Watermoor House RCH

Watermoor House

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

Watermoor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Watermoor House accommodates up to 38 people in one adapted building. There were 32 people living at Watermoor House at the time of this inspection.

We carried out this inspection following concerns raised regarding the service in October 2018, these concerns were focused on the safety of people. As a result, we undertook a comprehensive inspection to look into those concerns.

This is the first inspection of the service since it re-registered with the Care Quality Commission in May 2018. We previously inspected the home under its old registration. You can read the report from our last comprehensive inspection, by selecting the 'old profile' link for Watermoor House on our website at www.cqc.org.uk. At this inspection we found the service was meeting all the requirements and it was rated 'Good' overall.

There was a registered manager in place at Watermoor House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were kept safe. Risks were identified, managed and reduced. Where staff had identified risks to people's health and wellbeing, the risk assessments and guidance around these were detailed and contained sufficient information for staff to support people to minimise risk. Staff were recruited safely and they were trained and supported to meet people's needs effectively. People's medicines were managed safely and they received these as prescribed. The environment was kept clean and well maintained.

People were supported by skilled staff who had received training appropriate to their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice. People's nutritional wellbeing had been maintained and they continued to have access to health care professionals when needed.

People's needs were assessed, care plans were developed and care was delivered in a way which met their needs and preferences. People were treated equally and their individual preferences and wishes were respected. Relatives were provided with opportunities to speak on behalf of their relative and were welcome to visit when they chose to.

Staff were kind, caring and compassionate. There were arrangements in place to help people feel included

and to take part in social activities. Staff had the skills and knowledge to support people's end of life needs.

The home was well managed and the registered manager ensured people's needs and wishes were the primary focus. People, relatives and staff spoke positively about the leadership offered by the registered manager. Effective and appropriate systems, processes and practices ensured the home ran smoothly and that necessary regulations were met. Complaints could be raised and these were investigated and addressed. All feedback was welcomed and used to improve the service further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

The registered manager had systems in place to learn from incidents and accidents and reduce future incidents of preventable harm and share this information with staff.

Is the service effective?

Good

The service was effective.

People were supported by skilled staff who had received training which was appropriate to their role

Consent was sought from people in line with the requirements of the Mental Capacity Act (MCA).

People were supported to have a healthy diet and they could choose what they liked to eat and drink.

Is the service caring?

Good

The service was caring.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People were given information about the service in ways they wanted to and could understand.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans and associated documents were person centred and clearly reflected people's current level of need.

People were receiving end of life care. People, their families and relevant health professionals had been involved in developing end of life care plans.

People were supported to engage in a variety of activities suited to personal interests.

Where complaints had been raised, the concerns had been addressed appropriately.

Is the service well-led?

Good

The service was well-led.

Governance systems had been established in the service to identify and address shortfalls.

There were positive comments from people, relatives and staff regarding the manager.

There was a positive culture in the service based on providing on care which was tailored to and met the individual needs of people.

Watermoor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 November 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with six people using the service, the registered manager and five members of staff. We also spoke with five relatives of people using the service. We looked over the premises of the care home and reviewed records for six people and records relating to staff training, recruitment and the management of the service. Following our inspection, we spoke with three health and social care professionals about the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People felt safe living at the home. Comments included: "Yes, I feel safe and secure here" and "I feel very safe here. I am taken very good care of". Relatives we spoke with confirmed they felt people were safe living at Watermoor House. One relative said, "I feel mum is safe. I don't have any concerns when I'm not here."

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding and whistleblowing were available to everyone who used the service. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. Staff notified other agencies which included the local authority, CQC and the police when needed. All the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. One member of staff said "I report any concerns to the manager or team leader if the manager is not on shift. All concerns are taken seriously."

The registered manager told us people were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required. Staff also had access to an independent advisor so that they could seek additional support where required.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, moving and handling safely and self-harm. The risk assessments had been regularly reviewed and kept up to date. Where people were at risk of falling, they had a robust risk assessment and falls risk analysis around this to minimise the risk of falls and injuries to people. Where people were at risk of developing pressure ulcers, these risks were clearly identified in their risk assessments and appropriate action had been taken to minimise these risks.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medicine administration records (MAR) demonstrated people had received their medicines as prescribed. Staff who administered medicines received training, observed other staff and completed a comprehensive competency assessment, before being able to administer people's medicines independently. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines.

There were sufficient numbers of staff working at the home. Where people required one to one care and support this was provided. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Staff told us the registered manager was always willing to support the care staff and there was always a member of the management

team on call.

We looked at the recruitment records of five members of staff employed at the service. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. All staff working at the service had a probationary period to ensure they were appropriate for the role.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. The premises were clean and tidy and free from odour.

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved to Watermoor House. The registered manager told us this assessment included input from the person where possible, their family and any other health professionals involved in their care.

People using the service were supported by staff who had received training appropriate to their role. Records showed staff had received training in first aid, basic life support, safeguarding, moving and handling, and equality and diversity. Staff described the training provided as "Very good and relevant to the role." Staff new to the role of caring and supporting people had completed the care certificate. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. Staff told us they had found the shadow shifts a "good learning experience".

Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require. Staff also benefitted from annual supervision. The staff we spoke with confirmed they had received regular supervision. One member of staff said, "I receive regular supervision and it allows me to reflect on what I do and discuss my practice."

People were supported to maintain their health, they were registered with a local GP, a dentist and an optician. Where required, people were supported to access other health professionals such as the district nursing team, occupational therapists and physiotherapists.

People were supported to ensure they had sufficient food and drink. Most of the people we spoke with spoke positively about the food provided at the service. One person said, "Lovely food, it's always good". Another person said, "Food is very good." People told us there was always a choice of meals and if they wanted something different to what was being served; the chef would provide an alternative meal option. The relatives we spoke with told us they felt the food provided at the service was of good quality. However, there were some people who told us meals could be improved. We discussed this with the registered manager who told us they had already planned for the chef to spend time with people to review the menu and incorporate any suggested changes.

The Mental Capacity Act (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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Care plans reflected people's ability to consent to receiving personal care and support. Where people lacked capacity, documentation reflected that decisions had been made in their best interests. Where there were concerns that people were being deprived of their liberty, a DoLS application had been made to the appropriate supervisory body.

The building and gardens were well decorated and maintained to a good standard. There was a warm, welcoming and homely atmosphere at Watermoor House. People were supported to decorate their bedroom to individual preferences. People and their relatives confirmed they could choose how their rooms were decorated. Access ways had been adapted to make them accessible to wheelchair users. There was a lift and stair lift to enable people to access all areas of the home.

Good

Is the service caring?

Our findings

The service provided to people was caring. People were supported by staff who were kind, compassionate and caring.

There were positive comments about the staff from people and relatives and health professionals. One person said, "They are very kind and caring. They have lots of patience." Another person said, "They are exceptional. You feel you mean something to them as a friend." One relative we spoke with said, "The staff are excellent. They are very kind and caring. I have no worries about my dad when I am not there."

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff who supported them. People told us the consistent staff teams were reassuring for them as they were confident they would be supported by familiar staff who knew them well.

People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs were met in this area. Where people indicated a preference, they were supported to access activities in relation to their religious or cultural background. All the people we spoke with told us that staff treated them with dignity and respect, particularly when they were delivering personal care. People told us how staff would respond quickly to any concerns they have. One person said, "If I use my call bell they always come quickly."

The manager told us people's privacy was taken seriously and all staff were required to maintain confidentiality at all times. Where records were kept on paper, we saw that these were stored securely in locked drawers and offices. Other records which were kept on computer required a username and password for access.

Some people living at Watermoor House had difficulties with communication. There were records available for all people in an easy read format. The provider had clearly considered the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people living with a disability or sensory loss are given information in a way they can understand.

The manager told us family and friends of people living in at Watermoor House could visit at any time. People and their relatives confirmed that there were no restrictions on visiting. One relative commented on how they could visit their family member as much as they wanted and there were never any restrictions on when they could visit.

Good

Is the service responsive?

Our findings

Each person had a care plan to record and review information about their care needs. These care plans contained good levels of detail and were person centred. Each care plan detailed individual likes, dislikes and preferences in relation to their care. We found the care plans contained clear guidelines for staff to follow. For example, people's personal care plans clearly identified areas of independence and people's preferences about aspects of their care that they would like to complete independently.

There was evidence of people's needs and care plans being reviewed regularly. It was evident from the care files we looked at that people, their relatives and other health and social care professionals were involved in developing and reviewing their care plan as required. Relatives told us they were invited to participate in reviews and felt their opinions were considered when planning care.

Reports and guidance had been produced to ensure unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, people's care files contained a list of emergency contacts for staff to notify. Care plans also contained emergency packs which could be given to paramedics. These contained key information relating to the person's care needs so that they could continue receiving personalised care whilst at hospital. People and relatives told us staff would accompany people to hospital to ensure they were not alone in an unfamiliar environment.

The service was providing end of life care. Training records showed that all the staff working at Watermoor House had received training around end of life care. Where required, the service had worked closely with people and their relatives to develop end of life care plains. The end of life care plans that we looked at contained details of people's preferences in relation to their care and how they wanted their cultural and religious needs met.

People were supported on a regular basis to participate in meaningful activities. There was a full-time activities co-ordinator employed at the home. There was a full and varied activities programme, and close links with the community, including a local school and other care homes. For example, the activities co-ordinator told us how they had arrangements with local nurseries and schools for children to visit the service. Following the success of these visits, the activities co-ordinator told us the people living at Watermoor House had been invited to attend the nativity play at one of the schools whose pupils visited the school.

The service had a process of managing and responding to concerns and complaints. A complaints policy had been developed which clearly detailed the responsibility of the service and how complaints would be responded to. The registered manager demonstrated a good understanding of the complaints policy and could outline how they would respond to a complaint. Where concerns had been raised, we saw that these had been managed appropriately.

The people we spoke with indicated that they were happy with the staff that supported them and felt they could raise any concerns they had. One person said, "If I have any concerns I will tell the staff or the

manager."

There were many compliments evidenced in a large file with letters, emails and cards. One person had written, "Thank you for your wonderful care of mum over the past few months. You were all so kind and loving to her." Another person had written, "Thank you all for the wonderful care you gave (name of person) in her time with you. I am so very grateful." Staff told us the positive feedback was appreciated by the staff team as it recognised the good work they were doing.

Good

Is the service well-led?

Our findings

There was a registered manager at Watermoor House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives spoke positively about the leadership and management of the service. People using the service described the registered manager as "Very good" and "Caring". Staff also spoke positively about the leadership and management of the service. One member of staff said, "The manager has only been in post for about a year but has made a massive improvement to this home". Another staff member said, "The manager is excellent. She will always make time for us. All of the staff are treated equally and you are valued for the work you do." The staff described the registered manager as 'Being a part of the team' and 'Very hands on'. One member of staff said, "Whenever we need any help from the manager or deputy manager, they are always willing."

Staff had regular meetings with management. Staff told us how these enabled management to keep them up to date with everything that was happening in the organisation. These meetings provided staff with opportunities to make suggestions to improve the service. For example, the provider had planned to make changes earlier in the year to how the individual staffing teams were built. Staff told us there had been a lengthy consultation process around this and staff were encouraged to provide their opinions about this.

We discussed the value base of the service with the registered manager and staff. The registered manager and staff told us Watermoor House was based around providing person centred care and supporting people to live their life to the fullest. Throughout our inspection we saw the staff working positively with people to promote these values.

Quality assurance systems were in place to monitor the quality of service being delivered. These consisted of a schedule of audits including health and safety, record keeping and care plans. The registered manager and other members of the management team would carry out monthly audits of areas such as care plans and medicine records. We saw that these audits were carried out as scheduled and corrective action had been taken when identified. The registered manager told us how they had introduced random checks during the night to ensure night staff were providing good quality care to people. They told us these checks would be completed either by themselves or one of the directors of the service.

Surveys had been sent out to seek the views and opinions of people using the service. The registered manager told us where required, people would be supported by staff to complete surveys if people indicated a preference for this. The registered manager told us the feedback would be incorporated into the annual action plan.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.