

JTV Care Homes Limited

Watford House Residential Home

Inspection report

Watford House Care Home, Watford Road
New Mills
High Peak
Derbyshire
SK22 4EJ

Tel: 01663742052

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21 February 2019
27 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Watford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate up to 40 older people, including people living with dementia.

On the day of our inspection 38 people were using the service.

People's experience of using this service:

The home did not have a registered manager. However, the provider had appointed a manager and they told us they had been made permanent on 1 February 2019, they were applying to be registered with the CQC.

People were not always protected from the risk of infection. We found the service was not kept clean and was not well maintained. The adaptation and design of the building did not meet people's needs who were living with dementia. The manager had identified some of the issues as part of the quality monitoring, but the monitoring tool was not effective to ensure all issues were identified. We also found the provider had not acted on the actions identified by the manager so there was lack of governance and oversight by the provider. Although since our inspection the provider has confirmed that works will be commenced to ensure the environment is improved.

People were safeguarded from the risk of abuse. Processes and practices protected people from abuse, there were enough staff to ensure people's needs were met. However, from talking with staff and people who used the service it was not clear if staff were deployed effectively to meet people's needs in a timely way.

The recruitment of staff followed safe practices. Staff were supported and received effective training.

Safe medicine management procedures were in place. However, we identified some minor issues that were continually occurring. This put people at risk of not receiving their medicines as prescribed.

Risks to people were identified and managed in a way that did not restrict their freedom. Staff supported people to make their own decisions and choices. Staff we spoke with were knowledgeable and understood the principles of The Mental Capacity Act.

People were supported to receive a nutritious and balanced diet. People spoke positively about the care and support they received. People told us staff were kind and caring, maintained their dignity and respected them.

People received care that was predominantly responsive to their needs. Care plans were developed with the people who used the service and included their decisions and choices. People were supported at the end of their lives.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received. People we spoke with said they had no concerns but would not hesitate to talk with staff if required.

More information in Detailed Findings below:

Rating at last inspection:

The service was previously rated good and the report was published on 16 July 2016.

Why we inspected:

This was a planned inspection based on the previous rating of the service. At this inspection we found the service had deteriorated and is rated requires improvement.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates based on the rating given at this inspection

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 effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Watford House Residential 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector 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. The Expert's area of expertise was older people living with dementia.

Service and service type:

The service did not have a manager registered with the Care Quality Commission. 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. However, the provider had permanently appointed a new manager on 1 February 2019 and they were applying to become registered.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. We requested the provider to complete 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 spoke with other professionals who had involvement at the service, to gain further information about the service.

We spent time in communal areas, talking with people and observing interactions between staff and people they supported.

We spoke with ten people who used the service. We also spoke with two relatives. We spoke with the manager, the cook, the activity coordinator, two senior care staff and two care staff. We also spoke with four visiting health care professionals during our inspection.

We looked at documentation relating to people who used the service, staff and the management of the service. This included two people's care and support records, including the assessments and plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement and records relating to staff.

Is the service safe?

Our findings

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

RI: 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. Regulations may or may not have been met.

Preventing and controlling infection

- The service did not have effective systems in place to manage the control and prevention of infection. We found areas of the home were not well maintained and were unclean. For example, carpets were badly stained, there were unpleasant odours in the communal areas, chair covers were stained and damaged, the kitchenette area in the communal room upstairs was badly damaged and encrusted in food debris.
- The manager used a quality audit and had identified some of the areas, however, the audit was very brief and did not cover all areas. Therefore, some areas had not been identified as part of the audit.
- The registered provider was aware some areas required attention. Following our inspection, they have given us assurances the service will be thoroughly cleaned and improvements made by the end of June 2019.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough care staff on duty at the time of our inspection. However, staff told us at times they struggled to meet peoples needs in a timely way. We discussed this with the manager who agreed there could be better deployment of staff at peak times to ensure peoples needs were met. The manager has since confirmed this is being implemented.
- There were adequate domestic staff. However, we identified the service was not kept clean. The manager told us the domestic hours needed to be changed to ensure they were throughout the day. This would ensure better deployment and more effective cleaning.

Using medicines safely

- Medication policies and procedures were in place to ensure safety. We identified some errors. The manager had picked up some of the issues as part of the medication audit and was addressing these with staff. However, we identified one person was prescribed eye drops to be given twice a day, the staff had recorded on the medication administration record 'once a day'. This meant the person was not receiving medication as prescribed. The manager agreed to follow this up with the persons GP.
- Medication that is recommended to be given at specific times was not recorded as time specific and staff were giving at varying times. The staff were not aware it should be given at specific times but agreed to follow this up with the persons GP to ensure the medication was effective.
- The medication storage trolleys were stored in the dining area. The temperature in one trolley was recording 37.4 degrees centigrade. The recommended maximum is 25 degrees. We found staff were not recording the temperatures daily as the policy required, to ensure medicines were stored below recommended temperatures.

- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines. we observed staff administer medications, this was completed safely and procedures were followed. people we spoke with told us staff supported them with their medicines and were happy with the support received. The manager was still picking up errors. However, they told us they were addressing these at team meetings and supervision and if necessary would ensure additional training was provided..

Assessing risk, safety monitoring and management

- Care plans we looked at contained assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported. For example, one person had been assessed as at risk of weigh loss. Staff had monitored their weight, recorded diet and fluids, referred to health care professionals and followed advice to minimise the risk.
- People were moved and handled safely. We observed staff moving people using a hoist and this was done following the agreed care plan to ensure peoples safety. Staff explained to people what they were doing and gave reassurance throughout the support.
- People we spoke with said staff supported them appropriately. This ensured risks were managed. People said, "They [the staff] are always checking on you."

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they were safe. They explained this was because staff were good. People told us they did not feel worried by any member of staff. Comments included, "I do feel safe here." and "I like it here, I feel safe, I have no concerns about any staff."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. We saw safeguarding concerns had been reported appropriately following procedures.
- Staff we spoke with understood the importance of safeguarding adult procedures. Staff were passionate about ensuring people were protected and knew how to recognise and report abuse. They explained the correct procedures to follow if they needed to report a safeguarding concern.

Learning lessons when things go wrong

- The manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences. For example, the medication errors identified were being addressed at team meeting to ensure consistence and learn lessons.
- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

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

RI: 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. Regulations may or may not have been met.

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

- The adaptation and design of the service did not meet people's needs. People who used the service were living with dementia and the environment was not dementia friendly, it did not follow best practice guidance. The two communal rooms downstairs were busy, hectic and noisy, yet there were two further rooms upstairs that were not utilised.
- Health care professionals we spoke with told us the environment was not conducive to positive outcomes for people's mental health needs who were living with dementia. One professional said, "The environment impacts on people's mental health as it is extremely busy and chaotic. It definitely needs re-thinking."
- Following our inspection, the provider confirmed in writing they were implementing changes that would be actioned within the next three months.
- Staff ensured specialist equipment was available when needed for people's safe, effective care and support.

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

- Staff assessed people before any service was provided, this was to ensure their needs could be met. People we spoke with told us staff were very good. Staff knew their needs and provided care and support in line with their needs. One person said, "They [the staff] are very good here, they know how to look after me."

Staff skills, knowledge and experience

- Staff were trained to provide effective care. All staff told us the training was good. Staff were encouraged to attend additional training to develop their skills.
- People we spoke with were confident in the abilities of staff. One person said, "The staff are okay, they know what they are doing."
- Staff were supported and supervised by the new manager. This ensured they had the skills and knowledge to support people. Staff said, "I feel much more supported with the new manager, it is much better."

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided. The meals we observed provided a balanced nutritious diet and they looked appetising. People told us they enjoyed the meals. One person said, "The food is very good."
- The meal time experience could be improved to ensure positive outcomes. We observed breakfast and lunch during the inspection. We saw breakfast was still being served at 11.00am. Lunch was served at 12 midday, this gave a very small gap as a mid-morning drink and snack was also served. We observed some

people refused lunch and others did not eat their meal. We identified some people had lost weight although this was being monitored the meal times could be impacting on this. We discussed this with the manager who on the second day of the inspection told us they were consulting with people to consider changing the main meal to the evening to ensure better outcomes for people.

- Tables had been laid with a cloth but there was no cutlery on the table, staff brought this when they brought people's meals to them. People were eating independently, some had plate guards to help them. We observed care staff prompted people as they walked round the dining room to the serving hatch but did not offer appropriate support at all times. A choice of drink was served with the meal. However, there were no picture menus to assist people making their choices.
- The catering staff were aware of individual's likes and dislikes as well as their more specific dietary needs or any allergies. There was a board up in the kitchen which identified specific dietary needs. This included people who were diabetic, specific allergies, as well as those who needed to lose or gain weight. Fresh fruit and vegetables were included as part of the diet provided.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of procedures to follow if they identified a person was unwell or had deteriorated. We found if someone needed to go to hospital a system was in place to ensure all the relevant information would be sent with them.
- Health care professionals told us the staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals to ensure people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting or their relatives.
- We spoke with four health care professionals who all said the staff contacted them for advice and followed guidance given. They all confirmed the service worked well with external services.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. However, these were not always formally documented. The manager agreed this would be completed in the future.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and spoke to people in a respectful manner. Staff spoke about people like family. It was clear from speaking with staff they were passionate about providing person-centred care. One person said, "They [the staff] are very caring, very friendly, I have no concerns."
- We observed staff had warm friendly exchanges with people they were supporting. Staff knew people well and we observed them talking to people about their families and their interests as they worked with them. All people and their relatives we spoke with told us how nice the staff were.
- People told us staff respected them. We saw staff spoke to people in a respectful manner and knew how to communicate effectively to meet people's communication needs.
- People told us they were very happy with the staff. People we spoke with all told us the staff were kind and caring. One person said, "The staff are so kind, everyone is so nice I have no concerns. I am very happy."

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them. Staff explained to people what they wanted to do and why. All people we spoke with said they were always involved in decision making. We observed staff involving a person when they needed support to move they explained what they were going to do. However, the person became upset and anxious and did not want to be moved, the staff reassured the person and said they would come back in a while. This showed staff listened to people and respected their decisions.
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "They're very good, they do treat you with dignity and they always knock before they come in. They're always checking in to see how you are."
- We observed staff respecting people's privacy and dignity. Staff closed curtains and doors in people's rooms while providing personal care and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans recorded their likes, dislikes and what was important to the person.
- Staff were responsive to people's changing needs. For example, one person became unwell during our inspection, they had a fall which staff told us was out of character. The person was refusing medical input, the person had capacity to make decisions. However, staff felt the person was confused and suspected an infection so did call emergency services and the person was admitted to hospital with an infection. This evidenced staff knew people well, picked up subtle changes and responded appropriately.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People received information in accessible formats and the manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Staff were aware of how to present information to people for them to understand. People's care plans included details about their communication needs. We observed staff communicating effectively with people they supported.
- Meaningful and appropriate activities and stimulation was provided. People told us they enjoyed the activities and we observed people participating in activities on the day of the inspection. Activities were provided in groups as well as one to one sessions meeting everyone's needs.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with staff. Although all people we spoke with told us they had no concerns.
- The manager had put systems in place to make sure any concerns or complaints were brought to their attention. The manager told us this was because they were committed to listening to people to ensure continuous improvement of the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with people who used the service and their relatives. Their wishes had been recorded.

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

RI: 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. Regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The manager had shared their vision and values with staff. Staff understood these. Staff spoke highly about the new manager and embraced the changes. Staff told us they were treated fairly and there was an open culture. One staff member said, "The home is much better we have better leadership." Another said, "The manager is very approachable, her door is always open."
- The quality assurance systems which were in place to monitor the service had not always been effective in identifying areas for improvement. We found concerns with medication, environment and infection control. Although some issues had been identified the provider had not taken any action. Therefore, there had been ineffective governance and oversight by the registered provider.
- The new manager was passionate and committed to improving the service to ensure they provided high quality, person-centred care.
- The new manager was instilling her passion into the ethos of the home to provide high quality care and support that achieved positive outcomes for people.
- Following our inspection, the registered provider has sent us confirmation the areas we identified that required improvement were being addressed.

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

- There was not a registered manager. However, a new manager who had been promoted commenced in post permanently on 1 February 2019. There was no deputy to support them. On the first day of our inspection the manager was on annual leave, the administrator was not working and the team leader was on shift administering medications. The registered provider had not ensured adequate management of the service while the manager was on leave. This was raised with the provider who assured us management arrangements would be in place to cover annual leave.
- The new manager was promoting an open and honest culture in the service. People we spoke with knew the new manager and felt confident to talk with them if required.
- Health-care professionals we spoke with spoke highly of the manager and staff team. One professional said, "There is definitely better leadership, improvements are required but I have spoken to [managers name] and feel confident they will address these."

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about the service and their support.

- The registered provider sent out quality monitoring questionnaires to obtain people's views.
- The manager told us feedback was used to continuously improve the service.
- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were very effective. Staff told us communication had improved with the new manager.
- The manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The manager understood their legal requirements.
- The manager demonstrated an open and positive approach to learning and development.
- The manager was aware that Information from the quality assurance systems needed to be used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.