

Scimitar Care Hotels plc







Waterbeach Lodge

Inspection report

Ely Road
Cambridge
Cambridgeshire
CB25 9NW
Tel: 01223 862576
Website: www.scimitar.co.uk

Date of inspection visit: 16 December 2014
Date of publication: 13/04/2015

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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

Waterbeach Lodge is registered to provide accommodation, care and support, without nursing, for up to 40 older people. This purpose-built, new home, opened in 2013, is set in extensive grounds and accommodation is provided on three floors. All bedrooms are spacious single rooms, each with an ensuite shower room and there is a large, open-plan lounge/dining room on the ground floor.

This inspection took place on 16 December 2014 and was unannounced. There were 37 people in residence.

The last inspection of this service was on 19 June 2013. The provider was meeting six of the seven regulations we inspected. The provider was failing to ensure that fire safety procedures were in place as required. In October 2013 we carried out a review of the evidence sent to us by the provider. We did not carry out a visit of Waterbeach Lodge as part of this review as the provider was able to demonstrate that they were meeting the regulations without the need for a visit. We judged that the service was compliant.

Summary of findings

At the time of the inspection on 16 December 2014 there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and friends were complimentary about the care and support they received, they praised the staff and the environment and were confident that their views would be listened to and acted on.

The service was safe because there were enough staff on duty to meet people's needs, thorough checks had been carried out when staff were recruited to make sure they were suitable to work at the home and staff had been trained to recognise and report abuse. People were given their medicines safely and as prescribed by their GP and any potential risks to people were managed so that the risks were minimised.

The CQC monitors the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. We found that people's capacity to make decisions for themselves had been assessed by staff trained to do so in order that the rights of people not able to make their own decisions about aspects of their care were protected.

People were given sufficient amounts of nutritious, appetizing food and drink and were supported to make

choices about all aspects of their daily lives. A range of healthcare professionals visited the home when required to make sure that people's health was monitored and maintained.

People were treated well by the staff team who respected people's privacy and dignity and encouraged them to remain as independent as possible. Relationships between people living at the home and the staff were good and staff showed they cared about the people they were looking after.

People and their relatives were involved in planning their care. Detailed information was available for staff so that people received the care and support they needed, in the way they preferred. Complaints and compliments were encouraged and people knew who they should talk to if they had any concerns.

The service was well led and people, their relatives and the staff were given opportunities to express their views about the way the home was managed and where improvements could be made. An effective quality monitoring system was in place.

Improvements were required in the way mealtimes were organised so that people did not have to wait so long for their food and so that staff could make the meal experience more enjoyable. Although some activities, entertainments and outings had been offered, improvements were required in supporting people to have things to do on a daily basis to keep them occupied and to keep their minds stimulated.

Summary of findings

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 safe.

Staff were trained and knowledgeable and demonstrated that they would recognise and respond appropriately to any signs of abuse.

The provider followed a recruitment process which ensured as far as possible that new staff were suitable to work at the care home and there were sufficient numbers of staff on duty to meet people's care and support needs.

Any potential risks to people were assessed and guidance put in place for staff to follow so that the risks were minimised and people were protected from harm.

Good



Is the service effective?

The service was effective.

Staff had undertaken training, which equipped them to carry out their work well and people were satisfied with the service delivered by the staff.

Staff were trained to assess people's capacity to make decisions about their care and treatment and appropriate arrangements were in place to protect people's rights if they could not make decisions for themselves.

People were offered sufficient amounts of food and drink to make sure their health and well-being were maintained. Food was appetizing and nutritious.

Good



Is the service caring?

The service was caring.

People made very complimentary comments about the staff and the way staff treated them. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were cared for in a comfortable, clean and well-maintained environment, which people appreciated.

Good



Is the service responsive?

The service was not always responsive.

People were involved in planning their care and support. Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

The activities provided did not offer sufficient meaningful stimulation and entertainment and did not support people's individual hobbies and interests. Staff did not give people enough attention at lunchtime to make the experience as good as possible.

Requires Improvement



Summary of findings

The provider's complaints policy and procedure was well advertised and people were comfortable with raising any concerns.

Is the service well-led?

The service was well led.

People were happy with the service and were given a number of opportunities to air their views about what was being provided for them.

Staff felt supported and felt that management listened to their ideas on ways in which the service could be improved.

Systems were in place to monitor and audit the quality of the service being provided.

Good



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 service under the Care Act 2014.

This unannounced inspection was carried out on 16 December 2014, by two inspectors.

Before the inspection we asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We looked

at other information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We saw how the staff interacted with people who lived at Waterbeach Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 10 people who lived at Waterbeach Lodge, five relatives/friends, five care staff and five housekeeping/kitchen staff. We also spoke with three visiting healthcare professionals. We looked at five people's care records as well as other records relating to the management of the home, such as staff recruitment files; staff meeting minutes; residents' meeting minutes; audits; and records relating to health and safety checks. We also spoke with the registered manager and the provider's Operations Manager.

Is the service safe?

Our findings

People told us they felt safe living at Waterbeach Lodge and they were sure the staff would never hurt them. One person told us, “I feel very safe here” and another said, “Oh yes, absolutely, I feel safe living here”. We saw that staff spoke kindly to people and treated them with patience and understanding. The hairdresser, who told us she visits the home every week said, “I have never seen anything that concerns me.”

Staff records showed that staff had undertaken training in safeguarding adults and staff we spoke with confirmed this. Staff demonstrated that they understood their responsibilities to keep people safe from abuse and harm. They knew what to report and to whom, including to agencies external to the home such as the local authority. However, none of the staff we spoke with had had to do this. One staff member said, “I have never had concerns about safeguarding. I would report them to a senior member of staff.” Another told us, “I would report [any concerns about abuse or harm] to senior staff and the numbers for outside agencies are on the wall in the staff room.” A visiting healthcare professional said, “I have never had concerns about safeguarding, but if I did they would be addressed [by the home’s management team].”

We saw that there were systems in place to reduce the risk of people being harmed. We looked at care records, which showed that any potential risks to people, such as pressure areas, falls, mobility, nutrition and hydration had been assessed. Risk management plans had been put in place to make sure that staff had guidance on how to minimise the risks. Staff, including housekeeping staff had undertaken training relating to infection prevention and control and were clear about the measures to take to prevent the spread of infection.

People we spoke with, their relatives and friends, felt that there were enough staff on duty to meet their needs, except when staff went off sick at short notice. Staff agreed, and also described how numbers of staff had increased as

more people had been admitted to the home. Discussions with senior staff confirmed that agency staff were employed to cover staff absences. Relatives and visiting professionals told us that call bells were answered promptly. One relative said, “Staff come quite quickly when you ring the bell.” We saw that there were enough staff to support people with their personal care needs, call bells were responded to quickly and some staff made time for a quick chat with people. This meant that there were enough staff to respond to people’s needs for assistance in a timely manner.

We looked at two staff recruitment files. The provider had a system in place to make sure that all essential checks, such as satisfactory references, a criminal record check and health declaration were carried out before the staff member started work. We also saw records for agency staff who worked at the home when they were required, which included a profile of the staff member, a summary of the training they had undertaken and a photograph. This meant that the provider had taken appropriate steps to ensure that not only staff they employed directly but also agency staff were suitable to work in this service.

Senior staff told us they had undertaken training in the safe administration of medicines and had received refresher training when the home’s medicine supplier changed. They said the manager had carried out assessments of staffs’ competence to give medicines to people safely. We watched as a member of staff gave people their medicines. This was done in line with the provider’s policy and followed good practice guidelines. This meant that people were given their medicines safely and as they had been prescribed by their GP. People were also given their medicines in the way they preferred, such as with a glass of water or a glass of squash. Medicines were stored appropriately in locked trolleys and satisfactory arrangements were in place for the receipt and disposal of medicines. Records of the administration of medicines had been completed correctly by the staff, which showed that people were safely supported with their prescribed medicines.

Is the service effective?

Our findings

People told us they liked living at Waterbeach Lodge and that the staff treated them well. One person said, “The staff are really good.”

Staff told us, and records confirmed that they had received an induction when they first started working at the home and had undertaken further training in a range of topics relevant to their work. Housekeeping staff were pleased to report that they had undertaken the same training as the care staff, which included moving and handling, infection control, fire safety, dementia and safeguarding people from abuse.

The manager and staff had undertaken training and all demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People’s capacity to make decisions for themselves had been assessed by staff trained to do so in order that the rights of people not able to make their own decisions about aspects of their care were protected. We saw that people were able to walk freely around the home and chose to be accompanied by staff if they wanted to walk round the gardens. The provider had introduced a tool to assess whether a DoLS application to the authorising body to deprive a person of their liberty was required for people who could not make the decision for themselves. The manager told us that at the time of this inspection, no applications had been required. This meant that people’s rights in this area had been properly considered and were being upheld.

When people moved into the home they were given details of organisations which provided advocacy services and these were also advertised on posters around the home. The manager said that everyone had family who advocated

appropriately for them if needed, but she was knowledgeable about the Independent Mental Capacity Advocacy service should it be required for anyone in the future.

People told us they were very satisfied with the food provided and they were offered choices on a daily basis about what, when and where they wanted to eat. One person told us, “I can choose when to eat. I’ve had my breakfast in my room today.” People made comments about the food, which included words such as “fine”, “excellent”, and “wonderful”. One person said, “I am spoilt for choice with the food.” Another told us that they did not like the meal they were given but they knew they could ask for something else and it would be provided.

At lunchtime we saw that the meals were well presented and looked appetizing and nutritious. Staff, both those serving the meal and the kitchen staff who prepared it, knew people’s individual needs, likes and dislikes well. Special diets, such as for people with diabetes, were provided as required for each individual. Drinks were offered on a regular basis throughout the day, as well as being provided when people made a request. This meant that staff did as much as possible to make sure that people received sufficient amounts of food and drink to maintain their health and well-being.

The discussions we had with people and staff, and the care records we looked at showed that people had access to a range of healthcare professionals when required. One person said, “Health care professionals come quickly when they are needed.” A relative commented, “There is very good access to GPs.” One person’s records showed that when the person was admitted to the home staff had identified that they were underweight. A referral to the dietician had been made quickly and the dietician’s advice had been followed. This meant that people’s health was monitored and people were supported to improve or at least maintain the best level of health possible.

Is the service caring?

Our findings

All the people we spoke with were positive about the staff. One person said, “The girls are so good. They are helpful, cheerful and caring.” Another person told us, “It’s generally excellent here. They look after me one hundred percent.” We saw that people had good relationships with the staff, who treated people consistently in a kind and compassionate way. There was a calm, relaxed and contented atmosphere throughout the home.

People were supported in a caring way when they needed assistance. Staff knelt down when they spoke with people so that they were at their level and staff dealt with requests for assistance with personal care discreetly. We saw that people’s decisions were respected. For example, one person decided not to go the dining area for their meal and sat back down in the lounge, where their meal was brought to them. We overheard some appropriate banter between people and the staff, used in one instance to distract a person who was becoming upset.

During our inspection, relatives of a person who had previously lived at Waterbeach Lodge visited the home to wish everyone a merry Christmas. They told us they often came back to see the staff and people living there, and staff still invited them to parties and other events. They were

extremely complimentary about the staff and the service their family member had received. They told us, “As soon as we walked in here, we knew instantly. The staff were nice, friendly and welcoming. Our [family member] received marvellous care, brilliant, we had no doubts [about the quality of the care given]. We are glad our [family member] was here.”

One visiting healthcare professional said, “People are well cared for” and another commented, “We don’t mind coming here. The staff are very helpful.” People’s privacy and dignity was respected and maintained and staff described a number of ways in which they did this. These included knocking on doors and waiting to be invited into the room and making sure doors and curtains were closed and the person’s body was covered up as much as possible when personal care was in progress.

Everyone we spoke with commented on the environment, which we found to be spotlessly clean, tidy and well maintained as well as very comfortable. People told us how much they liked their rooms. One person said, “I have a beautiful room with a lovely view.” Another told us, “I love my room.” A visiting healthcare professional stated, “It’s always clean and tidy.” This meant that the provider considered it was important to offer people a clean, pleasant environment to live in.

Is the service responsive?

Our findings

People told us that staff helped them to retain their independence as much as possible and understood their needs. We noted in people's care plans that what the person could do for themselves was described first, followed by areas where they might need assistance from staff. This meant that people's independence was encouraged and maintained for as long as possible.

People told us that their needs were met and that their care and support were delivered by the staff in the way the person preferred. One person staying at the home for a respite break told us, "They're very good here. They look after me well." Staff told us that the service offered to people was "very resident-centred" with each person being treated as an individual with individual needs.

Care plans we looked at were comprehensive and provided staff with detailed information about the care and support that each person wanted, and the ways in which they preferred it to be delivered. One person's care plan stated that he liked to eat his meals in the dining room, sitting at a table with other men. We noted that at lunchtime staff supported him to a table where other men were sitting, which made him happy. We saw that people, and their relatives where applicable, had signed their care plans to show that they had been involved in deciding on the information that was written in the care plans.

During the inspection one person became acutely unwell while they were at the dining table. Staff responded quickly, professionally and without panic. They made appropriate arrangements for the person to be moved to a more secluded area and sought medical assistance promptly. They supported each other, worked well as a team and showed that their training had equipped them well for such a situation.

Staff had identified that some people, particularly people living with dementia were finding the large communal living area a challenge. They told us that the provider had plans in place to section off an area of the building to create a much quieter living space for about six people. This showed that the provider was prepared to make changes to respond to the needs of people living at Waterbeach Lodge.

A member of staff had recently been appointed to the role of 'activities worker' to provide people with opportunities

to meet their interests and hobbies. They told us about the things that people liked to do, and the entertainments and activities that they enjoyed, such as music, singing, physical exercise and watching films. Housekeeping staff told us they chatted to people as they worked in people's rooms. They tried to get people involved in making their own beds or dusting their room if they wanted to, which they said a number of people found satisfying. However, people we spoke with and their friends and relatives felt that there was not enough to do. One person said, "It's boring here, there's no-one to talk to. We just sit here, day in, day out and there's nothing else." Another person told us, "We could do with a bit more going on. It would be lovely to get out a bit more."

During the morning of our inspection a small group of people in one corner of the lounge were trying to make Christmas decorations with the activities worker. However, this member of staff kept leaving in order to assist people to get to the hairdressing room to have their hair done. This meant that people were not very engaged with the activity. The majority of people sitting in the lounge and those in their rooms were not involved in doing anything. We judged that some improvement to this important aspect of people's care was required.

At lunchtime we noted a number of areas where the service offered to people could have been improved. Staff supported people to sit at the dining tables before the food was ready to be served, which meant some people were sitting there for more than 20 minutes before any food arrived. People at one table complained about the time they had waited. One person said, "You wouldn't wait this long in a restaurant." People also had to wait up to 25 minutes between finishing their main course before they were offered their dessert. Several people left the table and had to be persuaded back by the staff.

We saw that people were helped with their meal if they needed assistance. However, more assistance could have been offered to make the mealtime more enjoyable for some people. We saw that one person was very shaky and was struggling with their cutlery but no assistance was offered. A number of staff missed the opportunity to join people at the tables, assist them if needed, or just make the occasion more enjoyable for people because the staff stood in a group chatting amongst themselves. This area of the service required improvement.

Is the service responsive?

The provider had a complaints policy and procedure, which was on display in the home and which was given to people as part of their welcome pack when they first moved in. People we spoke with had no concerns about the service that was provided and said that they were happy to talk to the staff if anything was not quite right. The

provider told us that more than four times as many compliments than complaints had been received and that there were no particular trends in the complaints. Complaints had been recorded, had been dealt with in line with the provider's policy and people had been satisfied with the outcomes.

Is the service well-led?

Our findings

People told us that they were satisfied with the way the home was managed. Comments and compliments made by people who lived at or visited the home were on display. One person had written, “Wonderful, wonderful place, home from home.” One person told us, “I have never wanted for anything.”

The manager told us that she had an “open door” policy and that families were always welcome to speak to her about any aspect of the service being provided. The provider stated that they encouraged a culture of open communication, feedback and discussion and this ethos was shared with staff, relatives and residents.

A survey had recently gone out to people and their families to give them the opportunity to comment, anonymously if they wanted to, on the service. The results of this survey were not yet available. The manager said that cheese and wine evenings were held for people living at the home and their relatives so that they could meet others and discuss the home. Improvements were made wherever possible based on what people had said. The provider said that staffing in the kitchen had changed as a result of people’s views about the poor quality of the food. This meant that people were given opportunities to express their views about the home and those views were taken into account.

Records we held about the service, records we looked at during our inspection and our discussions with the manager confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

Staff told us how much they enjoyed working at the home and that they felt supported by the management team. One member of staff told us, “I would be happy for a relative to live here” and another said “I love it here.” They told us, and records confirmed that they received supervision from senior staff and that staff meetings were held. They said they were encouraged to put their views forward. This meant that the staff were able to be involved in the running of the home.

The manager explained that she had a number of ways to ensure she was up to date with best practice. She had supervision from and was supported by an area manager who spent time at the home each week; she regularly read information provided by the CQC on their website; and she attended ‘provider meetings’ arranged by the local authority whenever possible, as well as undertaking any relevant training. The provider told us that the management were dedicated to ensuring staff were valued, well trained and urged to continue their own development.

The provider had systems in place to monitor the quality of the service being provided to people living at Waterbeach Lodge. A number of audits and competency checks were regularly carried out, both by the manager and staff at the home and by visiting members of the provider’s staff from their head office. The provider told us that these were to be developed further during 2015. The manager told us she “led by example” and was frequently out of the office making sure that the quality of care being delivered by the staff was of a high standard. Staff said any issues the manager found were dealt with as they arose. The manager’s responses showed us that the manager had an awareness of what was going on in the home and would take action to improve the service.