Maria Mallaband Limited

Water Royd Nursing Home

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 responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
• Water Royd Nursing Home is a care home that provides accommodation and personal or nursing care across three separate units for up to 62 people, some of whom are living with dementia. At the time of inspection 58 people lived in the service.

People's experience of using this service:
• Most people we spoke with told us Water Royd Nursing Home was a friendly and lovely place to reside, that staff were kind and caring and were treated with respect.
• People were supported to take their medicines in a safe way and were safely managed.
• Recruitment processes were robust and thorough checks were completed before staff started working in the home. We saw there were sufficient numbers of staff on duty on make sure people's care needs were met. Staff had received training and supervision to ensure people received appropriate care.
• The registered manager and staff knew what to do to keep people safe. Individual risks had been assessment and identified as part of the support and care planning process. One care plan was not updated in a timely manner.
• We saw nice interactions between staff and people who used the service. We saw staff respected people's privacy and dignity.
• People's nutritional needs were met and the menus we saw offered variety and choice. Records showed people had regular access to healthcare professionals to make sure their health care needs were met.
• A complaints procedure was in place. People and relatives told us they would have no hesitation in raising concerns. All feedback was used to make continuous improvements to the service.
• The home had good management and leadership. The registered manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed.
• More information is in Detailed Findings below.

Rating at last inspection:
• Requires improvement (report published 28 March 2018)

Why we inspected:
• This was a planned inspection based on the rating at the last inspection. We saw improvements had been made since our last inspection and the provider was no longer in breach of the regulation relating to medicine management. The service had improved and is now rated good overall.

Follow up:
• We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was well-led	**Good**

Water Royd Nursing Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
• Two inspectors and an Expert by Experience conducted the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

Service and service type:
• Water Royd Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
• The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
• Day one of the inspection was unannounced.

What we did when preparing and carrying out the inspection:
• We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us above, such as serious incidents; and we sought feedback from the local authority and professionals who work with the service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
• During the inspection, we spoke with four people who used the service, and six relatives to ask about their experience of the care provided. In addition, we spoke with two visiting healthcare professionals during the inspection.

• We spoke with ten members of staff, which included including the deputy manager, five members of care staff, activities co-ordinator, chef, maintenance and domestic staff. We spoke with the registered manager and quality compliance inspector during the inspection.
• We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at three staff files in relation to recruitment and supervision records, records relating to the management of the home and variety of policies and procedures developed and implemented by the provider.
• Following inspection we received information of concern from an external source and used the information received as intelligence. We investigated the concerns raised with us as part of our overall inspection process and were satisfied the provider was compliant with the regulations.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm
• People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely
• At the last inspection we found the management of medicines was not always safe and the provider was found to be in breach of the regulations. At this inspection we found sufficient improvement had been made to remove the breach.
• Medicines were safely managed and were administered by nurses who had received specific training. The nurse we observed administering medicines knew people well. People were asked how they were feeling and given the time they needed to take their medicines.
• Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.
• Checks on the management of medicines was carried out by the provider monthly and we saw identified errors were thoroughly investigated and remedial action taken where appropriate.

Staffing and recruitment
• The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required were deployed.
• Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs.
• We asked people and relatives whether there were enough staff and we received a mixed response. One person told us, "It's good as I can get up when I'm ready." Another person said, "Sometimes they (referring to staff) come but not always." A relative told us, "There's plenty of staff around to help [Name]" and "I have not had any concerns regarding the numbers of staff around." Another relative said, "The staff do a good job but I feel they don't have enough to meet all [Name]'s needs all of the time." We discussed these comments with the registered manager who told us they would closely monitor and react accordingly.
• Recruitment practices were of good quality and suitable people were employed.

Systems and processes to safeguard people from the risk of abuse
• The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this area.
• People and their relatives could explain to us how the staff maintained their safety. One person said, "I feel safe and the staff are good to me." Another person said, "I feel very safe, much safer than at home." A relative told us, "I think [Name] is very safe. They had falls at home but none in here." Another relative said, "I feel [Name] is very safe. I go home happy knowing they will take care of them."

Assessing risk, safety monitoring and management
• People were protected from avoidable risks. Risk assessments were undertaken by the registered manager for a range of risks, such as those associated with falls, nutrition and hydration and skin integrity.

Recognised risk assessment tools were used to help determine risks.
• In the care plans we looked at we saw examples of good moving and handling plans, which provided staff with information to safely help people to move.
• Equipment was used to help keep some people safe, such as pressure mats and bed rails. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
• The environment and equipment was safe and well maintained. Emergency evacuation plans were in place to ensure people were supported in the event of a fire.

Preventing and controlling infection
• Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.
• People told us staff wore personal protective equipment when providing personal care and all staff we asked told us they had access to adequate supplies.

Learning lessons when things go wrong
• The registered provider was keen to develop and learn from events. We saw accidents and incidents were recorded. The registered manager reviewed and monitored these for any themes or patterns to take preventative action.
• The registered manager shared lessons learnt with staff at monthly staff meetings.

Good

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
• People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
• People's care and support needs were not always assessed and reviewed in a timely manner. For example, we found one person's care record and moving and handling assessment had not been updated following a significant change. This meant staff may not be aware how to appropriately support the person, however staff we spoke to confirmed they knew the person's needs. We raised this with the registered manager who stated they would take immediate remedial action and we saw this had been rectified on day two of inspection.
• The registered manager used evidence based guidance, utilised the CQC website and email alerts to gather information. They attended local networks to share good practice to assist them to continuously improve their service.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.
• Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
• Staff had received appropriate training and could explain what it meant.
• The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
• Care plans were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.
• In a care plan we looked at we saw the person's representative held a Lasting Power of Attorney (LPA), however, there was not documentary evidence to support this. A LPA allows people's relatives or representatives to make certain decisions for them when they lose capacity to decide for themselves. We

spoke with the person who confirmed their representative held LPAs for finance, health and welfare. We raised this with the registered manager who took immediate remedial steps to rectify.

Supporting people to eat and drink enough to maintain a balanced diet
• We observed there was a lack of drinks available to people around the home outside of meal and drink trolley times, which meant people may need to ask staff for a drink in between these times. This was a risk of unmet needs, especially for people who have difficulty communicating their needs to staff. Records we looked at showed people's nutritional and fluid needs were recorded, assessed and referrals made when appropriate. A relative we asked told us, "I never think [Name] is thirsty, everyone knows they like piping hot tea." We discussed this observation with the registered manager.
• People had choice and assess to sufficient food throughout the day. Food was well presented. A person told us, "Nice food and I have a choice of two things." Another person said, "Good food, it's cooked nice and it's hot" and "they always give me plenty, most times too much." A third person said, "Foods OK. I eat it but I'm not fussed, had better." A relative told us, "They (referring to their relative) have a good variety of meals."
• We found the dining rooms had limited information on display regarding menu food choices and we discussed our observation with the registered manager who told us they would take immediate remedial action.
• Where people required their food to be prepared differently because of medical need or problems swallowing this was catered for.

Adapting service, design, decoration to meet people's needs
• The design and layout of the building was appropriate for the needs of the people who lived there and the communal areas had a homely feel. Secure outdoor spaces were accessible for people to use if they so wished. A 'sensory' room was available for people to use as a quiet and tranquil space.
• Adaptations had been made to one unit of the home to be 'dementia-friendly'. Words, colours and picture signage was in place to assist people to navigate and a further unit was in the process of being reassigned and changed to reflect the needs of the people who lived there.
• Risks in relation to premises and equipment were identified, assessed and well managed.

Staff support: induction, training, skills and experience
• Staff were competent, knowledgeable, skilled and carried out their roles effectively. A relative told us, "The staff are pleasant and appear well trained." We found additional training for staff in dementia care had been postponed at very short notice due to unforeseen circumstances. We discussed this with the registered manager who told us they were rearranging the training and an on-line training programme would be made available to staff in the meantime.
• Staff completed an induction programme which included mandatory training.
• Regular supervision in line with organisational policy was carried out by the registered manager to support staff to develop in their roles. Staff received annual appraisals.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care
• Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, speech and language therapists. A relative told us, "We asked for [Name]'s eyes to be tested and someone came into the home and did it, that was great."
• The provider participated in the 'React to Red' scheme. This is a pressure ulcer training package for care homes that supports staff to check, recognise symptoms and mitigate the risk to a person from developing a pressure sore.
• Information was shared with other agencies if people needed to access other services such as hospitals.

Good

Is the service caring?

Our findings

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

- People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed interactions between staff and people throughout our inspection. We saw staff were caring and took a genuine interest in the people they supported. A member of staff told us, "I do love my job. I do not feel like I am coming to work. It's like coming to see my second family." One person told us, "The staff are kind and caring" and "I am happy here." A second person said, "The staff are kind." A third person said, "They (referring to staff) look after me very good." We asked relatives if they thought people were well cared for and received a mixed response. Comments received were, "[Name] is well looked after and happy", "They appear to know what they are doing and are caring" and "No. I don't think they are very caring".
- All staff we spoke with were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was a lot of laughter and friendliness observed between staff and people throughout the inspection. A relative told us, "[Name] likes their hair doing and staff know this."
- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff supported people with whatever spirituality meant to them. People could attend religious services if they so wished. Where people had religious needs, we saw these recorded in the care plans we looked at.
- A visiting health care professional told us, "Staff are lovely. I can't say enough good things about the home." Another visiting health care professional said, "The manager is helpful, very open and glad for support. They take on board everything advised."

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

- People's care was tailored to meet their individual needs and preferences. People looked well cared for, clean and tidy. A staff member described how they would support people to choose their daily clothes and this meant people were supported to make choices. People's clothes were nicely presented and hair and nails were brushed and clean.
- The registered manager understood when advocacy services would be appropriate and they knew how to access this. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, a member of staff described how a person had a support plan in place which detailed trigger factors staff needed to be aware of to ensure the person's dignity was maintained.
- People were supported to remain independent. One person said, "They (referring to the registered manager) gave me another mattress, so I had two and that made it easier to sleep and get in and out of

bed."

- People were able to maintain contact with those important to them. We observed visitors were greet in a warm and friendly manner and it was clear staff knew them well.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
• People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans were detailed and contained information about people's needs. For example, information relating to personal preferences, routines and how a person preferred to spend their time. We asked staff whether they routinely looked in the care plans to familiarise themselves with a person's requirements and support needs. A member of staff told us, "I read the care plans because you get to know that person. Their interests, hobbies and what they did for a living. I always like to read that part so I know what to talk to residents about."
• The registered manager reviewed each person's care plan monthly with the person receiving support and involved family members where appropriate. A relative we spoke with confirmed they knew their family member had a care plan in place. A second relative told us, "We have as much input into the care as we want and they (referring to managers) take our opinions on board."
• The registered provider employed an activities co-ordinator and there was a scheduled programme of weekly activities. Activities included, bowling, doll therapy, singalongs, one to one activities and trips out. During our inspection, we heard staff ask people throughout the home whether they wished to listen to go to a lounge area to listen to a singer. We received varied feedback from people and relatives regarding the range and access to activities provided at the home. Comments from people included, "The children came at Christmas to sing for us, that was nice", "I don't do much, just watch TV" and "Staff are too busy to chat". Relative's comments included "They appear to do lots of things, play your cards right, entertainment and lots of crafts", "[Name] is very happy here and has lots to do" and "[Name] gets very bored. They put the TV on but never turn it over, same thing all day." We spoke with the registered manager who was responsive to the feedback and told us they were in the process of recruiting an additional activities co-ordinator and were waiting for recruitment checks to be returned.
• All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The registered manager understood the Accessible Information Standard. People's communication needs were identified and recorded in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, easy to read formats and large print. We saw food choices in a pictorial format which are designed to help make it easier for people to choose their meal choices was not routinely used in each dining room. The registered manager told us they would address this immediately. We will check that this has been progressed at the next inspection.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy. We saw complaints were recorded, investigated and responded to appropriately. The registered manager told us they would use any complaints received as an opportunity to improve the service.

• People and relatives knew how to make complaints should they need to. A relative told us, "I know how to make a complaint and would go and see [Name] referring to the registered manager. Another relative told us they were unhappy with some aspects of the service but were reluctant to complain to the registered manager and did not wish to discuss further on inspection. We fed these comments back to the registered manager.

End of life care and support

• People were supported to make decisions about their practical preferences for end of life care. However, we found care plans contained limited person-centred information relating to end of life wishes. We discussed these findings with the registered manager who was receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.
• Staff understood people's needs and respected people's religious beliefs and preferences.
• The home had created a memory tree in the reception where people, their family and friends could write and leave messages relating to loved ones.

Good

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
• The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.
• The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and line with requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager had effective oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
• The quality assurance system included checks of care plans, falls, medicines and the premises. We found these audits were effective in that, where areas for improvement were identified, action was taken.
• The previous inspection rating was displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities.

Engaging and involving people using the service, the public and staff fully considering their equality characteristics. Continuous learning and improving care
• The organisation structure was displayed in the reception, which meant there were clear lines of accountability in the service.
• The provider regularly sought the views of people, their relatives and visiting healthcare professionals and feedback was used to continuously improve the service. We got a mixed response when we asked people and relatives if they knew who the registered manager was. Comments included, "I know the manager and can talk to her anytime", "If I have a problem I'd go to the office", "No, I have no idea who is in charge" and "I don't know the manager and I've never been to a meeting."
• Staff were formally asked for their feedback and consulted with regarding proposed changes to the service.
• Staff had completed health and social care qualifications which covered important areas of care practice such as privacy, dignity, equality and diversity, confidentiality and promoting independence. This helps equip staff with the knowledge to deliver care and support in a non-discriminatory way.
• Staff told us the registered manager was approachable and they felt listened to. Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards. A member of staff told us, "I feel very supported by management." Another member of staff said, "The manager was there when I needed support."

• The registered manager was responsive to our inspection and was keen to further develop and improve the home. This was evident as they took immediate actions to address any concerns we identified during inspection.

Working in partnership with others

• The registered manager demonstrated how they continued to improve their service by working in partnership with other services. The registered manager told us they kept up to date with good practice through local authority events and training. They were also supported by the provider to develop in their role and there were systems in place to provide the registered manager with up to date information in relation to ensuring their service was working to best practice.

• The service had forged links for the benefit of the service with several organisations to support care provision. These included the memory team, social workers, infection control and Macmillan nurses.