Hill Care 3 Limited

Waverley Lodge

Inspection report

Bewick Crescent
Lemington
Newcastle Upon Tyne
Tyne And Wear
NE15 8AY

Tel: 01912647292

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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

The inspection took place on 6 and 8 June 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

This was the first time we had inspected the service since it was registered on 17 May 2017.

Waverley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Waverley Lodge provides personal and nursing care and support for up to 45 people who require support with personal care, some of whom are living with dementia. At the time of the inspection there were 38 people living there.

The service had a registered manager in place. 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.

People and their relatives told us people were safe living at the service. Staff had completed training in safeguarding people and the registered manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

People's medicines were administered in accordance with best practice and managed in a safe way. People received their medicines in a timely way and in line with prescribed instructions.

People and relatives told us there were enough staff to meet people's needs. Staff were recruited in a safe way with all necessary checks carried out prior to their employment.

Staff received regular training, supervisions and annual appraisals to support them in their roles. They also received specialised training, specific to people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutritional needs and to access a range of health professionals. Information of healthcare intervention was included in care records and a GP routinely visited the service weekly.

People and relatives spoke highly of staff and felt the service was caring. Staff treated people with dignity and respect when supporting them with daily tasks.

People had access to Independent Mental Capacity Advocates (IMCAs) and independent advocacy services if they wished to receive support. Information related to services was on display in the home.

People's physical, mental and social needs were assessed prior to them moving into the home. Care plans were personalised, detailed and reviewed regularly and included people's personal preferences.

There was a range of activities available for people to enjoy in the home. People were also supported, where necessary, to access activities in the local community including going for walks and shopping.

There were audit systems in place to monitor the quality and safety of the service. The views of people and staff were sought by the registered manager via annual questionnaires. Information collected was analysed and any identified actions were carried out and reported back to people and staff.

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 living at the service.

Staff received regular safeguarding training and knew how to protect people from harm.

There were enough staff to meet people's needs and they were recruited in a safe way.

Is the service effective?

Good

The service was effective.

Staff received up to date training, regular supervisions and annual appraisals.

People were supported to meet their nutritional needs.

People had access to a range of health professionals.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were lovely, caring and friendly.

Staff treated people with dignity and respect. They encouraged people to be as independent as possible.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised, detailed and regularly reviewed. They were up to date and reflected people's needs.

People enjoyed a range of activities both in the home and

community.

People and relatives knew how to raise any concerns about the service.

Is the service well-led?

Good

The service was well-led.

People and relatives spoke positively about the registered manager and the fact they operated an open door policy.

Regular staff meetings and audits took place to monitor the quality of the service.

The views of people and staff were collected via annual questionnaires. The information was analysed and used to improve service provision.

Waverley Lodge

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 comprehensive inspection took place on 6 and 8 June 2018. The first day of inspection was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with four people and a relative. We spent time with some people who lived in the home and observed how staff supported them. We also spoke with nine members of staff, including the managing director, regional manager, registered manager, a nurse, a senior care worker, two care workers, the chef and the administrator. We looked at four people's care records and seven people's medicine records. We reviewed three staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe and people felt safe living there. One person said, "Oh I'm very, very safe. If I'm poorly, they're there." A relative told us, "There's times [family member] hasn't been very well and they've looked after her and made sure she's alright."

Staff received safeguarding training to refresh their knowledge in how to identify potential abuse and told us they would report any concerns they had to management. Staff we spoke with had a detailed knowledge and understanding of people's backgrounds, behaviours, routines and ways they communicated their needs. This meant staff had the ability to identify potential signs of abuse through behaviours and mannerisms people displayed.

The registered manager actively raised safeguarding concerns with the local authority and maintained records of each referral made as well as concerns received. Records showed that all concerns were reported in a timely way and any subsequent actions recommended by the local authority safeguarding team were carried out.

The provider had a whistleblowing policy in place and we observed posters on walls in staff and visitor toilets. The registered manager explained this was to ensure the information was accessible to staff and visitors and allow them to note down contact information discreetly, out of sight of others. This meant staff and visitors had access to information to enable them to report any concerns via appropriate methods, if required.

Risks to people's health, safety and wellbeing were assessed and managed. People had risk assessments in place such as skin integrity, moving and handling and Malnutrition Universal Screening Tool (MUST). Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. Environmental risks were also assessed to ensure safe working practices for staff. For example, slips, trips and falls, fire and lone working.

We spent time with a nurse during a medicines round. We observed medicines were administered in accordance with good practice and people were treated with respect and patience. People were approached in a gentle, friendly manner by the nurse and politely asked if they could take their medicines. The nurse waited patiently while each person took their medicines before recording on the Medicines Administration Record (MAR). Most people appeared relaxed and at ease, engaging with the nurse and happily taking their medicines. We observed one person initially refuse their medicines but the nurse persevered and went back to the person a little later and they accepted their medicines. When talking about their medicines, one person said, "They (staff) sit with me until I've took them." A relative told us, "When the nurses give [family member] her medication they stay with her and make sure she has them."

The majority of medicines were contained in colour co-ordinated blister packs which corresponded with colours on the MAR. The different colours represented different times of the day for morning, lunchtime,

afternoon and nights. We viewed MAR charts and found they were fully completed. There were protocols in place for people receiving 'when required' medicines. The nurse showed up bottles of medicines with dates recorded when they were opened and other boxed medicines for people who were new to the service or receiving short term medicines such as antibiotics that weren't included in blister packs but were recorded on MAR charts to ensure staff knew when to administer.

Staff administering medicines received regular training. They also had their competencies checked regularly to ensure they were safe and experienced to continue to manage people's medicines.

There were enough staff to meet people's needs. A relative told us, "They always have time for people. They'll pass by and give [family member] a knock to ask if she's okay." During the inspection we observed staff were visible around the home assisting and supporting people when needed. Call bells were answered in a timely way. The registered manager told us they reviewed staffing levels on an ongoing basis, in line with people's needs. Existing staff worked additional hours to cover any staff sickness or annual leave.

New staff were recruited in a safe way to ensure they were suitable to work at the home. All new staff completed an application form, health questionnaire and received an interview. Recruitment processes included pre-employment checks such as references, proof of ID and disclosure and barring service checks (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

Accidents and incidents were recorded and monitored for potential patterns and trends. Accidents were recorded weekly and reported to regional management. Records included action taken to make people safe. The registered manager said, "One person was rolling out of bed. We ordered a low bed as bed rails weren't suitable." A relative said, "If [family member] has a fall they're straight on the phone and they write a report."

The service had a business continuity plan in place for emergencies such as fire, loss of power or unavailability of staff. This plan provided the registered manager with guidance to follow in the event of an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) which contained information about their individual needs and support they would require in the event of an evacuation from the home. For example, how many staff were required and how the person would mobilise.

Records relating to the maintenance of the building were up to date and monitored. The service conducted regular fire drills. A relative told us, "They do regular fire checks. [Family member] tells us about that. She says, 'A man comes round and tells me they are testing the alarms and my door will close.'" Weekly and monthly health and safety checks were carried out. The service had infection control systems in place. These included regular cleaning of premises and equipment. We observed when required staff wore Personal Protective Equipment (PPE) and hand hygiene guidance was displayed in the home.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew people well and were able to meet their needs. One person said, "They are brilliant. They'll do anything for you and the night staff are just the same." A relative told us, "I cannot come some days but I can relax at home and not have to worry if [family member] is eating, keeping clean and keeping her mind occupied because they've got it sorted."

The service assessed people's needs upon arrival to Waverley Lodge Care Home. Assessments were detailed and included medical diagnosis and history, health, physical and cognitive needs and nutritional requirements. They also covered social and spiritual needs.

Staff received an initial three-day induction which included mandatory training such as moving and handling as well as shadowing existing staff to learn the role, routines and to get to know people. Staff who didn't have a National Vocational Qualification (NVQ) then went on to complete a further 12 weeks induction course to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life.

Staff completed a range of training to enable them to carry out their roles effectively. Topics of training included moving and handling, medicines, safeguarding, health and safety, fire safety and first aid. Staff had also completed training specific to people's needs such as dementia and dysphagia. Dysphagia is the medical term for swallowing difficulties. Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all. The registered manager told us, "[Person] has dysphagia. SALT (Speech and Language Therapist) came in and did dysphagia training with the staff."

Staff received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss their performance and development including training and policies and procedures. Staff also received topic specific supervisions such as infection control, health and safety and duty of candour. All agreed actions were recorded and revisited at the next supervision session. Actions included training and specific activities to complete in order to gain more experience.

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 for 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was working within the requirements of MCA. Some people had DoLS authorisations in place which were contained in their files. There was a clear audit trail showing when DoLS applications had been submitted to the local authority, and in some cases, when the outcome had been received, including whether the authorisations had been granted or not. There were some outstanding applications that were with the local authority. The registered manager told us they were chasing these requests regularly and had received some confirmation that the authorisations had been granted but were still awaiting the official paperwork.

People were supported to live their lives with minimum restriction. For example, being supported by staff or relatives to access the community. The doors to the garden on the ground floor remained open and we observed people sitting out in the garden. People from the first floor were supported by staff to access the ground floor to take part in activities and to enjoy time in the garden.

People continued to be supported to meet their nutritional needs. We observed a meal time experience in the dining rooms on the first floor. The atmosphere was lively with people chatting amongst themselves and with staff. People were served their food in a polite and respectful manner. Staff encouraged people to eat independently, where possible. People who required support to eat their meals were patiently supported at a pace comfortable to them. Staff also prompted others where needed which seemed to be effective as we saw people who became distracted refocus and continue to eat their meals.

People and a relative told us they enjoyed the food. One person told us, "The food is lovely. The chef comes down every breakfast, dinner and tea time to see me because I'm a very fussy eater." A relative said, "Have you seen the food here? It's like a five-star hotel." People had a choice of two meals every mealtime and the service also offered alternatives such as sandwiches, jacket potatoes, scrambled eggs or salads for those who didn't want either choice on the menu. We observed one person receiving a different meal to those on the menu which they were happy about. When the chef served them their meal of choice they said, "Oh look at that. That's gorgeous." They went on to eat all of their meal.

During the inspection we saw people being offered supplement drinks and milkshakes. A refreshments trolley was taken around the home in between meal times. People were offered hot and cold drinks as well as a variety of biscuits, cakes, yoghurts and fruit. A member of staff told us, "The snacks vary from day to day. People also have jugs of water or juice in their rooms if they spend a lot of time in there." This meant there was always a variety of food and drinks available for people throughout the day.

People told us and records showed they were supported to access external professionals to monitor and promote their health. One person said, "I've had the doctor out twice for my back." People's care plans contained records of intervention with GPs, dentists, podiatrists, opticians and other professionals involved in their care. The registered manager told us a GP carries out a weekly surgery in the home and visits with anyone who needs to see them.

We found the design of the building to be tailored to the needs of people who used the service, including people who lived with dementia. There were a number of themed areas in the home including a garden with artificial flowers and butterflies. The home had been decorated with the consideration of people who lived in Waverley Lodge which included pictorial formatted signs.

Good

Is the service caring?

Our findings

People and relatives were complimentary about staff at the service, describing them as kind and caring. One person said, "You can have a laugh and a joke with them. [Staff member] always gives me a cuddle and sees if I'm alright. I love it, absolutely love it here. I couldn't have found a better home." A relative told us, "The care that she receives is unbelievable. They care for her the way they would their own family. My [family member] says, 'They look after me like I'm the only person in the world.' I get quite overwhelmed by the care in here. I come at different times of the day and it's always the same. They're just really kind and caring."

We observed staff chatting with people in communal areas about general things such as the weather, relatives that were due to visit and what activities they would be doing that day. One person had just had their hair done and a staff member said, "Oh I like your hair. I do. It looks lovely. You look really smart." The person smiled proudly. People appeared comfortable with staff, asking them questions about things in the home and their lives and families.

Staff showed empathy and concern towards people. For example, we observed one person walking down a corridor looking a little down. A member of staff said, "What's up?" The person began to tell them what was getting them down. The member of staff listened intently and said, "Oh I'm so sorry to hear that [Person]." The person continued to walk down the corridor with the member of staff chatting and comforting them.

Staff treated people with dignity and respect. A relative said, "They respect [family member] and keep her dignity. She'd woke up sweating one night and while she was in the toilet they (staff) put fresh bedding on her bed." They went on to tell us that staff then supported their family member to change into a fresh nightie so they could be comfortable in bed. We observed people wearing aprons when they were enjoying a baking activity to protect their clothes. We also observed staff knocking on people's doors and obtaining permission prior to entering. One person told us, "I've got a key for my door so I can lock it when I go out."

During our inspection we observed staff supporting people with daily tasks, such as mobilising around the home, eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. We observed people freely moving around the service and spending time in the communal areas, in the gardens and in their rooms as they wished.

One person had a social needs care plan in place as they were identified as being at risk of being socially isolated. The service had identified that activities in the home may not always be of interest to this person. The registered manager worked with the person and their social worker to develop a plan to meet the person's needs. This resulted in the person receiving an allocated number of hours of one-to-one support every day of the week to attend activities in the community such as mosaic making.

We observed staff encouraging people to be independent where possible while always being available to provide assistance, when required. For example, walking with a person using their walking frame to the dining room while offering reassurance and encouragement. We heard the member of staff saying, "You're fine, you're doing fine," while patiently walking beside the person.

People were supported to maintain the relationships that were important to them. During the inspection we observed a number of people receiving visits from relatives and friends. Staff were quick to welcome visitors and offer them a hot or cold drink while they spent time with their family members. A relative told us, "I just come in and they asked me if I wanted a cup of tea. They're so welcoming and accommodating. Doesn't matter what time I come."

At the time of the inspection no one was actively receiving support from advocacy services. Advocates help to ensure that people's views and preferences are heard. The registered manager said, "There's a couple of people I have applied for an IMCA (Independent Mental Capacity Advocate) for." An IMCA is someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them. There was information regarding IMCA and independent advocacy services displayed in the home. This meant people had access to advocacy information if they felt they needed to use a service.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. A relative said, "[Family member] has been marvellous (since moving into the home). I couldn't look after [family member] any better than how they look after her. [Family member] is really happy, she's relaxed, she's comfortable and she has more company here than she ever had in the sheltered accommodation. It's lovely."

People had a wide range of care plans in place to meet their needs identified in their assessments. Areas covered included personal care, nutrition and hydration, mobility, medicines and skin integrity. Care plans promoted people's independence where possible and were tailored to meet their individual needs. Care plans were detailed and contained clear guidance to inform staff how to support each person with different tasks. Care plans were reviewed on a regular basis, in accordance with people's changing needs and were up to date.

People had cognition and behaviour care plans which included information about typical behaviours and patterns. For example, specific times of the day. They also included distraction techniques staff should use if a person became distressed and began to show behaviours that may challenge.

The service had a full time activities co-ordinator in post. They organised a programme of activities for people to enjoy in the home both on a one to one basis and in groups. The activities co-ordinator was on leave at the time of our inspection. All activities went ahead as planned with people enjoying time with care staff members. A relative said, "The activities co-ordinator is great. She works so hard to find different activities that will stimulate everyone." They went on to tell us their family member took part in the baking activities. They said, "(It's) brilliant for her. They (staff) get her to count out the ingredients. It's helping with her memory."

One person said, "I always bake on a Friday. I sometimes make five trays of cakes for upstairs and down." A relative told us, "The activities are great. For the royal wedding they all got dressed up, some of them had bonnets and flags. It was great. They do all that as well as caring." Other activities included carpet bowls, pet therapy, bingo and sing along to music.

People were also supported to access the local community when possible. Activity planners included things such as morning walks and pub lunches. During the inspection we observed people leaving the home with relatives and staff to go on outings. The regional manager told us the service organised an outing to a local pizza restaurant for national pizza day. They said, "Staff took six residents who all made pizzas. The place was closed to the public. [Person] used to work in a café so she absolutely loved it. They all did."

People and relatives knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person said, "I'd go straight to [registered manager] or the chef. They seem really easy to talk to." They went on to tell us they had "no complaints, none at all." A relative told us about an issue in the home their family member was unhappy about. They spoke with the registered manager about the issue and they took immediate action to resolve the matter. The relative told us their family

member was "more comfortable after that".

The registered manager maintained a log and record of all complaints received about the service. Records showed the home had received three complaints in the last 12 months. All complaints were acknowledged, fully investigated and outcomes fed back to complainants in accordance with the provider's complaints procedure. Any identified actions identified as a result of complaints received were completed. For example, staff receiving further training.

People and their relatives were involved in planning for the service through regular resident and relative meetings. Minutes of meetings showed that discussions took place around menus and preferred choices of meals, activities, staff vacancies and new staff members and any suggestions received by the service.

At the time of the inspection there was no one receiving end of life or palliative care. The registered manager told us about a person who was receiving end of life care but had recently passed away. Some people had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) in place as well as an emergency health care plan. Records showed discussions had taken place with people regarding their wishes in relation to their end of life care and where they would like to spend their last days.

The registered manager said, "We work closely with the palliative care nurse. I maintain a palliative care register of every person to monitor who is likely to require end of life care (in the near future)." They went on to explain that they held palliative care meetings with the nurse every other month and reviewed the register. Staff had received training in end of life care from the palliative care nurse.

Good

Is the service well-led?

Our findings

A relative said, "The quality of care and the consideration they show everyone is brilliant. Not just towards [family member], I've seen them with everyone."

The service had an established registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We received positive feedback from people, relatives and staff regarding the registered manager. One person said, "I think she's great. I see her on passing or she'll pop round and see me." A relative told us, "I think she's lovely. She's very thoughtful when you go and see her. She's straight there when you need her. She's great. Her door is always open."

During the inspection we asked for a variety of records and documents from the registered manager, nurse and senior staff members. We found records were easily accessible, stored securely and maintained. Throughout our inspection we found the registered manager and staff to be open, approachable and forthcoming when we spoke with them.

The registered manager operated an 'open door' policy. They told us, "People downstairs just pop in and see me if they're disgruntled about something or want a chat. My door is always open." The deputy manager was predominantly based on the first floor so there was a management presence around the home for people and staff to speak with as and when necessary. During the inspection we observed staff and relatives entering the registered manager's office to speak with them.

The registered manager completed a number of other audits around the quality and safety of the service. These included care plans, medicines management, accidents and incidents, safeguarding concerns, activities, night checks, maintenance and fire safety. All findings were recorded as well as any identified actions. The findings from those audits were then shared with the regional manager who reviewed them and fed back any additional required action points to the manager.

The registered manager told us, "[Regional manager] comes in and speaks to people and relatives and looks at records as part of her monthly audit." She went on to tell us that any identified actions were raised with her and she reported back to the regional manager when these were completed. The audits covered areas from the registered manager's weekly and monthly audits and the quality of service provision. Records showed action had been taken by the registered manager where necessary.

Staff meetings regularly took place in the home with care and kitchen staff. We reviewed minutes of meetings which showed discussions included staff sickness/absence, infection control, night shift checks, medicines, redecoration, policies and procedures and training.

People were asked for their views via an annual questionnaire. This asked their views about all aspects of the service. Annual questionnaires were sent out in early 2018 to gather their views about the service. The registered manager collected and analysed people's views and created a 'You said, we did' notice summarising the results and what they planned to do. From this notice we found feedback received was mainly positive. One area for identified for improvement by people was around activities outside of the home and entertainers in the home. The registered manager had detailed trips and entertainment/events they had planned for the year so far.

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff.

Staff were also asked for their views and feedback of the service via annual surveys. The results of the latest surveys showed staff had raised some positive and negative points. The registered manager had again analysed the information in the returned surveys and had summarised them with action points and feedback for staff.

The service had received five 'thank you' cards in the last 12 months from relatives of people who used the service. Comments included, "It was very much appreciated", "thank you for your care and devotion" and "thank you so much for all the love and care you have given [family member], you have been like a family to her and it gave me a lot of peace of mind to know she was in your care".