

Wavertree Care Ltd

Wavertree House

Inspection report

Somerhill Road
Hove
East Sussex
BN3 1RN

Tel: 01273262200

Date of inspection visit:
26 April 2022

Date of publication:
15 June 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wavertree House is a residential care home providing accommodation and personal care for up to 36 people. The home provides support to older people who live with a variety of physical health needs, including some people who are without sight. At the time of our inspection, there were 34 people using the service.

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

People were safe at Wavertree House. Systems were in place to prevent people experiencing abuse or neglect and staff were confident in their knowledge of how to recognise the signs of this. Risk assessments identified what support people needed and there was guidance to staff on how to minimise these risks.

Staff were recruited in a safe way, with appropriate checks undertaken. Medicines were managed and administered correctly, and audit processes were effective to identify and address any issues in a timely manner.

People were provided with a variety of meal choices. People spoke positively about the food available and specific dietary requirements were catered for. Many different activities were available for people to participate in. These were based on people's needs and preferences.

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.

Care plans were person-centred and staff knew people well. There were sufficient, appropriately skilled staff to ensure people's needs were met effectively. People and their relatives gave us positive feedback about staff being respectful, kind and caring.

The service was well-led and the registered manager was clear about their role and responsibilities. Quality assurance processes were effective in driving improvement. People, staff and relatives were encouraged to give feedback and we saw action taken when changes had been requested.

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

Rating at last inspection

The service was inspected but not rated on 3 February 2022. The last rating for the service was under the previous provider and was good, published on 28 November 2018.

Why we inspected

This was the first comprehensive inspection under the new ownership. It 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.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Wavertree House

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

This inspection was undertaken by one inspector and one assistant inspector.

Service and service type

Wavertree House 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. Wavertree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 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 this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, care workers, activity coordinator and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management and quality assurance of the service, including policies and procedures were reviewed.

After the inspection

We continued to evaluate the evidence collected. We spoke with three relatives via telephone. We also sought feedback from two professionals who work closely with the service.

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 service under its new ownership. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and told us they felt so. Relatives also spoke positively about the care provided. One person said, "Oh yes, I feel safe. Being a local person I'm so glad I can live here." One relative added, "I have never had any concerns [relative] isn't safe or well cared for. We're very happy with Wavertree. It's a relief to have [relative] there."
- The provider had systems in place to monitor and protect people from the risk of abuse.
- Staff understood their responsibilities to protect people from abuse and avoidable harm. Staff told us and records showed they received safeguarding training and knew how to recognise the signs of abuse. Staff told us they felt confident in reporting any issues. One staff member commented, "Resident safety is very important to us here."

Assessing risk, safety monitoring and management

- Risks were assessed and risk management plans were in place. For example, people at risk of skin breakdown and the development of pressure ulcers had action taken to manage this to reduce the risk.
- Where people were identified as high risk, their care plans contained clear guidance for staff to adjust care to minimise these risks. The electronic system was live meaning any changes made were immediately viewable for staff providing care.
- Regular safety checks were carried out to ensure the service was safe. For example, testing the water for legionella, gas boilers, lighting and fire safety systems and equipment.
- People had personal emergency evacuation plans (PEEP's) in place in the event of the building requiring evacuation.

Staffing and recruitment

- Staff told us and people confirmed there were enough staff available to meet people's needs. One person said, "I spend most time in my room, but they always pop in when they can to check I'm ok." Another person said, "I've got my little button, they come quickly if I press it."
- The registered manager used a dependency tool to ensure there were enough staff with the right mix of skills on duty at any time. Throughout the day, we saw a sufficient number of staff support people with their needs in a timely manner.
- Robust recruitment measures were in place to ensure staff were of good character and safe to work with the people living at Wavertree. Checks included a full employment history, references and a Disclosure and Barring Service (DBS) checks. 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 managed safely. Staff had received training on the safe management, administration and storage of medicines. We observed staff giving medicines safely and correctly.
- Where people were prescribed PRN (as required) medicines, clear guidance was in place for staff on when and how to administer these. The effect of these medicines when given was documented.
- Medicines administration records (MAR) were electronic, accurate and up to date.
- Audit processes were in place to identify and address any issues quickly. Staff had their competency to administer medicines assessed regularly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- The provider was facilitating visits in line with government guidelines, using their foyer area to allow visitors to take lateral flow tests and put on PPE.

Learning lessons when things go wrong

- The provider had systems to review and monitor accident and incidents. The registered manager undertook investigations to identify ways of preventing them from happening again.
- The registered manager was proactive when dealing with concerns and promptly implemented actions to improve practice. For example, additional equipment was ordered for a person to support them during personal care to prevent them grabbing out at staff. This allowed them to turn more independently, minimise injury to staff and helped to prevent pressure skin damage.

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 of this service under its new ownership. This key question has been rated good. 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's needs were assessed before they moved into Wavertree. These assessments formed the basis of their care plan and guided staff how to support people to achieve their outcomes.
- Support plans contained person-centred information. For example, people's likes, dislikes, routines and choices. One person told us, "I like to get up early, but that's no problem for them [staff]. They help me whenever I need it."
- Staff were seen to be supporting people in line with best practice. For example, we observed staff supporting people in a safe and respectful way when helping them to move around the home. Staff were patient and offered reassurance throughout the journey.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. Staff files contained certificates they had gained for training completed and supervision support they had received.
- People and relatives told us they felt staff were well trained and knew their job roles well. One person told us, "I think staff are well trained, I have no concerns." A relative added, "They are really on the ball. They know exactly how to spot that [relative] is becoming unwell and sort it straight away."
- New staff completed an induction and were encouraged to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We had positive feedback from staff regarding the training they received. One staff member said, "The training is very good, a real mix. [Provider] really invests in us and we're encouraged to progress." Another said, "The training was great, before I could even step foot into this role I had to do online training. I felt really well prepared when I started."

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

- People's dietary needs were recorded in their support plan. Their weights were audited each month and actions were taken where any concerns were noted. Information was shared with all staff and the chef to ensure everyone was aware of any extra checks or monitoring charts required. The chef demonstrated a good knowledge of people's needs and wishes.
- People and their relatives spoke positively about the food. One person told us, "The food is good, we can give suggestions and there's enough choice for there to be something I like." Another person added, "They're very accommodating in the kitchen. I can tell them what I like and don't like, and they listen." A relative said, "I think the food is better than it was. [Relative] gets a good choice."

- Specific diets were catered for, for example vegetarian. If a person was at risk of choking, appropriate advice had been sought from the speech and language therapist, and their advice followed.
- During the inspection we saw a variety of meals available and people were given a choice of what they preferred. The mealtime was calm and well supported by staff.

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

- People had access to health and social care services to live a healthy life. People's care plans reflected any healthcare they required and when staff would need to seek support.
- Health and social care staff routinely visited Wavertree to provide people with specialist healthcare. This included district nurses and physiotherapists. Staff worked with these healthcare professionals to understand people's needs and when to seek support. One staff member told us, "We work closely with other professionals, it's so important to build a good relationship so we can together to support the people living here."
- We spoke to healthcare professionals who work with the service and they told us they had a good working relationship with the service.

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

- The home was clean and tidy. There were numerous communal spaces for people to socialise in. We observed people enjoying the outdoor space.
- People had their own belongings in their rooms, and they were personalised to each individuals' taste.
- The environment was set up to support those who were unable to see. For example, there were handrails for them to follow and personalised elements to their bedroom doors so they could tell which was theirs.
- The home was undergoing extensive refurbishment work to modernise. The provider had robust risk assessments in place for while this work was being done. This work included the installation of a gym which is something people had requested at a resident's meeting.

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).

- The provider was working within the principles of the MCA. A relative told us, "[Relative] has capacity and staff support them to make their own decisions and involve them in their care. I'm updated but [relative] makes their own decisions.
- Staff had received training in MCA and demonstrated a good knowledge and understanding of people's capacity. People's needs around capacity and making decisions were clearly documented in their care plans.
- Where people lacked capacity to make certain decisions, decision making was done in their best interest with involvement of all relevant family members and professionals.

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 of this service under its new ownership. 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

- People and their relatives spoke positively about staff. They felt staff knew them well, and that they were kind, compassionate and caring. One person said, "I've not been here long but [staff] are very kind, a happy bunch of people." A relative added, "They know [relative] well. I always hear them referring to him by his name, and they are caring, never rushing him."
- Staff respected people's choices and had received training on equality and diversity.
- People's equality and diversity was supported. Care plans identified people's religion, culture and beliefs. For example, the chef demonstrated an in-depth knowledge of certain dietary requirements for people following specific religions.

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

- People were given choice and control over their lives and support. Care plans clearly documented people's preferences, including their likes and dislikes. One person told us, "They know what I like to eat and make sure this is what I have." Another person added, "I can do what I want here, come and go as I please, it's my home."
- We saw staff giving people choice throughout the inspection. People and their relatives told us they felt able to give their views on the care they wanted to receive and were involved in regular reviews of this.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and protected their dignity. For example, we saw staff knock on people's doors before entering and ensuring doors were closed when personal care was taking place.
- People were supported to maintain their independence where possible. One person told us, "Although meals are provided and very good, I have my own kitchen here. I can make my own meals if I want to and [staff] help me if I need it."

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 of this service under its new ownership. 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

- Care plans reflected people's care and support needs. They were personalised and contained information on how people wished to receive their care and support.
- Care plans were reviewed regularly, and changes recorded where required. The electronic system was 'live' meaning that any changes were instantaneous across the staff team. Handover information between staff at the start of each shift ensured that important information was shared and where necessary acted upon to make sure people's needs were being met.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act. Staff recognised people's diverse needs. Individual records detailed people's preferences, for example around the gender of staff delivering their personal care and any dietary preferences.
- People were encouraged to give their views at resident meetings. Records showed the registered manager took timely action to respond to suggestions from people, such as reviewing the food menus.

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.

- Some people living at the home were without sight. Staff had undertaken specific training in how best to support someone without sight.
- We saw warm interactions between staff and people, with staff clearly explaining where they had put items, for example the pot with medicines in.
- Information could be made available in different formats to support people's needs and understanding. Each day there was a session where a staff member read the daily newspaper to those who preferred to hear the news in this way.
- People's communication needs were documented in their care plans. This enabled staff to communicate with people in their preferred manner.

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

- People had opportunities to participate in activities to maintain relationships and avoid isolation. One person said, "There's always something going on, we all like to congregate in the reception area, that's

where you'll find us all having a chat." One relative told us, "My [relative] likes to just sit and listen to the radio. They did try really hard to involve her in activities but understand that it's just not [relative's] thing."

- Staff were aware of people's likes and dislikes and what was important to them. One staff member told us, "People are quite clear in telling me what they would like to do. We gather feedback after each activity to see whether it's something people would like to do again. There's no point doing an activity if it's not what people want."
- People using the service were supported to maintain contact with friends and family. Visits to people using the service were supported to take place safely during the pandemic.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager had responded to complaints appropriately and acted upon any issues identified. Systems were in place to review any concerns raised to keep track of any patterns or trend which may occur.
- People and relatives told us they were aware of how to raise concerns and complaints. One person told us, "I do know who I could talk to if I was worried. I have done this a couple of times and my concerns have been sorted straight away."

End of life care and support

- At the time of inspection, no one was receiving end of life care. However, people's wishes had been discussed and documented in their care plans.
- The electronic care plan system showed clearly whether a person had a do not attempt cardiopulmonary resuscitation (DNACPR) in place.

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 of this service under its new ownership. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 and the senior team promoted a person-centred culture within the home. The registered manager was fully supported by the provider and spoke positively about their partnership working.
- There were robust governance systems in place and the provider had given a good oversight of how the home was run. Quality assurance measures were undertaken regularly, and action taken by the registered manager to address any concerns immediately. For example, it was noted that despite the temperatures being checked daily, one of the fridges storing medicines kept needing defrosting and we saw evidence that this was rectified readily.
- Staff told us the home atmosphere and ways of working were positive under the registered manager. One staff member told us, "[Registered manager] always has the time to support me." Another added, "My manager is brilliant, always quick to sort any problems if needed."
- We observed good interaction between the registered manager and people at the service. Relatives felt the registered manager was very approachable, one relative said, "The manager is good. I know I can approach them if I had a complaint."
- The registered manager understood their regulatory requirements. This included submitting notifications to CQC regarding certain incidents and events. The showed a good knowledge of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback was encouraged from people, relatives and staff to drive improvement. One person told us, "We have meetings in the dining room, we can suggest things and they often get agreed, especially around the food."
- Staff spoke positively about working at Wavertree. Their comments included, "This is a lovely home. [Registered manager] has an open door and is always around and approachable" and "It is joyful working here, I really like the vision that they have for the place."
- The atmosphere in the home was warm and friendly. During our inspection we observed positive interactions between staff and people which demonstrated dignity and respect at all times. For example, care staff would gently touch the shoulder of those who were without sight to let them know they were present.

- The registered manager used an electronic messaging service to keep staff updated with any changes. They also provided paper memos to those who did not use the electronic system.

Continuous learning and improving care

- The registered manager and provider were keen to drive improvement in the service. They had external auditors who completed checks of the service at least every six months. Action plans had been drawn from these and measure taken to improve care. For example, the medicine room had been reorganised after feedback that it was messy and this could lead to errors.
- We saw evidence of the registered manager holding meetings with people and their relatives to openly discuss and resolve any concerns raised. Any learning was communicated with staff during meetings.

Working in partnership with others

- The registered manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met. Different health professionals, such as chiropodist, physiotherapist and community nurses visited the service frequently as needed.