Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Waterloo House

Walesby Road, Market Rasen, LN8 3EX

Tel: 01673842343

Date of Inspection: 11 September 2012

Date of Publication: September 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Platinum Care (Lincoln) Limited
Registered Manager	Mrs. Vivienne Hildred
Overview of the service	Waterloo House is situated in Market Rasen, Lincolnshire. It provides accommodation for up to thirty five people, some of whom have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We talked to four members of staff, one of whom said, "I think the care here is very good, I wouldn't stay if it wasn't." Another said, "I would be more than happy if any of my relatives where here."

People told us they were happy living in the home, one said, "In my opinion, this is one of the best homes around." One resident's relative told us, "I have no concerns at all, absolutely none."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People were able to express their views and were involved in making decisions about their care and support. We spoke with three people who used the service. One person said, "The staff let me be independent and they treat me really well." Another said, "The staff always talk to me about my care and I know exactly what to expect. I am treated with respect, the staff are brilliant."

People who used the service were given appropriate information and support regarding their care. We reviewed three care plans. Before a person moved into the home, an assessment of their abilities and needs was undertaken. This included how they liked to spend their time, food preferences and activities they enjoyed. We saw that people's wishes and preferences were respected in relation to the care being provided. The care plans had been reviewed in the last three months and in all cases the plans had been signed by the service users. We saw that some people were able to get themselves up and dressed in the morning and this had been recorded in the care plan.

We observed staff knocking on people's doors before entering their rooms to maintain and respect people's privacy.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three care plans for people who used the service. These were personalised and provided detailed guidance about how their needs should be met. For example, one person's care plan made particular reference to the need for them to have his walking stick and glasses with them at all times. Another stated the person preferred to shave themselves.

People's health needs were documented in their care plan and contact with health professionals was recorded. We saw records of visits by the local GP. In addition, we were told that people who had not seen the GP within six months were reviewed by him automatically.

Two people's care plans recorded they were unable to self-medicate; we checked the medicine administration record (MAR) sheets and found that these had been completed correctly.

The three people we spoke with told us they all took part in a variety of activities each day. Whilst the home did not have a dedicated activities coordinator, each member of the care staff was expected to organise an activity each week.

We observed that staff had time to interact with people. One relative told us, "The staff here have a great attitude; they encourage people to do things and give them a choice of things to do." One resident told us, "The staff here are very attentive, I only have to ring my bell and someone is with me straight away, I never have to wait."

We observed lunch. We saw that people were given a choice of food. We saw that a menu board was displayed on the dining room wall. We were told by one resident that if someone did not like anything on the menu, they could have something else if they told the staff before 10.30 that morning. One resident told us, "The food is excellent and I get hot drinks and biscuits throughout the day. At bedtime I get a cup of Horlicks and some biscuits. I always get a choice of drinks."

The provider may wish to note that during lunch, a care worker stood over one person whilst assisting them to eat. Another care worker stood between two people and fed them

both at the same time. We addressed this with the manager at the time who told us this was not usual and was because of short staffing that day. The manager assured us this would not happen again.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The people we spoke with said they found the home comfortable and that it met their needs. One person said, "I really like the day rooms because they are so light. There is also a nice outdoor courtyard."

We found the building had been maintained effectively and had a full-time handyman. The standard of decor was good. We were shown that new furniture had arrived for some rooms and new curtains had been put up in all the rooms upstairs. We talked to four members of staff who all commented on the building's good state of repair although all four mentioned that some carpets were looking worn. The building was free from odour and we observed a good standard of cleaning.

We checked the home's maintenance records and saw that all relevant safety and maintenance checks, including gas and electrical safety, had been carried out within the last year. We saw that all radiators were covered in order to protect people from harm.

We looked at the kitchen. The cook told us that she had all the equipment she needed. We saw the service certificate for the maintenance of the cooker ventilation system which had been carried out within the last year. The manager showed us the certificate from a recent environmental health inspection which gave the home a rating of excellent, with five stars awarded with the local council's 'Scores on the Doors' scheme.

The home had a lift to the first floor for use by staff and residents. We saw evidence this was serviced every six months.

We looked at the fire evacuation plan which was displayed clearly within the home. Staff told us they were trained in fire evacuation and knew who the responsible fire marshals were.

One resident needed to use oxygen cylinders in her room to help with breathing. We saw this had an appropriate risk assessment in place and that storage was adequate and safe. In addition, signs were placed on the person's door that indicated oxygen was in use.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with four care workers. All four told us they felt they had enough time and support to care for people and meet their needs.

On the day of our visit, there were 34 people living at Waterloo House. The rota showed that five care workers were on duty during the morning shift and four care workers were on duty during the afternoon. Another four care workers came on duty between 6 and 10pm when two night shift workers took over. In addition, the home employed two cleaners, two cooks and a handyman. The registered manager and care manager were supernumerary at all times.

The manager talked us through her staffing plan and showed us how she had added one care worker between 4 and 8pm each evening in response to the increased dependency of some residents. She showed us how the care manager assessed each person's dependency on a monthly basis. This allowed the management team to assess whether any change in staffing level was necessary.

The registered manager told us additional care workers can be provided to meet the needs of specific individuals, for example, if they require one to one supervision.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

In our last inspection in February 2012, we found the care plans we looked at did not reflect people's ability to make decisions about the care and support they needed.

At this inspection we found the home had taken advice from a number of sources, including the local authority, and had re-written all of its care plans.

We looked at three care plans and saw they now contained a pen portrait and photograph of each resident. We looked to check whether people had appropriate and up to date risk assessments that reflected their individual needs, and found that all risk assessments were in place and were last reviewed in August 2012.

We saw that bathing charts which indicated whether people chose to use the shower or bath. We also saw a monthly weight recording chart and a record of people's bowel movements. The manager showed us how charts were then monitored on a monthly basis when alterations to the care plan would be made if necessary. This provided a system for ensuring people's health and wellbeing was protected.

We saw that each care plan included assessments of capacity, best interest, and a full history of NHS appointments. There was also an information sheet that people could take with them when attending hospital. This gave information about preferences, allergies and past medical history.

We looked at the daily report book for three people. Care workers wrote in each person's book after they provided care. It was evident that notes recorded here were then incorporated into the person's main care plan.

The manager had introduced a system where every staff member had to sign monthly to indicate they had read each person's updated care plan.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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