accidents or incidents that occurred. These were reported directly to the manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice or premises needed to be made.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food. Hand hygiene guidance was displayed in all toilet areas. All areas seen were clean, tidy and there were no offensive odours. The kitchen staff showed us their cleaning schedule which ensured all areas were cleaned and clutter free for safe kitchen use. This ensured people living in the home, visitors and staff were protected from the risk of infection. The home had been awarded a five star food hygiene award by the local authority.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One relative said, "They got to know [the person] very well in such a short time. They really appreciate what they like and can do. I have no problems with the staff." One visiting healthcare professional said, "The staff are pretty knowledgeable about the people they are looking after. They never call us out of context, and they can always give a good history."

There was a consistent team of staff some of whom had worked in the home for a number of years. This meant people knew the staff supporting them well and had been able to build lasting relationships. People felt they could trust staff and could talk to them openly. This also meant staff knew the people very well. They were able to tell us how people preferred to live in the home and the level of care and support they required. Staff were able to monitor people's health needs and care plans gave clear information about how to recognise if someone was unwell. Daily records written about people showed staff liaised with other professionals to make sure people had the treatment and support they required to meet their healthcare needs.

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One staff member told us, "I didn't feel rushed into working on my own they were very supportive and checked I knew what I was doing."

Staff told us training opportunities were very good. The organisation's mandatory training included safeguarding adults from abuse, first aid, fire safety and moving and handling. Service specific training included caring for people living with dementia, nutrition and end of life care. Staff also had opportunities to gain nationally recognised qualifications in care which ensured they had up to date skills and knowledge. One staff member explained how they had worked through their induction and were about to start their level two diploma in health and social care. They said, "I am really looking forward to it. The manager and deputy have been so supporting."

Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. Staff were very positive about the support they received. One staff member told us "I only have to ask if I want extra training, if I see something I think might benefit me and the home. They are very supportive and they would try to get it sorted for me."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where

they indicated they did not want what had been offered. During lunch we observed staff take two plated meals to people and show them the choices they had. This meant people could see the options rather than be asked and not understand. This is good practice for people living with a dementia as too many verbal choices can be very confusing.

People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in people's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. One person said "I like the food here. Sometimes I think there is too much." One relative said, "There always seems to be plenty to drink through the day and [the person] always says they enjoyed lunch."

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy with the activity they were engaged in or if they wanted support to do something else.

The Mental Capacity Act (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people if they were unable to make a decision and respected people's legal rights to make choices and lifestyle decisions for themselves.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were appropriate policies and procedures and the manager had a good knowledge of the law in respect of people who lacked the mental capacity to make choices.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said, "They are lovely, really lovely." One relative said, "The staff are wonderful [the person] is so well cared for and visitors are always welcomed anytime." There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner.

It was clear staff knew people well. Staff were able to tell us about each person and their individual lifestyle choices and wishes. Staff knew about people's interests, which enabled them to chat and socialise with people on a very personal level. We heard staff talking to people about what they had done in the morning, about their interests their families and local news. We observed one person who was very confused due to a urinary tract infection. The manager had allocated a member of staff to be with this person on a one to one basis to help them remain calm. The two staff members allocated over both days of the inspection were kind, compassionate and caring. They kept the person occupied with reading, writing and drawing. They talked about their family and diverted their attention when they became agitated. It was obvious that although the person had not been in the home very long they had built a very relaxed and trusting relationship with the staff caring for them.

People were treated with dignity and respect. Staff spoke about people in a warm and respectful way. Staff supported people to make choices about their day to day lives and they respected their wishes. Staff were respectful, understanding and patient when assisting people. They addressed people by name, responded promptly to requests, such as for a cup of tea, and stooped to speak with people who were seated, giving them time to respond to any questions. One relative told us, [The person] loves to sit here. She doesn't really like to join in the chatter but the staff are excellent and always include her in their conversations."

People's privacy was respected. Each person had their own bedroom. Some had en-suite facilities, whilst those that didn't were all close to shared toilet facilities. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. All the bedrooms had been fitted with individualised doors which looked like front doors. This is good practice when supporting people living with dementia as it helps people to identify or find their room independently.

When staff spoke about people they were careful not to make any comments of a personal or confidential nature in front of other people or visitors to the home. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided. Some of the comments made included, "This is a first class care home. Thank you all for your devotion," and, "Thank you for your outstanding professional care."

The home was able to care for people at the end of their lives. The care plans gave information about how

and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been signed by people or their representatives to show they agreed with the plan in place. The operations manager explained how the home had looked into ways of improving the end of life experience. They had trialled the use of fragrances in the home. However they found some overpowering. They were now working with Bournemouth University dementia unit to research the affect fragrances could have in improving life with dementia and end of life experiences.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives.

Before people moved to the home they were visited by a member of the management team to assess and discuss their needs, likes and dislikes. This helped to determine whether the home was able to meet people's needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Some people were able to tell us they had been asked about their wishes when they first came to live at the home. However most people were not able to recall the experience

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred, tailored to people's individual needs and had been reviewed on a regular basis to make sure that they remained accurate and up to date. However there was a lot of information in the care plans making them large folders. We discussed this with the manager. They told us they were planning to change the format with information that was not required on a day to day basis being held in a different folder making the care plans more user friendly for staff.

We looked at the care plan for one person who had specific requirements around eating recommended by the speech and language team [SALT]. This person's relative liked to support them at meal times. The recommendations were clearly written out for staff and the relative to see so the person could be assisted correctly. We observed staff had assisted the person during lunch in line with the recommendations. In this person's room we also saw a note to staff written in the person's voice saying how they liked to be positioned in bed with the curtains open. We saw the person's wishes had been respected and they were positioned so they could look out the window.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information was shared with other staff at shift handover meetings. The information recorded helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences. One staff member said they had a very good handover between shifts and were kept informed of all changes. Where changes in people's needs were identified, the information had been disseminated to staff. Staff responded quickly when people's needs changed, which ensured their individual needs were met. We saw care plans had been updated to reflect any recommendations made. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to participate their representatives were encouraged to share their knowledge of the person.

Staff had a good knowledge of the needs and preferences of people they cared for. All staff spoken with were

able to describe how they supported the people living at Waterloo Care Home. They spoke passionately about the way they supported people to have a meaningful day by listening to them and understanding their needs and preferences. We observed staff supporting people in line with their care plan and ensuring they were listened to and made a contribution to the support they offered.

People were supported to take part in activities and hobbies that they were interested in. A regular programme of activities was displayed on the noticeboard. The home did not employ an activities organiser. We discussed this with the manager and operations manager. They explained how they found staff were more involved with people on a one to one basis, when they did not have one person taking on the role. The staffing levels in the home were determined in a way that enabled staff to have sufficient time to spend with people. We saw staff initiating discussions, quizzes, jigsaw puzzles, writing and drawing on both days of the inspection. There was a general "buzz" of activity in the home with drinks rounds also being treated as a social occasion. One person said they were looking forward to the entertainer on the second day of the inspection. One relative said, "There is always something going on. I come at various times through the day and the staff are always doing something."

The manager explained how they planned to encourage more community involvement in the home. They were looking at an inter-generation citizen project with a local school. They were also in discussion with the local community about becoming an Alzheimer's safe haven. This is a place police or social workers can use as a safe place for vulnerable people at risk to go on a temporary basis.

There were ways for people and their representatives to express their views about the quality of the service provided. Resident and relative meetings were well attended with a very open discussion about things people would like introduced or improved. Suggestions had been made about a gardening club and we saw this had been carried out. Comments had been made about general housekeeping and changes in the home's housekeeping programme had been made. The manager told us people and their visitors could also discuss any issues or make suggestions personally as they met and spoke with them regularly.

People said they felt they could complain if they needed to and the service responded to their concerns. A record of complaints was kept and a root cause analysis carried to see what they could learn and how they could improve. Records showed the manager and operations manager had met with one complainant and a plan of action put in place to rectify the problem.

Good

Is the service well-led?

Our findings

There was not a registered manager at Waterloo Care Home at the time of the inspection. The new manager had worked at the home a number of years and had been promoted to the post. The new manager informed us they had submitted their application to register with CQC and were awaiting a response. During the inspection the manager was supported by the organisations operational manager for the area.

People were supported by a team that was well led. Staff said there were clear lines of responsibility and they all knew who they could go to for advice and support. Staff also confirmed they always had access to the manager and deputy manager to share concerns and seek advice. One staff member said, "The manager is very good. I am glad she has taken the job. She knows the home the staff and all the residents." Another staff member said, "The support and respect you get here is good, not just the manager but [the operations manager]. They are all very open and approachable."

People who were able to comment said they thought all the staff were approachable. Throughout the inspection we observed people talking with staff and management. They had an easy, relaxed, and cheerful approach and nobody was ignored. One relative said, "[The manager] is brilliant; right person for the job. I can talk to her at any time and I know she listens."

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making as far as possible and staff ensured their voice was being heard in the way the service was provided for them as individuals through daily conversations and resident and relative meetings.

The manager found that the response rate was low when sending surveys to professionals involved with the home. They had introduced a survey form which was given to visiting professionals to complete as they were leaving. This meant the manager could audit the reason for the visit and whether the professional felt staff had enough knowledge and understanding of the resident group. They also asked if the professional felt the request for them to visit had been reasonable. This meant the manager could put in place any improvements needed immediately rather than receiving a complaint or waiting for the results of an annual survey.

The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the manager to discuss their work and highlight any training or development needs. They were also a chance for any poor

practice or concerns to be addressed in a confidential manner.

We spoke with the manager about their philosophy for the home. They told us they wanted to run a happy home where people felt safe and as healthy as possible and for staff to feel part of a family group. They wanted families to feel it was their relative's home rather than a care home. We could see these plans in action with staff supporting relatives to continue to be involved with people's care. The manager said they believed in the "Good Care Campaign," to boost awareness that good care does happen. They told us how they had plans to involve people more in the organisation of the home and had looked into ways of involving people in staff recruitment. This meant people would have a say about the people the organisation employed and would be supporting them.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

People were supported by a service in which the manager kept their skills and knowledge up to date by maintaining contact with other managers in the area, on-going training, research and reading. The manager explained she had mentor support from a registered manager working in a sister home. They also attended manager meetings when they could share best practice and which was also a day of training with outside speakers attending. The operations manager confirmed the manager would also receive support from training provided by the organisation for all new managers and would be completing the level 5 diploma in leadership in health and social care. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.