

Watermoor House RCH

Watermoor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Watermoor House is a residential care home providing accommodation and personal care for up to 39 older people and people living with dementia in one adapted building which has a range of communal areas, an external courtyard and outdoor areas people can use. At the time of the inspection there were 24 people living in the home.

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

People told us they feel happy living at Watermoor House. People's relatives were complimentary about the care their loved ones received. Staff spoke positively about the leadership of the home.

We found some improvements were needed to ensure safe recruitment practices were followed. Staff understood people's risks and how to keep them safe but people's care records were not always up to date with this information. The provider's audits were not always fully effective in identifying and addressing quality and safety concerns in the area of staff recruitment and care records.

We did not find that these shortfalls had impacted on people's care and the deputy manager had started taking action during our inspection to ensure improvements were being made.

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.

People were supported to receive their medicines safely and as prescribed.

People were supported by staff who had been trained and supported to meet their needs.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19.

Managers promoted a culture which enabled people, their representatives and staff to feel comfortable in giving feedback, raising a concern or where needed, to make a complaint.

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 good (published 13 October 2020)

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. This is based on the findings at this inspection.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Watermoor House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of regulations in relation to safe recruitment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Watermoor House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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

Watermoor House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Watermoor House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. The service had recruited a new manager who was in the process of starting in their role.

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 sought feedback from the local authority. 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 observed staff interacting with people and looked at the premises. We spoke with fifteen members of staff including the nominated individual, the deputy manager, the business manager, the training co-ordinator, the chef, the deputy housekeeper, one housekeeper, one administrator, two receptionists, the maintenance person and four care staff. We also spoke to seven people using the service, a healthcare professional who visits the service on a regular basis and five people's relatives.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and records related to medicines. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We sought feedback from healthcare professionals who works with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed using recognised assessment tools this included risks in relation to people's mobility, eating and health, however records did not always reflect people's individual risk management plans.
- One person was at risk of choking and had been assessed by a Speech and Language Therapist. Staff could describe how to support them to eat safely. This person's choking risk management plan was not up to date to ensure staff had current information about the person's safe food preferences to refer to.
- We were assured that people received the care they required to keep their skin healthy and reduce the risk of becoming dehydrated. We observed staff supporting people in their environment safely and supporting people to drink enough. The daily shift allocation sheet contained instructions for staff in relation to people's hydration, personal care and repositioning needs. However, daily care records did not always show that staff had implemented people's risk management plans so that the manager could determine whether people's risk plans remained effective.

We found no evidence that people had been harmed, however accurate, complete and contemporaneous records in respect of each person's care were not always maintained. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback from people's relatives in relation to the care at Watermoor house included comments such as: "They [service] provide very good care, [person] is happy and well looked after, there are no issues at all." and "there is always water and a bell near [person], they take in regular snacks in the afternoon... there is nothing that I have seen to say that [person] is not well cared for."
- Following our feedback during the inspection, the service took immediate action to ensure risk management plans were updated.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct.
- The provider's recruitment policy was not always followed in relation to obtaining the specified amount of reference checks.

- Employment records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some employment histories.
- Records did not show how the registered manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to respond and safeguard people from abuse.
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and were confident to do this.
- People told us they were happy living at Watermoor House and people's relatives told us their loved ones felt safe living in the home. One person told us: "I am very happy here thank you. There is enough for me to do. I have my care, I have no concerns."
- Comments from relatives included: "[person] is hugely safe" and "[person] is safe and we are extremely happy."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- The deputy manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments.
- The deputy manager and staff had received training in mental capacity and deprivation of liberty safeguards.

Using medicines safely

- People's medicines were kept secure and administered safely by staff who were trained. Medicines administration records were appropriately signed by staff when administering people's medicines.
- Arrangements were in place for obtaining medicines from the pharmacy. This ensured people's medicines were available when required.
- Medicine audits were undertaken to ensure people received their medicines as prescribed.

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.

People were supported to see their families and friends in accordance with their preferences and in line with government guidance.

Learning lessons when things go wrong

- The service had systems in place for staff to report and record any accidents and/or incidents.
- These were reviewed to ensure the provider's policy was followed and actions were identified to help minimise the risk of further accidents for people.

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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a register manager in place, however a new manager was appointed and due to start soon. People had been informed of this and during the inspection we saw a notice in the dining area containing this information.
- The service had a recruitment policy in place, however this was not always followed. The service had not identified through their own monitoring systems that all required checks had not been completed before the service offered an applicant employment.
- People's care records had been audited however these were not always effective in identifying the record shortfalls we have found during the inspection.

We found no evidence that people had been harmed, however systems were not robust enough to demonstrate people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team carried out a range of audits and we found examples such as health and safety and medicine audits had been effective in maintaining good practice.
- The deputy manager understood their role in the absence of a registered manager. They were supported at provider level by the nominated individual and the board of directors.
- The management team in the home produced a monthly report for the board of directors and the board of directors held a meeting every two months.
- The nominated individual told us about the frequent involvement of the board members in visiting the home and engagement with the people living there and staff.

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

- People and their relatives spoke positively about the staffing team and the caring culture.
- People's relatives told us: "I am very comfortable with Watermoor and I am really really happy with it .. they provide good care, [person] is safe and well looked after, they are nice, caring, kind people" and "staff

know [person] and me and ask after [person's] grandchildren. [Person] considers each carer as part of the family. "

- People told us: "I am happy here. It is the best." and "I loved the place when I visited. When this room became available I jumped. It is one of the nicest rooms in the house. It really is special."
- A staff member told us that the culture in the home is very good. They told us they enjoy working at Watermoor House, that the care is excellent and that the management is approachable.
- Another staff member described the deputy manager as good and very approachable.
- The deputy manager who was overseeing the home in the absence of a registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

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

- The management team held meetings periodically with the staff in the home and handovers took place twice a day.
- Newsletters were produced regularly for staff and people. People were assigned key workers which were engaging with people for daily catch ups and monthly reviews.
- People's relatives were complimentary regarding the engagement with the service. Comments included: "they say that they include family as part of the full package, and they do. They do their best" and "they [people] have a chance to speak to the chef, and give him suggestions, the chef comes and talks to the residents."
- One person told us: "Communication is brilliant."
- The service had a system in place to gather feedback from staff, people and their relatives. During the pandemic, the relative and people survey was substituted by regular written communication. The provider had plans in place to carry out surveys once the new registered manager started employment.
- We observed people being involved in activities in the home. One person told us: "There is lots to do, I enjoy what I go to. Prayer, DVD and the highlight of the week, discussion, it is first class. [staff member] is fantastic." and shared with us some of the ideas they had such as suggestions for activities outside the home and improvements to the crockery.
- One person's relative told us: "everybody seems quite happy here, there are lots of activities."

Continuous learning and improving care; Working in partnership with others

- The service worked openly and in partnership with others, such as a the GPs and district nurses.
- Health and social care professionals were positive about the interactions they had with the service. One healthcare professional told us that the home provides really good care, the communication is really good and that they recommend the home for the care people receive.
- The deputy manager and nominated individual talked to us about the environmental improvements currently in the process of being implemented within the home such as the refurbishment of the communal bathrooms.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records in respect of each person's care were not always maintained. Systems were not robust enough to demonstrate people's safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been followed.