

Portland Care 2 Limited

# Waterside Grange

## Inspection report

Waterside Park off Rotherham Road  
Dinnington  
Sheffield  
South Yorkshire  
S25 3QA

Tel: 01909494474

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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

Waterside Grange is a care home providing personal and nursing care. It can accommodate up to 83 people. At the time of our inspection there were 58 people using the service.

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

Quality monitoring systems were in place; however, these were not always effective. Some areas of improvement we identified during the inspection were not highlighted as part of the providers quality monitoring systems. For example, we found infection control shortfalls particularly in the kitchenette areas and lack of fridge temperature monitoring. We were also concerned risks in relation to weight loss were not being managed safely and the mealtime experience for people living with dementia, was poor.

Following our inspection, the registered manager took action to address these concerns. However, new systems and approaches required embedding into practice.

During our inspection we found there were sufficient staff available to meet people's needs. However, some staff, relatives and people commented there were times when staffing levels were short. The registered manager was in the process of recruiting more staff.

People received medication as prescribed. Staff received training and competency assessments. However, we identified some shortfalls which had not been identified by the audit systems.

The home was predominantly clean; however, we found some areas which required deep cleaning.

Accidents and incidents were recorded, and action was taken to reduce future risks. The registered manager kept a record of safeguarding concerns and could evidence actions they had taken to protect people.

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.

Staff told us they felt supported and received appropriate training to complete their role. We observed staff interacting with people and found they were kind, caring and supportive. Staff knew people well and were aware of people's preferences.

The registered manager had a system in place to ensure complaints were effectively managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 01 July 2022, and this is the first inspection.

The last rating for the service under the previous provider was good, published on 07 January 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have identified breaches in relation to risk management and governance and leadership.

Please see the action we have told the provider to take at the end of this report.

#### 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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

# Waterside Grange

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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.

#### Service and service type

Waterside Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Waterside Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 3 relatives to gather their experience of the care provided. We spoke with 10 members of staff including the registered manager, care staff, nurses, and ancillary staff. We observed staff interacting with people to understand the experience of people who could not talk to us.

We reviewed a range of records including 6 people's care documentation, multiple medication records and quality audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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

- Risks associated with people's care had been identified, however, some risks were not managed to keep people safe.
- Care plans gave some information about risks such as risk of falling and detailed what staff were to do to ensure people's safety. However, we identified concerns regarding weight loss.
- Some people had care plans in place to meet nutritional needs, but they lacked information regarding people's needs and how best to assist them. There were no risk assessments in place to address weight loss for 3 people we tracked. This put them at risk of not receiving appropriate care and support.

The provider had failed to ensure risks were managed to ensure people's safety. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- The registered manager had a system in place to ensure people were safeguarded from the risk of abuse.
- Staff received training in safeguarding and understood how to recognise, report, and record any concerns. Staff were confident the registered manager would take action to ensure people were safe.

### Staffing and recruitment

- The registered manager used a dependency tool to ensure enough staff were available to support people.
- We observed staff interacting with people and found there were sufficient staff available to meet people's needs on the day of our inspection. However, some staff, relatives and people we spoke with raised concerns about staff shortages. This was mainly on the Kirkstall unit. The registered manager was in the process of recruiting staff.
- We looked at 3 recruitment files and found staff had been safely recruited. Pre-employment checks were carried out prior to staff commencing in post. This included Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were predominantly managed safely, and medicines were administered as prescribed. However, we found areas which required improvement. For example, there were no dates of opening on bottles, medicine rooms were hot and required cleaning and medicine pots and syringes were being hand washed in the sink. The registered manager took immediate actions to address these concerns.

- People felt they received their medicines in a safe way. One person said, "They always ask me if I want paracetamol. Recently I had a fall and went on co-codamol for a while because paracetamol was not enough."

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We carried out a tour of the home with the registered manager and found the home to be predominantly clean. However, we identified some areas which required cleaning.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living at the home to maintain contact with family and friends.

#### Learning lessons when things go wrong

- The registered manager had a system in place to record accidents and incidents. An analysis was completed to ensure trends and patterns were identified and managed to reduce future risks.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Food and drink was available to support and maintain a balanced diet. However, the mealtime experience throughout the home differed.
- We observed the lunchtime experience on 2 units. On 1 unit people had a pleasant mealtime experience. However, another unit was disorganised and did not meet the needs of people living with dementia. For example, finger foods were not readily available. We have reported on this in the well led section of this report.
- Drinks and snack were provided throughout the day. It was a hot day and people were offered ice lollies and plenty of cool drinks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been assessed and care plans were in place to guide staff in how best to support people.
- People were supported by staff who knew them well.
- Care plan documentation showed people had received support from healthcare providers as required.

Staff support: induction, training, skills and experience

- Staff received training and support which gave them the skills and knowledge to carry out their role.
- Staff told us they felt supported by the registered manager and felt they were approachable.
- People and their relatives felt staff had the skills to support people and were friendly. One person said, "They [staff] are great with me, they really look after me well." One relative said, "We are confident that when we are not here, [relative] is still getting good care."

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

- The home was purpose built with wide corridors which facilitated the use of wheelchairs and specialist chairs.
- The kitchenette areas of the home required attention as they had become worn and damaged. Kitchenettes had been identified for replacement.
- People had access to outside space, however, this required attention to ensure these areas were pleasant and comfortable for people to enjoy. The registered manager was aware of this and had already taken action to improve the garden areas.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The management team and staff were knowledgeable about the MCA and DoLS and ensured people were involved in the decision making process where possible.
- The registered manager had a system in place to manage DoLS and care documents seen included best interest decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed staff interacting with people on all units. We found staff were caring and supportive and there was a pleasant atmosphere and friendly banter between staff and people.
- People and their relatives were complimentary about the support they received and told us staff were kind and caring. One person said, "[The care] is nothing but the best. I have not got a bad word to say about anyone." A relative said, "The carers are lovely. Friendly and welcoming." Another relative said, "We are happy with the care and [relative] likes the staff too."

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

- During our inspection we observed some positive interactions between staff and people.
- Staff took time to explain things. We saw one member of staff positively interacting with someone who was finding comfort from a therapy doll.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and maintained their dignity. We saw staff carried out their role in a respectful way.
- People felt staff respected their opinions and maintained their independence. One person said, "They [staff] help me to shower as often as I want. I often shower in the evening, when I like it and then I get a cup of tea before I go to bed."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and support which suited their preferences.
- People were supported by a staff team who worked well together and understood people's needs.
- People's bedrooms were personalised, and staff had assisted them and their relatives to present their room in the way they chose.
- Care plans were in the process of moving from one system to another. Therefore, some care plans lacked information regarding people's personal preferences. The registered manager was in the process of improving this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We observed staff communicating with people and found staff were responsive to body language and facial expressions.
- Information throughout the home was in a format which supported people. For example, use of pictures, and dementia friendly signage.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activity co-ordinator who provided social stimulation and activities for people. The registered manager was also in the process of recruiting a second activity co-ordinator, to increase activities for people.
- During our inspection we observed a group of people engaged in a painting session. One to one interaction with other people also took place with people who preferred to stay in their bedrooms. One relative said, "[Relative] is taken to church every other Sunday and someone from her regular church has also been to give her communion."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, and the manager kept a record of concerns received and actions taken.

- People told us they knew who to speak with if they had any concerns and felt any concerns would be taken seriously and acted on.

#### End of life care and support

- Care plans included information regarding end of life care.
- Staff told us they received training in end of life care and knew how to support people and their relatives during this stage of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- Systems in place to monitor the service were not always effective. Audits had not been instrumental in identifying or resolving the issues we found during our inspection.
- We identified concerns regarding weight loss, kitchenette's required deep cleaning and the fridge temperatures in these areas had not been checked and foods were not appropriately labelled. The mealtime experience for people living with dementia, was poor.
- The registered manager took action to address these concerns, however new systems and processes require embedding into practice ensuring effectiveness.

Quality monitoring systems need to be reviewed and embedded in to practice ensuring continuous improvement. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had worked at the home approximately 6 months and had not had a management team on site to assist her with the day to day running of the service. This had impacted on the service. A new deputy manager commenced work on the day of inspection and a clinical lead was due to join the team in August 2023. The registered manager was confident this would strengthen the team.
- The registered manager was aware of their legal responsibilities and duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People did not always receive person-centred care. The mealtime experience for people living with dementia could be improved to ensure people's needs are adequately met.
- Following our inspection, the registered manager made improvements to ensure improvement were made. These improvements required embedding into practice.
- Some observations showed people were supported by staff who knew them well and took into consideration their preferences.

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

- People and their families told us they were involved in their care and communication was predominantly good. One family member said, "We do have meetings and updates when we need them." Another relative said, "I have discussed [relatives] needs and his likes and dislikes with staff. It is all in his records."
- The registered manager was in the process of sending out questionnaires to gain people's feedback. The registered manager told us the outcome would be analysed and used to improve the service.

Working in partnership with others

- The home worked with other agencies such as healthcare professionals.
- Recommendations and advice from healthcare professionals were followed, although not always clearly documented. This helped to make sure the care and support provided was up to date with current practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>The provider had failed to ensure risks were managed to ensure peoples safety.</b>

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>Quality monitoring systems need to be reviewed and embedded in to practice ensuring continuous improvement.</b>