

Bupa Care Homes (CFHCare) Limited

Waverley Grange Care Home

Inspection report

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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

Waverley Grange Care Home is a residential care home providing personal and nursing care to up to 52 people. The service provides support to people with various health conditions, some of whom are living with dementia. At the time of our inspection there were 52 people using the service.

The building is a purpose built home comprised of two floors with various communal areas on each floor.

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

People were kept safe from the risk of avoidable harm. People's risks were managed well and staff supported people well with their medicines. There were enough staff to meet people's needs and appropriate health referrals had been made in a timely way.

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 had completed comprehensive assessments of people's needs so all staff were aware of people's preferences. People received diets appropriate to their preferences and dietary needs.

People were supported by kind and caring staff that treated them with respect and dignity ensuring their privacy was maintained.

Full audits and new systems within the home had improved the management team's oversight of the home. Staff were working well with health and social care professionals and regularly seeking feedback from people and their relatives.

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

Rating at last inspection

The last rating for this service was outstanding (published 27 March 2019).

Why we inspected

We undertook this inspection as part of our scheduling priorities and information held for the service.

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 ●

Waverley Grange 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 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 team consisted of 3 inspectors, a specialist advisor 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

Waverley Grange Care Home 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. Waverley Grange Care Home 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 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 9 people who used the service and 3 relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 14 members of staff including the registered manager, regional manager, registered nurses, senior care workers, care workers, chef, activities lead and housekeeping staff. We also spoke with a health professional that works with the home.

We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of agency profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. A person said, "It is very safe here, the staff keep me very safe, and they are very good."
- Staff were knowledgeable in how to report safeguarding concerns. A staff member said, "If I notice any change or if I have any concern I report it straight away to the manager, if no action, I would go to the local authority or CQC."
- The provider had a safeguarding policy in place. This had been reviewed by staff and was available to all staff whenever required. Safeguarding concerns had been reported through the correct channels when necessary.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of harm. There were assessments for people's individual risks. These advised staff on what action to take if people were at risk of falls or choking for example.
- Staff were knowledgeable in when to review any risks or create new risk assessments. A member of staff said, "If I noticed any change, or a new risk, I would immediately start drafting a new risk assessment, notify the manager and share it with the rest of the team."
- We observed staff manage people's risks well. For example, we saw staff encourage people at risk of falls to use walking aids.

Staffing and recruitment

- Staff told us there were occasions where there were not enough staff, however, they confirmed this did not have impact on the safety of care. A staff member said, "Sometimes it is not enough (staffing levels), sometimes staff don't come in - sick or something happens, little bit of a problem, otherwise it is ok, not enough (staff) but good care." Other staff comments were mixed. A staff member said, "Shortage in staffing only occurs when staff go off sick at short notice, the unit is not deliberately understaffed."
- People told us there were enough staff to meet their needs. A person said, "If I need anyone, I press this button and they always come." Another person told us how staff were always available, "The Nurses are always outside my door at their desk."
- The registered manager had a dependency tool which assessed all people's needs and calculated how many hours of staffing each person needed. This was then reflected on the rotas we reviewed.
- The registered manager followed safe recruitment processes. This included checks with previous references, previous employment histories, full interview processes and checks with the Disclosure and Barring Service (DBS). These 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

- People and relatives told us staff supported them with medicines when they needed them. A person said, "Yes, they always bring me my medicines when I need them."
- The registered manager completed regular competency checks of all nursing staff. This ensured if there were any training needs identified, they were addressed in a timely way.
- Since the last inspection a new online system had been introduced. This ensured any errors with administration or management of medicines would be brought to the attention of the management team in the form of alerts. This ensured a safe procedure was always followed by all nursing staff.

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 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 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.

Visiting in care homes

- The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. A relative commented, "We are a large family and we all visit frequently, whenever we want, there have not been any issues regarding visiting."

Learning lessons when things go wrong

- The registered manager confirmed that there were always lessons to be learnt from all incidents. We saw clear oversight of any accidents and incidents that had happened within the home. This ensured any trends and patterns were identified quickly and preventative measures were put in place.
- An example of the good level of oversight was seen through the falls analysis reports. This ensured if people were identified at risk of repeated falls, referrals would be made and walking aids made available to people, if appropriate.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Full, competent assessments had been completed prior to people moving into the home. This ensured the staff and service could meet the person's needs, or if any additional changes needed to be made prior to a person moving in.
- Nationally recognised assessment tools were used to ensure people received efficient care. For example, this included the Malnutrition Universal Screening Tool (MUST), this tool assessed whether someone was malnourished, at risk of malnourishment or at risk of obesity.
- Since the last inspection a new online system had been introduced to replace the previous paper-based system. This ensured greater oversight of people's care needs and if any changes occurred, these could be detailed immediately and shared with the whole staffing team.

Staff support: induction, training, skills and experience

- Staff received a good level of training. A staff member said, "I had lots of training, I learnt so many things, first when started, everything induction - saw everything, moving and handling, lift, standing aid etc".
- Staff received training specific to the needs of people living in the home. This included dementia training and pressure area care.
- The registered manager kept oversight of all staff training and competency checks completed by an online system. This system would notify the registered manager when training was due to be completed.

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

- Staff told us people had a wide range of choices to maintain a balanced diet in line with their preferences and dietary needs. A staff member said, "There are two main options every meal. If they want something different and we have it, we can accommodate it. We ask residents what they would like the day before. We always do extra in case someone has changed their mind. Every time new residents move in, we get dietary requirement forms and we get that the same day. All filed in the file in the kitchen."
- People that were at risk of choking were on texture modified diets. We saw all staff had good knowledge of who had been referred to the Speech and Language Therapist (SALT) team and what textured food they should be supported with. This ensured people were less likely to be at risk of choking.
- People were given choices and appeared to enjoy the mealtime experience during our observations. People had an opportunity to raise suggestions for future menu choices and these were considered by the kitchen staff.

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

- People could move freely around the home and there was clear signage for people to navigate around the

home easily. Where people were living with dementia, there were pictures to accompany certain signs to avoid confusion.

- Communal areas had personal, homely touches to ensure the décor created a warm atmosphere. There were a number of communal areas for people to choose from. This ensured people would find a comfortable space if they wanted to join others in conversation, or if they wanted some time for quiet reflection.
- People's rooms had been decorated to their preferences. This included people having their own armchairs and picture frames containing pictures of close relatives.

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

- People and relatives told us staff responded quickly to any changes in healthcare needs and made referrals in a timely way. A relative said, "We have the reassurance of a nurse on duty at all times - if we have a concern, we can ask the nurse to assess or keep an eye on [person]." The relative then confirmed when discussing an incident, "The nurse on duty assessed him and called us later to say she had informed the out of hours service and was awaiting a call back."
- Staff told us how they worked closely with the district nursing team to ensure people receive support when they need it. A staff member said, "[District Nurse] tend to come twice a week, hospital at home is a new initiative – it works really well, great, list of doctors to contact whenever we need them."
- A health professional was spoken with and confirmed staff in the home worked well with them. They confirmed staff followed instructions well and contacted them in a timely way if any changes to people's health occurred.

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.

- Assessments and best interest decision meetings had been arranged prior to a DoLS application being completed. This ensured staff had found the least restrictive option if a person lacked capacity.
- All staff spoken with had good knowledge of mental capacity. A staff member said, "We must always assume everyone has full capacity until assessments have been completed."

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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 were supported by kind and caring staff. We observed staff treat people with compassion when supporting them.
- Relatives told us staff treated people with respect. A relative said, "Staff across the board have always spoken to Dad with respect and show interest in his stories, although I am sure they have heard them many times before."
- Staff told us how they treated people with respect. A staff member said, "We (staff) need to be polite, we are here to respect the residents, it is the most important thing."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff gave them choices and they decided on how they wanted to spend their days. A person said, "Staff will always ask, I never feel pushed. They give me choices all the time, all through the day. I am definitely in charge."
- We observed staff give people choices. This included choices in relation to what they wanted to eat and how they wanted to spend their day.
- People and relatives told us staff respected their privacy. A relative said, "Staff are always making sure they respect [person's] privacy." We saw confirmation of this with staff knocking on people's doors and waiting for a response before entering.
- People and relatives also told us staff treated them with dignity. A relative said, "I like the staff's approach, they really treat people with dignity and make sure they are comfortable before completing tasks such as personal care."
- There had been a negative effect on people's moods since the beginning of the pandemic. This had impacted people's independence and staff encouraging people to be more independent as a lot of people preferred to stay in their rooms. The registered manager shared ideas of how they have encouraged people to become more independent and spend more time out of their rooms. This included encouraging people to join in with activities and general tasks around the home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to 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 and relatives told us they felt involved in designing the best support in line with people's preferences. A relative said, "The move to Waverley has been transformational for my father and for us his family. We have complete trust in the care team at Waverley and continue to feel that we work 'with' them to ensure that my Dad has the best life he can access."
- Relatives also told us how the care had improved people's quality of life. A relative said, "It's a wonderful place (the home), you know. I couldn't have coped (supporting person) on my own."
- We saw people's care plans contained personalised details. This ensured staff knew people's preferences and how they wanted to be supported.
- Staff were confident to discuss how they learnt people's preferences and how they delivered person-centred care. A staff member said, "We talk to them and find out what they like. I have a questionnaire I designed for myself to ask what they like, what their hobbies were and they'd like to continue. Otherwise, I check care plans or speak with relatives."

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.

- Staff were observed to communicate well with people. We saw staff lean close and speak softly to people who were quiet in nature or speak clearly to people who had hearing difficulties.
- People's care plans detailed people's communication needs. This included what was the most effective way to communicate with people and how people preferred staff to communicate with them.

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 and relatives told us how staff encouraged them to join in with activities. A relative said, "Although [person] cannot always access all the activities, he enjoys the entertainment. The activities co-ordinator continues to engage him in activities that she feels he could enjoy."
- Staff told us how different activities were introduced depending on the time of year. A staff member said, "In the summer people get to go out to the fishpond in the garden. [Person] has put himself in charge of the fish. We have chickens outside. We had a big garden party last summer and a mobile farm turned up."

- We saw evidence of a wide range of activities that had been organised to ensure they catered for people's different hobbies and interests. These included Halloween themed activities and Diwali celebrations.
- We were also told how relatives were invited to join in some of the activities. This meant staff were continuously trying to maintain those important relationships for people to ensure a positive wellbeing.

Improving care quality in response to complaints or concerns

- People and relatives felt confident that they could raise any concerns if they needed to. A relative said, "I would have no problem going to [registered manager] if I had concerns, I just haven't had any."
- Staff were knowledgeable in how to record and report any concerns or complaints raised with them. A staff member said, "I would immediately try to reassure the person that we would deal with the concern quickly. I would then record it and start to follow the complaints procedure with the manager. I would continue to update the person throughout the time the complaint or concern was being investigated."

End of life care and support

- End of life care plans had been thoughtfully completed for people receiving palliative care. This included sensory experiences and staff working with people and their relatives to ensure they were as most at ease as possible.
- Relatives of people who had been supported at the end of their lives had complimented the staff and the level of care they provided to their loved ones. A relative had feedback, "Thanks for the welcome, care and kindness... We knew [person] was comfortable and safe with you in their final days."

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received mixed feedback from the staffing team regarding members of the management team. A staff member said, "[Registered manager] I am fine with, [another member of management team] is just not approachable at all to me, their attitude, seen speaking to people in corridor, spoke to me comes across rude and abrupt and not comfortable. Morale - I feel supported but not all the time, sometimes feels like we are not listened to." Other staff members made similar comments and this was raised with the regional manager and addressed during the inspection.
- The registered manager and the management team told us how they encouraged a positive culture in the home of people and staff speaking up. This was shown through their recent 'speak up' campaign posters for staff.
- People and relatives were also involved in providing feedback. People and relative's feedback on a care review website was also celebrated in a document compiled by the provider called 'customer sentiment'. This was then shared with people, relatives and staff to share the positive feedback.

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

- Since the last inspection there had been a change to the registered manager and some of the management team. It was apparent that this had been a change for the staffing team that some staff members were still adapting to. The registered manager said, "It has been a challenging time for the staffing team with the amount of change, but my door is always open."
- New online systems had been introduced since the last inspection. This ensured the registered manager and management team had oversight of all areas of the home. This included accidents and incidents and care home audits, as well as medicine audits to ensure any inconsistencies were identified swiftly and dealt with appropriately.
- The provider had a duty of candour policy in place. We saw that when appropriate, this had been used. We also saw that the registered manager had made CQC aware of any significant events or accidents. This is part of their registration and we saw that relevant notifications had been made in line with this.

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

- People and relatives felt listened to by management. A relative said, "We feel that we have had excellent

support from the management team. [Registered manager's] door is always open and she appears to have a good knowledge of all her residents."

- Generally, staff felt supported by the registered manager. A staff member said, "I feel supported, I do not have complaints. I feel like I'm part of the team. [Registered manager] is always here and [clinical lead] is very helpful too. The manager tries really hard to make the staff work as a team with the engagement champions to organise team building for the staff. We have regular staff breakfasts here and they are arranging bowling. Regular meetings, a huddle every day. Communication is often challenging but here is quite good." Another staff member said, "[Registered] Manager is very caring. Feel well supported."
- Another member of staff said, "I have supervision with the (registered) manager every 3 months. They would listen to me, I feel supported and they know exactly what we are doing."
- We saw evidence of staff meetings and resident meetings. These set out clear objectives and set actions to drive improvement in the home.

Continuous learning and improving care; Working in partnership with others

- Following the new systems being introduced to the home, this had enhanced learning from alerts within the new auditing systems. This ensured any learning could be acted upon quickly. This meant there were monthly reports to be analysed by the management team for any potential trends to be identified or areas of improvement highlighted. This built an ongoing improvement plan for the home which included new décor, changes of menus and analysis of health conditions.
- Feedback from health and social care professionals was positive. The registered manager had a clear and transparent approach to working with all professionals.