

Scimitar Care Hotels plc

Waterbeach Lodge

Inspection report

Ely Road
Cambridge
Cambridgeshire
CB25 9NW

Tel: 01223862576
Website: www.scimitarcare.co.uk/care-homes/waterbeach-lodge/waterbeach-lodge-care-home.php

Date of inspection visit:
21 January 2021
27 January 2021
08 February 2021

Date of publication:
03 March 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Waterbeach Lodge is a residential care home providing accommodation and personal care to 25 people at the time of the inspection. The care home can accommodate up to 46 people across three separate floors. One of the floors specialises in providing care to people living with dementia.

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

The provider's infection prevention and control processes did not protect people and staff from the risk of harm. At the time of the inspection the service had an outbreak of COVID-19 with both people and staff affected. We found during our inspection staff were not always following COVID-19 government guidelines and good infection control practices. The provider had a lack of oversight within the service during this time. Audits undertaken had not identified that staff were not always following government guidelines around good infection prevention and control practice. This increased the risk to both people living at the service and staff.

During the inspection we required the nominated individual to complete an urgent action plan to demonstrate how infection prevention and control improvements would be made in the service. The nominated individual implemented an action plan identifying immediate improvements that would be made.

Staff had been trained in reporting safeguarding issues. Relatives told us they felt their family member was safe living at Waterbeach Lodge. However, we found that staff failed to recognise a safeguarding concern identified by the inspection team during the inspection. This meant that staff did not have enough of an understanding of how to protect people from potential harm.

Staff were not aware if COVID-19 care plans and/or risk assessments were in place for people. However, staff told us about the risk assessments in place for people's individual risks such as poor skin integrity or being at risk of falls. They said these documents were available for them to read. Staff were given updates regarding learning from incidents and accidents at their staff meetings.

Staff went through a series of safety checks before they were deemed suitable to work at the service. At the time of the inspection, staffing levels had been impacted by COVID-19. Agency staff were used to make up any shortfalls.

Trained senior staff administered people's prescribed medicines. The registered manager undertook regular medicine competency checks on them. However, staff did not always record in medicine administration charts using the agreed key symbols. This increased the risk of staff miss interpreting these records.

Staff told us they felt supported and relatives confirmed that communication between them and staff at the home was good. Although communication in a timely manner had sometimes been impacted by the COVID-

19 outbreak.

Relatives told us they got regular information from the managers of the service about COVID-19 restrictions and updates. Staff worked with external health and social care professionals such as district nurses and the local GP practice.

Rating at last inspection

The last rating for this service was good published 10 May 2019.

Why we inspected

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

We inspected and found there was a concern with infection prevention and control procedures and oversight at the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Waterbeach Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of harm caused by poor infection prevention and control measures. Although improvements have been made, we have no evidence yet that these improvements will be sustained. We also found a breach in relation to Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. As the home was impacted by COVID-19 there was a lack of organisational oversight at the time. Audits undertaken had not identified the concerns found during this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Waterbeach Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Waterbeach Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives by telephone about their experience of the care provided. We spoke with seven members of staff including the nominated individual, (the nominated individual is responsible for supervising the management of the service on behalf of the provider). We spoke to them as the registered manager was not available during this inspection. We also spoke with the acting deputy manager, a team leader, a laundry assistant, a housekeeper and two care workers. People living at the service were not able to speak to us as they were all currently self-isolating in their rooms due to COVID-19.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including infection control policies.

We continued to seek clarification from the nominated individual to validate evidence found. This included an immediate action plan to be put in place around infection prevention and control concerns found on the first day of the inspection.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People were not protected from the risk of infection. At the time of the inspection the service had an outbreak of COVID-19. Staff were not undertaking COVID-19 checks or not completing checks in a timely manner on health and social care visitors before admitting them into the service.
- Telephone calls were available to people to stay in contact with friends and family. However, staff said they had not always been able to promote people's well-being whilst visiting had been restricted, with video calls to their family and friends. A relative confirmed to us, "[The] WIFI isn't very good in (Family members) room." The action plan submitted states this would be improved by 1 February 2021.
- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. We witnessed a staff member remove their face mask and then put the same face mask back on. When pointed out to staff running the service, the staff member was spoken with. We also found visors face down on a tabletop. We observed a staff member wearing an incorrect face mask that was not in line with government guidelines. This is not good infection control practice. The action plan submitted said that training for staff to make this improvement would commence 1 February 2021.
- Staff were also seen to be wearing a lot of jewellery, including stone set items. This is not good infection control practice and compromises effective hand hygiene. Staff removed their jewellery when discussed. The action plan submitted said that training around infection control procedures would commence 1 February 2021.
- The provider was not promoting safety through the layout and hygiene practices of the premises. On the first day of inspection we saw external clinical waste bins were unlocked, not in a secure area and overflowing. On the second day of inspection we found clinical waste bins locked but the key was visible right beside the bins, compromising their security. This increased the risk of cross contamination and was not good infection control practice. The providers action plan stated that additional training to make this improvement would commence for staff 1 February 2021.
- A staff member could not demonstrate to us what colour mops and buckets should only be used in different areas. This did not demonstrate good infection control understanding.
- Cleaning rotas and a recent infection control audit were not always effective and had failed to identify the issues we found on this inspection. The provider told us they would make the necessary improvements

The above issues were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risk of harm caused by poor infection prevention and control measures.

- Staff and service users were being tested for COVID-19.

- Staff at the service were meeting shielding and social distancing rules. A red tie around bedroom door handles indicated to staff the person had tested COVID-19 positive. We were told that each door of a person with COVID-19 had a poster on it to remind staff that before entering they must wear full personal protective equipment (PPE). Some of these posters were missing. The action plan submitted during this inspection shows that this has been completed.
- We were somewhat assured that the provider was admitting people safely to the service. Staff had their temperature checked as they started their shift. However, on the first visit we were told the thermometer was not working. This has now been corrected as a thermometer was available during our second visit.
- A staff member was unable to evidence what cleaning tasks had been actioned so far during our visit. This included cleaning frequently touched areas. The action plan submitted during this inspection states that this has been improved.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained on safeguarding people from poor care and harm. Staff told us they would report and record any concerns in line with their training. However, staff were unaware of an incident witnessed during this inspection was a safeguarding concern. Staff demonstrated a lack of understanding as to why this incident constituted a safeguarding issue. The CQC inspection team asked staff to resolve the incident immediately and CQC reported this safeguarding to the local authority.
- Relatives told us they felt their family's members were safe at the service. One said, "She is quite happy and feels safe," and another told us, "Yes she feels safe, in terms of being looked after. They make sure she is safe."

Assessing risk, safety monitoring and management

- Staff were not aware if COVID-19 care plans and/or risk assessments were in place for people.
- Staff told us about the risk assessments in place for people's individual risks such as poor skin integrity or being at risk of falls. A staff member said, "I can read them regularly. It's my first port of call."
- Staff were not always able to tell us about the technology in place at the service. They were unable to tell us if equipment to monitor risk such as door sensors, used to alert staff that a person was breaching their self-isolation period, were working.

Staffing and recruitment

- Staff told us they had to go through series of safety checks before they were deemed suitable to work at the service.
- At the time of the inspection, staffing levels had been impacted by COVID-19. Although agency staff were used to make up any shortfalls.
- Relatives told us staff had made them aware of recent staff shortages as staff were having to self-isolate during the COVID-19 outbreak when testing positive. One relative said, "I know that they are short staffed as some staff are off due to the COVID-19 proviso. I found this out just by speaking to the staff."

Using medicines safely

- Senior staff who had been trained, administered people's prescribed medicines. Staff told us the registered manager undertook regular medicine competency checks on them.
- However, staff did not always record in medicine administration charts using the agreed key symbols. For example, we were told that 'R' meant refused. However, the key symbols stated that 'A' signified a person had refused their medicines. This could increase the risk of staff miss interpreting these records.

Learning lessons when things go wrong

- We saw documented evidence of analysis undertaken on accidents and incidents such as falls. Actions

were taken as a result of learning from this analysis including referrals to the external health professionals.

- Staff told us that they discussed any learning from incidents and were given updates at their staff meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of this inspection people and staff at the service had been impacted by the COVID-19 outbreak. As such, there was a lack of organisational oversight during this time with procedures to mitigate the risk of COVID-19 not always being followed by the staff working.
- Government guidance and good infection control practice including the organisation's policies were not always being followed to minimise the risk of COVID-19.
- Systems in place for managing health and safety and infection control were not used effectively and had failed to identify the concerns found during this inspection.

This demonstrated a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. There was a lack of organisational oversight. Audits undertaken had not identified the concerns found during this inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt supported and that the managers took an interest in staff's health and well-being.
- Relatives told us they received regular information from the managers of the service about COVID-19 restrictions and updates.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager sent CQC notification for incidents and events they were required to notify us of.
- Relatives told us that communication from staff was good and they were told of any incidents or accidents involving their family member.
- Although the impact of COVID-19 had meant there were some delays in communication from staff at the service. A relative said, "If for example (Family member) has a urine tract infection, they have straight away rung me to let me know." Although another relative told us, "We weren't told when (Family member) tested positive for COVID-19. We found out by chance....in the past (Family member) has been taken ill twice and both times we have been informed immediately." They said they put it down to current circumstances.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care

- During the inspection we required the nominated individual to complete an urgent action plan to demonstrate how infection prevention and control improvements would be made in the service. The nominated individual implemented an action plan identifying immediate improvements that would be made. However, we do not have evidence yet that these improvements will be sustained.
- Records showed that relatives were asked to formally feedback on the quality of service provided in 2019 and the results of this were mainly positive.
- People at the service had completed feedback and the results published in September 2020. Again, feedback was mainly positive.
- Relatives told us if they had any concerns, they would raise these with the management team, but had not yet had to. Relatives said, "I haven't had any complaints, it seems to be going well and (Family member) is happy," and, "I feel they take care of (Family member) and watch their medical and general needs."

Working in partnership with others

- Staff worked with the local GP practice. During COVID-19 staff told us most of this work was by telephone support calls to review people's health needs and medicines.
- District nurses continued to visit the service to support staff and we saw a visiting district nurse during our first visit.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with infection prevention and control as staff were not always following COVID-19 government guidelines during our inspection.</p> <p>Regulation 12 (1) (2) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of organisational oversight at the time. Audits undertaken had not identified the concerns found during this inspection.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f)</p>