



Inspection Report on

The Waverley Care Centre

**Waverley Care Centre
122-124
Plymouth Road
Penarth
CF64 5DN**

Date Inspection Completed

19 November 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About The Waverley Care Centre

| | |
|--|--|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | The Waverley Care Centre Ltd |
| Registered places | 129 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | This is a service that is working towards an 'Active Offer' of the Welsh language intends to become a bilingual service. |

Summary

The Waverley Care Centre Ltd is able to accommodate 129 residents with nursing care needs. This inspection was unannounced, Jacob George is the responsible individual (RI) for the service and the manager is registered with Social Care Wales, the workforce regulator in accordance with legal requirement.

People living at the Waverley receive good quality care and support. The service is passionate about supporting people to increase their independence, daily living skills and take part in activities. Personal plans are person centred and detailed regarding people's routines, preferences and how best to support them, although the service is in the process of changing to electronic files at this time. People are able to share concerns, have their voices heard and personal choices are respected.

Care staff and the management team are equipped with good levels of training, development opportunities and support. Care staff are knowledgeable and confident in their roles which enable them to support people to achieve their personal outcomes. Staff at all levels feel well supported and able to openly discuss any issues or concerns.

Systems are in place to monitor the quality of the service provided on an ongoing basis, in order to further develop and improve the outcomes for people who live at the home.

Well-being

Whenever possible, people are supported to have control over their day to day life. People are encouraged to follow their own routines each day with support from the staff team. Care staff we spoke to were familiar with people's individual preferences. People told us their views and opinions are listened to and they are able to raise any concerns with the staff team or management. Care documentation is reviewed within the relevant timescales, and people are involved in this process to ensure they remain at the centre of their care. However, all care documentation is in the process of changing to an electronic system which is not yet complete and which will be followed up at the next visit.

Practices and process in the home support people with their physical, mental health and emotional well-being. Professionals are regularly involved in people's care as and when needed. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals. There is good management structure in place to ensure the service is safe.

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed drinks and snacks offered throughout the day. The service has been awarded a 3 star (generally satisfactory) food hygiene rating. People mostly benefit from a variety of activities and pastimes of their choice. People told us they could spend time with others in communal areas or in their own rooms if they preferred. We noted one communal area on the upper floor was currently being refurbished and we were told this would be complete in the next few days.

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. Management responds in a positive way to any concerns or incidents which occur, to ensure any risk is reduced. Overall, safe recruitment checks are completed and care staff have access to safeguarding training with relevant policies and procedures in place to ensure people are safeguarded from harm.

People live in a home which supports them to achieve their well-being. Bedrooms are personalised in keeping with people's preferences. As the home has been mostly closed to visitors since March 2020 because of the Covid-19 pandemic people require extra social and emotional support from staff, which people told us care staff have been kind, supportive and caring.

Care and Support

Personal plans although reflect people's current needs and desired outcomes are currently in the process of changing to electronic records. We saw this transition was not fully complete therefore staff were following both paper care documentation and electronic documentation which staff told us they found difficult. Documentation is reviewed within the required timescales and there are systems in place to ensure people are involved in the review process. We saw detailed examples of person centred care information recorded within daily diary records but identified that the information needed to be more robust and contained within one system of recording. Management told us this area is being addressed for completion. People we spoke with are happy with the care and support being provided.

People have access to health and other service to maintain their ongoing health and well-being. Information within people's care documentation evidenced referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. When required, care staff support people to access community based medical appointments and people also receive visits from various health care professionals such as GP, dietician and optician.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they felt safe, secure and supported living at the home. Arrangements for fire safety and general maintenance are in place. However, we identified that the personal emergency evacuation plans (PEEPs) required updating. Management told us that this would be carried out immediately.

The service has systems in place for medication management. People receive their medication as prescribed by staff who are trained to administer medication safely. Medication is securely stored and audits are carried out to ensure medication is administered and stored safely. We looked at the Medication Administration Records (MAR) and saw no gaps in recording and MARs were extremely well organised.

The service promotes hygienic practices and manages the risk of infection. The service has an infection control policy and Covid-19 procedures in place. We spoke with care staff who confirmed they are aware of the infection control procedures and we saw them wearing appropriate personal protective equipment (PPE) at all times. We saw appropriate PPE sanitising stations available throughout the home as required.

Environment

The home provides care over three separate units, Seaview, Glan-Y-Mor and Cliffhaven over six floors. Each floor is accessible via a passenger lift and the home offers suitable accommodation. People showed us around their rooms which are clean and personalised in keeping with their wishes and preferences. Independence is promoted where possible with care staff available to offer support and encouragement as needed to access various areas of the home.

Since the last inspection the provider has implemented a refurbishment programme which includes new flooring to the upper communal lounge area, new flooring, and improvements to the outside of the home. This has been delayed due to the Covid-19 pandemic but works to recommence are underway with a phased plan of works planned for 2022.

We saw domestic staff undertaking cleaning duties throughout the home and found the home to be clean and well maintained. When we spoke with people they were complimentary about the home. Communal lounge areas are cosy and spacious and the home benefits from a choice of areas to sit and enjoy quiet time. We saw one lounge area was under refurbishment and were assured that this was almost at completion. A small sitting area had been implemented for people to sit and spend quiet time.

The service provider identifies and mitigates any risks to health and safety. Environmental audits are regularly undertaken, with any hazards identified and addressed. The home has a visitor's book in accordance with fire and safety arrangements and visitor identity checks are undertaken. Visitors are also requested to complete Covid-19 lateral flow tests before commencing their visit inside the home. We saw people arriving and Personal Protective Equipment (PPE) being provided for their visit. Fire safety documentation is in place including fire safety checks and drills. However we identified that whilst all residents had a PEEP in place the emergency grab file required updating. Management told us the file would be updated immediately.

People live in a safe environment where risks are effectively managed. Health and safety checks are completed to ensure the premises comply with current legislation and national guidance. Management provided evidence of essential routine maintenance checks and audits carried out.

People can be confident that there are effective arrangements at the home to protect public safety and minimise cross contamination. Staff follow correct infection control guidance and we observed staff wearing the correct PPE in accordance with guidance throughout the visit.

Leadership and Management

People and staff have access to information. A statement of purpose (SOP) is available which accurately reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

Staff recruitment is satisfactory at the service. We saw staff recruitment files have the necessary safety check in place, ensuring staff's suitability to work with vulnerable adults.

Management at the home has a visible presence and was described by staff as *"approachable"*, *"extremely supportive"* and *"has been amazing during the covid crisis"*. Staff told us they were able to discuss any concerns they may have with the manager or RI. The staff team feel supported and have access to regular team meetings or one to one when needed. Regular supervisions and appraisals are carried out, this ensures staff receive feedback on their performance and support to identify areas for training or any areas that require additional support.

People's needs are met in a timely and responsive way; we saw staff spending time with people chatting and providing support and reassurance when required. Systems are in place by the provider to monitor the quality of the service provided on an ongoing basis, in order to further develop and improve the outcomes for people who live and work at the Waverley. The RI is visible and visits the service as required and is described by staff; *"Has made a real difference here these past few months"*. Regulatory visits carried out have either been completed in person or virtually. Staff told us they felt appreciated during this difficult time and management had made efforts to bring in treats for both staff and residents with the ice cream van booked outside for most of the summer months.

Arrangements are in place to ensure the service remains financially sustainable, and is able to withstand the challenges the covid-19 pandemic has brought upon the service.

Summary of Non-Compliance

| Status | What each means |
|---------------------|--|
| New | This non-compliance was identified at this inspection. NONE |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. NONE |
| Not Achieved | Compliance was tested at this inspection and was not achieved. NONE |
| Achieved | Compliance was tested at this inspection and was achieved. NONE |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

| | | |
|--|------------|--|
| | inspection | |
|--|------------|--|

Date Published 29/12/2021