Platinum Care (Lincoln) Ltd

Waterloo House

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

We inspected the service on 13 November 2018. The inspection was unannounced. 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 accommodates up to 35 older people with physical and or mental health needs and those associated with dementia.

On the day of our inspection 28 people were living at the service.

At our last inspection on 12 January 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service and were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs including the environment, had been assessed, and care plans set out how to minimise any risk identified and were monitored for any changes needed.

People continued to receive an effective service. Staff received all the training and support they required to meet people's individual needs, including their nutritional needs. Staff worked well with external health care professionals and people were supported to access health services when required. People were supported to make their own choices and staff cared for people in the least restrictive way possible. The registered persons had processes in place which helped make sure that when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

CQC is required by law to monitor the operation of the MCA and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Through our discussions with the registered manager and staff we were assured they understood the principles of the MCA and demonstrated their awareness of the need to obtain consent before providing day to day support and care to people. DoLS were in place where needed to protect people when they did not have capacity to make decisions and where it was considered necessary to restrict their freedom in some way, usually to protect them from risks. At the time of our inspection, 16 people were subject to an active DoLS authorisation and the registered manager informed us they were awaiting the outcome of one further application which had been submitted to the local authority for approval.

People continued to receive care from staff who were kind, compassionate and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they

understood people's needs, preferences, and what was important to them. Staff knew how to comfort people when they were distressed and made sure that emotional support was provided. People's independence was promoted.

People continued to receive a responsive service. People were involved with assessing and planning for their care needs and regularly reviewing the arrangements in place. They were supported to pursue their individual interests and hobbies, and group social activities were offered. There was a complaints procedure in place and people and their relatives knew how to raise any concerns or formal complaints if they needed to. Staff knew how to escalate any concerns they may have and told us they felt well supported by the registered manager and provider.

The service continued to be well led. People, their relatives and staff were encouraged to give their views on how the service was run. There was an open and transparent and person-centred culture within the service. The registered manager and provider worked well together using the audit systems they had established to ensure they regularly checked on and reviewed the services they provided so they could take any action needed to keep on improving them.

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

Waterloo House

Detailed findings

Background to this 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 was planned to check 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.

This comprehensive inspection visit took place on 13 November 2018 and was unannounced.

The inspection team consisted of an inspector and an assistant inspector.

Prior to this inspection, we reviewed the Provider Information Return (PIR). This is a form which asks registered persons to provide us with key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

During the inspection visit, we spoke with nine people who lived at the service for their views about the support they received. We spoke with the registered manager, two care managers, a member of the care staff team, the maintenance person, the cook and three of the domestic staff.

We spent time observing how people and staff interacted and how care plans were being implemented using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

In addition, we looked at specific parts of the care records of three people who lived at the service. We also looked at the management of medicines and a range of information provided by the registered manager about how they ran the service.

Good

Is the service safe?

Our findings

People told us they continued to feel safe living at the service. One person said they felt, "Very safe." Another person told us they felt secure and commented, "I would feel safe in an emergency."

People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. Through our discussions with them, staff demonstrated a good understanding of safeguarding reporting procedures including those for external organisations such as the local authority. A staff member told us, "We complete our updated safeguarding training every year which helps us keep updated with any changes." The registered manager had taken appropriate action regarding any concerns about people's safety which had been raised with them. When needed this had included working with the local authority and safeguarding teams.

Risks were assessed and planned for. Records showed risks related to care were up to date, kept under review and updated further in line with any change in need. Equipment to help people to move around safely was used carefully by staff and walking aids and wheelchairs were in place to help people to be as mobile as they could be within the service. When it had been assessed as needed, people were also supported through the use of bed side rails to reduce the risk of them falling out of bed.

Staff recognised how to support people who may experience heightened anxiety and express their feelings through behaviours which may put themselves or others at risk. Staff told us they knew people well and understood how to respond if they became distressed. The registered manager told us they and staff had an approach which was centred on the person and we observed when one person became agitated, staff noticed quickly and responded by talking with the person about things they knew the person liked. We saw the person's behaviour quickly changed and they became relaxed and spoke with the staff member at length about what they enjoyed doing.

People, relatives and staff told us there were enough staff on duty to support them. A relative told us, "There is always an ample ratio of staff to residents." Staff duty rotas were prepared in advance to ensure the correct numbers of staff were available for people at all times. Staff and relatives told us there were enough staff available to provide the support people needed and they worked as a team to cover absences such as sickness.

The PIR indicated safe recruitment procedures continued to be followed. When we undertook our visit, the registered manager showed us how they maintained records of all checks undertaken and that they had been kept updated as any new staff were employed. This meant checks were carried out before staff were employed to make sure they had the right character and experience for the role. These checks included the provider contacting the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. Staff told us the provider completed this process before they started to work at the service. This meant the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

We spoke with the care manager responsible for overseeing and managing the processes related to medicines. They described how people received their medicines and records were in place to show when people needed to take any prescribed medicines. The registered manager and the care manager showed us they had regular audits and checks in place to make sure medicines were managed safely. The registered manager also confirmed all staff dispensing medicines were trained and their competency assessed. Weekly and random spot checks were undertaken by the care manager to ensure people had received their medicines as prescribed. External audits were also carried out periodically and the provider confirmed they had followed up on all recommendations made following the last audit.

Records showed and staff we spoke with told us how people would be supported to evacuate the building in the event of a situation such as a fire. Staff knew about the plans in place for each person and that this was recorded in people's care records.

Staff received training to understand their role and responsibilities for maintaining standards of cleanliness and hygiene in the premises. In their PIR the registered manager told us how infection control was managed by all staff in accordance with the provider's policy and Department of Health Prevention and control of infection in care homes.

We observed all areas of the premises looked clean and there was cleaning equipment in place to reduce the risk of infection. Staff told us the registered manager had actively promoted the importance of reducing the risks associated with cross infection and all new staff had their hand washing competency assessed. A member of staff told us they had been identified to support the team with up to date practice regarding infection prevention and control and attended regular meetings with external professionals to maintain their knowledge and skills.

The registered manager described how they reviewed reports of safeguarding events and accidents or other incidents on a regular basis. This was to identify any themes and lessons learned to help to improve future practice. They gave us an example of action they had taken to strengthen the security arrangements for the building following an incident and how this had helped further protect all the people who lived at the service.

Good

Is the service effective?

Our findings

People and relatives told us they continued to be cared for by a consistent staff team and staff were skilled in responding to their individual needs. One person told us, "The staff are very good. You can rely on them for anything." A relative told us whenever they visited they had the chance to speak with staff and added, "You always leave on a high."

People's physical, mental health and social needs were assessed before they came to live at the service and their care and support was planned and delivered in line with legislation, standards and evidence-based guidance. The registered manager told us a person was planning to move to the home soon, and described how they always went to meet the person and invited them to visit the home so wherever possible, the person and their family could, "Test things out for themselves."

Staff told us and the registered manager's training plan confirmed staff received all the training required to help them meet people's needs safely. Training was updated regularly so staff knew how to provide care for people as their needs changed. One staff member told us, "The training is always in line with the needs of people. I have been on a course to learn about the cause of falls and how we work to reduce the risk as a team."

Staff told us they received supervision from the registered manager and were given regular feedback on their performance. They said they could sign their supervision records to show they agreed with what was discussed and felt supported through this process. One staff member described how they were able to discuss any personal and professional issues and their own learning and development needs were consistently supported.

People told us they enjoyed the food at the home and they had access to a varied diet. One person told us, "I like a beer and I get one here when I want it." Care records were kept updated to include information and details about people's nutritional needs and preferences. The information showed people were weighed regularly and their health checked to ensure they maintained the right dietary balance to help keep them healthy.

We spoke with the cook who told us they worked as part of the kitchen team saying, "There are two main cooks. We work closely together to plan the meals so that we are consistent in giving people what they like." For example, one person liked chicken and another liked fish and they had been offered these options. Another person had chosen a chicken and bacon pie as an alternative to the days menu. The cook said they understood the importance of ensuring people's dietary needs were followed. They told us any medical needs or allergies linked to people's diet were noted when people moved in and they ensured these were always met.

There was a range of external health professionals involved in people's care. Staff told us they had built strong working relationships with the local doctors and community nursing and social work teams to make sure the care they provided was appropriate and remained consistent. During our visit we observed the

interactions between staff and a visiting doctor were positive and they clearly knew each other well. When it had been needed, people were also supported by staff to attend appointments in the community. A relative told us they had requested additional help with taking their loved one when they needed to attend hospital appointments. They described the response as being very positive saying, "Staff said this was not a problem and they took [My relative] to all future appointments."

The home environment and premises continued to meet the needs of people who used the service and were accessible. The home was well laid out so people could access all areas. There was an accessible lift and separate stair lift which could be used by people to access rooms on the upper floor of the home. The entrance to the home was accessible and had just been refurbished. The work included replacing carpets. The carpets and other updated decoration in the home, including handrails, had been chosen because there were easier for people who lived with dementia to see. The provider's maintenance person told us they were available every day as needed and any environmental issues were addressed immediately.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff described how care plan records provided information about how each person liked to be supported and all the people and relatives we spoke with told us consent was always sought before care was provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 16 people were subject to a DoLS authorisation in order to keep them safe. The registered manager also confirmed a further application for one person was pending approval from the local authority DoLS team.

Good

Is the service caring?

Our findings

People and relatives, we spoke with told us they felt staff were caring. One person told us, "I am quite happy here." Another person added, "The staff know me well." A relative commented, "Staff talk to residents, not just sit them down. Their patience is remarkable. The level of care is astonishing."

Throughout our inspection visit people were treated with kindness and compassion by both the registered manager and staff.

Staff respected people's own identities in a caring and individual way. One person liked to express themselves in the way they dressed and we saw staff supported them to do this. The registered manager told us people were bought their own personal Christmas gifts which were related to the individual.

Staff knew about the things people found upsetting or may trigger distress and how to respond to this when needed. We observed an example of this when one person became agitated. The person called out to a staff member who they had recognised, calling them, "My little heart." The staff member crouched down and gently took the person's hand and encouraged them to sing a song which the person immediately knew. This gave reassurance to the person who became relaxed saying, "I am happy at the moment."

People told us they had access to a key to their room if they wanted one and they could lock their room and staff respected their own private space. Before they entered people's rooms we saw staff always knocked on people's doors and waited for a response before going into their rooms.

People had been supported to personalise their rooms in the way they wished. They also had access to a private telephone in their room if they wished to have one, and the provider had ensured people had access to the internet so they could use their own electronic devices to keep in touch with their friends and family.

We observed that all the people who lived at the service had chosen to have their meal in the communal dining area and that lunch was a social occasion. As part of our inspection we undertook some observations of how people were supported during lunch time and the interactions which took place between people and staff. Condiments were placed on each table so people could choose to season their meals themselves and some people had plate guards fitted to their plates so they could eat independently. Staff were vigilant and when it was needed they helped people to eat and drink. We saw that people were not rushed to eat their meals, that staff explained what the meal consisted of when this was needed and provided reassurance for people. We also saw a range of options for drinks were available to suit people's individual tastes. Music was playing gently throughout lunch and we saw people engage with the music, singing and clapping when each song ended. Staff spoke with and laughed together with people and this created a calm atmosphere for people to enjoy their meals.

The registered manager and staff understood the importance of keeping people's personal information confidential. People's support and care records were stored securely and computers used to store any confidential information about people and their needs were password protected. Staff told us they had

access to the provider's guidance on confidentiality, which emphasised the importance of not disclosing people's personal information, including in their use of their own personal technology related communication and social media platforms.

The registered manager showed us they and staff had the information and knowledge to support people to access lay advocacy services if they ever needed to. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes. The registered manager told us how one person who lived at the service had received support from a lay advocate and this had led to them being able to communicate their wishes in relation to their own financial matters.

Good

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. They were involved in planning their care and their preferences and wishes were recorded. One person described their routine and told us they liked to get up early and go to bed at a specific time. They told us, "There is always someone around when I get up and I am never forced to go to bed." A relative told us their loved ones, "Health and wellbeing has improved considerably. There is so much negative publicity surrounding care homes, it is great to have found such a shining example."

Each person had a detailed set of care plan records which were personalised to their own needs. The records included a profile folder which people kept in their own rooms which had a focus on the person and their needs. The registered manager told us the folder was used to highlight people's individual experiences and the things they liked to do. The information had been read together with each person and this had led to people being enabled to maintain any interests they had. For example, one person had worked as a flower arranger before they moved to the home. Staff had ensured they could continue with this by buying flowers for the person to arrange.

Staff were able to describe the best way to assist each person with their emotional as well as physical needs People told us they were fully involved in reviewing their changing needs. Care and support records showed reviews were completed regularly with the person through support wherever possible from a keyworker who had been assigned to do this.

The registered manager was aware of the Accessible Information Standard (AIS) and knew how to apply this. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. We saw information around the home such as how to raise concerns or complaints and menus were easy to access and were in word and picture format. The registered manager told us how the information about the home could be produced in other languages and formats, including, audio, large print or braille for those who needed it to be.

People had been supported to choose and engage in a range of activities that were socially and culturally relevant to them. People and relatives told us the registered manager and staff recognised the importance of maintaining family links for people who had chosen to. Photos were taken at Christmas to make Christmas cards for people's families. Activities were undertaken both in groups and individually. Staff told us they were all involved in supporting people to undertake activities with one staff member adding, "This approach helps us to understand people for who they are, better." Activities ranged from indoor games, sing a long sessions, movie afternoons and event planning to shopping trips out into the community. The garden area had been used by some people to follow their individual interest in gardening. We also noted a 'birthday tree' was displayed on one of the walls to show people's birthdays so people could celebrate them if they chose to.

Care records also reflected people's spiritual beliefs and how they were supported to continue to follow any they may have chosen to, or not to follow any at all. A relative told us their loved one was supported to attend a communion service regularly in line with their belief and choice to do so.

The registered manager told us they recognised people's preferences and choices for their end of life care was a very sensitive matter for people and their families to consider. With this in mind, the subject was approached in a range of different ways with people, and there was an acceptance that people and their families may not wish to discuss the matter at all. The registered manager had produced a bereavement leaflet to help families after the death of a loved one, and when the information had been made available, some people had chosen to add their preferences and choices for their end of life care to their care plan. The registered manager also told us how items in the garden and around the home had been bought in memory of people who had lived at the service. This had helped relatives as part of the grieving process with some relatives staying in touch with the service.

There were arrangements in place to ensure people's concerns and any complaints they may have would be listened and responded to and used to improve the quality of care provided at the service. A relative told us how when they asked if stools could be purchased to enable visitors to sit to talk with their loved ones when they were sitting in communal lounges, this was done. The registered manager told us all complaints were recorded along with the outcome of any investigations and action taken. The registered manager told us and records showed that no formal complaints had been received during the last twelve months.

Good

Is the service well-led?

Our findings

The service had a well-established registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with, relatives and staff told us they felt the service was well-managed. We observed through the discussions between the registered manager, people and visiting relatives that the manager knew all the people who lived in the service very well. A relative added, "The manager knows everyone by their name and background." People said the registered manager was readily available to speak with, and one person told us, "The manager has a door which is always open to us. I have come in for a chat and they always give me the time to do so." We observed the registered manager helped the person to tie their hair back as they had requested and that they sang a song which was familiar to the person which made them relaxed and smile.

The registered manager and the senior staff team worked well together and this had helped the registered manager have a clear overview of the running of the service, including how the staff team were deployed and how each individual was directly being cared for. Arrangements were also in place to ensure there was appropriate management cover when the registered manager was not available, including on call arrangements so staff knew who to contact.

Staff meetings were held regularly and staff told us they were always able to feedback to the registered manager and the registered providers, who they knew by name and said visited the service regularly. Staff knew how to escalate concerns either by using the provider's whistle-blowing processes or to the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. Staff told us and we saw information was readily available in the service for staff to refer to if they needed to do this.

Staff told us the service had retained a number of the staff team for many years and this had helped develop a consistent approach to giving care. The registered manager told us, "We have an excellent staff retention record and many of the staff who come to work here have worked here before." One staff member said, "The manager has a vision and we all want to work to that. It's about the people we care for."

The registered manager understood their responsibilities to check and send us the information they were required to. This included notifications of changes or incidents that affected people who used the service.

The latest CQC inspection report rating was available for people to read at the home and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

There was a clear range of systems in place for the provider to consistently monitor the quality and safety of the services provided for people. In addition to carrying out an annual quality assurance survey, in their PIR the registered manager told us that regular visits to the service were conducted by the provider's management team who reviewed the care arrangements and environment in liaison with people, their relatives and staff. Records of the visits were produced so that action could be followed up and checked. We saw these audits had continued to be effective in identifying issues which needed to be addressed and they had been used to keep improving the quality of the services provided.