

Barchester Healthcare Homes Limited

Waterside Court 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

Waterside Court is a residential care home registered to provide care for up to 70 older people, set out over three floors in a purpose built building. Only the ground and first floors were in use at the time of our inspection and there were 23 people living there, some of whom were living with dementia

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

People living at Waterside Court were supported to lead purposeful lives, engaging with their families and the local community. This ensured meaningful relationships and people's overall health and wellbeing was maintained.

People had excellent opportunities and access to a variety of activities to prevent social isolation. Social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. Activities were overseen by a committed, passionate and experienced staff team. The service encouraged and supported people to develop and maintain relationships with people that matter to them. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suited people's preferences. Staff supported people to maintain food and fluid intake, including, through the use of snacks, and making people hot drinks to help them relax and maintain their comfort. People were supported to meet their nutritional needs and complimented the food at the home.

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 a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

The home was well-led by a registered manager who was committed to improving people's quality of life.

The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that included the use of technology to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

This service was registered with us on 19 March 2021 and this is the first inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

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 ●

Waterside Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 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 carried out by two 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 Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, five relatives and two visitors. We also spoke with 10 staff members, the area manager and the registered manager. We looked at a range of records including seven care plans and risk assessments, medication records and a variety of records relating to the management of the service, including policies and procedures, training records and quality assurance systems.

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 for this newly registered service. 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 told us they felt safe. Their comments included; "Safe yes, and dangerously comfortable", "Safe, because the staff are very kind and check up on you every so often" and "Oh yes, very safe, carers [staff] looking after me. I am very happy here, nice people around."
- The people were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had been trained in how to recognise and report abuse and they knew how to apply it. A member of staff told us, "If I witnessed a case of abuse, I would tell my manager and record it. I can also call the police."
- The registered manager made sure information and processes were available for staff and there was an up-to-date, detailed safeguarding policy.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Appropriate risk assessments were in place, meaning staff had good knowledge of risks and how to reduce these. Risk assessments and care plans were regularly reviewed and updated. For example, the registered manager completed risk assessments regarding nutrition, hydration and social isolation.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. One person told us, "It's nice and clean here, spotless."

Using medicines safely

- People received their medicine as prescribed from staff who followed systems and processes to administer, record and store medicines safely.
- Staff competency was reviewed to ensure it was safe to support people with their medicines. Protocols were in place to guide staff on safe levels of support when administering medicines.

Staffing and recruitment

- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place. Pre-employment checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- The service had enough staff to meet people's needs. One staff member said, "We can be tight for staff sometimes but the management steps in and help us out."
- Staff induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals.

Learning lessons when things go wrong

- Where appropriate, accidents and incidents were referred to the local authorities and the CQC and advice was sought from health care professionals.

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 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.

There were no outbreaks in the home and people enjoyed unrestricted visits from family and friends.

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.

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

- People had care and support plans that were personalised and reflected their needs and aspirations.
- Care plans reflected a good understanding of people's needs, including relevant assessments of their communication, support and oral health needs.
- Staff ensured people had up-to-date care, and their support assessments reflected their medical, psychological, and communication needs, as well as their preferences.

Staff support: induction, training, skills and experience

- The people were supported by staff who had received relevant and good quality training in evidence-based practice. A member of staff told us, "The training I had was relevant to my role and gave me confidence."
- Staff told us that updated training and refresher courses helped them to continuously apply best practice. We saw that staff were knowledgeable and they knew how to support people safely.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member said, "I think we are all supported here. The managers are hands on."

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

- People received support to eat and drink enough to maintain a balanced diet.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them maintain a healthy weight. People's weight was monitored, and the kitchen played an active part in creating a healthy lifestyle for them. One person said, "The food is excellent. Good choice, hot and tasty."

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- Where referrals were needed, this was done in a timely manner. We saw that guidance from healthcare professionals was recorded and followed by staff.
- People's care and support was planned and coordinated when people moved between different services.

The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met their needs.
- The second floor of the home had some noticeably effective and natural dementia friendly decoration and items of interest. We saw staff interacting with people and using these decorations as talking points.
- People's rooms were personalised with pictures, paintings, soft furnishings and personal items.
- The environment was homely, spacious and friendly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and they were in control of their support. Care plans contained consent to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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

- People were consistently positive about the caring attitude of the staff. People's comments included; "Yes, everybody does care here, carers [staff] very respectful", "Carers [staff] are so kind and considerate, make sure I can get up and walk to my frame. Very happy nature. Caring all the time, very good" and "Very happy here, nice people, nice carers [staff]."
- Relatives told us staff were caring and provided compassionate care. One relative said, "Staff all take an interest, they are there for you. Welcoming, lovely place doesn't feel like a care home."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "There's been number of GP visits and I've been involved. They [staff] always phone us if there is a problem."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "Carers [staff] are very respectful. In the way they speak to you kindly and help you. Always asking if you need anything. Yes, carers here do care."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One relative commented, "[Person] is well looked after, doing things she

couldn't which allows her independence."

- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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

- The service understood the needs of different people and delivered care and support in a way that met those needs and promoted equality.
- Staff provided people with personalised care, in line with their communication plans, risk assessments and preferences.
- Staff knew people well. People commented, "Nothing was too much trouble" and "[Staff] certainly ask me if I want anything. I'm given choices all the time."
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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 had good awareness, skills and understanding of people's communication needs and they knew how to facilitate communication with them.
- The people had an individual communication plans that detailed effective and preferred methods of communication.
- Care plans detailed how people preferred to be supported in relation to communication. For example, one person wore glasses. Staff were guided to keep the glasses clean and within easy reach of the person. A staff member told us how they supported a person with their hearing aids. They said, "I help them to change the batteries and make sure [person] is wearing them as they can forget to put them in."

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

- Arrangements for social activities met people's individual needs and followed best practice guidance so people could live as full a life as possible. A programme of activities was displayed, and people chose what activities they wished to attend.
- People told us about the activities available to them. Their comments included; "Love gardens. I sit outside, walk around the pathway. Sit in the front garden all day for me. We get lots of things to do, like art."

Every day we get singers, exercises in a chair. No end of things going on every day," "I do go along to things, we have singers, music, bingo and quizzes" and "I join in with some of the things, [staff] are always trying to get me to join in."

- Staff promoted people's freedom of choice and control over what they did.

Improving care quality in response to complaints or concerns

- The service had systems to record and investigate complaints. Details of how to make a complaint were displayed in the home.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. For example, the chef regularly talked to people around the home to obtain their feedback.
- There were no complaints raised with the service since they registered with the Care Quality Commission.

End of life care and support

- The provider had a policy and systems in place to support people with end-of-life care and palliative care needs.
- No one was being supported with end-of-life care and palliative care needs at the time of our inspection.

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 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

- People and their relatives told us the service was well-led and the management of the home was good. Their comments included; "Manager is approachable, best manager we have ever had. [Registered manager] knows each and every person in and out. She is so supportive of them. Willing to help out and has a laid back, calm approach", "Manager does everything, comes around to see me, comes in for a chat. Knows about my fainting. Excellent, everything here done just right" and "See quite a bit of the manager, always asks if things are ok. This is a very well managed place."
- There were a range of checks to monitor the quality and safety of the service and to help drive improvements. These included checks on incidents and accidents, medicine administration records (MARs) and health and safety checks. Action was taken to address any identified issues.
- Staff understood the provider's vision and values and knew how to apply them in the work of their team.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights.
- Staff felt respected, supported and valued by senior staff who promoted a positive and improvement-driven culture. A member of staff told us. "We have regular meetings to keep us informed and any suggestions we [staff] make I feel are listened too. I would say I am well supported here."
- Staff felt able to raise concerns with the managers without fear of what might happen as a result.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The service involved people, their families and friends in a meaningful way. People and their relatives had

opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, we saw the survey action plan and noted that an action to introduce regular 'family meetings' had been completed.

- There was positive staff morale with staff saying they felt very well supported in their roles. Staff told us there was effective teamwork and the registered manager set an example by being open and supportive.
- The registered manager had an open-door policy and people using the service and their relatives were encouraged to visit the office and express their opinions either in person or via telephone.

Continuous learning and improving care; Working in partnership with others

- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The provider and the registered manager worked closely with other stakeholders to ensure people received good quality care. This included co-operation with health care professionals, commissioners of the service and safeguarding team.