Scimitar Care Hotels plc

Waterbeach Lodge

Inspection report

Waterbeach Lodge
Ely Road
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Cambridgeshire
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07 September 2016

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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

Waterbeach Lodge provides accommodation for up to 46 people who require personal care. The home provides support for older people, some of whom are living with dementia. There were 30 people living in the home at the time of our inspection.

This unannounced inspection took place on 07 September 2016.

There was 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.
Action had been taken to minimise the risks to people. Risk assessments identified risks and provided staff with the information they needed to reduce risks were possible. Staff were following the correct procedures when administrating, recording and storing medication so that people received their medication as prescribed. Staff were aware of the procedures to follow if they thought anyone had been harmed.

Staff were only employed after they completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider had completed some capacity assessments and DoLS applications. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed. However, not all best interest decisions had been recorded appropriately.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were provided with a choice of food and drink that they enjoyed. People were given the right amount of support to enable them to eat and drink.

There was a varied programme of activities including in- house group activities, one-to-one activities, entertainers and trips out. Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans gave staff the information they required to meet people's care and support needs.

There was a complaints procedure in place and people and their relatives felt confident to raise any

concerns either with the staff or manager.

There was an effective quality assurance process in place which included obtaining the views of people that lived in the home and their relatives. Where needed action had been taken to make improvements to the service being offered.

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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. Best interest decisions, however, needed to be recorded.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People's rights to privacy and dignity were valued.

Staff encouraged and enabled people to make choices.

Is the service responsive?

Good

The service was responsive.

Care plans contained up to date information about the care and support that people needed.

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good

The service is well-led.

Staff felt confident to discuss any concerns they had with the registered manager or service manager and were confident to question colleagues' practice if they needed to.

An effective quality assurance process was in place to identify any areas for improvement.

Waterbeach 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 home under the Care Act 2014.

This inspection took place on 07 September and was unannounced. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the home, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the home that the provider is required by law to tell us about. We contacted local authority commissioners that had contact with the home to obtain their views.

During our inspection we spoke with four people who lived at Waterbeach Lodge and four relatives of people living at Waterbeach Lodge. We also talked with the registered manager, compliance manager and operations manager. We also spoke with, and one head of care, one senior care assistant, one care assistant, one cook and one housekeeper. We looked at the care records for four people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Good

Is the service safe?

Our findings

All of the people we talked to told us that they felt safe living at Waterbeach Lodge. One person told us that they found it reassuring that staff checked on them during the night. They said that that they knew if they needed anything they could use the call bell and staff would come to help them.

At our previous inspection in October 2015 we found that not all accidents had been reviewed to see if action could be taken to prevent a reoccurrence. During this inspection we found that improvements had been made. All accidents had been reviewed and had been analysed on a monthly basis to highlight any themes or trends. This resulted in action being taken to prevent a reoccurrence. For example, one person had slipped out of their chair several times so their chair had been fitted with an anti-slip mat to prevent the person sliding out. Where people had fallen there were detailed risk assessments in place and staff were aware of the action they needed to minimise the risk to people.

We found that detailed information was not always available in the medication administration records to advise staff when they should administer PRN (as required) medication. However, staff were able to tell us of the actions they had taken to help reduce one person's anxiety. This was so that administering medication to help them relieve their anxiety was a last resort. The registered manager stated at the end of the inspection they had started working on more detailed written information. This was to ensure that all the staff were aware of the procedures to follow for PRN medication.

Staff told us that they had completed training in the administration of medication and six monthly competency checks to ensure their practice was correct. We observed one senior carer administering medication. They checked they had the correct medication for the correct person, explained to the person what it was and ensured they had a drink after taking it. They then completed the relevant record of administration. We checked the administration of medication records and medication in stock and found these to be correct. This meant that people received their medication as prescribed.

People were supported by a staff group that knew how to recognise when people were at risk of harm. Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were able to tell us the correct procedure to follow if they suspected anyone had suffered any harm. They were able to say what outside agencies they would contact with any concerns.

On the day of the inspection we saw that there were enough staff to keep people safe. We observed that staff had time to sit and talk to people and engage them in activities in the home. The registered manager stated that the staffing levels were based on the needs of the people living at Waterbeach Lodge. Dependency assessments were completed for each person and reviewed on a monthly basis. The registered manager told us that the head of care alerted her to any significant changes in people's dependency levels. This was so that the staffing numbers could be reviewed accordingly. However, there was no tool being used which showed how the staffing levels were determined depending on people's dependency levels. During times of staff absence the hours were covered by other members of the staff team, or if needed, agency staff. Only one agency was used so that the registered manager checked the training and qualifications of agency staff

before they commenced working in the home. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and face to face interview. People were safeguarded against the risk of being cared for by unsuitable staff. This was because staff were checked for criminal convictions with the Disclosure and Barring Service and satisfactory employment and personal references were obtained before they started work.

The PIR confirmed that equipment used in the home had been regularly tested. A 'disaster' plan was in place to be used in the event of an emergency or untoward event. The records showed that fire fighting equipment and emergency lighting had been tested regularly.

Good

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 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

During the previous inspection in October 2015 we found that the provider was not always working within the principles of the MCA. Where applicable capacity assessments had not been completed. When needed DoLS applications hadn't been submitted to the relevant authority. During this inspection we found that improvements had been made. Capacity assessments had been completed. However, these were general assessments on people's ability to make decisions rather than for each large decision to be made. Although best interest decisions had been discussed with people and their families these had not always been recorded.

The provider had an in-house training department that provided the majority of the training to the staff team. New staff completed a thorough induction which included completing the care certificate (a nationally recognised qualification). All of the staff had completed training that the provider considered mandatory such as first aid, moving and handling, safeguarding vulnerable people, fire safety and food safety. Those responsible for administering medication had also completed the training to do so. Due to the high number of people living in the home with dementia the registered manager had arranged for the staff team to attend extra training. This was regarding people living with dementia.

All of the staff that we talked to told us that they felt supported in their roles. Staff were receiving regular supervisions and when applicable an annual appraisal.

People were supported to maintain a healthy diet. One person said, "The food is nice. We are given a choice." A relative told us, "The food is nice. I've seen them come and ask [family member] what they would like to eat for the following day." One relative told us, "[Family member] has thickened fluids and they always make sure they do it (add the thickening powder) before giving [family member] a drink." When appropriate people were supported to eat their meals. If needed, people had been referred for eating and drinking assessments to see what support they required with their food and drink. Observation of teatime showed that people could choose where they wanted to eat their meal and the atmosphere was relaxed and unrushed. We saw that people were offered a choice of drinks and snacks throughout the day.

Discussion with people and records showed that people had been supported to access health care professionals as needed. When needed people had been referred to occupational therapists,

physiotherapist, dieticians and speech and language therapists.

Good

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "The staff are genuinely nice people." Another person told us, "The staff are very pleasant." A third person told us, "The staff are very good, cheerful and helpful." One relative stated, "The care staff seem to know the residents. They are kind and caring and sit and talk. They are aware of people's histories and talk to them about it."

We observed that staff promoted people's dignity. For example, when people were being moved by means of a hoist, in the main lounge, a screen was placed around them. This was so that other people could not see. We did not overhear staff talking about the support people needed. When people were offered support to go to the toilet this was done discreetly. Staff told us how they promoted people's dignity. For example, by keeping people covered up when they assisted them with personal care.

We observed staff working with people in a kind and caring manner. We saw staff sit and talk to people about how their day was going. We also observed that one person was not feeling confident about transferring from their wheelchair to the lounge chair. We saw a staff member calmly talked them through it. The staff member guided the person's hands so that they could feel where the chair was and sit down safely. They gave them gentle encouragement throughout the procedure. This meant that the person could remain independent in transferring from their wheelchair.

Staff had a detailed knowledge of the people they were supporting. This included knowledge about their life histories, likes and dislikes and hobbies and interests. One member of staff told us, "We see people as individuals, we are not task orientated." Staff were able to tell us how they offered people choices such as what they would like to wear and eat and what time they would like to go to bed.

People told us that their family and friends could visit at any time. One relative told us, "I can visit whenever. The staff greet me by my name. I'm always offered a cup of tea and piece of cake."

People had been provided with information about advocates when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People's care plans included information regarding communication, psychological support, mobility, eating and drinking, personal care, hobbies, spirituality and night time routines. Care plans we looked at were detailed and included the information that staff required. This was so that they knew how to meet people's individual needs. For example, one person's care plan stated that staff should respond immediately to the person as if they had to wait they would become anxious. annoyed.

The care plans had been reviewed monthly or sooner if needed to ensure that the information was up to date. The review was detailed and included a summary of the person's health and welfare for the month. People had signed to say that they had agreed with their care plan. The relatives of two people living in the home confirmed that the care plans were accurate and included information that was important to their family member. Staff were able to tell us about what was written in people's care plans and we saw that the information in care plans were followed. For example, we saw that one person had come to the lounge without their glasses. A staff member asked them if they would like them to go and get them for them. The care plan of another person stated that they always needed their fluids thickened and to be assisted with it from a spoon.

One member of staff was responsible for organising the activities in the home. They helped people to plan and co-ordinate activities according to their interests. We observed an exercise session run by the activities co-ordinator. People responded in a positive manner and seemed to really enjoy the session. The activities co-ordinator knew people's limitations and told individuals if there was an exercise coming up that they did not like doing. They gave them an alternative so they could still join in. One person told us, "I took part in the carpet bowls yesterday and really enjoyed it." A card game had been organised for the afternoon. The daily activities co-ordinator told us that this would include asking general questions and more individual questions to people who would be able to answer. This would mean that the activity was accessible to anyone that wanted to join in. As well as activities run by the activity co-ordinator there were also entertainers such as singers bought in to the home. People also had opportunities to go on trips out of the home with staff such as a recent visit to the zoo and a local park and gardens.

People told us they were aware of how to make a complaint. One person told us, "I would talk to the carers or the manager." A complaints procedure was displayed in the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. The registered manager stated that complaints were recorded as major or minor complaints. Eleven complaints had been received since January 2016. The complaints records looked at showed they had been investigated appropriately and any action needed had been taken.

Good

Is the service well-led?

Our findings

The registered manager had worked in the home since January 2016 and had been registered with the Care Quality Commission since April 2016. All of the staff and people living in the home spoken to told us that they found the registered manager approachable and easy to talk to. One person asked us to thank the registered manager for being so kind and considerate to them.

Providers of health and social care are required to inform the CQC), of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken.

There was a good atmosphere at Waterbeach Lodge and staff took pride in their work. Staff understood their lines of accountability. They confirmed that they received regular supervision and training to carry out their job. One member of staff told us, "I feel supported – if I didn't I wouldn't do the job." Staff told us they enjoyed working in the home and that they would be happy for a relative to live there. One member of staff told us, "If I can go home and I've made people happy then I feel like I've done a good job."

The registered manager told us that the training manager alerted her when staff required refresher training. They then ensured that staff completed the training in a timely manner. Although the majority of training was organised and provided by the training manager the registered, manager explained that they were also able to access other external training. For example, the registered manager was arranging for staff to attend some sensory training. This was so that staff could experience what it was like living with different sensory impairments.

Staff meetings were held regularly. One member of staff told us, "The staff meetings are a meeting where you feel you can mention anything." The minutes of the previous staff meeting showed that any member of staff could add items to the agenda and issues such as care plans, agency workers and the use of terms of endearment. Feedback from staff had been discussed.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistle-blowing policy. They told us they would confidently report any concerns in accordance with the policy. One member of staff told us that they had reported their concerns to the registered manager and they had been dealt with appropriately.

There was an effective quality assurance system in place to ensure that where needed improvements were made. The registered manager carried out monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans and infection control. The registered manager stated that the quality manager visited the home at least monthly to carry out a "Mock Inspection." We saw that this had resulted in an action plan for the registered manager to complete. They had recorded on the action plan as tasks had been completed. We saw that accidents and incidents had been analysed to identify any trends so that any necessary action could be taken.

The activities coordinator arranged meetings with the people living in the home and their relatives. This was so that people could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have had. Questionnaires had also been given to people so that they could state if they thought they were receiving a good quality service or if any improvements were needed. There was an action plan in place as a result of feedback from people and their relatives. There was a notice board in the home that was regularly updated. This included information about what action had been taken in response to concerns or ideas raised by people and their relatives. For example, people had said that they would like to feel more part of the local community. In response to this a fete and dog show had been held in the gardens. Furthermore children from a local school had visited the home on several occasions.