

Alpha Health Care Limited

# Waters Edge Care Home

## Inspection report

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## Ratings

Overall rating for this service		Requires Improvement
Is the service safe?	Good	●
Is the service effective?	Requires Improvement	●
Is the service caring?	Good	●
Is the service responsive?	Good	●
Is the service well-led?	Requires Improvement	●

# Summary of findings

## Overall summary

We inspected this service on 8 March 2016. This was an unannounced inspection. Our last inspection took place in November 2013 and we found no concerns with the areas we looked at.

The service was registered to provide accommodation for up to 63 people. At the time of our inspection 54 people were using the service.

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.

When people were not able to consent mental capacity assessments and best interest decisions were not completed. The provider had not considered that some people were being restricted and that deprivations of liberty safeguards were needed.

The systems in place to review and monitor care were not always effective. We found that not all the information which was recorded was accurate.

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were managed in a way to keep people safe. We found there were enough staff to support people and they had received an induction and training that helped them to do this. Medicines were managed in a way to keep people safe from the risks associated to them.

People told us the food was sufficient and we saw choices were available for people. People and relatives told us they were involved with reviewing their care and were happy with the care they received. We found people had access to health professionals when needed.

We found people's privacy and dignity was promoted and they were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. There were activities available that people enjoyed that they could participate in. Families told us they were free to visit and people were encouraged to maintain relationships that were important to them.

Staff felt listened to and were confident concerns they had would be dealt with. The provider used feedback from people and relatives to bring about improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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 told us they felt safe and staff knew how to recognise and report potential abuse. Risks to people were identified and managed in a way to keep them safe. There were enough staff available to meet the needs of people and medicines were managed in a safe way. Pre-employment checks were completed to ensure staff were suitable to work within the home.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had not considered when people maybe being restricted unlawfully. The principles of the mental capacity Act were not always followed. Staff had an induction and training which helped them to support people. People had access to sufficient food and drinks and were referred to health professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People were happy with the staff and told us they were treated in a kind and caring way. People were encouraged to be independent and make choices about their day. Relationships and friendship that were important to people were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People had the opportunity to participate in activities they enjoyed. Staff knew people and their likes and dislikes. People and relatives felt involved and updated about their care. There was a system in place to manage concerns or complaints.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The systems in place to monitor and review care were not always effective in identifying areas for concern. Information that was recorded was not always accurate. The provider sought the opinions of people and staff to bring about improvements and changes to the service.

# Waters Edge 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 the 8 March 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

A PIR was requested and sent to both the registered manager and the nominated individual. 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. The registered manager did not receive the PIR from ourselves or the nominated individual. We offered the provider the opportunity to share information they felt relevant with us.'

We spoke with ten people who used the service and eight visitors or relatives. We also spoke with four members of care staff, the deputy manager, the registered manager and the operations director and head of care services. There was a health professional visiting the home who we also spoke with. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

People confirmed they felt safe. One person said, "It's better than home. If I fell no one was there, having staff around makes me feel safe". Another person told us, "I'm safe here". A relative explained to us they felt assured their relative was safe within the home and would not come to any harm. We saw that equipment was maintained and tested. For example, moving and handling equipment had been checked and we saw portable appliance testing had been completed. This demonstrated equipment was maintained so it was safe to use.

Staff knew how to recognise and report any concerns they had or potential abuse. One member of staff said, "It's about protecting people and making sure nothing will hurt them". Another staff member explained how they would look for unexplained bruising or changes to someone's behaviour. They told us, "I would go straight to the manager. We would have to raise a safeguarding". We saw there was information displayed around the home about safeguarding. This included information on how to report safeguarding concerns. We saw procedures were in place to ensure any concerns about people's safety and when needed the registered manager had made safeguarding referrals to the local authority.

Staff we spoke with knew about individual risks to people and action they would take to keep people safe. For example, one person was at risks of falls and they had a risk assessment in place which identified the action required to reduce this risk. We spoke with staff about this person they told us how they used assisted technology in their room to alert staff when they were moving around. They explained this person also used specialist equipment to keep them safe. We saw staff using this equipment in line with their risk assessment. This demonstrated staff had the information available to manage risks to people in a safe way.

We saw plans were in place to respond to emergency situations. These plans provided guidance and information on the levels of support people would require to be evacuated from the home in an emergency situation. The information in these plans was specific to the individual needs of people. Staff we spoke with were aware of these plans and the levels of support people would need in that situation.

People told us they received their medicine as prescribed. One person said, "Yes it's all done automatically its very good". Another person told us, "I get my medicines on time if I need extra painkillers I get them". We saw medicines were administered to people in a safe way and staff spent time with people ensuring they had taken them. We saw staff explain to people what the medicine was and gained consent before administering them.

People and relatives told us there were enough staff available to meet people's needs. One person said, "It doesn't take them long to come if I use my bell". Another person told us, "There always about, they keep popping in on me to see if I need anything". A relative said, "There are more than enough staff about, I have never seen anyone waiting". Staff we spoke with confirmed there were enough of them to meet the needs of people. We saw staff were available in communal areas and people did not have to wait for support. The registered manager confirmed there was a system in place to ensure there were enough staff to meet the needs of people. They confirmed the staff levels would be changed if people's needs changed.

We spoke with staff about the recruitment process. One member of staff said, "I had to wait for my DBS before I could start as it's a legal check". The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. We looked at two recruitment files and saw pre-employment checks were completed before staff could start working within the home. This demonstrated the provider ensured the staff working in the home were suitable to do so.

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the provider was working within the principles of the MCA 2005. We saw that mental capacity care plans were in place, however it was not always clear if a person lacked capacity. For example, one person's care plan stated 'staff were to give support, reassurance and guidance if [person] could not make their own decision'. We looked at the care plan evaluation record and it stated '[Person] had capacity to make their own decisions and staff needed to respect these.' We did not see a mental capacity assessment for this person, therefore we could not be sure they had their mental capacity assessed. Staff we spoke with confirmed that some people who used the service may lack capacity. We spoke with the registered manager about this. They confirmed there were no mental capacity assessment or best interest decisions in place for these people. The registered manager was unclear about who could assess people's capacity. The registered manager confirmed this was an area that they would revisit and ensure when needed mental capacity assessments were completed. Some staff told us they had not received training on mental capacity and were unsure of this. This meant the people rights under the MCA 2005 were not always addressed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

We saw that one person had a DoLS authorisation in place. Some of the staff we spoke with did not know about this or how to support the person with this. The provider had not considered that other people maybe being restricted. For example, some staff told us that there were other people within the home who were not safe to leave the building independently and they would stop them if they attempted to go out. We looked at the records for one of these people. We saw that an urgent authorisation that had been completed had expired and there was no standard authorisation in place. We spoke with the registered manager about this and they were unsure if further applications had been made. This showed us that the provider had not always considered if people were being unlawfully restricted.

This is a breach of Regulation 13 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

People told us staff knew how to support them. One person said "They are all very good, they know what they are doing". A relative commented that the staff, "Definitely have the skills to support [relative]". Staff told us they received an induction and training that helped them support people. One staff member told us about their induction. They explained they had face to face training and they shadowed more experienced staff. We spoke with the registered manager who confirmed this was in place for all new starters. Another member of staff told us they had received behaviour management training and was using some of the learnt skills in their current practice. For example, the staff member explained the training focused on finding the cause of the behaviour. They said, "There's usually something behind the behaviour so now we have to take a step back and think why". This demonstrated that staff applied training they received and that it was relevant to meeting people's needs. The registered manager told us how they had implemented the care certificate for all new starters as part of their induction. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told us the food was sufficient. One person said, "The food is ok, there is plenty of it". Another person told us, "The food is not that good, it's not that warm. Hopefully when the new kitchen is finished things will improve". The registered manager told us and we saw a new kitchen was being fitted so that improvements could be made to people's food. We saw and people confirmed they were offered a choice at mealtimes. People were offered drinks and snacks throughout the day. When people were in their rooms jugs of cold drinks were provided for them. There was a kitchen where people could go and make hot drinks. We saw people making drinks throughout the day. When people were unable to make drinks independently, staff offered drinks and snacks to people. We saw that when people needed specialist diets this was provided for them.

People told us they had access to health professionals. One person said, "The chiropodist is coming tomorrow". Another person told us, "The doctor visits three times a week. On a Monday, Wednesday and Friday. I can see him when I want". We saw when needed people had been referred to health professions. For example, one person has been identified as losing weight, we saw this person was receiving support from other professionals which included a consultant. A healthcare professional visiting the home told us they were very happy with the home and the support they offered people. They commented, "There's a lovely atmosphere, it's one of the best homes around here".



## Is the service caring?

### Our findings

People and relatives told us they were happy with the staff. One person said, "They are very good, there are no rows or anything like that". Another person told us, "There great". A relative said, "I like the staff they are always very friendly, they do a lot. They put themselves out for people which to me is exceptional". We saw staff sitting and talking with people. When people chose to remain in their rooms, we saw staff checking people were ok and if they needed anything. We saw staff offered support to people. For example, one person was trying to undo a packet. We saw a member of staff have a joke with the person about this and offered to help them. The person agreed to this and joked back saying, "It's a good job I have you around". This showed us people were treated in a kind way and staff were caring towards them.

People told us they made choice about their day. One person said, "I stop here in my room it's much quieter and that's what I prefer". Another person said, "I've got choices coming out my ears, where I go, what I do, what I eat, everything". People confirmed they had choices about what time they got up and went to bed. We saw staff offering people choices about the television programmes they would like to watch and what activities they would like to do.

People told us their privacy and dignity was promoted. One person said, "They knock my door before they come in". They confirmed the staff closed the door and curtains when they were offered support. Staff gave examples how they upheld people's privacy and dignity. One staff member said, "We do all that we can, keep things confidential, lock information away, try to be discreet when talking to people". Another member of staff said, "We just respect people and their wishes". We saw staff spoke to people in a discreet way. When staff offered support to people in their rooms or the bathroom we saw the door was closed. This showed us people's privacy and dignity was promoted.

People told us their independence was promoted. One person said, "I don't need much help, I like to do it myself". A relative told us, "The staff are very good with [relative] they encourage them to do what they can for themselves. I think that's good as it would probably be easier for them to do it for them.". We observed that people walked around the home freely with walking aids and were encouraged to do so by staff. There was a café on each floor where people could make drinks for themselves if they chose to.

People told us they were encouraged to maintain friendship and relationships. One person said, "I have friends who come and visit me from the home, they come to my room and we have a chat, its lovely". Relatives we spoke with told us staff were welcoming and they could visit anytime. A relative told us, "I come every day, I'm always greeted with a smile". We saw relatives and friends visited throughout the day. This showed us staff were respectful to the needs of people's visitors.

## Is the service responsive?

### Our findings

People told us they had activities within the home and they enjoyed these. One person said, "They keep us entertained". A relative told us, "There is a lot going on the staff are always doing something with [relative]". There was a board in the communal area which displayed activities for the upcoming days and weeks. There were two activity coordinators in post. We saw that the activities on the board were being carried out by the activity coordinator. We observed the quiz that was taking place. The activity coordinator encouraged all the people to join in. The atmosphere was friendly and relaxed and people were laughing and joking. One person commented, "We have a right laugh with [staff]". There were photographs around the home of people participating in activities. One person said, "Yes that me, that's was a wonderful day". The registered manager told us how they had links with community services including the local church. They provide a service in the home so people had the opportunity to participate. We saw in the afternoon the 'café church' came into the home and people were attending and participating with this. This demonstrated that people were provided with the opportunity to participate with activities they enjoyed.

We saw there were communal areas which had been transformed. For example, one room had been made into a bar. There was drink optics, a dart board and a piano. We saw another communal area had been made into a café. One person said, "My friend comes down from upstairs and we go for a drink to the café. It's a good idea as I would not be able to walk that far to go to a real café". We saw people using all the communal areas available. The registered manager told us how they were renovating the garden area so it would be friendlier for people who had dementia. They showed us the plans for this which was based on guidance by the department of health. People confirmed they had been involved with this and were looking forward to it.

Staff understood how people wanted their care to be delivered. We saw information in people's files about their preferences. One person said, "The staff are friendly they know my likes and dislikes". Another person told us, "I like that the staff know me, they remember the little things about me, that's really special to me and it puts a smile on my face". People told us they were able to access washing facilities of their choice. . One person said, "I like my bath in a morning, I have always done this and I'm happy that I can still do this now I live here". We saw that there were photographs of people on their bedroom doors and each person had their keyworker displayed in their room. One person said, "It helps me I remember the way". There were also pictorial signs on communal areas so that people were aware what room it was.

People and relatives confirmed they were involved with reviewing their care. One person said, "Yes I agreed to that, they asked me about it and they listened". A relative told us they were kept up to date about their relative. They said, "We have regular meetings, so we are all clear. [Relatives] likes us to be there and it's not a problem".

People and relatives told us if they had any concerns or complaints they would feel happy to raise them. One person said, "I feel listened to and know how to make a complaint". A relative told us, "I have no complaints but if I did I would talk to the manager". The provider had a complaints policy in place and systems to manage complaints. The provider had not received any complaints. The registered manager told

us any complaints would be responded to in line with their policy.

## Is the service well-led?

### Our findings

Systems were in place to review and monitor care, however these systems were not always effective. For example, we saw records of care plan audits in people's files. One person's care plan audit identified the presence of a risk assessment and consent form for the use of bed rails. We were not able to see these records in the person's file. Staff we spoke with were not able to locate these for us, however the person confirmed they had consented to the use of the bed rails. This showed us that information recorded in audits was not always accurate.

We completed a stock check for medicines. We found that the amount of stock available did not match the amount of stock that was displayed on the electronic medicine system. We discussed this with the registered manager, who was able to look at the records for the electronic medicines system. Records confirm that the medicine had been administered as prescribed; however the electronic system had not been reset at the beginning of the medicines cycle to reflect the updated stock levels. The registered manager confirmed that a stock check was completed quarterly as part of the medicines audit and this error would not have been identified until the next quarter. Therefore we could not be sure the medicines audit was effective in identifying areas of improvement.

We saw that not all the information in relation to medicines was recorded accurately. For example, we saw one person was prescribed as required medicines for agitation. There was a protocol in place with guidance when this should be administered. The electronic medicine system showed this medicine had been administered the day before. We looked at the records for this person. There was no record the person had been agitated at the time this was administered. We spoke with the registered manager about this. They confirmed that the person had been agitated; however the staff had not recorded this accurately.

Information was sought from people and relatives to bring about improvements to the service. For example, the registered manager told us there had been concerns raised about the food. They explained this was due to the food being transported from the providers 'sister home'. Therefore this limited choices for people and the quality. We saw that the provider had completed a 'food questionnaire' this had been sent out to people within the home. The information from the questionnaire had been collated and put into an action plan. We saw that the outcome was that the home was to have a refurbished kitchen area so that all meals could be prepared, within the home. We saw that the refurbishment was taking place. The registered manager confirmed that this would be completed later this month. This demonstrated the provider sought the opinions of people who used the service and used the information to drive improvements.

Staff told us they had meetings to discuss changes in the home and had the opportunity to raise concerns. Staff told us they felt listened to and were confident their concerns would be addressed. One staff member said, "Yes everyone gets involved and has their say". Another told us, "We are always listened to and action is taken". A member of staff explained to us about a suggestion they had. They told us how they went to the management team and how this was dealt with. They said, "The support was great, I knew there would be no problems". This showed us when staff made suggestions they were listened to.

We saw the provider had a whistle blowing policy in place. Whistle blowing is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One staff member said, "Yes we have a policy, I would inform the manager, I know I would be protected and supported". This demonstrated that when concerns were raised staff were confident they would be dealt with.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the MCA 2005 were not followed. When needed mental capacity assessments and best interest decisions had not been completed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provided had not always considered when people were being restricted unlawfully.</p>