

Majestic Care Home Limited

# Waterside Care Home

## Inspection report

192 Queens Promenade  
Bispham  
Blackpool  
Lancashire  
FY2 9JS

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection visit took place on 12 September 2017 and was unannounced.

At the last inspection on 07 March 2017 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to care planning, staff training and good governance. The provider sent us an action plan saying they would meet the legal requirements. During our inspection visit on 12 September 2017 we found these actions had been completed.

Waterside Care Home is registered to provide personal care for a maximum of 19 older people. The home is an adapted property, which is situated on the promenade at Bispham. The accommodation comprises of 19 single bedrooms, of which 14 have en-suite facilities. A stair lift enables people to gain access between the ground and first floor. At the time of our inspection visit there were 19 people who lived at the home.

There was a registered manager in place. 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.

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and treated people with dignity and respect.

People who lived at the home and one person visiting their relative told us they were happy with the care provided. Comments received included, "I am very happy here the staff couldn't do any more for me." And, "I have been very happy with the care provided for [relative]."

The service hadn't recruited any new staff since our last inspection. Recruitment procedures were found to be safe during that inspection.

Staff had received training to enable them to support people who presented behaviour which challenged the service safely.

Staff spoken with had received safeguarding training and understood their responsibility to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. The registered provider had an ongoing refurbishment programme in place making improvements to the environment. This included new carpets and flooring being fitted throughout the home and improvements to people's bedrooms.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

The service demonstrated appropriate systems to assess risk for people living at the home. Information about how staff supported people who presented behaviour which challenged the service was in place to inform staff how to support people safely.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people had access to healthcare professionals and their healthcare needs had been met. The service had responded promptly when people had experienced health problems.

People who lived at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy with their care.

The service used a variety of methods to assess and monitor the quality of the service. These included resident meetings and care reviews.□

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve safety.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

We found that action had been taken to improve safety and to meet the regulations breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# Waterside Care Home

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 13 September 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 13 September 2017 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included five people who lived at the home, one person visiting their relative, the registered manager, and four staff members. Prior to our inspection visit we contacted the commissioning department at the local authority, Lancashire fire service and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, the training and appraisal records of two staff, arrangements for meal provision, records relating to the management of the home and the medicines records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

When we last inspected the service we found care records did not always provide staff with clear guidance to meet people's needs. Information about how staff supported people who presented behaviour which challenged the service required development. This was because care plans did not provide clear strategies for staff supporting people who became agitated and distressed. There had been no incident reports completed identifying the results of behaviour which challenged by people who lived at the home towards staff.

This was a breach of Regulation 12 (1) Care and treatment must be provided in a safe way for service users.

During this inspection we looked at care plans of three people who lived at the home. We found care plans had been developed and provided staff with clear guidance about how to meet people's needs. Care plans provided clear and current strategies for staff to support people should they became agitated and distressed. Staff spoken with told us they had received training from the registered manager how to use the new documentation. They told us they were confident they could work effectively and support people safely. The new documentation included risk assessments and behaviour observation charts recording potential triggers and distraction techniques. When we undertook this inspection visit the service was not supporting any people whose behaviour challenged staff supporting them.

When we last inspected the service we found staff had not received training for managing behaviour that challenged. This meant staff did not have knowledge and skills to support people who challenged the service.

This was a breach of Regulation 18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.

(2) Persons employed by the service provider in the provision of a regulated activity must—

(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform

We spoke with the registered manager, checked the services training matrix and spoke with staff members. We found all staff had completed an eight week training course at level 2 in understanding behaviour that challenges. Staff spoken with were enthusiastic about the training they had received. One staff member said, "The training was brilliant, really interesting. I know feel completely confident I could deal with aggressive behaviour. We will have identified triggers and have distraction techniques in place to help us support the person challenging us."

We spoke with people who lived at the home who all said they had confidence in staff who supported them and felt safe when they received their care. One person said, "I really like it here and feel perfectly safe. The staff are very good to me." One person visiting the home said, "I am really happy [relative] is here. I know they are safe and treated well by the staff."



Care plans we looked at had personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures that needed to be followed in the event of people needing to be evacuated. They were able to describe what assistance each individual required. This meant people could be assured they would be evacuated in a safe and timely manner during an emergency.

Staff spoken with had received moving and handling and health and safety training. They told us they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff had time to sit with people and engage them in conversation. The atmosphere in the home was calm and relaxed. Comments received from people who lived at the home and their visitors included, "Yes there is always plenty of staff on duty. I never have a problem getting assistance if I need it." And, "Staff are always in attendance when I visit. I have never had a problem finding them."

The service hadn't recruited any new staff since our last inspection. Recruitment procedures were found to be safe during that inspection.

We looked around the building and found it was clean, tidy and maintained. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff

undertaking their duties. We saw cleaning schedules had been completed and audited by the registered manager to ensure hygiene standards at the home were maintained. One person visiting the home said, "Never had any concerns about hygiene."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. The registered provider had an ongoing refurbishment programme in place making improvements to the environment. This included new carpets and flooring being fitted throughout the home and improvements to people's bedrooms including new sinks and vanity units.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

Prior to our inspection we contacted Lancashire fire service who had recently visited the service and made a number of recommendations about the environment. We discussed these with the registered manager who confirmed these had been actioned.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## Is the service effective?

### Our findings

People who lived at the home told us they received effective care because staff supporting them had a good understanding of their needs. Our observations confirmed staff were attentive and ensured people's needs were met. One person who lived at the home said, "I feel comfortable in the care of the staff. They know what they are doing and are very competent in my opinion."

We spoke with staff members and looked at the service's training matrix. This confirmed training covered safeguarding, moving and handling, fire safety, first aid, understanding behaviour that challenges and health and safety. Staff also received dementia care training and were knowledgeable about how to support people who lived with dementia. In addition all staff had recently completed older and out lesbian, gay, bisexual, transgender LGBT awareness training. Most staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills. One staff member told us about future training that had been scheduled for them to attend including Mental Capacity Act.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up or served in their rooms. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. The service had a snacking station in the lounge where people could help themselves to drinks, fruit, crisps, cake and biscuits between meals.

The service operated a four week menu. Choices provided on the day of our inspection visit included chicken casserole, boiled potatoes, cauliflower and broccoli. A variety of alternative meals were available and people with special dietary needs had these met. This included one person who had their diabetes controlled through their diet.

We observed lunch in the services dining room. We saw people were given their preferred choice of meal. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. People who lived at the home told us how much they enjoyed the meals provided. One person said, "Love the meals. Lunchtime is my favourite part of the day."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards

Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example we saw one person with a healthcare condition had recently had their annual healthcare review to monitor their condition.

## Is the service caring?

### Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "I like it here because the staff are kind and patient." And, "I love it here. I have made some good friends and the staff are really friendly." One person visiting their relative said, "I am really happy [relative] is here. [Relative] seems happy and I feel settled knowing she is well cared for."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience. One person said, "I am happy with my care. The staff are lovely."

We saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time in their own room or in the lounge area. We spoke with one person in their room. They said, "I like to spend time in my room reading and watching television. I go down for lunch and also attend some activities."

Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We saw staff spoke with people in a respectful way, giving them time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

During this inspection we looked at care records of three people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the support people received and the activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met. The atmosphere in the home was calm and relaxed and people who lived at the home appeared comfortable in the company of staff. We saw staff demonstrated a good understanding of people's needs and did their best to ensure these were met. People who lived at the home told us they were happy with staffing levels and staff were available to support them when needed. One person who lived at the home said, "No issues with the staff. I spend a lot time in my room and they are always popping in to check I am alright and if I need anything."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

The service employed a part time activities co-ordinator who organised a selection of activities to keep people entertained. The activities were structured, varied and thoughtful. People we spoke with told us how much they enjoyed the activities they attended. One person said, "I really enjoy the activities and attend them all. We are having a sing a long this afternoon which I am really looking forward to. I used to be in a choir and love singing."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All of the people said they were happy with their care and had no complaints. One person visiting their relative told us they had no concerns about their relatives care and service provided.

## Is the service well-led?

### Our findings

When we last inspected the service on 28 February 2017 we found information about how the service supported people who presented behaviour which challenged the service required development. This was because care plans did not provide clear or current strategies for staff supporting people who became agitated and distressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) as an accurate record in respect of the care and support agreed and provided was not in place. This placed people at risk of care and support that did not meet their needs.

During this inspection we found care plans had been developed and provided staff with clear guidance about how to meet people's needs. Care plans provided clear and current strategies for staff to support people should they become agitated and distressed. Staff spoken with told us they had received training from the registered manager about how to use the new documentation. When we undertook this inspection visit the service was not supporting any people whose behaviour challenged the staff supporting them. This meant we were unable to assess how effective the strategies would be for staff supporting people who became agitated and distressed. However staff spoken with were confident they would be able to reduce the risk of any agitated person hurting others or staff supporting them.

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. One person visiting the home told us they were made welcome by friendly and polite staff when they visited.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment and medication procedures.

Staff and residents meetings had been held to discuss the service provided. We looked at minutes of the most recent residents meeting and saw topics relevant to the running of the service had been discussed. These included discussing menu planning and people's satisfaction with the social activities programme. We saw one person who recently moved into the home thanked everyone for helping them to settle so quickly.

We found the provider had sought the views of people about their care and the service provided by a variety

of methods. These included relative and healthcare professionals. All surveys seen had scored an excellent or good rating. Comments received from relatives included, 'Staff are very professional, I cannot fault them.' And, 'Always receive a warm welcome when I visit. The staff are caring, patient and friendly.' A healthcare professional had also scored the service as excellent. Comments on the survey said, 'Very impressed with the care notes. Staff do a great job.'

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.