Anchor Hanover Group

Waterside

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
Waterside is a residential care home that was providing personal care to 30 people aged 65 and over at the time of the inspection. The service can support up to 48 people. The home is split into three units, each with its own communal areas for dining and a lounge area. At the time of our inspection, one of the units was not in use.

People's experience of using this service and what we found
People told us they felt safe with the care workers. Risks to people's care were assessed and there were clear guidelines for care workers in mitigating these. There were enough care workers available to provide people with care. People were supported safely with their medicines. The provider investigated accidents and incidents to learn from these and help prevent risks of repetition.

People were involved in the initial and ongoing assessment of their needs. People received support from care workers who were properly inducted, trained and supported to provide people with care. People were supported appropriately with their nutritional and healthcare needs.

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.

People told us care workers were kind and respected their privacy and dignity. People received personalised care that met their needs. Complaints about care were properly investigated.

The provider was committed to delivering high quality care and care workers understood their responsibilities. The provider engaged people and staff members in the ongoing delivery of care and made changes in line with people's feedback.

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

Rating at last inspection
At our last inspection the service was rated Good. (Published 9 November 2016).

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

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

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 responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Waterside

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 was carried out by a single inspector over the course of two days.

Service and service type
Waterside is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

What we did before the inspection
Before the inspection we reviewed the information we held about the service which included the previous inspection report and we used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also used information from notifications of incidents that the provider is required to send to us. We used all of this information to plan our inspection.

During the inspection
We spoke with four people using the service about their experience of the care provided. We spoke with five

members of staff which included the registered manager, the chef and three care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and four medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one social care professional who regularly visit the service.

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 and is still good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

• The provider had appropriate risk management processes in place. This included risk assessments and appropriate care plans for a number of different areas including people's risk of developing a pressure sore. People's moving and handling needs were clearly recorded with details of any equipment they used along with records of checks of the equipment. For example, we saw records of checks on one person's wheelchair and scooter which indicated that they were safe to use.

• However, we did not see that people's risk of falls were always fully documented. We identified two examples of people who were at a low risk of falls who did not have specific falls risk assessments in place. We spoke with the registered manager and the regional lead about this and they ensured that personalised plans were created by the morning of the second day of our inspection.

• Care workers had a good understanding of the risks involved in caring for people. They had received relevant training in moving and handling people and we observed them to be providing appropriate care to people when assisting them to mobilise.

• People had Personal Emergency Evacuation Plans (PEEPs). A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach an ultimate place of safety unaided or within a satisfactory period of time in the event of an emergency. People's PEEPs specified how they were supposed to reach a place of safety as well as the number of care workers who were required to support them to do so. For example, we saw one person's PEEP which stated that the person could evacuate the building on their own but needed guidance from care workers in order to do so as well as their walking stick.

Staffing and recruitment

• Care workers told us that there were not always enough staff scheduled to provide people with support. We were told and observed that there were three care workers and one team leader on each floor during the day time providing 13 and 16 people with care. Care workers told us that where a person needed to attend a hospital appointment, further cover was not arranged to account for the absence of the staff member from the service. We were told that this happened approximately once a month and resulted in care workers struggling to provide people with the care they needed.

• We spoke to the registered manager about the concerns that had been relayed to us. We were told that efforts were made to ensure that any absences were covered by care workers. However, the registered manager agreed to investigate the concerns further and take remedial action if necessary.

• On the basis of our observations, our review of rotas and our review of dependency data which the provider sent to us, we found there were enough staff scheduled to work at the home.

• The provider ensured that candidates were suitable to work with people prior to their employment. We reviewed four staff files and found they included evidence of appropriate pre-employment checks which included a full employment history, criminal record checks, their right to work in the UK as well as two

references.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe using the service. People's comments included "I trust them - they help you out" and "I feel comfortable with them - they keep me safe".
• Care workers had a good understanding of how to recognise signs of abuse and explained the procedure they were expected to follow if they were concerned that someone was being abused. One care worker told us, "We need to act quickly to make sure the person is safe… so we make sure the person is out of harm's way and report the incident straight away, so it can be investigated."
• Records indicated that care workers had received safeguarding training on an annual basis.
• The provider had an appropriate safeguarding policy and procedure in place which stated the parties who needed to be informed of any safeguarding incidents as well as the process that needed to be followed.
• We reviewed a sample of safeguarding incident forms and these demonstrated that investigations were being conducted in a timely manner and that safeguarding incidents were being reported to both the CQC and the local authority as required.

Using medicines safely
• The provider supported people with their medicines safely. People had clear medicines care plans which stated which medicines people were taking, the quantities and the times these were supposed to be taken as well as their preferred method of administration.
• We reviewed three people's medicines administration records (MARs) and found people were being administered their medicines correctly. We reviewed the physical medicines that were kept for people and found the numbers of medicines tallied with the amounts recorded on their MARs. Where people took medicines on an 'as required' basis, we saw this was recorded on a separate sheet along with the justification for taking these.
• Medicines were stored safely within a separate medicines storage room and this was temperature controlled. The provider had an appropriately constructed Controlled Drugs cabinet which was kept locked and accurate records were kept of the controlled drugs stored and administered. Each administration was appropriately signed by two staff members for accuracy.
• We spoke with a team leader who was responsible for administering medicines and they demonstrated a good understanding of their role and the procedures involved. They confirmed they had received adequate training to do their role.
• The provider had an appropriate medicines administration policy which specified the procedure to be followed to manage medicines safely.
Preventing and controlling infection
• Care workers had a good understanding about how to maintain good hygiene within the home. One care worker told us, "We wear the gloves and wash our hands a lot."
• Records indicated that care workers received infection control training on an annual basis and this was up to date.
• We observed that the home was clean and tidy on the days of our inspection and we saw care workers using items such as gloves and aprons in the course of their work. The home also had a dedicated sluice in place for dealing with the hygienic disposal of items such as incontinence pads and bedpans.
• The provider had an appropriate infection control policy and procedure in place. This included clear guidance for care workers in hygienic practices.

Learning lessons when things go wrong
• The provider conducted suitable investigations when things went wrong. Accidents and incidents were investigated and recorded properly for learning purposes. We reviewed accident and incident records and found accidents and incidents were responded to appropriately.

• The provider analysed incidents such as falls to determine whether there were any trends or if lessons could be learned. For example, we saw the provider completed a separate falls analysis to determine the causes and lessons learnt from falls. One lesson learned indicated that the timing of some falls coincided with people's afternoon naps. Care workers were therefore advised to conduct hourly monitoring of people who had gone into their bedrooms to nap and we saw evidence of this.

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 remained the same and is still good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People told us they were involved in the assessment of their needs prior to moving into the home. One person told us, "They asked me questions before I moved here."
• People's needs and choices were assessed as part of the assessment process and people's needs were reassessed either every six months or sooner where people's needs changed.
• People's care was delivered in line with current standards and guidance. For example, we saw that risks to people's health and safety were assessed using nationally recognised tools for assessing people's risk of developing a pressure sore or their risk of malnutrition. Where needed, the provider sought advice from healthcare professionals who provided up to date guidance.
• The provider had clear policies and procedures in place which reflected current legislation and were updated on an annual basis. For example, we saw the provider's safeguarding and medicines policies reflected up to date standards in practice.

Staff support: induction, training, skills and experience
• Care workers confirmed they had received an effective induction to the service. Comments included, "It was good - it was useful" and "It was a thorough induction."
• New care workers received an induction which followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The induction involved the completion of mandatory training and an induction workbook which was reviewed and signed off on completion by a supervisor. The process lasted a period of 12 weeks.
• Care workers were further supported through supervision and appraisal meetings. Care workers told us supervision meetings were conducted regularly and we saw records that demonstrated they were taking place every three months. The records we saw included a check of the care worker's welfare, any training needs as well as a knowledge check. For example, one record included questions for the care worker about infection control procedures and acknowledgement that the care worker had given appropriate answers.
• Care workers told us they received enough training to do their roles. One care worker told us, "We do get a lot of training and can ask for more if we need it." Care workers were required to complete mandatory training in a range of subjects every year which included moving and handling and safeguarding adults.
• We reviewed the provider's data relating to supervision meetings, appraisals and training and found the provider was up to date in providing these to care workers.

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

• People's care records included a separate nutritional care plan which detailed the person's preferences in relation to food as well as whether they had any particular needs. Where needed, people were assessed by either a dietitian or speech and language therapist. For example, we saw one person's care plan stated they required their meals to be fortified due to their identified risk of malnutrition by a dietitian. Records showed that the person was being weighed weekly and their weight had remained stable.
• Care workers had a good understanding about people's nutritional needs as well as their preferences. For example, care workers were able to identify whether anyone preferred a vegetarian diet and they knew who required their food to be fortified.
• We spoke with the chef and they confirmed that they devised a bi-annual menu depending on people's feedback about the food. 'Taster sessions' were arranged where people sampled the food from a proposed menu and stated which food they liked and which food they did not like. The chef was clear about people's nutritional needs and their food preferences. We sampled the food on the first day of our inspection and found the food to be appetising, of a good portion and served at the right temperature.

Staff working with other agencies to provide consistent, effective, timely care
• The provider worked with other agencies to provide people with consistent and timely care. We read examples of people receiving timely and effective support from outside professionals for a range of issues. This included access to dentists, occupational therapy, dietitian and optical support when needed. A GP also visited the home weekly to ensure people's needs were responded to quickly.

Adapting service, design, decoration to meet people's needs
• The design and decoration of the home was appropriately adapted to meet people's needs. We saw the home was adapted to provide wheelchair access. There was step-free access to the building and a lift for people to move easily between floors.
• The home was well arranged with open corridors that were easy to navigate. People had personalised their rooms with their belongings to feel more at home.

Supporting people to live healthier lives, access healthcare services and support
• The provider gave people appropriate support with their healthcare needs.
• People's care records contained details of their health conditions as well as how these affected their care needs. We found clear advice in relation to both people's physical and emotional healthcare needs. For example, we saw one person's record stated that they often became low in mood in the evenings for a very specific reason. Care workers were advised to reassure the person in the evenings, to speak with them and offer them comfort.
• Where people required a referral to another service, appropriate records were completed to facilitate this. The provider used the NHS 'red bag scheme' which aims to facilitate better communication between hospitals and care homes through improved handover of information. It involves care workers packing a dedicated red bag that includes the person's standardised paperwork, their medicines, as well as day-of-discharge clothes and other personal items.
• We saw the paperwork that had been filled in for one person using the service. This included all the pertinent details of their care plan including details of mobility and their capacity.

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.

• The provider was working within the principles of the MCA. People's records included details of whether they had the capacity to consent to their care.
• Where people were lacking in capacity we found mental capacity assessments had been completed to confirm this and associated best interests decisions had been recorded to demonstrate that the provision of care was in the person's best interests.
• Where people's movement was being restricted for their own safety we found that applications were either pending or had been confirmed by the local authority.

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 remained the same and is still 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
• People gave good feedback about the care workers. People's comments included, "The staff are alright. They listen to you and do what you ask" and "The staff are good."
• Care workers understood people's needs and gave us examples of how they met these. For example, one care worker explained one person's behaviour and the emotions they were exhibiting when they presented with particular behaviours.
• People's care records included details about their backgrounds and life histories. For example, we read details about important people in their lives, where they were born and raised and their previous occupations.
• People's care plans contained details of their religious and cultural needs. For example, we read that one person was raised following a particular faith, but over time they had become less religious and did not want to take part in any religious services. Another person continued to follow a Church of England faith and wished to take part in services for Easter among other services.

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in making decisions about their care. One person told us, "They ask me what I want… they do what I ask." Care workers confirmed that people's care was reviewed every six months and their families involved to obtain everyone's views and ensure that care continued to be provided in line with people's current needs.
• People's care plans included direct quotes from people in relation to questions asked demonstrating that people's views were sought.
• People were supported with their communication needs and had a communication care plan. These stated whether people could express themselves clearly and if not, what support they required from care workers. For example, we saw one person's care plan stated that the person was sometimes confused when communicating. Care workers were therefore advised to speak, slowly and clearly, to be patient and repeat themselves if needed.

Respecting and promoting people's privacy, dignity and independence
• People told us their privacy and dignity was respected and promoted. One person told us, "They do respect me."
• Care workers understood the need to respect people's privacy and dignity and gave us examples of how they did so. Care workers told us they were careful when providing people with personal care. One person told us, "I make sure the doors are closed, curtains closed…and I talk the person through what I'm about to

do."
• We observed care workers knocking on people's doors before entering their rooms and saw them approach and speak to people in a respectful manner.
• People were supported to maintain their independence. People's care plans included details of what they were able to do for themselves and what support they required from care workers. For example, we saw recorded details about people's ability to mobilise as well as whether they were able to eat and drink independently. Care workers told us they only provided people with the care they needed and wanted. One care worker told us, "We want people to do as much as they can for themselves and encourage this."

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 outstanding. At this inspection this key question is now rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• People confirmed they had choice and control over how their care was delivered. One person told us, "They always ask me what I want." Care workers also confirmed they prioritised people's choices when providing people with support. One care worker told us, "We give people choices with everything….their meals, what they wear. Everything."

• People's care plans were personalised to reflect their individual needs. They covered a range of areas including their physical, psychological, emotional and recreational need and included personalised details. For example, there was information relating to preferred bedtime routines or whether they had any particular preferences regarding their personal care and if they used any particular products.

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

• People's care plans contained details about which activities they enjoyed. People's involvement in activities was recorded by care workers who led the activities programme. People participated in activities which included bingo, exercise sessions, arts and craft and gardening.

• The provider trained care workers to deliver the activities programme and conducted one activity per day. We observed care workers continually engaging people throughout our inspection in conversations and impromptu games.

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 was aware of her responsibility to ensure that the AIS was met. She told us that information was communicated to people directly when needed and people were supported to understand information being relayed to them. The registered manager told us that if required, she would ensure that information was available to people in other formats such braille or easy read. At the time of our inspection the provider had not needed to provide information to people in any other formats.

• People's care records contained information about people's communication needs as well the language in which they communicated. Where people required further support to communicate their needs, this was recorded within their care plan along with advice for care workers. For example, we read one person's care record which stated that sometimes the person mixed up their words. Care workers were therefore required

to be patient and allow them time to communicate and to repeat themselves if needed.

Improving care quality in response to complaints or concerns
• The provider had a clear complaints policy and procedure in place which detailed how complaints were supposed to be managed and escalated if these had not been satisfactorily managed.
• We reviewed a sample of complaints records and saw these contained details of investigations undertaken as well as actions taken to resolve these.
• The provider reviewed complaints received on a monthly basis in order to analyse any trends. At the time of our inspection no general trends had been identified as a result of complaints received.

End of life care and support
• The provider supported people with their end of life care needs when required. At the time of our inspection there was nobody using the service receiving end of life care and support. However, we saw people had advanced care plans in place which stated their end of life wishes including whether they required resuscitation and whether they had any particular religious or spiritual needs.
• The provider had an appropriate end of life policy in place which stipulated the details the provider was required to obtain when planning the care needed at the end of a person's life.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same and was good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• We spoke with one social care professional and they told us, "It is a good quality service and they deliver good outcomes for people." People agreed that the service was high quality. One person told us, "It is good here."
• Care workers demonstrated a commitment to delivering high quality care. One care worker told us, "We try to get things right for people first time, but if we make a mistake we try to learn from this… so we can improve."
• The provider audited different areas of the service to secure improvements. This included a monthly care plan audit, an analysis of accidents and incidents as well as medicines audits.

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 provider sent notifications of significant events to the CQC as required.
• The provider had clear and transparent investigation processes in place and understood their duty of candour responsibilities. Care workers understood the importance of reporting matters to their line managers when needed for further investigation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Managers and care workers understood their responsibilities within the service and towards the people they were caring for. Care workers explained their roles and responsibilities and we saw this tallied with their job descriptions. One care worker told us, "We know about the CQC and the standards we are supposed to achieve. This is something that we do talk about."
• The registered manager demonstrated a good understanding of the need to monitor the quality of care and meet regulatory requirements. She told us, "We review all aspects of the service to meet the regulations… to learn from our mistakes and improve."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People told us they were engaged in the running of the service as the provider sought their opinion in a number of areas. The provider completed an annual 'customer survey'. The results of the survey conducted in 2018- 2019 showed the provider scored highly in most areas, but areas for improvement were identified

which included the laundry services provided. The results of the survey were discussed further in the quarterly resident's meeting and an action plan was devised to secure further improvements.
• Staff gave feedback about the service through quarterly staff meetings and in an annual staff survey. The results of the survey which took place in 2018 found that although the provider had scored highly, there were identified areas of improvement. We were told the provider had discussed the results within the quarterly staff meeting and an action plan was in the process of being implemented.

Continuous learning and improving care
• The provider conducted a range of audits within the home to identify areas of improvement and acted in order to rectify these.
• These were conducted on both a monthly and a quarterly basis. We read monthly audits relating to medicines administration, infection control and health and safety among others. The results of the previous audits that we saw were positive.
• We also reviewed the provider's quarterly self-assessment which was conducted in a range of areas including the provider's staffing levels, their complaints records and a review of care plans. The self-review was audited by the provider's regional manager who visited the home to ensure the self-review was accurate and appropriate actions taken, and support was given to achieve these.

Working in partnership with others
• The provider worked in partnership with other agencies as needed. We saw evidence within people's care records of communications with health and social care professionals including social workers, district nurses and people's GPs in relation to their care needs.