Care Quality Commission

# Carebase (Hemel) Limited

# Water Mill House Care Home

## Inspection report

Rose Lane
Hemel Hempstead
Hertfordshire
HP3 9TE
Tel: 07557141708

Date of inspection visit: 14 and 16 July 2015
Date of publication: 04/09/2015

## Ratings

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|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | Requires improvement |
| Is the service effective? | Good |
| Is the service caring? | Requires improvement |
| Is the service responsive? | Requires improvement |
| Is the service well-led? | Requires improvement |

## Overall summary

This inspection took place on 14 and 16 July 2015 and was unannounced.

Watermill House Care Home is a nursing and residential care home which provides accommodation and personal care for up to 65 older people. On the day we inspected there were 40 people living at the home.

When we last inspected the service on 30 December 2014 we found them to not be meeting the required standards in relation to assessing risks to people and the administration of medication. At this inspection we found that they had met the standards.

There was a registered manager in post at this home. 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.

The CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is

# Summary of findings

considered necessary to restrict their freedom in some way, usually to protect themselves or others. The registered manager and staff were aware of their responsibilities under the MCA 2005 and DoLS. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the MCA 2005. The manager was in the process of submitting DoLS applications to the local authority for people who needed these safeguards.

People's call bells were not always in reach and for people who could not use call bells, there were no recorded regular checks in place.

Records of people's daily notes, fluid and repositioning charts were not completed as required.

People were protected from the risk of abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. Safe and effective recruitment practices were followed which included appropriate background and pre-employment checks.

There were suitable arrangements for the safe storage, management and disposal of medicines.

Incidents and risks were managed well and reported appropriately. People were supported to ensure they received a well-balanced diet to their liking.

People were supported by staff who knew them well and were involved with decisions about their own care. Their independence and dignity was promoted by staff had received appropriate training and were knowledgeable about their care needs.

People felt cared for and supported by the manager and the provider, they felt listened to and that their views were taken into account. There were regular staff meetings for people to express their views. The service had a complaints procedure in place. Issues and concerns identified were improved upon quickly and to benefit the people that used the service.

The service was well led by the manager who supported the staff and provided visible leadership. There was a quality management system in place which included a system of audits to identify where improvements could be made. However, these did not pick up where records were not always completed as required.

At this inspection we found the service to be in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires improvement**

The service was not always safe.

Staff did not maintain accurate records in regards to people's safety and welfare.

People risks were not managed appropriately.

People felt safe and were cared for by staff who knew how to recognise and report concerns of abuse.

Recruitment procedures were robust and medicines were managed safely.

**Is the service effective?**

**Good**

The service was effective.

People were supported to eat and drink sufficient amounts to ensure their nutritional needs were met.

People had access to health care professionals where necessary such as GPs and opticians.

Staff received effective support and training and fully understood the MCA 2005 and DoLS.

**Is the service caring?**

**Requires improvement**

The service was not always caring.

People's needs were not always met, due to staff being busy.

Staff were kind, caring and patient.

People were listened to and their wishes were respected.

People were treated with respect and their dignity and privacy was promoted by staff that were sensitive and understanding.

**Is the service responsive?**

**Requires improvement**

The service was not always responsive.

People were involved with planning their care. Individual concerns were addressed and changes were made to suit peoples preferences

The service had a complaints policy. People were aware of the policy and were confident to use it.

People were supported to pursue interests and hobbies that mattered to them. However, this was not reflected on the nursing floor.

# Summary of findings

**Is the service well-led?**

The service was not always well led.

The manager and the providers were highly regarded by staff and people who used the service.

There were systems in place for obtaining people's feedback and views.

The service used self-assessments and audits to guide their improvement plans. However, these had not highlighted the problems with staff recording information.

**Requires improvement**

# Water Mill House Care Home

**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 was unannounced and took place on 14 and 16 July 2015. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We reviewed the information we held about the home, including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with ten people who used the service, five relatives, the registered manager and seven care staff. We received feedback from health care professionals and reviewed the local authority contract monitoring report of their most recent inspection. We also reviewed other information we held about the service including statutory notifications that had been submitted.

We reviewed care records relating to four people who used the service and three staff files that contained information about recruitment, induction, training and development and staff support. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

# Is the service safe?

## Our findings

When we inspected the service on 30 December 2014 we found that the service was not meeting the requirements in relation to medicines and assessments around the use of bedrails. At this inspection we found that they had made improvements in these areas. However, we found that there were other breaches under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home, their relatives and visitors told us they felt safe. One person said, "It feels very safe." One visitor told us, "My chief concern was to find a safe environment where my friend could be looked after well. I have confidence in the people [staff] here."

People had their individual risks assessed and had a plan in place to manage these risks. For example, in relation to nutrition, hydration and other health related conditions. The instructions for staff were clear and staff were familiar with people's individual risks. However, we found that people's records were not updated when tasks had been completed. For example, people's daily records were recorded in their care plans, these were stored electronically and updated with details of the care people had received. We found that for all people who lived on the nursing floor, none of their records had been updated by staff on the early shift. This meant that important information used to support people had not been documented. The person responsible for updating the care plans with people's information had finished their shift. On the second day of our inspection, there were also records still waiting to be updated. We were told by the staff this was due to them being too busy.

Repositioning and fluid charts were not completed as per care plan instructions. For example, one person's care plan stated that they should receive fluids hourly, we saw that their fluid chart did not reflect this. However we found that the tasks were being completed. For example, we observed one staff member giving fluids to a person and although the fluids had been given, they did not record the amount given on the chart. When we spoke to the staff member about this they then completed the fluid chart. This meant there was not an accurate record kept of people's fluid intake. We saw that records we looked at for different days had also not been completed as required. This meant systems used to monitor people's needs were inadequate and did not demonstrate if people had been repositioned or had sufficient fluids.

The provider did not maintain complete and accurate records in respect of each service user, including a record of the care and treatment provided. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We found several people's call bells had been left out of reach. For example, On the middle floor we saw one person whose care plan stated that they required access to their call bell as they needed assistance to mobilise. We found that their call bell was out of their reach. They told us, "this is why I have my door open so I can shout for help if I need". Staff told us that some of these people were not able to use their call bells and were provided with regular hourly checks to ensure their safety. We found on the top floor these hourly checks were not documented to show they had been completed. People did not always have access to their call bells and there were not adequate systems in place for people who were unable to use call bells.

The home supported people over three floors. The ground floor was residential care, the first floor supported people who required nursing intervention and the top floor supported people who were living with dementia. The manager told us, if people's care needs changed they would review the cover required. The rota showed that shifts were consistently covered with the planned number of staff.

However , we observed over the two days we inspected that staff on the nursing floor was more focused on completing tasks than providing people with individualised care. We saw that basic care needs were being met but staff did not have time to engage people on a one to one basis. For example, one person who staff told us liked company had been told by staff that they would take them out to the garden in their wheelchair. This did not happen until much later in the day. One staff member told us, this was because staff did not have the time. This meant the person had to wait for staff to be available and could not access the outside when they required. We observed, after lunch care staff that were on the nursing floor were trying to clean the kitchen and were constantly having to leave, to answer call bells. Call bells were answered in a timely manner. However, staff told us that they had too much to do and

Requires improvement

# Is the service safe?

would like to give more time to people. One staff member said, "The home doesn't have enough staff". The manager told us that they had already discussed this issue before our inspection and they felt that they needed to look at the way the staff were organised. They had already decided to increase staff numbers on the nursing floor during the morning shift by one from mid-July to improve the situation.

Staff were able to explain what form abuse may take. For example, one staff member said, "People may have changes to their behaviour, they may become withdrawn. I would speak with them and report any concerns to the manager." Staff understood what action to take should they have any concerns about the welfare of people they supported. The local authority's Safeguarding Adults information was displayed at the home. Staff were aware of other external agencies that could be contacted, for example, the Care Quality Commission (CQC). Training on safeguarding adults had taken place at the home on the first day of our inspection.

Accidents and incidents were regularly reviewed and the manager said, "I look at these monthly and look for any patterns that might be emerging and address any issues." For example, one person who had regular falls had been re-evaluated and as part of that process and in consultation with the person, they had moved to a room nearer the manager's office. This enabled the person to be monitored more effectively to promote their safety. The person had been provided with mobility aids and had been made aware of the need for the new aids. However, the person preferred to mobilise independently and was supported to do this.

There were safe and robust recruitment practices in place to help ensure staff were of good character, physically and mentally fit for the role and able to meet people's needs. New staff did not start work until satisfactory pre-employment checks were completed and all new staff had to complete an induction process to ensure they were competent.. The manager had recently employed new staff who were in training and were waiting for the Disclosure Barring Service checks to be completed before they would be able to work with people in the home.

People's medicines were managed safely. Medicine records were accurate and consistently completed. We saw that people received their medicines as prescribed. Medicines were stored managed and administered safely. We saw that people were supported, where necessary and appropriate, to take their medicines at a pace that best suited them and their individual needs by staff that had been trained to administer medicines safely. We observed the medicines round and this was conducted by an appropriately trained nursing staff who followed safe working practice .

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Good

# Is the service effective?

## Our findings

One relative said, “The staff are competent, they get them washed and dressed.” One person told us they had no problems and “The staff appear to know what they’re doing.”

People were supported by staff who received training appropriate to their roles. Staff told us that they also had the opportunity for further education. One staff member who confirmed they had an induction with a period of shadowing until competent. Training records showed that staff were up to date with training. There had been further training planned and there was a system in place to monitor the staff’s training needs. Staff had the appropriate skills to keep people safe. Staff supervisions were being completed and annual appraisals had been planned for staff who had been there for over a year. Staff confirmed they had received their supervision and felt supported to undertake their role.People told us that staff sought their consent before supporting them. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). They explained the importance of giving people as much choice and freedom as possible. One staff member said, “It is important for people to have choice.” Another staff member said, “We should always assume people have capacity as our starting point.” Where people were unable to make their own decisions, a capacity assessment had been completed. People’s families were involved where appropriate and the manager was aware of the role of the independent mental capacity advocate’s (IMCA) service if required. The manager had made applications for Deprivation of Liberty Safeguards (DoLS) as appropriate.

People had access to varied menu and an alternative choice of food if required. People had chosen their food the day before. One staff member said, “It is not a problem if people change their mind and want something different on the day.” One person said, “Food’s not bad”. We saw there was plenty of salad and fresh food made available for people. Another person said, The food is fine, no problems.” Staff were aware of people’s dietary needs. For example, staff told us that one person had difficulty with swallowing and had thick and easy for their drinks. (Thick and easy is used to thicken fluids to help with swallowing). People’s individual requirements were listed in the kitchen, we saw on the board people’s allergies and other food requirements. People could ask for refreshments when they wanted. One relative said, “Meals are nutritious and [Relative] has a choice. They pay attention to the things [they] don’t] like.”

There was a bistro where people could sit with family and friends and enjoy food and drink. We saw over lunch that people were supported to eat and drink by staff that understood their needs. For example, we observed one person who had special requirements to be able to eat independently. We saw they were supported by staff in a way that promoted their independence, while offering the support required, enabling them to eat their food.

People had access to visiting health and social care professionals. We saw that there had been appointments made for people to see the GP or the dentist; these visits were recorded in their care plans. We sat in the daily staff meeting and staff reported to the manager about appointments that had been made. For example, one person had a dentist appointment for later that day. There were plans in place to escort the person by staff and there were physiotherapy appointments that had also been arranged. We saw records of referrals and appointments to the speech and language therapist, opticians, district nurse and the GP. This helped to ensure that people’s health needs were met.

Requires improvement

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring. One person told us, “The staff are nice and quiet pleasant.” One relative said, “The care is fantastic, all the time everything is in [Relatives] best interest, they care about [Relative] as a person.”

We observed through the day staff interaction that was kind and competent. People were spoken with, in a kind manner. Where appropriate staff supported people by holding their hands when walking with them in the corridor. We saw people and staff laugh together. However, during busy periods staff were more task led. Staff confirmed that people’s needs were always met. We found that the nursing floor was significantly busier than the rest of the home. Staff told us that they would like more time to spend with people but were just too busy. For example, we saw that people on the nursing floor were not supported with activities.

People were supported by staff who knew them well. Staff were able to tell us about the people they cared for. For example, staff members knew about peoples previous history, what their jobs had been and people’s interests. One staff member on the top floor was seen asking someone if they were ok or if they needed help and assisting the person to the bathroom. The staff member explained to us that the person doesn’t communicate when they need to go to the toilet but instead will walk around and can become slightly anxious. They told us, “You get to know people and what they might need.” This showed that staff knew the people they cared for and were able to meet their needs.

People told us that their privacy and dignity were promoted by staff. One person said, “Staff are marvellous they are absolutely wonderful because nothing is too much trouble for them.” Staff told us about the importance of privacy and dignity, and they were able to discuss the importance of respecting diversity and people’s human rights One staff member said, “I always knock on people’s doors and introduce myself. I explain everything I am doing and always give people choice.”

People were supported to express their preferences and choices. This was recorded in people’s care plans and they had signed these. Staff told us that people and their families were involved with their care and the manager said that an independent mental capacity assessment service would be sought if required. We spoke with a person and their relative who had not long arrived at the home and they both told us that they were happy with the way staff had made them feel welcome.

Requires improvement

# Is the service responsive?

## Our findings

Staff told us that people were involved with their care. One staff member said, "We sit down with people and their families to discuss their needs."

People's care plans included up to date and accurate records to ensure staff were able to meet their needs. We saw that each person's needs had been assessed prior to moving in to the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered in a way to support people's individual needs. However, on the nursing floor, staff were more task led and they told us they felt short staffed. This meant during busy times that staff were unable to spend time with people as they would like. One lady said, "I had to wait yesterday. I waited over a half an hour to go to the toilet after dinner, I sat by the door. When staff came they said they were busy. They forgot to give [The buzzer] to me." People and relatives we spoke with felt there were not enough staff. One relative said, "There never seem to be enough staff."

People who lived in the home and their relatives told us they had been involved in their care plans. Care plans included information about people's lives outside of the home alongside their likes and dislikes so that staff had a good understanding of the person and not just their care needs. One person who had recently moved into the home told us that they had been asked about their likes and dislikes and about their personal history. They had also been asked about their preferences for food and whether they preferred a male or female staff member for personal care. This helped to ensure care and support was delivered in a way that met people's individual needs and preferences.

The manager had an effective communication system, handovers were in place for staff and all senior staff had daily 'ten at ten' meetings. These meetings were attended by the manager and deputy manager. We observed the staff talk about people's needs, such as appointments that had been arranged and changes to people's needs were discussed. Staff told us that people's needs may change from day to day and they monitored this. For example, in regards to how much a person can do for themselves. One relative told us how their relative's health was up and down. However ,on one of the good days staff took them out in the garden to pick strawberries. The relative told us, "I was unsure if this was a good thing. However, on returning to the room the bed had been nicely made and my [relative's] outlook was more positive, they were more alert after [Relatives] interaction with other people. Getting out and about had done them good."

Health care professionals were positive about the service and told us that the home met people's needs. They told us they had no concerns about the home. We were told that there was good communication around reporting any concerns about people's health or welfare.

People had access to a range of activities that they enjoyed. There was an activity schedule that detailed a range of activities for mornings and afternoons. These included reminiscence sessions, cards games, seated exercises, gardening and visiting entertainers. There was also allotted time for one to one sessions where the activity organiser would spend time with one person doing an activity of their choice and abilities. We saw that the schedule included some interests and hobbies people had recorded in their care plans. For example, going for walks. The activities co-ordinator had regular meetings with people to discuss how they felt about the activities and what they wanted to do. There had been raised beds put in the garden and people were asked what they wanted to grow and also there was a competition to name the scare crow to get people involved.

There were various religious services held regularly to support people to practice their faith if they chose to do so. On day one of our inspection we observed due to training taking place for staff, there were more agency staff providing the care to support people. There was one activities co-ordinator employed at the home, but they were not at work. This impacted on the activities for people. We observed very little in the way of activities throughout the day. We did observe some painting in the afternoon on one of the floors. On our second visit the activities co-ordinator was working and we saw a complete contrast to the activities taking place. We saw seated exercises, painting, puzzles and games being played with a staff member, in the afternoon people were in the garden making scented bags from the lavender that they had grown. However, this did not reflect what was happening on the nursing floor. People from the nursing floor were not involved in the activities and staff on the nursing floor told us that they did not have time to provide the individual

Requires improvement

# Is the service responsive?

time needed due to being busy. This meant people's needs were not being met. The activities co-ordinator told us, "I try to see everyone that are unable to attend group sessions at least once a Week." We spoke with the manager about this and they told us that there were plans for another activities co-ordinator to provide support.

People told us that if they had any concerns they would speak with a member of staff or the manager. We were told that there were regular residents and relatives meetings where issues and concerns could be discussed. People told us that they had no reason to complain. During our inspection, we were made aware of a complaint that had been made against a member of staff. On our second visit we looked at the complaints and we saw that all complaints had been investigated and responded to in a timely way. We also saw that the recent complaint received had been dealt with in line with the complaints policy. This helped to ensure that people were listened to and the manager responded appropriately to their views.

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Requires improvement

# Is the service well-led?

## Our findings

People were positive about the manager and the leadership in the home. One person said, “The manager has been wonderful to me, they are tremendously helpful.” The manager carried out a daily “walkabout” where they toured the whole service and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe.

There was an open and constructive approach in the home. The manager told us that they have an open door policy and made themselves available to people, their relatives and staff. Staff told us the manager was approachable and supported their development. One staff member said, “I get asked by the manager for my ideas. The manager is very approachable”. The manager listened to people’s voice and the views of staff at regular meetings. This enabled them to discuss issues and ideas and allowing people to develop their ideas. For example, following a discussion that seniors could start their shifts earlier to support the early morning workload. Staff felt this was a good idea and could be implemented with immediate effect. Questionnaires and surveys had been sent out to actively seek people’s views and staff surveys were to be completed in August with all the results collated and issued in September.

The provider monitored the quality of the service. The manager was supported by the area manager and they had regular meetings. The manager told us that the area manager carried out monthly spot checks of the service to ensure that standards were maintained and to drive improvement. Regular audits were completed. We saw where audits and the information had been compiled into a business manager’s monthly quality assurance report.

Where needed, there was an action plan developed. For example, one review on care plans found the electronic care plans to be very comprehensive , however, the action was to ensure that care plans became more person centred and that the plan needed to say exactly how the person likes their care. We saw that this action had been completed. However, the recording of daily notes, repositioning charts, fluid charts and hourly checks were not always documented as required and had not been identified through the auditing system.

We found care plans did have people’s personal details , likes and dislikes. However, this was now being developed further with the introduction of “This is me” document to give more detailed information about people’s needs, preferences, likes, dislikes and interests. It enables staff to see the person as an individual and supports person-centred care. This was being implemented on the top floor and the manager told us that eventually would be completed throughout the home. This showed that the manager was looking at ways to improve upon the service provided.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We were able to see that positive actions were taken to learn from accidents and incidents. For example, the manager told us about an accident had taken place, the manager reviewed the circumstances and took steps to reduce the risks of these happening again and make sure that people were safe. We saw one example of a person who was at particular risk of falling and the provider had sought to improve the situation by reducing the risk but still promoted the persons independence.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**The provider did not maintain complete and accurate records in respect of each service user, including a record of the care and treatment provided.** |