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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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 5 and 13 April 2016. It was unannounced. The service was last inspected on 10 May 2014 and was compliant in all areas.

Watford House Residential Home is located in the town of New Mills in the High Peak area of Derbyshire. It is a care home for up to forty people. Some people were living with dementia. At the time of our inspection thirty nine people were living there.

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

People and their relatives were satisfied with the care provided in the home and were complimentary about the support they received. They felt all their needs were being met and they were involved in the planning of their care. People were treated with kindness and respect and felt safe using the service. Relatives we spoke with confirmed this.

People were supported by a staff team that understood their individual needs and took the time to ask what people wanted. We saw staff were friendly, kind and treated people with dignity. Staff knew how to safeguard people from abuse.

Staff recruitment procedures were effective in ensuring appropriate staff were employed. Staff received a thorough induction to work in the home. They received training in a wide range of areas and felt they had support for their continued professional development. The registered manager was being supported by the provider to undertake a degree in dementia care.

There were sufficient numbers of staff on duty to support people with their needs and to ensure they remained safe. Care was provided to people in a safe and thoughtful way.

The registered manager had a good understanding of the Mental Capacity Act 2005 and how important it was that people were given the opportunity to consent to their care and treatment. We saw this happened throughout the day.

People told us they enjoyed the food and people's dietary requirements were catered for. There was a choice of meals available so people were able to eat what they enjoyed. The daily menus were rotated regularly so people could enjoy a variety of food and eat a balanced diet.

People experienced care and support from staff who enjoyed their role and were fully aware of what their

responsibilities were. Staff were competent in incorporating the principles of dignity and choice into the way they provided care and responded to people's needs.

The registered manager had a clear vision for the home and was motivated to improve the quality of the service. There was an effective quality assurance system in place. Staff and people had confidence in the management of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments and care plans were in place to minimise the risk of harm and staff understood how to protect people from bullying and harassment.

Medicines were stored and disposed of safely and in accordance with guidance.

Staff recruitment practices reduced the risk of employing unsuitable staff.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's individual care needs.

People were provided with a choice of suitable and nutritious food and drinks.

The manager and staff were aware of their responsibilities under the Mental Capacity Act.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff team.

People were supported by staff who understood how to care for them in a respectful manner that upheld their dignity.

Is the service responsive?

Good

The service was responsive.

People received care that responded to their needs and they were involved in the planning of their care.

People were supported to make choices about their daily lives.

The provider had systems in place to listen to views and respond to concerns and suggestions for improvement.

Is the service well-led?

Good

The service was well-led.

The provider's quality management systems were routinely used to ensure a good quality of care was delivered to people.

The registered manager had put in place processes to support people who were living with dementia.

The registered manager understood their responsibilities with regard to maintaining the quality of care in the home.

Watford House Residential 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.

The inspection took place on 5 and 13 April 2016 and the first visit was unannounced. The inspection team consisted of one inspector 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.

Before our inspection we reviewed the information we held about the service, including notifications the provider sent us. We spoke with the local authority commissioning team and Healthwatch who are an independent organisation that represents people using health and social care services.

During our inspection we spoke with six people who used the service, two relatives, the registered manager, deputy manager, one team leader, one senior care assistant, two care workers and the activities co-ordinator. We also spoke with a visiting health professional. We looked at a range of records relating to how the service was managed. These included three care records, minutes of meetings, policies and procedures, and three staff recruitment files.

Not all of the people living at the service were able to fully express their views about their care. We used the Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Good

Is the service safe?

Our findings

People told us they felt safe in the home, and relatives we spoke with supported this view. One person told us they felt safe in the home and said "We're not hassled to do things you don't want to do". A relative said "I think it's brilliant, [relative] wasn't safe at home" but went on to tell us they felt they were safe now they lived at Watford House.

Staff knew how to identify signs of abuse and what action to take if they saw anything that concerned them. They told us they were confident to raise any concerns with their manager and were confident their concerns would be acted upon.

The provider had plans in place for responding to emergencies or unexpected events. For example, emergency plans were in place if the home needed to be evacuated and staff were aware of what to do. This meant the provider had taken steps to protect people's safety while they lived in the home.

The potential risks associated with people's health and care needs were managed well. Each person's risks had been assessed and identified action to reduce the risks had been written into the person's care plan. Staff understood people's risks. For example, we saw a member of staff accompanying a person whilst they were walking with their walking frame. This was so they could offer support if required to reduce the risk of the person falling. Staff told us if they saw anything which put people at risk and they couldn't deal with it straight away they would go to their line manager. One member of staff told us if they identified any new risks to people they would make sure this was recorded in the plan and staff made aware of the changes. This was to help ensure the information was shared across the staff team.

People and staff told us there were enough staff on duty to look after people safely and to provide the care they required. Staffing levels had been calculated using a staffing tool based on the dependency levels of people who lived in the home. The registered manager told us staffing levels were monitored regularly to ensure there were enough staff to meet people's needs. If an increase in staffing was required this was available. When we spoke with one member of staff they told us "Yes, we've never been short staffed".

Staff recruitment procedures in place reduced the risks of employing staff who were unsuitable to work with people in the home. References had been requested, and checks, including Disclosure and Barring Service (DBS) checks had been undertaken. The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they did not take up employment until all the necessary checks had been carried out.

Medicines were ordered, stored and recorded appropriately in all but one instance. One tablet which should have been administered was still in a blister pack. The medicine administration record showed the tablet had been given to the person. We discussed the anomaly with the registered manager and their subsequent check identified the tablet had been given, and the one left in the blister pack was left over from a previous drugs delivery. The registered manager said they would ensure this type of incident did not reoccur and the tablet was returned to the pharmacist.

All medicine administration records (MAR) were up to date. The name of the person's record was clearly written and a photograph provided staff with visual identification. This helped reduce the risks of administering medicines to the wrong person. We observed medicines being administered and saw safe practices were followed to ensure people received and swallowed their medicines.

Protocols were in place to ensure people who received medicine on an 'as required' basis received them when needed, for example for the management of pain. One person told us they were confident they were getting the correct medicine at the correct time. While we were talking to the person, staff demonstrated their understanding of the person's pain management needs by offering them their medication for pain. Senior staff who had undertaken training to administer medicines, were responsible for their administration. This meant systems were in place to help ensure people's medicines were managed in a way that promoted their safety and comfort.

Generally the cleanliness in the home was good. However, we saw dried faeces and body fluids on a bed base in an empty room, when we drew this to the attention of the manager they instructed a member of staff to replace it. There was also a soiled carpet and dust on the stairs, though the registered manager told us this staircase was only used by staff. This meant people were not always kept safe from the risk of cross infection.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew how to look after people who lived in the home well. Staff training had provided them with appropriate skills to care for people. Staff gave us examples of some of the training they had received, these included training to move people safely, nutrition, and safeguarding people. Training records confirmed staff had undertaken training considered essential to meet people's health and social care needs. Staff felt the training they received was good and they were comfortable discussing with their line manager any skills they wanted to improve.

Staff who had never been employed in a caring role prior to working at Watford House were completing the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The registered manager explained how they undertook staff observations when new staff began to carry out their caring role to ensure they were the right people for the job.

Staff told us they received management support through individual meetings with their manager, and team meetings. They told us they could also ask a more experienced member of staff for support and guidance if they needed this. Throughout the day we saw staff caring for people in a skilled and knowledgeable way. For example, we saw one person being escorted and supported to go to their room when they requested this.

The provider was working within the legal requirements of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw that consent to care was sought before it was given. Assessments of a person's mental capacity had been undertaken where these were required.

People told us that, on the whole, the food was good and there was a choice of meals. One person said they did a "Very good fish pie" and they enjoyed the variety of food. They also told us they had a "Full English breakfast most mornings" which they enjoyed. Another person described the food as "Excellent". A relative told us her family member had "Plenty of food and drink".

People had the choice to eat their lunch in one of two dining areas or in their rooms. They chose what they wanted to eat from the menu, earlier in the day. This meant people with memory problems might not remember the food they ordered. We did not see anyone offered a choice again at the meal time, nor were

they invited to see the food to make a choice which would have been helpful for people with memory problems. This meant people were making a choice about what meal they wanted that day but this was several hours before it was served and they were not given an opportunity to change their mind. However, during the lunch time meal we saw staff walking around the dining room offering people hot and cold drinks. We observed a warm and friendly atmosphere with people coming to the dining room when they wished and being served in a timely way. We also saw people offered drinks throughout the day. People were offered a choice of desserts but they weren't shown what these looked like. For people living with dementia this would have meant they were not truly choosing what they ate.

The kitchen was clean and well-ordered with fresh vegetables and fruit available for people. People had a varied menu which rotated on a four weekly basis. Fridge temperatures were checked and recorded daily to ensure they were within a safe range. The chef told us they prepared low sugar puddings so people could continue to enjoy them if they were diabetic or on a calorie counting diet.

We saw from people's care records nutritional and dietary needs were assessed and monitored. They were weighed weekly when their nutritional intake was at risk. People were given fortified drinks when they needed to put on weight and records showed staff worked with professionals to promote effective nutritional intake. Staff told us they prompted people to eat and only assisted if this was necessary; staff would prompt people to finish their meals but did not rush them.

People were supported to maintain good health and the registered manager told us they had good relationships with the local GP and social care professionals. Care records confirmed people had seen health care professionals when required. Meetings between senior staff in the home and the local district nursing team were held on a regular basis in order to support and promote their relationship.

Good

Is the service caring?

Our findings

People told us they were well cared for in the home. One person said "I'm very happy here, very well looked after". Another person said, "They all look after you well, I'm very comfortable" and, "Staff are very nice, very obliging". One relative told us their family member was having a "Brilliant time" and they were sure they [relative] liked living in the home. They went on to say staff were always friendly and cheerful and one person said of a member of staff that they were "Nice". People and their relatives told us staff made them feel that this was a home and they were happy with their care.

People looked happy and relaxed we saw a lot of friendly interaction between them and staff. We could see staff knew people well and knew their likes and dislikes. Staff addressed people by their preferred name. One member of staff explained they would get to know a person new to the home by making them a drink and sitting and chatting with them. They also spoke with the person's relatives and looked in the care records to see what their past life experiences were. We observed the main sitting room and saw people looked relaxed with staff. One member of staff explained how they remembered every person's birthday living in the home and they took an "Interest" in everyone who lived there. This example from one member of staff supported our observations on the day about the caring relationship between staff and people living in the home. We saw staff support people in a kind and caring way and there were warm and friendly conversations between staff and people living in the home.

We saw staff interacted with people in a very positive way and laughed and joked together. We also saw one member of staff be very calm and reassuring with a person when they became angry and upset. We could see staff had developed positive relationships with people and we saw sensitive and respectful interactions between them. This helped to create an environment where people could speak comfortably with someone they trusted to talk through their worries.

The registered manager was well known by the people living in the home and their relatives. The registered manager told us how they always went into the main sitting room in the evening to wish everyone goodnight when they left the building. This helped to establish a homely atmosphere rather than a work one. It also helped to build a relationship between people who lived in the home and the registered manager. Some people liked to sit in the registered manager's office during the day, while the registered manager was working, and this was supported.

Staff explained to us how they helped people to maintain their dignity. For example, they always supported people be appropriately dressed before they left their bedrooms in the morning. They also explained how they would approach people in a kind and gentle way, for example if they had become incontinent. They told us they would gently and quietly explain to the person what had happened and escort them to their bedroom or the bathroom to assist them to change. This was to preserve the person's dignity. Staff also explained how they maintained people's dignity when they were helped with personal hygiene by covering parts of the person's body not being washed, and by talking to them while they were doing it so the person was aware of what was happening. This helped to ensure people felt comfortable during the delivery of personal care. Staff told us, where people were independent with their care, they quietly checked they had

undertaken their personal care needs. This was also to ensure the person's dignity was maintained. Throughout the day we saw examples of instances where people's dignity was maintained in situations where they required support.

However, people were given aprons at lunch time to protect their clothes. Whilst this protected their clothes from food spills and the lack of dignity that could result from that, there was no attempt made to ask people their consent. The lack of consent to wearing an apron did not respect people's dignity.

Good

Is the service responsive?

Our findings

People told us they were free to make choices and we saw they were at liberty to move around the home when they wanted to. People told us they could get up or go to bed when they wanted and when they required support this was offered. Where there was a risk attached to independent movement around the home we saw staff accompanied people. One person told us when they came to the home a few years ago; they were "Bored" but now spent afternoons in their room doing their hobbies and this was supported by staff. Another person confirmed they were also supported to take part in their own hobbies. People were helped to pursue interests and activities in the home, and events were planned for every day of the week. Films and music were playing in one of the sitting rooms, while the second sitting room was a quiet place for people to go. One member of staff told us people were supported to do whatever they wanted to do and if there were risks attached to the activity a risk assessment was undertaken to assess how to make participation in that activity safer. People told us the activities co-ordinator spent some individual time with them. However, one person said they would have liked to spend more time chatting to staff as they enjoyed this.

Staff understood personal preferences and these were respected. For example, people were supported to follow their religious beliefs or food preferences. One person told us their visitors were always made welcome and there was a small kitchen where they could make a hot drink. By providing this facility the provider supported and encouraged relationships with people outside the home. Daily newspapers were made available for people to read which helped to people to be aware of what was happening in the wider community. Daily communal activities were displayed on a board in a communal corridor and the displays were in picture format. However, this information was not up to date on the day of our visit and meant people did not have an accurate understanding of the activities on offer.

The home took some practical steps to support people who lived with dementia. They made it easy for people to identify toilet doors by painting them red and made sure everyone's picture was on their bedroom door to help people find their rooms. There was also a number and a dummy letter box on people's bedroom doors so people more easily related to them as doors to their own space. The registered manager explained this was something they had learned to be effective while they were doing their current dementia training.

Staff explained to us how they spent time with people who lived with dementia to understand their needs. They did this by talking to them about how they had lived their lives, about their families and what had made them happy in the past. They also spent time with them encouraging them to reminisce and responded to support them if they became upset or angry. One member of staff explained how they got to know people's preferences by asking them about their past lives.

People's care plans were reviewed and up to date and the information they contained was sufficient to enhance staff's understanding of how care should be delivered. For example, one member of staff explained how different people liked to be supported in different ways when they had a bath. They said they had taken the time to understand and ensure they carried out the persons wishes. Staff told us they were still aware of

how to support and care for people in a responsive and safe way when their needs changed. For example, during lunch time we saw one person was struggling to eat independently, a member of staff gave them a small simple piece of equipment so they could maintain their independence. The care worker told us they would assist them this way in the future. This shows care workers were responding to the changing needs of people.

The provider had a complaints policy and procedure. People told us they knew how to complain if they wanted to. They told us they would talk to a member of staff, or a manager and they were confident their concerns would be responded to. Formal complaints had been recorded and investigated in accordance with the provider's policy and procedure. The registered manager explained how they had responded to one complaint. When a recording error had occurred they improved systems and processes so this could not happen again. The registered manager also explained they had supported a person's request for a care worker of a specific gender.

We could see from records of the call bell system that people's needs were responded to in a timely manner during the night. The registered manager explained how, if the bell wasn't answered within a minute, it began to get louder; this was so staff knew someone had been waiting for over a minute. The registered manager told us they checked this information regularly to ensure people were being responded to during the night. We also saw people's needs were met in a timely manner during the day.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and felt able to speak with them. They told us they had confidence in the way the registered manager and deputy manager managed the service. We saw people were happy and relaxed to talk to the staff team.

Staff told us they felt the service was well-led and said they enjoyed working in the home, one member of staff said "I love my job". Another member of staff told us they could ask about anything if they felt unsure and were confident they would receive support when they asked for it. They went on to say the leadership in the home had been, "Nothing but supportive" to them. A third member of staff said there was a, "Nice atmosphere" and "[registered manager] was easy to talk to".

There was a person centred culture in the home and people were treated as individuals. There was transparency across the staff team and this was demonstrated by staff telling us they were happy to talk to their line managers or the registered manager if they had any concerns. The registered manager interacted with people who lived in the home as well as with staff, throughout the day. This helped to demonstrate the registered manager was part of the reason for the homely atmosphere in the home.

There was a well organised system in place to ensure emergency contact details were available should an incident occur. Useful contact numbers for GP', nurses and social services were displayed for easy access. There were colour coded signs on people's doors to help in an emergency evacuation process.

The registered manager was motivated to make improvements in the home and was open to any improvements that might be made. They had a clear vision for the home and told us they were well supported by the provider. They were currently being supported to undertake a degree in dementia care. The knowledge they had gained through this had helped to inform the work the registered manager did around the home. We felt the registered manager was motivated and ambitious for the service to improve.

There were systems in place for quality assurance. These included a mixture of monthly and quarterly audits and checks in all areas of service provision, including medicines and care plans. The registered manager told us on some occasions they would arrive at the home much earlier than expected to check on the quality of care provided to people in the early morning. When we asked a member of staff if they thought good quality care was delivered in the home they said "Yes, I wouldn't be here if it didn't". They went on to say they believed the care provided was of a "High standard".

In order to maintain quality in the recording of information of care plans the registered manager arranged for ten to be audited every other month by a senior member of staff. The registered manager then audits those audits to ensure they are being undertaken thoroughly. The registered manager checked rooms on a weekly basis when they walked around the home looking at to ensure the quality of the cleaning and care provision was up to standard, while they were doing this they were also interacting with the people who lived in the home.

The registered manager said they wanted people who lived in the home to be happy. They observed people when they were supported by staff, to see whether people were happy and how they reacted to different members of staff. If they could see there was not a good bond developing between a person and a particular member of staff they responded bymoving staff around from a different area.The registered manager explained how they liked to have a cheerful mood in the home, unless this wasn't appropriate at the time, as the mood was "Catchable" by staff and people alike.

The registered manager supported promotion from within the organisation and, to help staff gain confidence, they gave them small extra responsibilities, where this was appropriate. They expected staff to be accountable for what they did and they then hoped to be able to promote from within the organisation. The registered manager explained how this further motivated staff to do well. The registered manager said they received supervisions monthly and felt well supported.

Accidents and incidents were reviewed at the end of every month to see if there was any learning from events that had occurred, collectively. This information was then used to improve the service.

The registered manager organised seniors meetings, full staff meetings and residents and family meetings, though residents and family meetings were not well attended. In response, the registered manager sent a questionnaire to ask why people were not attending these. The times of these meetings were changed to try and help people attend but there was no improvement. The registered manager said they were looking at other ways to engage people in what was happening around the home.

Links with the local community were maintained and some people went out with volunteers from a nearby centre on a regular basis.

The registered manager said they were proud of the positive atmosphere in the home and it made them, "Feel good" when families came and said, "Thank you" for looking after their relative. They said, "It's a hard working team and we all want to give residents the best quality of life".