Care Quality Commission

Waterloo Care Limited

Waterloo House

Inspection report

Waterloo Road
Bidford on Avon
Alcester
Warwickshire
B50 4JH

Tel: 01789773359

Date of inspection visit:
04 March 2020
05 March 2020

Date of publication:
21 April 2020

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Waterloo House is a residential care home providing personal care and accommodation to 31 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building.

People's experience of using this service and what we found
The provider was not registered to support people with mental health needs but one person living at Waterloo House needed this type of support. Staff were not trained in this area of care and an important incident involving this person had not been reported to us. Since joining Waterloo House, the registered manager developed a service improvement plan and understood the importance of continuous learning to drive improvements. There was a culture of openness and honesty and new systems for quality assurance and been introduced. Staff enjoyed working at Waterloo House and caring for the people who lived there.

People were supported by staff who understood how to keep them safe from avoidable harm and abuse. There were enough staff to meet people's needs. Risks to people were assessed with clear guidance for staff to help manage them, and staff spoken with could identify when people may be at increased risk due to their health conditions or mobility. Effective infection control measures meant Waterloo House was kept clean, fresh and hygienic. Accidents and incidents were recorded and monitored to identify what actions could be taken to reduce the risk of them happening again. Medicines were managed safely and only staff who received training in medicine competency were allowed to administer medication.

People's needs were assessed and used to develop care plans for specific health conditions and risks. Staff received training, induction and a period of shadowing to equip them with the knowledge and skills needed to support people safely. Staff could explain how they used their training to help look after people living with dementia including visual choices and techniques in safe hand holding during personal care. People accessed external healthcare promptly because staff monitored their health for signs of change and made relevant referrals when needed. Improvements were being made to the internal design and decoration of the premises and the garden.

People were supported by kind and caring staff who knew them well. Staff had time to understand people's needs to support them safely and enjoyed spending meaningful time with people learning about their past and their families. The provider valued people's views and their participation in care planning. New ways of encouraging opinion was being promoted and results of questionnaires were displayed throughout the home.

People received care that was personalised because their preferences were identified as part of care planning. Further improvements were planned in this area of practice. A new lifestyle and wellbeing coordinator was employed to maximise the availability of time available for people to spend engaged in meaningful activity. There was a variety of activities to suit individual needs including baking, smoothie making and crafts, as well as singers who regularly visited the home and annual garden parties. Information

packs for people, relatives and visitors was displayed throughout the home providing information on the complaints process, quality assurance, and the role of CQC in response to feedback from relatives.

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.

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

Rating at last inspection
The last rating for this service was good (published 9 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Details are in our safe findings below.

Is the service effective?

The service was effective.

Details are in our effective findings below.

Is the service caring?

The service was caring.

Details are in our caring findings below.

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

The service was not always well - led.

Details are in our well-led findings below.

Care Quality Commission

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 Care Act 2014.

Inspection team
The inspection team consisted of two inspectors on day one and one inspector on day two.

Service and service type
Waterloo House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 that 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
This inspection was unannounced. We informed the provider of our plan to return for a second day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with four people who used the service and four relatives about their

experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, team leader, care workers, the chef and domestic.

We reviewed a range of records. This included three people's care records, multiple medication records, risk assessments and high dependency charts. A variety of records relating to the management of the service, including minutes of staff meetings, audits and quality assurance records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and the service improvement plan.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding information including how to report concerns was displayed throughout the home to raise awareness, and was visible to people, visitors and staff. People told us they felt safe living at Waterloo House because staff were always around if they needed them, and relatives spoken with echoed this.
- Staff received safeguarding training and knew to report concerns of abuse or unsafe care to senior management, CQC, or the police.
- The provider notified the local authority, and us, when potential safeguarding concerns were identified.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and wellbeing were assessed and planned for with guidance for staff on supporting people safely. One person had a catheter care plan but no risk assessment. The registered manager responded immediately and by the second day of inspection a risk assessment was completed which contained clear information for staff to identify potential risks.
- Hazardous and dangerous chemicals were stored safely in a clearly labelled and locked cupboard.
- There were effective systems to monitor and maintain the safety and quality of the environment through regular checks and servicing of utilities.

Staffing and recruitment

- There were enough staff with the right knowledge, experience and skills to meet people's needs safely and in a timely way. Only staff with satisfactory references and Disclosure and Barring Service (DBS) checks could work at Waterloo House.
- In response to levels of permanent staffing numbers, a recruitment and open day was planned to promote Waterloo House as a care provider and employer in the local area.
- To maintain safe staffing levels, the provider only used a regular agency and agency care staff who had worked at Waterloo House before.

Using medicines safely

- Overall, medicines were ordered, stored and administered safely in line with manufacturer guidelines. However, we identified no date of opening recorded on some topical creams which is recommended best practice. The team leader responsible for maintaining and improving medicines practice agreed to share this with the staff team as an area of learning.
- A new system to report medication errors was recently introduced to help monitor medicine administration and help identify errors as soon as possible.
- Staff received medication training and a period of observation to support safe and competent medicines

practice.
● The provider had protocols for people who needed their medication covertly and records to evidence this decision was agreed in line with legislation.

Preventing and controlling infection
● Waterloo House was clean, fresh and free from odours. Staff wore personal protective equipment such as gloves and aprons to help prevent and control infection.
● Domestic staff kept daily records of cleaning. These were audited monthly as part of quality control.
● If people were unwell this was communicated to domestic staff at the start of their shift, so deep cleans were carried out promptly, to reduce the risk of infection spreading.
● Infection control reminders were located throughout the home, and in response to the recent public health concern of corona virus, information and guidance was developed for visitors to Waterloo House.

Learning lessons when things go wrong
● Accidents and incidents were recorded by staff and healthcare sought when needed. Changes were made to people's assessments and care plans to ensure these remained relevant to current needs and risks.
● The registered manager reviewed these monthly to identify trends or patterns and if further action was needed to minimise the risk of them happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental Capacity Act assessments were carried out for people who needed them and were decision specific. However, we identified some gaps in records of steps taken to optimise people's understanding and one capacity assessment was completed incorrectly. We raised this with the registered manager who agreed to review the record so it correctly followed the stages of assessment.
- The registered manager understood their responsibility to identify people in their care whom may be deprived of their liberty and made applications to the authorising body. A copy of authorised DOLS were kept on people's records.

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

- People received a holistic assessment of their needs and identified choices regarding how their care was provided.
- The provider had an inclusive and values-based approach to supporting people. The registered manager developed a new service user guide which contained core values of the home and the rights of people living at Waterloo House have the right to receive.

Staff support: induction, training, skills and experience

- Some staff spoken with were supported to undertake further qualifications in health and social care but said their training could be better. One staff member said, "We don't have face to face training around

health issues - I wouldn't mind having this – it would be good."
● New employed staff received an induction which included mandatory training and shadowing.
● Staff were trained in the Care Certificate which is an agreed set of standards people must meet to work in health and social care.
● The registered manager planned for more specific, face to face training to improve staff knowledge and skills to support people with certain health conditions.

Supporting people to eat and drink enough to maintain a balanced diet
● People spoken with gave positive feedback about the food. One relative said, "I've seen some of the food and it's ample - there's a good variety." Another person said, "I've not got a big appetite but it's good food and there's a choice."
● People's nutritional needs were assessed and used to develop care plans which guided staff on meeting those needs.
● The provider used high dependency charts to monitor people's nutritional intake on a daily basis, and referred people to their G.P if they had concerns about their nutrition or hydration.
● People who needed support to eat were given help and not rushed. Staff were on hand during meal times to respond to people when they needed it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Relatives told us they were kept informed of changes to people's health and wellbeing. One relative said, "We're always told quickly if [person] isn't well. We're very happy with the care, [person's] happy too."
● Staff monitored people's health for signs of change and referred people to external support quickly. One health professional spoken with said, "They're really on it with wound care and ring us straight away. There are always staff around when I visit and they work really well with us."
● People had regular access to their G.P through twice weekly visits to the home.
● People's oral health care needs were assessed and included within care planning.

Adapting service, design, decoration to meet people's needs
● Two communal rooms at Waterloo House were recently re-decorated. Re-decoration and design of other areas of Waterloo House were in progress.
● The registered manager had plans to better utilise areas of the home and garden. Improvements were planned to turn the conservatory into a 'garden room' to provide people with a more meaningful opportunity to spend time in this space.
● Signage helped orientate people living with dementia to their environment.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. The provider had a policy, procedure and risk assessments for locked bedroom doors which meant people who chose to keep their bedroom door locked could, safely. One person said, "It's lovely here, the staff are smashing. I have this room to myself which gives me independence."
- Staff maintained people's dignity during care interventions. However, we observed one situation which could have compromised a person's dignity because staff did not use a blanket to cover their legs whilst being hoisted. We raised this with the registered manager who assured us this would be brought to staff meetings to learn from this.
- People's independence was valued. One staff member said, "I always ask people first to see if they can make a decision and do this for themselves. If I think they are struggling I offer to help, but I always give people the choice first."

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

- People were supported by kind and caring staff who knew them well. One relative said, "[Person] gets fantastic attention, I'm very happy [person] is here actually. The care is absolutely wonderful and the carers are so obliging."
- Staff had time to understand people's needs and support them safely. One member of staff spoken with said, "Some people do get agitated, especially during personal care. I sit with them, talk and give reassurance. I offer people a cup of tea and explain I'm here to help and this helps settle people down."
- Staff treated people with warmth during their interactions and had a sensitive and gentle approach when communicating with people. One relative said, "[Person's] care is brilliant. All the staff are lovely. I've not had one concern about the staff – they're lovely and always nice with us."

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

- People were encouraged to share their views and participate in care planning individually and as part of the service, through care reviews, questionnaires and meetings for people and their relatives.
- The provider referred people to advocacy if they did not have family or friends to support them with important decisions about their care and daily lives.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support
● End of life care preferences were not currently included as part of the assessment process. This was identified by the provider as an area needing improvement, and included in their service delivery plan, so people's wishes about the care they received during the end stages of their lives were known and recorded. At the time of inspection, no one living at Waterloo House was nearing the end of their life.
● People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. These provide health and care professionals with a summary of recommendations to help them make immediate decisions about that person's care and treatment in an emergency.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's preferences were identified and included within care planning. The registered manager planned to review all care plans to make them more personalised as part of service improvement.
● During mealtimes people were given a visual choice of food to help people with communication difficulties and living with dementia.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The registered manager told us information could be provided in different formats if needed.
● People's communication needs were identified and included with care planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The provider employed a new lifestyle and activity coordinator. This person was responsible for planning activities and developing individual care plans, so they were responsive to people's communication needs and enjoyment.
● The activity coordinator observed people, used information contained in people's care plans and conversations with relatives to understand people's likes and dislikes. They said, "There was a person who had been here a few weeks and I struggled to communicate with them. I put on Doris Day and they came over when they heard the music. They responded positively – I got smiles and a few words. I made a breakthrough with this person."
● Activities available for people included smoothie making, baking and painting. Regular singers visited the

home and during our inspection people were engaged in 1-1 activities. Other visiting entertainment was planned for the future.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and people felt able to complain if they wanted to. One person said, "I'd tell whoever if I wanted to make a complaint, but I've got no complaints or concerns."
- A new activity coordinator was employed in response to feedback from relatives, as the home had a period of time without a staff member responsible for planning activities.
- An information pack and service user guide was developed for people and visitors in response to feedback. This contained important information about the complaints process, quality assurance systems and feedback forms, FAQs about inspections and the role of CQC.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management 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; 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

- One person who lived at Waterloo House had mental health support needs but the provider was not registered to provide this type of support. The environment was not appropriate for this person and staff had not received specialised training.
- A serious incident which involved this person was not reported to us. We discussed this with the registered manager who made a retrospective notification immediately after our visit.
- Risks to this person's health and safety were assessed with detailed guidance for staff to follow. The provider took immediate steps in response to the serious incident and contacted the relevant commissioning teams for urgent review and alternative accommodation.
- End of life care planning to identify people's important wishes during the end stages of their lives was not included in assessment. The provider identified this in their service improvement plan.
- Systems for auditing medication did not identify the date of opening on some topical creams had not been recorded.
- Other important events and incidents involving people and the service, were reported to us by the provider in line with the duty of candour.
- The registered manager introduced new quality assurance systems to monitor and improve the health, safety and quality of care provided.

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

- Waterloo House had a friendly and homely atmosphere and people spoken with echoed this. One relative said, "Staff pass the time of day with people and it's quite homely. I think the staff here make it feel that way." Another relative said, "I visit twice a week and there are always people around. It's very friendly and welcoming."
- Staff were happy, engaged and gave positive feedback about the staff team at Waterloo House. They said management were approachable and supportive.
- A culture of openness meant staff were encouraged to be themselves and honest during CQC inspections when these were discussed at team meetings.

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

● We received positive feedback from people about the new registered manager. One relative said, "The new manager seems pretty good at organising things. I know about the relative's meetings."
● The registered manager valued people's views and made changes to improve and promote their participation. Questionnaires for people, relatives and professionals were displayed throughout the home alongside results from recent satisfaction surveys.
● Meetings for people and their relatives were being re-introduced as there had been a gap since the last one took place due to staff leaving. Records of the last meeting showed people were given updates on changes to the home including the décor and their views gathered on future activities and outings.
● The provider had an equality and diversity policy and promoted this as a core value of care which people have the right to receive. The registered manager said, "We identify during assessment if people have specific cultural or religious needs, for example, and how we can meet those needs, such as bringing church services to the home or helping people get to services to practice their religion."

Continuous learning and improving care
● The registered manager developed a detailed service improvement plan since joining the service which covered a wide range of care practice and quality assurance systems.
● New reporting systems for medication errors was introduced. Staff were encouraged to use these systems to promote learning and improved care and were reassured to not feel anxious about reporting mistakes.

Working in partnership with others
● The provider worked effectively with other healthcare professionals and introduced new information sharing records for visiting professionals.