Methodist Homes

# Waterside House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

This inspection took place on 22 and 27 March 2017 and was unannounced. Waterside House is registered to provide accommodation for people who require nursing or personal care. At the time of our inspection there were 57 people living at the service. Most people were living with dementia.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our last inspection carried out 22 February 2016 we asked the provider to make improvements to the staffing on one unit and also to the quality assurance processes. At this inspection we found the provider had taken action to make the improvements required, however there were some further concerns identified with regards to staffing levels at this inspection.

People told us they felt the service would benefit from additional staff, we saw examples of where insufficient staff available meant people had to wait for their care and support. However people told us they felt safe with staff. Staff understood how to identify abuse and report any concerns. People had risks to their safety assessed and reviewed and staff used this information to keep people safe. People received their medicines as prescribed from staff that had been trained to administer them safely.

People received support from staff that had been trained and had the skills required to meet their needs and preferences. Staff told us they felt confident in their role as the induction and training prepared them well to meet people's needs. People were asked for their consent to care and support and staff understood how to apply the principles of the MCA to their practice. Staff understood how to make decisions in people's best interests where they lacked capacity. People were supported to have a choice of food and drinks and risks associated with their diet were identified and appropriately managed. Staff understood these risks and provided appropriate support. People were able to access support with their health from relevant professionals, staff sought support and always followed the advice given.

People had good relationships with staff and spoke highly of the service they received. We saw staff were caring in their nature and offered support in a person centred manner. People were supported to make choices about their care and support, staff understood the importance of this and could give examples of how they supported people to make decisions/choices. Independence was encouraged by staff, people were supported to continue to do as much for themselves as they were able.

People were involved in their assessments and care plans. Staff engaged people in all aspects of their care and responded to any changes which presented. People had access to activities and could follow their individual interests. Complaints were used to drive improvements and people understood how to make a complaint and felt confident these would be addressed.

People spoke highly of the service and said they felt the registered manager was approachable. Staff said they received support from the registered manager. The quality of the service people received was monitored by the registered manager. Any issues raised were used to make improvements to the service. This included peoples feedback, which was gathered in a range of different ways.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People did not always receive support when they needed it.

People were safeguarded from harm by staff that had been trained to recognise and report any signs of abuse.

People had risks to their safely assessed and actions were in place to support staff within minimising risks to people's safety.

People received their medicines as prescribed and these were administered safely by staff.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff that had the knowledge and skills to meet their needs.

People were supported by staff that understood how to protect their rights through the application of the MCA.

People were supported to maintain a healthy diet and had a choice of food and drinks.

People were supported to monitor their health and have access to health professionals as appropriate.

### Is the service caring?

**Good**

The service was caring.

People were supported by staff that were kind and caring.

People were supported to make choices about their care and support and staff promoted their independence.

People were supported by staff that promoted their privacy and dignity and were respectful.

## Is the service responsive?

Good

The service was responsive.

People were involved in their assessments and care planning. Staff understood people's needs and preferences.

People were supported to spend time doing things they enjoyed and staff promoted a range of activities for people.

People understood how to make a complaint and we could see these were responded to and used to drive improvements.

## Is the service well-led?

Good

The service was well led.

Everyone spoke highly of the service and told us they felt the registered manager was approachable.

There were systems in place to monitor the quality of the service people received and these were used to drive improvements.

People and their relatives had opportunities to offer feedback about the service they received and this was used to drive improvement.

# Waterside 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 inspection took place on 22 and 27 March 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We reviewed statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with seven people who used the service and six relatives. We spoke with the registered manager, the quality business partner, 13 staff and the assistant cook.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about how people received their care and how the service was managed. These included 13 care records of people who used the service, medicine administration charts, three staff files and records relating to the management of the service such as staff rotas, complaints, safeguarding and accident records.

Requires Improvement

# Is the service safe?

## Our findings

At our last inspection we found there were insufficient staff on one of the units within the service. At this inspection, although the provider had made the required improvements, we found people were not supported by sufficient numbers of staff on two other units.

People and their relatives told us they thought there were times when there were insufficient staff available to support people. For example, they said they felt there were not enough staff to support when someone was poorly or there was an incident, as they were not available to support people. This was a particular issue at night and during the weekends. One person told us, they "Well I do think they need more on at night, at least another one". A relative said, "The staffing levels are not critical, but they could do with some more help at certain times". Staff told us everyone had their needs met, but sometimes people would have to wait and they felt this could compromise the quality of care. One staff member said, "We manage, but things would be better with more staff". Another staff member said, "Nights are very stressful we have to plan really well to make sure people get the care they need, it would be so much better with more staff".

We saw there were times when people had to wait for their care and support and where staff were unable to provide the care at the time the person needed it. We saw there were people that required staff to monitor their whereabouts and this sometimes meant they would need to stop what they were doing to check on people. At mealtimes, we saw some people had to wait to have the support they needed as staff had to serve meals. In some cases people required support from two staff, so during the night staff from another area would have to sometimes support. This meant staff were not always deployed effectively. We spoke to the registered manager and quality business partner about this. They told us they would review people's dependency levels and consider how staff were deployed. On day two of the inspection the registered manager had taken on board our feedback and work had begun to review dependency levels and look at staff deployment.

Staff were recruited safely. We found appropriate pre-employments checks had been carried out prior to staff starting work at the service. Records we looked at indicated staff had completed an application form, attended an interview, had reference and Disclosure and Barring Service (DBS) checks completed. DBS checks help employers reduce the risk of employing unsuitable staff. This meant the provider had recruitment systems in place to ensure people employed met the required conditions in order to keep people safe.

People were protected from harm and abuse. People and their relatives told us they felt the staff at the service kept them safe. We asked people if they felt safe, one person said, "Quite safe thank you. The staff are well trained and look after us all". A relative told us, "We are quite satisfied with [my relatives] safety here, it's nice and secure for them". Staff had received training in keeping people safe and could describe how to identify signs of abuse and the actions they would take to record and report their concerns. We saw records of incidents which had been reported and could see the registered manager took the appropriate action to investigate safeguarding concerns. Where required, incidents were reported to the local safeguarding authority for investigation. This meant there were appropriate systems in place to keep people safe from

harm and abuse.

People were supported to manage risks to their safety. People and relatives told us staff supported them to manage risks for example one relative said, "[My relative] had a fall out of bed the staff responded by putting a different bed in and a crash mat to make them safer". Staff understood the particular risks for individuals and the agreed strategies for keeping people safe. We saw staff working in accordance with people's risk assessment, for example, in how they supported people to eat and where they monitored people's movements around the home.
We saw individual risk assessments were in place which were reviewed and updated monthly and gave instructions for staff on how to minimise risks. Staff could explain how to report and record accidents or incidents. Accident and incidents were analysed and appropriate action was taken to reduce the risk of reoccurrence. For example, we saw that a number of falls for one person had resulted in a referral to a number of healthcare professionals for review. This showed the provider was working in ways to keep people safe.

People received their medicines safely and as prescribed. People told us they received their medicines from staff and they were always on time. One person said, "They do all my tablets. They are very good at doing it and on time". Staff told us they received training to administer medicines and they were checked to ensure they were competent, records we saw confirmed this. Where people had medicines on an as required basis there were clear instructions for staff on when this should be given. We saw medicines were stored safely, for example medicines which required refrigeration or to be in a double locked cabinet were stored safely. We saw Medicines Administration Records (MARS) charts were accurately completed. Where concerns about people's medicines were identified, appropriate action was taken to address this.

Good

# Is the service effective?

## Our findings

People were supported by staff who effectively met their needs. People and their relatives told us they felt staff were well trained and understood how to meet their needs. For example, one person told us, "The staff are all good and well trained. I trust them and they make me feel good". Staff told us they received core training and also received training to meet people's specific health needs. For example, training to support people with behaviour that challenged. They could describe how they used this training to support people living at the service. We saw staff using appropriate methods of manual handling, food safety and infection control. Training records confirmed what staff had told us and we found training was refreshed annually. Staff told us their induction training included understanding policies, training and shadowing more experienced staff. Records we saw supported this. Staff told us they had regular opportunities to discuss their role through supervision, the records we saw supported this. The registered manager told us they completed competency checks on staff. For example, with medicines administration to ensure they were competent in their role. This meant staff had the skills to carry out their role effectively.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People were asked for their consent to their care and support. Staff understood the importance of gaining people's consent before providing support. Our observations confirmed what staff had told us. For example one person was asked if they would like to have personal care, they refused and staff withdrew and went back later to try again. We saw an assessment had been carried out where people lacked capacity and decisions had been taken in their best interests. Staff could describe how they supported people to make choices and decisions. This meant people's rights were protected as staff were applying the principles of the MCA.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications for a DoLS for people that were having their liberty restricted. We saw information was available for staff where a DoLS had been approved. This meant the registered manager applied the principles of the MCA when people were deprived of their liberty.

People and their relatives told us there was a good choice of food and people were supported to ensure their individual needs and preferences were met. One person said, "It's beautiful, absolutely gorgeous food". One relative told us, "The food is very good, if [my relative] doesn't like something they will always change if for them, and get what they want instead". "Another relative told us, "[My relative] can't eat properly know so is on special meals, soft foods and liquids. They cater for them really well". Staff could describe people's needs and preferences with regards to their diet. For example, one person required a fortified diet as they

were at risk of losing weight. Staff could tell us how they provided food for this person to encourage them to eat. . We spoke to the assistant cook. They told us staff kept them informed of those people that required purée or soft foods and they were also aware of how to meet the needs of people who required a low sugar or vegetarian diet. Any risks or specific needs associated with people's eating and drinking had been assessed, recorded and there were plans in place to manage these. Staff confirmed that any required specialist input needed from the speech and language therapy team or other health professionals was sought as part of this process. The mealtimes we observed at the home were relaxed and flexible. We saw drinks were offered to people throughout the day and staff gave people plenty of choice about the food and drink available to them. This meant people had their nutrition and hydration needs met and were supported to make choices about food and drinks.

People's health and wellbeing was promoted by staff. People and their relatives told us staff supported them to monitor their health. For example one relative said, "[My relative] came back from a hospital stay with a large pressure sore, they sorted that out here and its better now". Another relative said, "I have full confidence in the staff. [My relative] had lost weight but they are gradually building [my relative] up now, we can see the improvement. Yes they are all good here". Staff sought healthcare professional advice where required and we saw they were following advice to promote people's health. For example, staff told us how they worked closely with the district nursing team. We also observed staff raise concerns about people's health and request support from a GP during the inspection. We saw records of other health care professionals visiting in peoples care records such as speech and language therapists, social workers, advocates, dentists and opticians. This meant people had access to support for maintaining their health and wellbeing.

Good

# Is the service caring?

## Our findings

People were supported by caring staff. One person told us, "The staff are very caring here and so friendly. It makes me feel valued, nothing is too much bother for them and we are always chatting". Another person said, "The staff genuinely care here in my opinion. They always ask how I am and talk nicely to me". Relatives we spoke with confirmed what people told us.. The staff we spoke with demonstrated a good insight into people's personalities and individual needs, discussing the people they supported with affection and respect. One staff member said, "I feel it is important to understand people and build a relationship with them". Another staff member added, "I know people are happy with how I support them, there is recognition in their face when I approach them". Staff were observed throughout the day having positive interactions with people. For example we saw staff spent time talking to people and engaged them in what was happening on the units. People were pleased to see staff some people spoke to staff by name, others showed signs of recognition such as smiling and eye contact when staff engaged with them. Staff responding to people and were kind and caring in their approach. Staff engaged with one person, and the person was observed saying, "You are very kind" to the staff member. People were relaxed with staff and where people received support this was done with kindness and compassion. Staff encouraged people to chat and provided a relaxed atmosphere in the lounge and dining area, for example by playing music during breakfast and encouraging people to sing along and discuss the music. This showed people responded positively to the staff team and appeared to have good relationships.

People were involved in making day to day choices about their care and support and retain their independence. One person said, "I sometimes prefer to have my meal in my room and they will bring it to me. You get a good choice here". Relatives told us people were enabled to make choices for themselves, and where appropriate they were involved in supporting staff to make choices on people's behalf. One relative said, "[My relative] can't make some decisions now so we are involved in supporting with decisions. Communication is very good here and they call us over any concerns however trivial it may be". Staff shared with us examples of ow they offered people choices. One staff member said, "It is about always ensuring people have a choice about their care and support". Another staff member said, "I always show people who struggle with communication the meal options on a plate, they can usually indicate which they would like then". People were seen during the inspection being empowered to make choices for themselves, including how they spent their time, what they wanted to eat or drink and where they wanted to sit for example. A relative told us, "We noticed they encourage residents to try to do things to promote their independence like getting them to make their own tea. It creates independence which we find is very good". Staff told us they encouraged people to retain their independence and we saw examples of this during the inspection. For example, we observed a staff member made a pot of tea for one person and encouraged them to pour their own drink. The staff member said although the person was living with dementia it was important for the person to retain skills for as long as possible. This showed people were supported to live as independently as possible and make choices about their care and support.

People and their relatives told us staff promoted people's rights to privacy and dignity. One person said, "No issues with [privacy and dignity]. They are very thoughtful". Staff described the need to treat people in a respectful and dignified way. They could give practical examples of how they promoted peoples dignity such

as, covering people's bodies whilst supporting them with personal care. Staff were observed closing doors, knocking before entering and ensuring people were addressed by their preferred name. People's care records were written in a way that encouraged staff to promote privacy and dignity. This meant people were treated with respect and supported by staff that recognised the importance of promoting privacy and dignity.

Good

# Is the service responsive?

## Our findings

People and their relatives were involved in the assessment of their needs and reviews of their care plans. Relatives shared with us clear examples about discussions they had with staff about people's changing needs and how they were involved in agreeing the actions that were needed to ensure changing needs were met. For example, one relative told us, "Staff changed the eating pattern for [my relative] when the one carer found they eat better at night". Another relative said, "[My relative] can tell staff how they feel about things, and yes, they call me if there are any problems at all they need to discuss". We saw people and their relatives had been involved in developing peoples care plans. Staff knew people well they could tell us details about how people liked to have things done, where people spent their time and could describe things that were important to people. For example, they could tell us about one person that liked their personal care completed at a specific time. In another example staff told us about one person that liked to have a drink of alcohol free wine. We observed staff using this information to provide appropriate care and support. Staff told us this information was available in peoples care plans and the records we saw supported this. This showed staff were responsive to people's needs for care and support.

People had support from staff to spend time doing things they enjoyed. People told us there was a good range of things going on in the home but they were also supported to follow their own interests. One person said, "There is a trip today to a garden centre. They put films on too downstairs. I am going to ask for them to put one on later". Another person commented, "Well I used to be a boxer, I have boxing magazines which they get for me". Staff told us people were encouraged to discuss what they liked to do and we could see their preferences were reflected in their care plans. We saw there was a session of music therapy on during the inspection, one person said, "I like the exercise sessions, there is music therapy later and I will be there". There was evidence of outings, group sessions and people were encouraged to use a café area to have their meals which was made a social occasion. We spoke to the registered manager about how people with advanced dementia were encouraged to have social stimulation as we found a couple of people had spent considerable time without interaction from staff during our observations. The registered manager told us on day two that they had introduced a system where by staff on duty to do activities would spend time individually with everyone to offer some social contact. We saw staff were doing this during the second day of our inspection. This meant people were supported to spend their time doing things they enjoyed and had social contact with staff and others.

People and their relatives understood how to make a complaint. None of the people or relatives we spoke with had made a complaint but they all felt confident that if they did their concerns would be addressed. One person said, "I would speak to one of the staff or tell the registered manager if I had a complaint". The registered manager told us in the PIR they had received complaints about laundry items going missing. We saw records of complaints which supported this; the registered manager was able to show us the action they had taken to address this which included trialling different ways of labelling peoples clothing so that it would reduce items going missing. We saw the registered manager viewed complaints as an opportunity to improve the service.

Good

# Is the service well-led?

## Our findings

At the last inspection we found the systems in place to monitor quality were not consistently used. At this inspection we found the systems in place to monitor quality were used consistently to drive improvements.

People were positive about the service they received. One person said, "It is good here and everyone is helpful and friendly", Another person said, "They look after you well here, nothing is too much trouble for them and the food is good and there is always things to do". People and relatives all spoke highly of the staff team and the registered manager. Staff told us they liked working at the service, they said they felt that nothing was ever too much trouble for the registered manager. One staff member said, "The registered manager is very good, they are very approachable and have been really supportive to me". We observed the registered manager was visible to people, relatives and staff throughout the inspection and was known to people by name. People approached the registered manager throughout the inspection and we found they responded to people well and were knowledgeable about their needs. This showed people were having a positive experience and felt they were able to approach the registered manager and staff.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities and felt supported in their roles. Staff had regular opportunities to meet as a team and felt they worked well together. One staff member said, "We have regular meetings and can discuss any issues we have". Staff valued the systems in place to communicate with them about their role. For example one staff member said, "I really think the handover meetings are good, they give us information about how things have been on the previous shifts". The registered manager told us in the PIR they used staff meetings to drive improvements. We saw records of staff meetings which showed the registered manager discussed recent complaints and how the service could use this information to make improvements. For example, a discussion took place about how to resolve concerns about missing laundry. Staff felt able to make suggestions about how the improve the service. For example staff had made been involved in looking at how to protect meal times and new flexible working patterns. The registered manager demonstrated a good knowledge of people being supported by the service and of the responsibilities to submit notifications to CQC when certain events occurred such as serious injuries and safeguarding incidents.

The provider had systems and processes in place to monitor the quality and consistency of the service. The registered manager told us in the PIR that there were quality audits carried out by the provider. During the inspection we spoke with the quality business partner and they told us about the audits which looked at areas such as safeguarding, staffing, medicines management and dignity. We found the audits were completed and an action plan was in place to address any issues found, the action plan was updated and we could see evidence of improvements. For example, the audit had identified care plans which were overdue for review and we saw the registered manager had addressed this and introduced a system to track when reviews were required. We could see the quality audits had resulted in a number of other improvements such as, improvements to the medicines administration, photographs to be included on staff files, changes to protect time for medicine administration. This showed the quality systems in place were used to drive up quality.

We found the audit had identified some of the issues we found with staffing levels and the registered manager was able to show the actions they had taken to begin to address this. For example recruitment was underway to some vacant posts. The registered manager was able to discuss the ways they planned to review the deployment of staff. For example, they told us about how they were planning to improve staffing levels at lunchtime by establishing catering staff to serve meals, allowing care staff more time to support people. The provider used a system to check people's dependency levels. This was used to assess how staff should be deployed to meet people's needs. The registered manager told us they were reviewing how to ensure the units with higher dependency needs could be supported by staff, following the quality audit which had identified some concerns. Following the issues we raised about staffing levels the provider identified an additional tool to be trialled by the registered manager to check the accuracy of the existing dependency tool. Work was underway on this by day two of the inspection. This showed the registered manager responded to areas of concern and took immediate action.

A daily count of medicines was carried out by staff, with additional checks carried out monthly. We checked these counts and found some staff had not followed the instructions correctly for this and had made some errors with recording. We spoke to the registered manager about this and on day two of the inspection the registered manager told us they had introduced additional checks to be carried out so they could be assured staff completed the these checks correctly. This showed the registered manager acted on feedback about the systems and made the appropriate changes.

The provider has systems in place to seek feedback from people and their relatives on the quality of the care they received. In the PIR they told us about meetings for people and their relatives. We saw these meetings had taken place and issues of concern had been discussed. For example the registered manager told us they had discussed relatives concerns over staffing and we could see from the records of the meeting, the registered manager had given a detailed response. The provider also issued a survey for people who use the service to share their views about the quality of the care they received. The survey analysis was released to the registered manager during the inspection, we reviewed the analysis and found people were satisfied with the quality of the care their received. The registered manager said the results would be shared and used to inform the action plans for the home. The registered manager told us they had asked relatives to participate in a quality checking process where by relatives would undertake observations on the home and report their findings. The process resulted in feedback which suggested meal times would benefit from some improvements. The registered manager implemented protected times and different uniforms for staff to wear in response to this feedback. We saw this was in place on the day of the inspection. This showed the registered manager had systems in place for people and relatives to give their feedback about the service and these were used to drive improvements.