

Watford House Residential Home Ltd

Watford House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Watford House Residential Home provides accommodation to older people living with dementia. The care home is made up of one three storey building comprising two units. It is registered to provide care for up to 43 people. At the time of our inspection visit there were 36 people living at the home.

People's experience of using this service:

- Changes had been made to the quality assurance process, however, further improvements were required to ensure people received effective care.
- Some people's care plans had not been updated following changes to their care needs.
- There were gaps in staff training and staff had limited understanding of some important issues, such as ensuring people's legal rights were upheld in accordance with the Mental Capacity Act 2005.
- People's preferences were not always considered when they were supported to engage in activities and there were limited activities to stimulate people.
- People felt safe using the service.
- Staff recognised the risks to people's health, safety and well-being and understood how to identify and report abuse.
- People had access to support from staff when needed.
- Staff recruitment processes included a check of their background to review their suitability to work at the service.
- People received support with the medicines. Regular checks were undertaken to ensure people received the correct medicines by staff who were competent to support them.
- Staff understood and practised infection control techniques and had access to protective equipment to promote this.
- People were supported to have enough to eat and drink to maintain their well-being.
- People were supported to obtain advice from healthcare professionals, which was incorporated into people's care.
- Staff understood the importance of supporting people with empathy and compassion and provided reassurance when people became anxious.
- People and those important to them, were involved in planning their care with support.
- People and their families understood how to complain if they wanted to.
- There had been staffing changes since our last inspection, including new senior management. Staff were positive about the changes and improvements to the service.
- The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

More information is in the full report.

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 9 June 2017).

(For more details, please see the full report which is on the CQC website at www.cqc.org.uk)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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 safe

Details are in our Safe findings below.

Good 

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 not always responsive

Details are in our Responsive 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 

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: There were two inspectors in the inspection team and one 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: Watford House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was unannounced.

Inspection site visit activity started and ended on 26 March 2019. We visited the service to see the registered manager and staff, to gain peoples' views of the care they received and to review care records and policies and procedures.

What we did: We checked records held by Companies House. We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give

some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection: We spoke with the registered manager, the provider, the deputy manager, a cook, the maintenance person, a senior care assistant and three members of care staff. We spoke with six people who lived at the home and three visiting relatives, to ask about their experience of the care provided. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

We reviewed a range of records. This included three people's care records and two people's medicine records. We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and compliments received. We used our short observational framework tool (SOFI) to help us understand, by specific observation, the experience of people who could not talk with us due to their complex needs.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Records of identified risks to people's safety were not all up to date. For example, one person's food and nutrition assessment had not been updated following a significant change in their needs. However, when we spoke with care staff they could explain how they supported this person to ensure risks to their safety were minimised.
- Care plans included personal emergency evacuation plans, to ensure people could be supported to exit the building in the event of a fire.
- Incidents and accidents were monitored by the registered manager. Events were managed using a new process, to ensure measures were in place to minimise risks and advice was sought from outside professionals when required.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal obligation to report their concerns to the relevant authorities and sent us statutory notifications in most instances to inform us of any events that placed people at risk. However, they had not sent us a statutory notification following one event, although they had taken all other relevant steps to safeguard people and had informed the local authority. The registered manager sent the statutory notification following our visit.
- People and their relatives told us they received safe care. One person said, "I do feel safe. There are a lot of people around." A relative told us, "I have no concerns with my relative being here. They are in a safe place."
- Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff told us, "People are our first priority."
- Staff had received training about the different types of abuse. Staff understood they could report their concerns to the registered manager and felt assured that these would be taken seriously.

Staffing and recruitment

- People and their relatives told us there were enough staff to provide support when it was needed.
- Some staff had worked at the home for many years and knew people well. A relative told us, "The continuity of staff is reassuring."
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- Recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- People had not been monitored to ensure they had received regular reviews by their GP. We raised this with the registered manager who told us following our visit they had contacted everyone's GPs to check they had been reviewed.
- Only staff who had been assessed as competent supported people with their medicines.
- Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.

Preventing and controlling infection

- The home was clean and tidy. One person told us, "It is always clean."
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through handover of information at shift changes, to reduce the likelihood of further incidents reoccurring.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

We last inspected this service in April 2017 and rated Effective as 'Requires Improvement'. At that inspection we found the provider did not always work within the principles of the Mental Capacity Act 2005 [MCA], as people had not been assessed for their capacity to make certain decisions. At this inspection, we found changes had been made, however improvements were still required.

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

- 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 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. Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.
- The provider had made improvements to their processes. People's care plans now identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- It was not clear on people's care plans if they had a legal representative to support them to make decisions. Senior staff were not aware this information should be recorded to ensure people's human rights were protected. They agreed to obtain further training in this area.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals.
- Some staff told us they had not had training in MCA and DoLS and discussion with them demonstrated they had limited knowledge and understanding. However, we saw staff worked within the principles of the Act by obtaining people's consent before they supported them. Following our inspection visit, the registered manager confirmed training had been scheduled for staff to develop their understanding of this issue.

Staff skills, knowledge and experience

- Staff training contained gaps. Staff had not received training in MCA and DoLS, or in equality, diversity and human rights issues. Following our inspection visit, the registered manager confirmed training had been

scheduled for staff in April 2019.

- Induction training did not include the Care Certificate. The Care Certificate is nationally recognised guidance which contains a set of skills and knowledge that prepares staff for their role as a care worker. Following our inspection visit, the registered manager confirmed 10 staff had been enrolled to study for the Certificate.
- Staff had access to supervision and received feedback on their performance. Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- People's needs were assessed in their care plans. However, people were not asked about all their protected characteristics. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, religion or beliefs, sexual orientation etc. The care and support plans we saw, recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities.
- People and their relatives felt confident staff understood their care and support needs. Staff were aware of people's likes and dislikes and knew people well.

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

- People told us they enjoyed the food and were offered choices at meal times. One person told us they could have snacks, they said "If you feel hungry you can have biscuits, drinks and sandwiches." When one person did not want what was on offer, the staff provided them with an alternative promptly.
- The cook and care staff had a good knowledge of people's dietary needs and preferences and people were supported to maintain specialist diets.
- People received the support they needed to eat and drink at mealtimes. Some people used adapted cups to help maintain their independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where a need was identified, people were referred to other healthcare professionals such as the speech and language therapist and community nurses, for further advice about how risks to their health could be reduced to promote their wellbeing.
- Health care professionals we spoke with told us they had positive relationships with staff and people received the care they required promptly. One health care professional told us staff were knowledgeable about how to check people's skin integrity and said staff, "Make referrals in a timely way."

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

- The home was a three-storey building comprising two units, with 42 bedrooms located over three floors. Each unit contained communal lounge and dining areas. There were three lifts in the home and four communal bathrooms. There was a garden where people could use if they wished.
- There was a separate activity room in the grounds of the home, which included a hairdressing salon. The registered manager told us the activity room was not regularly used because people preferred not to spend time there.

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; respecting equality and diversity

- People and their relatives told us they felt staff cared about them. A relative told us, "The staff are very friendly and there is a homely atmosphere." A health care professional told us, "Staff are lovely, they are very caring."
- There were caring interactions between staff and people who used the service. One person was displaying signs of anxiety and a staff member gently reassured them until their mood changed and they became less anxious.
- Staff spoke confidently about how they supported people to make decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- People's lifestyle choices had not been fully recorded because they had not been asked about all their protected characteristics under the Equality Act 2010, such as their sexuality. We discussed this issue with the registered manager and they told us they would make changes in the way they gathered important information about people, to improve the way they supported people.
- Some staff told us they had not received training on equality and diversity issues and their knowledge was limited in this area. However, they were confident they could support people to maintain their individual beliefs. Staff understood some people might need particular support to make them feel equally confident to express themselves. One member of staff explained how they adapted their support to best match an individual's cultural preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "They allow me to do things for myself. I like to be left on my own. They (staff) come and check on me, but not too often, just the way I like it." A relative told us staff talked to people explaining what they were doing and said, "They (staff) never seem to be in a rush."
- Staff understood the importance of supporting people to maintain their privacy and promoted this when caring for people. We saw staff knocked on doors before entering and respected that people's rooms were their own private spaces.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

We last inspected this service in April 2017 and rated Responsive as 'Requires Improvement'. At that inspection we found not everyone received person-centred care and support that met all their needs and preferences and complaints had not always been dealt with as people wished. At this inspection, we found changes had been made, however improvements were still required.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had mixed opinions about the quality of activities available at the home. People who lived at the home told us, "I have not been out since I came here, which is not a good thing as I like fresh air"; "When I want to go out they say, 'no, we have a lot of work on'" and "There is not a lot to do in the day except watch television and read newspapers." We observed some people watched television and listened to music in communal rooms, but some people had very limited interactions with staff and their only activity within half an hour was being offered a hot drink. The registered manager acknowledged this issue and told us following our visit they had introduced a new activity planner to encourage people to engage in activities within the home, in addition to external entertainers who already visited the home.
- Care plans contained personalised information specific to each individual. However, people's preferences continued to not always be considered and some people were not supported to engage in activities they preferred. People confirmed this and told us, "(Name) liked gardening, but they have not been out into the garden yet" and "Residents don't have trips out...There is nothing planned." The registered manager explained changes had been made since our last inspection visit. A new activity room had been introduced with equipment for people to use, such as an electronic gaming console. However, it was not clear if people had been involved in planning the activity room, because the activities did not reflect people's preferred interests. The registered manager told us people had chosen not to use the new facilities.
- Care plans were written with the person and other people who knew them well, for example, their family members and health care professionals. One person's relative said, "I was involved in producing (Name)'s care plan."
- Staff knew people well and told us how they identified if people's needs had changed or if they needed additional support. A relative told us, "Staff jump on things quickly. They are observant." A health professional said, "If we ask for any information, staff they have a good knowledge of people." However, care plans were not always updated with changes in people's needs.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager had not heard of this standard, however they told us if people needed information in alternative formats, they would ensure these would be made available.

Improving care quality in response to complaints or concerns

- No complaints had been received since the registered manager had started in their role. However, two

complaints had been made in the previous 12 months. The registered manager explained how they would investigate and respond to any complaints in the future, in accordance with the provider's policy.

- There was a complaints procedure which was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

● People were supported at the end of their lives. The registered manager explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. During our inspection visit, a relative praised staff for the way they had cared for their family member at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

We last inspected this service in April 2017 and rated Well-led 'Requires Improvement'. At that inspection we found processes to monitor the quality of service were not always effective. At this inspection, we found positive changes had been made, however some concerns continued and improvements had not reached the required standards to assure us care was delivered effectively to meet people's needs.

Continuous learning and improving care

- The provider had made improvements to the way it monitored the quality of the service; however, some checks continued not to be effective because they had not identified issues we found during our inspection visit. For example, care plan audits had not identified some care plans were not up to date following changes in people's needs.
- There were gaps in staff training which had not been identified. Staff had limited understanding of some important issues, such as ensuring people's legal rights were upheld in accordance with the Mental Capacity Act 2005.
- People's preferences were not always considered when they were supported to engage in activities and there were limited activities to stimulate people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- People spoke positively about the management of the home. They told us senior managers were approachable and always had time to talk. One relative told us, "I would highly recommend the home for its care."
- There had been a new senior management structure in the home since our last inspection. The registered manager told us, "It's a major learning curve, it's my first appointment as manager." They spoke positively about the changes and explained they felt supported by the provider to obtain any resources they needed to make improvements. The registered manager and provider made changes straight away following our inspection visit.
- The provider had employed external organisations to review the home, to support the new senior management team. Improvements were made following their recommendations This demonstrated the provider had made a commitment to improving the standard of the service.
- Staff understood their roles and responsibilities and told us they felt supported by each other, the senior

management team and by the provider. Members of staff said, "I am proud of being part of the care home" and "I would recommend it as a place for others to work and care." Staff explained they had seen recent improvements in the home. For example, meal times had been changed so people now ate their main meal earlier in the day. A member of staff told us, "This improved people's well-being because they are eating better." A health care professional told us they had recently observed improvements within the home.

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

- Staff told us communication was good within the home and they were encouraged to suggest improvements and share information during staff meetings. Staff explained they also shared information about people's changing needs during daily shift handovers. A member of staff told us, "We pass information to seniors and they monitor people and make referrals where necessary."
- The registered manager understood their obligations for reporting important events or incidents to the CQC. However, they had not sent us a statutory notification following one event, although they had taken other appropriate actions and had informed other relevant agencies. We were assured this was an oversight as other statutory notifications had been submitted as required.
- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.

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

- Relatives told us they were encouraged to share their experiences of the service by completing surveys and attending social events at the home. Events were organised for people to get together and share information about the service and make suggestions for improvements. People were listened to and changes were made. For example, some people had requested a new music system for the communal lounge and this had provided.
- There were meetings for people who lived in the home where they discussed things important to them, such as menu choices. Changes were made to the menu following people's suggestions.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve people's experience of care. These included local authority social work teams and health and social care professionals. A health care professional spoke positively about how their relationship with care staff had developed and this improved the support people received.

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 The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the quality of the service provided.