

Platinum Care (Lincoln) Ltd

Waterloo House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Waterloo House is a care home registered to provide accommodation and support for up to 35 people, in 1 adapted building. There were 18 people living in the home on the first day of our inspection.

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

Since our last inspection a new manager had been appointed. Although they had only been in post a few months, the new manager had already won the trust and respect of their team and had started to establish a positive organisational culture.

With support from an external consultant, head office personnel and senior staff in the service the new manager had worked hard to address the various concerns identified at our last inspection. Under their leadership, improvements had been made to moving and handling practice; provision of special diets; recruitment checks; safety of premises and equipment and staff training.

However, there was a need for further improvement in a number of areas.

There were continuing shortfalls in the provider's approach to auditing and monitoring the quality and safety of service provision. Some people's care plans and associated documents contained out-of-date or contradictory information.

People's rights under the Mental Capacity Act (2005) were not consistently upheld and systems to prevent the spread of infection were not consistently effective.

The provider had failed to notify us of some significant events. We are currently considering our regulatory response to this issue.

More positively, medicines management remained safe. There were sufficient staff deployed to meet people's needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff communicated effectively with a range of external organisations. People received food and drink of their choice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was Inadequate (published 16 June 2022) and there were 4 breaches of regulations relating to care safety, staff training, safeguarding people from abuse and organisational governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also imposed additional conditions on the provider's registration.

At this inspection we found improvements had been made. The provider had addressed 3 of the 4 breaches of regulations. However, there were continuing shortfalls in organisational governance resulting in 1 continued breach.

This service has been in Special Measures since June 2022. During this inspection, despite the continued breach of regulations, the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

We undertook this focused inspection to check whether the provider had followed their action plan, complied with the additional conditions of registration and now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-Led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective 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 Waterloo House on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach in relation to the provider's ongoing failure to ensure effective auditing and monitoring of service provision.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our Effective 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 ●

Waterloo House

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 Health and Social Care Act 2008.

Inspection team

Our inspection was conducted by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Waterloo House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Waterloo House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager. However, a new manager ('the manager') was in post and had submitted an application to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 September 2022 and ended on 5 October 2022. We visited the service on both dates.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included updates provided to us by the local authority and CQC notifications (events which happened in the service that the provider is required to tell us about).

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

As part of our inspection we spoke with the manager; 1 of the directors of the company which owns the home; 4 members of the care staff team and a cook. We also spoke with 11 residents and relatives.

We reviewed a range of written records including 5 people's care plan; staff recruitment and training records and information relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to mitigate risks and ensure the safety of the premises. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Action had been taken to rectify the various premises and equipment hazards identified at our last inspection, including restricting access to the loft; refurbishing several communal toilets and relocating and upgrading the medicine storage room. A range of hoist slings had been purchased to improve the safety of moving and handling practice.
- Action had been taken to ensure staff responsible for completing moving and handling assessments had received further training in this task. We reviewed some people's moving and handling risk assessments and saw that staff were now completing them competently to reflect good practice. We comment on this further in the Effective section of our report.
- Communication between care and kitchen staff had been improved to ensure any risks relating to people's dietary requirements were properly assessed and managed. Again, we comment on this further in the Effective section of our report.
- We reviewed individual risk assessments and found that the assessment and monitoring of potential risks to people's health and welfare had improved. Including risks relating to diet and nutrition and moving and handling, which were areas of particular concern at our last inspection.
- However, whilst sufficient action had been taken to address the breach of Regulation 12, further improvement was required to ensure the provider's approach in this area was consistently safe and effective. For example, one person's diabetes risk assessment specified the safe range for any blood sugar readings taken by staff. However, there was no guidance for staff on the action they should take if a reading was out of range, increasing the risk of unsafe care.
- Information in some people's care plans was contradictory or out-of-date which also increased the possibility of poor care. For example, one person's mobility care plan stated (correctly) that they used 'a wheelchair at all times' but their falls risk assessment had not been updated since the person's mobility had

changed and still stated they were at high risk of falls. Another person's diabetes care plan had not been updated to reflect a change in the frequency of blood sugar monitoring.

- Despite these shortfalls in record keeping, we were assured staff had a good understanding of how to keep people safe; and that people had not come to harm. When we discussed this issue with the manager, they readily acknowledged people's care plans and associated documentation remained "a work in progress" and that further action was required.

Preventing and controlling infection

- The provider had a range of measures in place to reduce the risk of COVID-19 spreading within the home. For example, 'no touch' handwashing facilities had been installed in the reception area, for the use of visitors.

- Reflecting national guidance, the provider continued to require staff to wear facemasks in most parts of the home. Compliance with this policy was generally high, although on the first day of our inspection, we saw 1 member of staff wearing their mask below their chin on 2 occasions. We raised this concern with the manager who took prompt action to address it with the individual concerned; and to reiterate the provider's policy expectations with all staff.

- Some relatives told us they were frustrated that some COVID-related visiting restrictions remained in place. In particular, that relatives were encouraged to visit people in their bedroom, rather in the communal areas of the home. We raised this issue with the manager and shortly after our inspection, the provider lifted all visiting restrictions, to reflect national guidance in this area.

- Hygiene practices were generally effective in preventing and controlling infection. However, on the first day of our inspection we observed an uncovered meal being carried through the home to a person's bedroom. The manager apologised for this shortfall and took immediate action to ensure plate covers were used whenever necessary.

- Premises and equipment were clean and well-maintained. One relative commented, "[The home] is spotless."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that people were safeguarded from abuse and improper treatment. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare.

- Senior staff maintained close contact with the local authority safeguarding team. They escalated any issues to this team as required, and cooperated with any subsequent investigations.

- Without exception, relatives told us their loved ones felt safe living in the home. For example 1 relative said, "[Name] does feel safe. [All] the staff are very caring and have the residents' best interests at heart."

Using medicines safely

- Medicines management was safe. Relevant staff received medicines training and senior staff completed regular checks to ensure their administration practice remained up-to-date and safe.

- Medicines stock was managed safely. Since our last inspection, the provider had implemented a highly effective electronic medicine administration record (MAR), which significantly reduced the likelihood of any

administration errors and stock shortages.

- When we reviewed people's MARs, we found very little use of sedatives to manage people's behaviour. When we raised this good practice with the manager they told us, "We don't want our residents 'knocked out'. We look at other means ... to manage agitation or aggression. It's how you approach people, rather than just popping them full of pills."

Staffing and recruitment

- The provider kept staffing levels under regular review, taking account of the number of people living in the home and their support requirements. People told us there were sufficient staff to meet their needs without rushing. For instance, one relative commented, "Whenever I am visiting there seems to be [enough staff] and I visit at least 3 times a week and at different times." A staff member told us, "There is definitely enough staff. I can take my time, there is a very relaxed atmosphere."
- Since our last inspection, the provider had reviewed recruitment records to confirm that all staff had a DBS check and were suitable to work with the people living in the home. Reflecting feedback from our inspector, the manager took action to further strengthen the process for obtaining pre-employment references in future recruitment rounds.

Learning lessons when things go wrong

- Throughout our inspection, the manager and their senior team displayed an open and reflective approach and were committed to reviewing any incidents to identify organisational learning for the future. For example, following one 'near miss' incident, staffing arrangements in the dining room had been changed to ensure people were supervised at all times, whilst they were eating.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Procedures were in place to support staff in making decisions in people's best interests, should this be necessary. Senior staff had used these correctly to make and record a range of different decisions, for instance in respect of medicines administration and consent to personal care.
- However, bedrails were in use with at least 2 people who lacked capacity to give informed consent to the use of this equipment. In these cases, no properly documented best interest decision had been taken, meaning people had been deprived of some of their rights under the MCA, although we are assured no one had been inappropriately restrained. We raised this issue with the manager who told us they would take prompt action to address it.
- More positively, we were satisfied that staff at all levels understood the importance of seeking consent before providing care or support. DoLS authorisations had been sought where necessary and a system was in place to ensure these were renewed as required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and preferences were assessed and documented in their personal care plan, which was reviewed regularly by senior staff. Care plans were held in an electronic format which staff told us

they found easy to access from tablet devices which were readily available throughout the home.

- Following our last inspection, the provider had engaged a consultant to support the service in a variety of ways, including reviewing and updating people's care plans. Significant progress had been made but, as described in the Safe section of this report, the provider's approach to care planning remained a "work in progress", with out-of-date or contradictory information in some people's plans which increased the possibility of ineffective and/or unsafe care. The manager acknowledged that further work was required in this area and told us they hoped it would be completed by the end of October 2022.
- The provider used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. The manager told us they found the local care providers' association to be a particularly useful source of local information.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to ensure that staff providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Reflecting one of the key concerns we identified at our last inspection, all relevant staff had been trained or retrained in moving and handling practice. On the first day of our inspection, we watched 2 staff members support a person transfer using a portable hoist and were satisfied their practice was safe and in line with their training. Additionally, 7 staff had been trained as moving and handling assessors to ensure practice in this area remained safe and up-to-date in future. One staff member told us, "Since you came in last time, I definitely feel more knowledgeable and confident."
- Effective systems had been put in place to ensure staff completed all other mandatory training requirements. When we reviewed training records we saw compliance with mandatory training was very high, at 98.4%. To incentivise staff to continue to keep their training up to date, the provider had introduced a 'training bonus' to compensate staff for the time taken to complete each course.
- The provider had also reviewed and strengthened staff induction procedures. Commenting positively on their induction, a staff member told us, "I had a lot of training to do and a lot of shadowing with senior carers. I've never done residential before, so they gave me an extra week on shadowing. [Now] I want to do my NVQ5. [The seniors] have said they will support me in any way they can."
- Staff were provided with regular 1:1 and group supervision and told us they felt very well-supported by the manager and other senior staff. A staff member told us, "[The manager] is very approachable. [They] support the staff and gets things done. [They're] always there, always helpful."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with district nurses, therapists and other health and social care professionals to support them in the provision of effective care; and to ensure people had prompt access to local services when necessary. A relative said, "Whilst [name] has been in the home, she has seen an optician and chiropodist every month."

Supporting people to eat and drink enough to maintain a balanced diet

- People were generally satisfied with the catering provision in the home. A relative told us, "There is always a choice of food on the menu. [Name] ... has a good appetite [and] if she gets up late up staff will get her whatever she wants for breakfast." People's daily fluid intake was recorded by staff on the online care planning system. If anyone's intake fell below the target level, the manager received an alert which they

followed up with staff; to make sure people remained hydrated.

- Staff were aware of people's individual nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, catering staff prepared low sugar alternatives for people who were living with diabetes and provided a soft food diet people who were at risk of choking. Commenting on the improvement in this area since our last inspection, a cook told us, "Support for people with special diets has got better. We now have better communication between the kitchen staff and the seniors [on the care team] about people's dietary requirements. I think it's working well."

Adapting service, design, decoration to meet people's needs

- The home was in good decorative condition and premises and equipment were generally well-maintained. External areas were also well-presented, providing an attractive space for people to enjoy in warmer weather.

- The provider maintained a rolling maintenance programme to ensure the home remained suitable for people's needs. A number of improvements had been made since our last inspection, including the refurbishment of some communal bathrooms; the replacement of flooring in several areas of the home and the creation of a new medicines room.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Following our last inspection, the provider had made significant changes to the quality assurance framework used to monitor care provision. For example, a new suite of audits and other regular checks had been introduced, including various care plan review processes. Additionally, a consultant had been engaged to give additional support to the local management team and directors and senior staff from head office visited regularly to provide scrutiny and support.
- However, this new approach to quality assurance was not yet fully effective and had failed to identify and address the issues we found in areas including care planning and individual risk assessment; best interests decision-making and infection prevention and control. Acknowledging the continuing shortfalls in organisational governance, the manager commented, "Things have changed [since you came last time] but we still have a ... way to go."

The provider's failure to establish consistently effective systems to assess, monitor and improve the quality and safety of care was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed notifications received from the provider (events which happened in the service that the provider is required to tell us about). We identified 6 recent DoLS re-authorisations which the provider had not notified us of. The manager apologised on behalf of the provider for this misunderstanding about our reporting requirements and took action to address the issue for the future. They also submitted retrospective notifications for those which had been missed. We are currently reviewing our regulatory response to this issue.

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

- Almost everyone we spoke with told us they held the service in high regard and would recommend it to others. For example, a relative said, "I would [recommend the home] because I feel they are very caring." Another relative told us, "The home has a homely feel. It's well-run and I have never had to raise a concern." A staff member commented, "It's the best place I've ever worked."
- Since our last inspection, a new manager had been appointed. They had submitted an application to become the registered manager and were waiting for this to be assessed by CQC.
- Despite being in post for only a few months, the manager had won the trust and respect of their team. For example, a staff member told us, "[The manager] has got the right attitude and skills. I think [they'll] do really well." Another member of staff said, "[The manager] has done our jobs before. [They] have done care and understand our position. [They] have made changes for the better."
- The manager and company directors were aware of their duty of candour and throughout our inspection, displayed a commendably open and responsive approach. With refreshing frankness, a director commented, "We didn't get it right the last time [you inspected]. And if we've not got it [completely] right this time, we'll take it on the chin."
- The provider promoted the welfare and happiness of the staff team in a variety of ways. Milestone birthdays were celebrated; staff received a gift at Christmas and a voucher if they were deemed to have gone the extra mile in their job. As a further means of recognising and rewarding best practice, a new employee of the month scheme had recently been introduced.
- Reflecting the provider's caring approach and the positive organisational culture it had created, staff said they enjoyed their job and were proud to work for the provider. A staff member told us, "Things needed to improve and CQC coming in [last time] was a good thing. Things are definitely better than they were. I enjoy working here [now]."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including district nurses and therapists.
- The provider was committed to involving people and their relatives in the day-to-day running of the service. For instance, the manager told us they had plans to expand the regular 'residents and relatives' forum beyond its current focus on activities, to give people an opportunity to contribute their ideas about service provision more generally.
- People told us the new manager was visible and approachable and someone they could approach if they had any queries or concerns.
- Staff received equality, diversity and inclusion training and understood the importance of supporting people in person-centred ways which took account of their individual preferences and cultural heritage. A relative commented, "The staff treat [name] respectfully and talk to him as a person not just as a resident."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's continued failure to establish consistently effective systems to assess, monitor and improve the quality and safety of care.