

Minster Care Management Limited

Waterside Care Centre

Inspection report

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Waterside Care Centre is registered to provide nursing and personal care for up to 47 people. This is a purpose-built home where care and support are provided to people aged 65 and over, including people living with dementia. At the time of the inspection 37 people were living at the home.

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

People were safeguarded and protected from the risk of avoidable harm. Staff demonstrated good infection prevention and control practice. There were sufficient staff to provide responsive and unhurried care. Medicines were managed safely, however, management and storage of topical creams required improvement. We have made a recommendation about management of topical creams.

People received an assessment when they joined the service to support the development of a care plan. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff helped people maintain a balanced diet and manage health conditions with support from other professionals as needed.

Staff were caring, compassionate and kind. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

There was a positive and open culture, and the management team were approachable. There were systems in place to ensure people received good quality care. Staff were able to share their views about the service and people and their relatives were also able to give feedback.

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 requires improvement (published 14 July 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we had told the provider to take at the last inspection. We had carried out an unannounced comprehensive inspection of this service on 11 May 2023. Breaches of legal requirements had been found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, to meet people's nutritional and

hydration needs, to ensure fit and proper persons employed and to improve good governance.

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 requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection by selecting the 'All inspection re-ports and timeline' link for Waterside Care Centre on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Waterside Care Centre

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

This inspection was carried out by 3 inspectors.

Service and service type

Waterside Care Centre 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. Waterside Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We sought feedback from the local authority on the quality of care provided by the service. We used all this information to plan our inspection.

During the inspection

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 to us. We spoke with the registered manager, 1 nurse, 3 care staff members and the activities co-ordinator. We obtained feedback from 3 people living at the service and 1 relative visiting a person on the day of the inspection. After the inspection we obtained feedback from 4 relatives of people living at Waterside Care Centre. We reviewed a range of records. They included staff files containing recruitment, training and supervision information, and people's electronic care plans containing care and medicine records, risk assessments, 5 people's care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, accidents, and incidents.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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.

- At our last inspection the provider had failed to robustly assess the risks relating to health safety and welfare of people. At this inspection we saw visible improvements had been made since our last inspection. Window restrictors were in place and compliant with current regulations. All wardrobes were secured to the walls and the risk of food infection was addressed by the kitchen staff. All loose food products were labelled and stored at the correct temperature.
- Procedures were in place to assess, monitor and review risks associated with the premises and environment. These included checks to ensure the maintenance and safety of equipment and effective fire safety arrangements. People's personal evacuation plans were available for staff, and these were detailed and supportive. Water testing was also completed to assess and control the risk of exposure to legionella bacteria that can cause serious illness.
- Staff had guidance on how to safely meet people's health care needs. This included actions required of staff to support risks in relation to falls prevention, skin deterioration, diabetes, and nutritional needs. Information was detailed and reflective of people's current needs.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person told us, "I love it here. The best place I could live, I enjoy it." Another person's relative told us, "In my opinion, the residents are safe here."
- Staff were trained on how to safeguard people from abuse and were able to tell us what they would do if they suspected abuse. A staff member said, "If I witnessed abuse, I would report this to the nurse, manager and CQC if needed."
- Safeguarding concerns were recorded appropriately, investigated by the registered manager and action was taken to ensure people's safety. This was in line with the provider's safeguarding policy.

Staffing and recruitment

- People and their relatives told us there were enough staff to meet people's needs. One person told us, "I think they have enough staff, they seem to be really well organised." Another person's relative told us, "I

have no concerns with staffing levels."

- Staff confirmed that staffing levels were sufficient. A member of staff told us, "At present staffing levels are appropriate."
- The provider had safe staff recruitment policies and procedures in place. The provider carried out checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Two people's topical creams were stored in unlocked cupboards in their bathrooms. One of the topical creams had an unreadable label and no date of the opening. The topical cream was to be used within 3 months from the opening date. There was a risk the person's skin was not cared for properly due to using a preparation that was past its expiry date.

We recommend the provider reviews their management of topical creams to ensure they are compliant with legislation and best practice.

- People had detailed medicines administered when required (PRN) protocols in place which were regularly reviewed.
- Nursing staff had received ongoing training and competency assessments in the administration and management of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider addressed issues highlighted in our previous inspection report. This resulted in positive changes and improved quality of care provided to people.
- The provider had systems in place to learn when things went wrong. When people had accidents, a review of their care plan was carried out, changes were made as required, and learning was shared with staff.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that people's nutritional and hydration needs were met effectively. This was a breach of regulation 14(1) 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 14.

- At our last inspection the provider had failed to ensure that people's nutritional and hydration needs were met effectively. People told us and records confirmed that the service had improved since our last inspection. We saw that during lunchtime people were supported with food and fluids. People were offered choices of meals and offered alternatives.
- People told us they liked the food and had access to drinks and snacks whenever they wanted. Freshly cooked meals were prepared for people to enjoy. One person told us, "The food is good as well, good choice and very tasty." Another person's relative told us, "Mum's dietary needs have always been taken into consideration and her weight has been maintained."
- Staff understood how to support people to maintain a balanced diet. One staff member told us, "[Person's name] does not eat much due to her condition. We noticed she eats more when she is being offered finger food." During our inspection we observed that the person was offered finger food and encouraged by staff to eat.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured that staff had the relevant qualifications, competence and skills necessary for their roles. This was a breach of regulation 19 (1)(b) 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 19.

- At our last inspection we found that the provider had not ensured that staff had the relevant qualifications, competence and skills necessary for their roles. At this inspection we identified significant improvements.

Staff received initial and ongoing specialist training relevant to their roles, and specific to people's needs. For example, training in diabetes, pressure care and end of life care.

- All staff interviewed told us they felt supported by the provider and by the registered manager. A member of staff told us, "I feel supported by the management." Another member of staff told us, "The managers are very supportive. I can speak to them about any issues/problems I have."
- New staff completed an induction and shadowed existing staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.

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

- People's needs were assessed and care was delivered in line with best practice.
- People's needs had been assessed and information gathered included details of protected characteristics, such as people's cultural needs. Information about people's life histories was included in their care plans as well as details of their likes and dislikes, and personal preferences.
- People's health and support needs were recorded in care plans which enabled staff to provide personalised care. People's needs were regularly reviewed so care provided reflected their current needs.

Staff working with other agencies to provide consistent, effective, timely care

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and how staff were supposed to support people to manage their health.
- The staff team were able to demonstrate significant input from health professionals who were involved in people's care. This included different specialisms, such as the care home support team, orthoptics along with speech and language therapists. People had healthcare plans which recorded their health needs and how they were being supported.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- The premises had been adapted to meet people's needs.
- The dining areas were designed to encourage social interaction. For example, dining tables were small to encourage conversations at mealtimes.
- Some communal bathrooms required modernisations and repairs. For example, some shower rails were broken and required replacement.

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.

- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People and their relatives confirmed that staff obtained consent for people's care and support. One person told us, "They always ask me for consent."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated in a caring way by staff who showed a warm and friendly approach to them. People and their relatives also told us positive relationships had developed between staff and people. One person's relative told us, "Staff are really marvellous, they have been wonderful with (person). They are really nice; we have a bit of a banter."
- Staff demonstrated their awareness of people's likes and dislikes. For example, they knew how people liked to have their drinks and what foods they enjoyed.
- Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are. People's care plans stated their needs in relation to their gender, culture and religion. This enabled staff to meet people's needs in relation to their protected characteristics.

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were supported to make their own choices about how they wished to spend their day. People made decisions about how they spent their time and were asked if they preferred a shower or wash in the morning. Staff encouraged them to choose their own clothes and let them decide whether they would like a lie in or breakfast in bed before they got up.
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written and reviewed. One person's relative told us, "We take part in her monthly care plan reviews."
- During the inspection we observed meaningful interactions between people and staff. Staff were sensitive to people's needs, listened to them patiently and supported them with compassion. The home had a pleasant and warm atmosphere.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and we observed how staff always knocked before entering people's rooms.
- Staff respected people's individuality and did everything possible to support people to be comfortable and to enjoy every aspect of their lives. People were supported to remain as independent as possible and were encouraged to do what they could to enable them to maintain their skills. A member of staff told us, "Dignity and respect is upheld even if people do not have capacity. We always ask or tell them what we are going to do and offer them options, for example, with food."
- The provider followed data protection law. Information about people was kept securely so confidentiality

was maintained.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) 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 17.

- At our last inspection the provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. At this inspection we found that there were effective systems in place to monitor the quality of care, accuracy of documentation, and safety of the environment and equipment. These ensured the registered manager and senior staff continually monitored standards and looked at how improvements could be made.
- The ethos, vision and values of the service were led by the provider and registered manager. People and staff all told us the registered manager and management team were very approachable. One person's relative told us, "She (registered manager) has been available when we have needed to speak with her."
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We saw that the rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

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

- People, relatives and staff consistently told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care. One person told us, "I love it here. The best place I could live, I enjoy it."
- There was a positive and open culture at the service. Staff felt supported by management and able to share ideas or raise concerns. A member of staff told us, "We have regular team meetings, two a month. They are useful as we are able to discuss problems and we are asked if we have any concerns. I have had regular supervision and annual appraisal and managers informed me I performed very well. I felt more

confident after this."

- The registered manager promoted respectful teamwork. Staff communicated well with one another to ensure people's care needs were met.

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

- The registered manager and staff team were open and honest with us throughout the inspection. They were responsive to our feedback and took immediate action. They were committed to continuously improving the service at Waterside Care Centre.
- The registered manager was aware of their responsibilities in relation to the duty of candour and acted with openness and transparency.
- The registered manager had kept the CQC informed of accidents and incidents that had taken place in the service.

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

- People's assessments and care plans included their equality characteristics and individual preferences. The provider considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.
- Staff had the opportunity to share their opinions about the service at team meetings, staff supervision meetings and through the managers' 'open door' policy. We observed an open culture within the staff team.
- People and their relatives told us there was good communication between them and the management team. One person's relative told us, "They contacted me when she was unwell." Another person's relative told us, "I receive emails about social events and I'm aware that mum has been included in social activities as much as possible."

Continuous learning and improving care; Working in partnership with others

- The service worked collaboratively with the local authority and healthcare professionals to promote the well-being of people living at the service.
- Staff followed guidance from external healthcare professionals, such as a speech and language therapist or a tissue viability nurse.
- There was a strong emphasis on continually striving to improve. The registered manager and staff made significant improvements within the service since our last inspection. For example, regular kitchen audits conducted by the provider helped to identify and address issues relating to infection control.