

Waterloo Care Home Limited

Waterloo Care Home

Inspection report

Ringwood Road
Three Legged Cross
Wimborne
Dorset
BH21 6RD

Tel: 08000121247
Website: www.agincare.com/care-homes/dorset/waterloo-care-home-wimborne

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Waterloo Care Home is a residential care home providing accommodation and personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 36 people and provides care to some people living with dementia. Accommodation is provided in one two storey building.

People's experience of using this service and what we found

Records relating to risks to people had not always been completed or updated. Examples included risks associated with using an open staircase or reviewing risks following a change in a person's health. We found no evidence that people had been harmed. However, audits had not identified that people's records were not always accurate or complete.

People were supported by staff who had been trained to recognise signs of abuse and understood their role in reporting concerns. Staff had been recruited safely, including criminal record checks to ensure they were suitable to work with vulnerable people. Staffing levels met people's needs. People were protected from preventable infections as staff had been trained in infection control procedures. People had their medicines administered safely. Staff understood the actions needed should they identify a medicine error.

Assessments had been completed prior to a person living at Waterloo which captured the person's care needs, lifestyle choices and any equipment required. Staff had received an induction and on-going training and support which enabled them to carry out their roles. People had their eating and drinking needs met; meals were well balanced and met people's cultural requirements.

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.

There was limited signage to aid people living with a dementia orientate themselves around the home. Colour choices for furniture could make it difficult for people with visual or cognitive impairments to safely navigate to a chair. We recommended the provider consider professional guidance for dementia friendly care home environments.

People and their families spoke positively about the staff team describing them as kind and caring. People had their privacy, dignity and independence respected. People had their communication needs understood by the staff. This meant people were able to be involved in day to day decisions about their care. A complaints process was in place that people felt if they used would be listened to and actions taken.

People received person centred care by staff who were knowledgeable about their past histories, people close to them, hobbies and interests. People were actively supported to follow their interests and be part of their local community.

The culture of the service was open and transparent. People, their families and the staff team had opportunities to be involved in developing the service. Legal requirements to report information to CQC and other statutory bodies had been met.

We have found evidence that the provider needs to make improvements. Please see the 'Safe' and 'Well Led' sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Waterloo Care Home

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 one inspector who was joined on the first day by a CQC evidence review officer.

Service and service type

Waterloo 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 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 looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

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.

During the inspection

We spoke with five people who used the service and two relatives. We spoke with the operations manager, registered manager, deputy manager, visiting peripatetic manager, five care workers and the chef. We reviewed five peoples care files and checked their accuracy. We checked three staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also spoke to a health professional who had experience of the service.

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 had deteriorated to 'Requires Improvement'. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Records relating to risks to people had not always been completed or updated. For example, two people who had access to an open staircase had been identified by the registered manager as having the potential to use the staircase and risk falling. The risk was known by the staff team who had placed an alarm mat outside their bedroom door which alerted them to check the persons whereabouts and safety. The registered manager agreed risk assessments needed to be completed and told us they would review this immediately.
- One person's behaviour had been assessed as potentially placing others at risk. A risk assessment had been completed but the actions needed to reduce the risk had not been included in their care and support plan. The registered manager agreed and told us they would review this.
- Another person had been discharged from hospital with a wound. A skin integrity risk assessment was in place but had not been reviewed in response to the person's changing risk. The wound was being dressed by the district nurse and actions including a specialist mattress were in place. The registered manager told us they would review the process for admission from hospital with the staff team and update the persons' risk and care plan.
- Another person had risks associated with their skin, malnutrition and swallowing. Their risk assessments had not been reviewed since February 2019. The registered manager told us they felt the persons risks hadn't changed but told us their policy was they should be reviewed monthly and would arrange for this to take place.
- People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People and their families described the care as safe. One person told us "The staff are really nice; I feel safe". A relative said, "I feel (relative) is safe, I trust them (staff)".
- Staff had been trained to recognise signs of abuse and understood their role in reporting concerns of abuse or poor care practice.
- People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.

Staffing and recruitment

- People were supported by staff that had been recruited safely. References and criminal record checks had been obtained and completed to ensure suitability for working with vulnerable people.
- Staffing levels met people's care needs. People told us their call bells were answered in good time. The

registered manager told us they had introduced a new 'twilight' shift, which meant an additional member of staff between 4 – 10pm to meet people's changing needs.

Using medicines safely

- People had their medicines ordered, stored and administered by staff trained in the safe administration of medicines. Medicine administration charts included a photograph of people and any known allergies.
- Protocols were in place for medicines prescribed for as and when required, ensuring they were administered safely.
- When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.
- Staff understood the protocol for reporting medicine errors and records showed these had been followed.

Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control training. Staff had access to appropriate personal protection equipment such as gloves and aprons.
- A cleaning schedule was in place. Armchairs in the lounge area required more robust cleaning and the Operations Manager told us they would arrange for this to take place. The home was clean and free of malodour.
- Hand washing guidance was displayed around the building for visitor's information.

Learning lessons when things go wrong

- Lessons had been learnt when things went wrong. Incidents, accidents and safeguarding's were a way to improve practice and action had been taken in a timely way when improvements had been identified. An example had included an analysis of the times of falls leading to changes in the deployment of staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People and their families had been involved in pre- admission assessments. Information gathered included details of a person's care needs and lifestyle choices and any spiritual or cultural requirements. Where equipment had been identified as needed, such as air mattresses, these were in place at the time of admission.
- Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial person-centred care and support plans.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. A care assistant told us, "My induction included starting the care certificate, then some shadowing. The training as a whole was really good". The care certificate sets out common induction standards for social care staff.
- Training reflected the needs of people including dementia care and diabetes. Senior staff had lead roles and responsibilities which included key skills such as oral care and catheter care. A care assistant explained, "My training (dementia) helped me with communication. If somebody is distressed for example, sitting them down, reassuring them. Getting down at their level, offering reassurance helps".
- Staff had an annual appraisal where they set goals including opportunities for professional development such as diplomas in health and social care.

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

- People had their eating and drinking needs understood by both the catering and care staff. One person told us, "I asked for soft foods and they have accommodated me; I've started to put weight back on". A district nurse told us, "Staff are good at supplementing diets when needed and making dietician referrals".
- We observed people having meals that were presented attractively and were well balanced. People were offered both a choice of what they would like to eat and where they would like to have their meals. The registered manager told us they were in the process of developing picture prompts to aid some people in making meal choices.
- We observed people in the communal areas and their rooms being frequently offered drinks and a range of snacks throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff had worked with other health teams to enable consistent, effective care.

Examples included working with mental health teams and district nurses. We spoke with a district nurse who told us, "They (staff) are confident to talk to us and ask appropriate questions".

- Key information was shared when people transferred to another service such as hospital. This included key contacts, medicines, communication and care needs.
- People had access to a range of healthcare services including GP's, chiropodists, opticians and dentists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs

- People had access to both private spaces, an area to meet and socialise and an enclosed accessible garden. A passenger lift provided access to the first floor. Specialist bathing facilities were available for people when needed.
- People's personal space was reflective of their individual interests and lifestyles. People had pieces of their own furniture and memorabilia which provided a homely environment.
- There was limited signage to aid people living with a dementia orientate themselves around the home. In the communal area both the carpet and chairs were red in colour which could make it difficult for people with visual or cognitive impairments to safely navigate to a chair.

We recommended the service consider national guidance on dementia friendly care home environments or similar professional guidance when reviewing decorations and adaptations to the home.

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.

- People were having their rights upheld as the service was working within the principles of the MCA. We observed staff seeking consent from people and offering choices before providing any interventions. When people declined an intervention, we saw this was respected.
- Records were held regarding when DoLS applications had been made and whether these had been authorised. One person had conditions attached to their authorised DoLS which were being met.
- When people had been assessed as lacking capacity to make a decision, best interest decisions had been made on their behalf. Input had included family, other professionals and the staff team.
- Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People and their families spoke positively about the care. One person told us "The care is spot on; the girls (staff) are absolute diamonds". A relative explained, "The staff really get (relative); they get their naughty sense of humour, they have fun". Another relative described the staff as "caring and friendly". A care assistant told us, "We want to keep people happy and get to know them and their families". Another said, "Everybody (staff) remembers this is their home. People need to have fun and a shoulder to cry on and staff are understanding of that".
- We observed one person who experienced bouts of anxiety throughout our inspection. Staff consistently responded by offering emotional support and reassurance in a calm, patient manner, staying with the person until they relaxed.
- People had their individual communication needs understood. A care assistant explained, "It's important with communication that you go along with a person's feelings". Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. Examples included talking with people at eye level and using hand gestures and facial expressions.

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

- People felt involved in decisions about their day to day care. One person told us, "They (staff) ask me everything (about my care) and follow my instructions".
- Interactions between staff and people were respectful and involved the person in decisions. Throughout the inspection we observed staff explaining their actions to people, giving people time, listening and respecting what they had to say.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and their families consistently told us staff were thoughtful and respected their privacy and dignity. A relative explained, "(Staff) are always respectful of our time together; they always knock the door".
- We observed people having their privacy, dignity and independence respected throughout our inspection. Staff used people's preferred name when addressing them, knocked before entering rooms and maintained people's dignity when providing support.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Is the service responsive?

Our findings

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

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

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

- People received person centred care by staff who had a good knowledge of people's care needs and lifestyle choices. Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. A district nurse told us, "They (staff) know residents well which is helpful as a lot of residents have dementia and we may not know them".
- People and their families felt involved in how care needs were met. One person explained, "I feedback every day; we have daily chats. If I say something not to my liking they have a daily handover and that seems to work. I asked for my door to be kept shut and they (care staff) do that now". A relative told us, "They (care staff) have responded to (relative) changing needs as they now give (name) a blanket bath and have put a foam mattress on (name) bed".
- Records were however not always reflective of people's changing care needs and different sources of record keeping were conflicting. We discussed this with the registered manager who agreed care plan reviews were not all up to date. They told us they would action this. A summary of people's care needs was used at daily handovers. This was not accurate but was updated during our inspection.
- People had opportunities to be part of their local community and be involved in activities that interested them. This included weekly visits to a community farm, use of the local library and visits to a local garden centre.
- Memory books had been created for people with the help of families. They included photographs of the past such as family events and photographs of the present such as joining in with an arts and crafts activity. A relative told us, "They (staff) have made a little book of information they have gleaned from (relative), things like (football team), photos of us all together as a family; it's great".

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.

- People had their communication needs understood. A care worker explained "(Name) has cue cards to help communicate. Words like hot, cold, toilet. Also, can express themselves through body language, facial expressions".

Improving care quality in response to complaints or concerns

- People and their families had been provided with information about how to make a complaint which

included details of how to appeal to external organisations against the outcome.

- Records showed us that complaints were investigated appropriately, and actions and outcomes used to improve service delivery.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- Records showed us that staff worked closely with a person's GP to ensure people had end of life medicines in place to maintain their comfort.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Accurate records of people's care and treatment had not always been maintained. Records relating to risks to people had not always been completed or kept up to date. Examples included actions needed to manage risks to people in relation to both their environment and in response to changing care needs.
- Audit processes were in place to monitor quality but had not identified shortfalls in records identified at inspection. An example was one person had their care plan audited in May 2019. The audit recorded the care plan was up to date with monthly reviews when in fact the last review had been completed in February 2019. The registered manager agreed the audit was incorrect. The plan should have been reviewed monthly but had not been reviewed for three months.

We found no evidence that people had been harmed. However, the providers audit processes had not identified the shortfalls in records identified at inspection. Accurate, complete and contemporaneous records were not kept about their care and treatment of people. This is a breach of Regulation 17 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had a good understanding of their responsibilities for sharing information with CQC. The service had made statutory notifications to us as required and our records told us this was done in a timely manner. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture of the home was open and transparent. People, their families and the staff team described the home as friendly and welcoming. One relative told us, "The manager gets involved; the staff are happy amongst themselves". Another said, "You can tell them, (registered manager) what you don't like, and they change things".
- Staff felt able to share ideas and be involved in improving outcomes for people. A care worker told us, "We recently had a brainstorming session with all the staff. Staff felt we needed more time with the residents. We've changed things so that two staff are now always in the lounge".
- Staff told us they felt communication was good, were confident in their roles and spoke positively about

team work. A care worker told us, "Teamwork is really good; we're good at recognising where the help is needed (amongst colleagues). We're good at communicating with each other".

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings and social events. Family and relative meeting topics had included activities, laundry services and menu planning.

- Links with the community had included organisations that provided activities for people living with dementia and local churches.

Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with social care practice such as Skills for Care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records were not kept about their care and treatment of people. Audit processes had not identified the shortfalls in records identified at inspection.