

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

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Watford House Residential Home is a residential care home providing accommodation for persons who require nursing or personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

Watford House Residential Home accommodates people in one adapted building. People have their own bedrooms with ensuite facilities. There are communal lounges, a dining room and a garden that people can access.

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

People were not always safe. People did not always have their care needs and associated risks thoroughly assessed and medicines may not always have been safely administered. There were not always enough staff to provide the care and support people required.

The service was not always well-led. Governance systems and processes were not always effective in identifying areas of concern, or ensuring measures were taken to drive improvement at the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People did not always have their changing health needs reviewed and responded to in a timely manner.

People were supported by caring and passionate staff. People's relatives felt welcome visiting the service.

Staff knew people well and worked to take in to account their wishes and preferences when delivering care. People and their families were supported well during the end stages of their life.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 March 2019). The service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and culture at the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how risks were assessed and managed; medicine management; staffing levels; recruitment of staff; safeguarding; and how the service was managed at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff including the regional support manager, registered manager, deputy manager, senior care workers, care workers, activities co-ordinator, housekeeping staff, the chef, kitchen assistant and maintenance person. We also spoke with two health care professionals who were visiting the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with 14 relatives about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were not always in place to safeguard people. We found an incident had occurred between two people, but we were not assured all steps had been taken to adequately safeguard the people involved.
- People were not always monitored by staff. During inspection we observed three people, some who were living with dementia, in the communal lounges unsupervised as staff were supporting people to get out of bed. This meant there were opportunities for incidents to occur which may have placed people at risk of abuse, harm and injury.
- People told us they felt safe. Despite shortfalls in safeguarding processes, two people told us they were safe living at the service. One relative told us, "The staff are very good to [person] and provide a safe environment."

Assessing risk, safety monitoring and management

- Risk assessments were not always in place. We found two people did not have risk assessments relevant to their care needs in place. This meant staff did not always have information and guidance about how to safely care for and support people.
- Some areas of the service were not always safe. We observed a wheelchair left in the middle of a corridor used by people which could have posed a trip risk or prevented staff acting quickly in an emergency. We noted this had been raised as a concern in daily flash meetings held by the registered manager. Areas such as the laundry and kitchen were unlocked and accessible to people who were unsupervised when we first arrived at the service.
- Daily records were kept but were focused on tasks completed, rather than being about the person. We discussed this with the registered manager who told us they would raise this with staff to improve the quality of record keeping.
- Information was shared with staff. Staff were informed of how people were at handover meetings between shifts. Daily flash meetings were also held with the registered manager and heads of departments to raise any concerns, risks or actions required.

Using medicines safely

- Medicines may not have always been safely administered. We observed a morning medicine round taking over three hours to complete due to the staff member being interrupted continually. This meant there was a risk of the staff member making mistakes which may have placed people at the risk of harm.
- Medicine administration records (MARs) were not always accurately completed. We reviewed multiple MARs and found numerous missing signatures for the month of December and some in November also. This

meant we were not assured people always received prescribed medicines which may have placed them at risk of harm.

- Medicines were not always stored properly. Medicine fridge and trolley temperatures were not always recorded. We found tubs of thickeners in an unlocked cupboard in a communal dining area accessible to people. Thickeners are prescribed medicines which are added to people's drinks to reduce the risk of choking. This exposed people to unnecessary risk of harm.
- We observed a thickener prescribed for one person being used for another person. This meant there was a risk this person was being administered a medicine that was not required. This may have placed the person at risk of harm.
- Body maps were not always in place. We found people prescribed topical creams did not have supporting body maps available to guide staff about where to apply the creams. This meant there was a risk people may not have received creams as prescribed.

Learning lessons when things go wrong

- Lessons were not always learned. The registered manager told us lessons learned and action plans were not recorded. The registered manager told us they have reflected upon this and would be implementing new documentation so lessons could be shared effectively with staff.

Staffing and recruitment

- There was not always enough staff. People and some staff told us there were not always enough staff. One staff member told us "Sometimes people do have to wait for care." Another staff member spoke of the pressures during breakfast time "We do need more staff to help people properly." At breakfast time we observed one person attempting to drink cereal from a bowl as they could not find their spoon. This meant people's dignity was not always maintained as staff did not always have time in busier periods.
- We were not assured there were sufficient staff at night. We reviewed the dependency tool used by the service but in practical terms there were not enough staff to provide support. For example, nine people required assistance of two staff members. This meant one staff member would be left to support and supervise 34 people living across three areas of the service. Following inspection, the registered manager told us the board had agreed to increase staffing levels at night.

We found no evidence that people had been harmed. However, the provider had not ensured people were always safeguarded from harm; risks were assessed; medicines were safely administered, and enough staff were always available. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment processes were not always followed. We reviewed three staff recruitment files and found the service's recruitment policy was not always followed. Records of interviews and references were not always in place. This meant there were risks staff may not have always been recruited safely.

We found no evidence that people had been harmed. However, the provider did not always follow safe recruitment practices. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Staff received training. The registered manager maintained records to ensure all staff were up to date with training required for their roles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not always assessed fully. We found a person who had diabetes, and another who displayed distressed behaviours did not have care plans in place. We also found a person who was prescribed thickeners to reduce the risk of choking did not have any detail about how to safely administer it in their care plan. This meant staff did not have guidance to ensure they effectively delivered care in line with standards and best practice guidance.
- Care plans were not always person centred. We found inconsistencies with the amount of information recorded in care plans. Some care plans contained lots of personal information and were meaningfully reviewed, while other care plans did not. This meant staff may not have always been aware of people's preferences and wishes.
- Call bell systems were not always used appropriately. People had access to call bells, but we observed a member of staff turning off a call bell alarm without responding to the person. This may have placed a person at risk of harm as the staff member did not check on the person before turning off the alarm. We shared this with the registered manager who was not sure why this occurred and advised it was not condoned practice. The registered manager implemented a call bell audit during inspection to allow opportunities to monitor how call bells were responded to.
- Technology was utilised. Pressure mats and door sensors were in place to allow staff to monitor people when they were in their bedrooms.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were not always completed properly. We found people had generalised mental capacity assessments in place rather than decision specific assessments. This meant there may have been times when decisions were not made in the person's best interest. The registered manager was aware this was an area that required improvement and was working to establish this and build confidence in staff.
- Staff gained consent before providing care. We observed staff asking permission before providing care. Staff understood they were not able to make people do anything they did not want to but were not confident in assessing a person's capacity in relation to their care needs. This meant we were not always assured best interest decisions were made when they may have been needed.

Staff support: induction, training, skills and experience

- People were supported by people who had training to meet their needs. A staff member told us they had received an induction and "There is the opportunity to have additional training if we need it too." A person's relative told us "The staff know their jobs. They all appear skilled in what they do."
- Staff received supervisions. We reviewed supervision records and saw supervision were planned across the year for all staff. This allowed staff to talk about their roles and any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. We observed people who needed support being assisted to eat during mealtimes. Mealtimes were however busy due to pressures on staff to meet everyone's needs.
- A range of meals were freshly cooked and different options were offered to people. One person told us "The food is really good here." Snacks and drinks were also available around the service for people to help themselves to.
- People received specific dietary requirements. Kitchen staff knew people's dietary needs and ensured they received them.

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

- Staff worked effectively with health and social care professionals. Twice a week an advanced nurse practitioner visited the service. This helped to ensure people's changing health needs were met. A relative told us "Appointments and doctor visits are arranged where necessary. It's very reassuring for me."

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

- People were able to personalise their bedrooms. We saw a person's bedroom which contained personal possessions and photographs which were meaningful to them. One relative told us "[Person's name] room is lovely."
- Areas of the service were being improved. The registered manager told us improvements had been made since the last inspection. Repairs to the service's roof had started as one corridor ceiling in the service had been damaged and was leaking.
- People had access to different lounges and dining rooms. This meant people were able to have time on their own or away from busier areas if they wished.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Despite staff being busy we observed warm and caring interactions. Staff supported people with respect and gained consent before carrying out care. One relative told us, "[Person] is treated with love and respect. I have seen [person] treated with dignity and kindness." Another relative told us, "The staff are a really caring group of people. I have watched staff looking after the residents with care and compassion."
- People were encouraged to be independent. The registered manager told us staff responded to people's changing needs each day and encouraged people to do what they could for themselves. A person's relative told us, "[Person] is very safe at the home but is still able retain their independence."
- Relatives felt welcome. Relatives told us staff and management were very friendly and visits to the service were managed well. One relative told us, "You don't feel in the way, everyone is so nice."

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

- People were supported to express their views. Staff adapted how they communicated with people to support people to be involved in decision making. Staff used technology such as tablets and mobile phones to enable people who had limited verbal communication to be involved in how their care was delivered.
- Information was shared with people and their relatives. Relatives felt they were kept updated about people's care needs and involved in making decisions. Advocates were involved for people who did not have family to support them to make decisions. Advocates are independent people who can help people to have their voices heard and be involved in making decisions about their lives and care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always up to date. We found care plans were not always updated following changes to people's needs. This meant staff may not always be aware of how to respond appropriately to ensure people's needs were met safely in line with best practice and national guidance. The registered manager was responsive during inspection and aware improvements were needed.
- Staff knew people well. Staff were able to tell us about people's wishes and preferences, but this information was not always recorded. This meant there may have been a risk of people's particular needs (e.g. social or religious) not always being met.
- People maintained contact with their relatives. Through the COVID-19 pandemic the service supported people to keep in touch with their families. Telephone calls and newsletters were initially used, but a safe visiting area with a Perspex screen and intercom was built for people and their relatives to use. A relative also told us they received videos and photographs of their family member while government visiting restrictions were in place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. Care plans provided guidance to staff about how to communicate with people. The service used large print documents, flash cards and pictorial aids to support those whose ability to communicate may be changing. The use of technology was also deployed by staff. This meant people had the opportunity to engage with others and be involved in their care.

Improving care quality in response to complaints or concerns

- Concerns and complaints were dealt with. A complaints policy was in place and people felt able to share any concerns with the registered manager. One person's relative told us, "Problems are dealt with promptly and effectively."
- Complaints were analysed but opportunities to learn and drive continuous improvement were sometimes missed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered activities. A programme of activities was delivered by an enthusiastic activities co-

ordinator. Activities organised were varied, thoughtful and led by the people who lived at the service. We observed people being encouraged to engage in parlour style games which everyone appeared to thoroughly enjoy.

- Connections were being made with the local community. The registered manager was working hard to promote the service with the local community. A pen pal system was in place between people living at the service and a local primary school. Plans were also in place with another local primary school to sing Christmas carols outside the service for people to enjoy.

End of life care and support

- People were supported with dignity at the end stages of their lives. A relative told us the service supported the family as well as the person who was in the end stages of their life. A relative told us, "They have always looked after us, as well as [person's name]."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- CQC did not always receive all notifications about incidents at the service. The registered manager is responsible for telling CQC about incidents such as injuries that occur at the service. Some notifications were made, but the registered manager told us not all had been. This meant opportunities to monitor and review the service were not always in place.
- Quality assurance processes were not always robust. Audits were completed regularly, but action plans to improve areas of concern were not in place. This meant there may have been opportunities missed to improve the service. The registered manager told us they planned to improve the auditing process following the inspection.
- Opportunities to improve the service and learn lessons were missed. Incidents and accidents were reviewed but analysis of what happened was not robust. This meant actions to minimise the risk of something happening again were not always taken. The registered manager advised this was an area of improvement that was required, and work with the provider's quality assurance team was planned.

Systems and processes were not robust or always in place. This impacted upon how effectively the service was managed and led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support available to the registered manager was changing. Whilst support had always been available, the frequency and type of support provided by the regional team and provider was changing positively for the registered manager.
- The service was moving towards using more technology. Online systems and shared drives were being used so the registered manager could access documents and audits to improve the day to day running of the service. The service often piloted new ways of working to see if improvements could be made. Consideration was being made to introduce a computer system where people's care needs could be recorded and easily accessed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff felt supported. Staff told us the registered manager was really approachable and listened to their

views. Morale was good at the service and staff worked hard together as a team. One staff member told us, "The management team are helpful and supportive. I can't think of a time when I've not had help I've needed."

- The registered manager had an open-door policy. Staff told us they felt able to approach the registered manager and voice their opinions. Improvements were needed at the service, but the registered manager was aware of this and wanted to work with relevant agencies to ensure positive changes occurred.
- Leadership was visible at the service. The registered manager provided care if staffing levels were short and worked collaboratively with staff.
- The registered manager was open and honest. When things went wrong the registered manager informed people's relatives and the local authority. A person's relative told us, "I am always kept informed about any falls [person] may have."

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

- Staff meetings took place. Staff felt able to share their views and information and updates was shared by the registered manager. Staff also received regular supervision and daily flash meetings took place to share information about people living at the service.
- Relatives felt able to approach the registered manager. All relatives spoken to were complimentary of the manager and felt able to share their views or concerns. One relative told us, "The manager is wonderful; so very helpful. I feel I have someone I can trust and rely on with [person's] care and wellbeing."

Working in partnership with others

- The service worked well with health and social care professionals. The registered manager had forged good links with local district nurses and advanced nurse practitioners who provided support and care to people. Visiting health care professionals told us, "No concerns here, there were issues before, but we have built up a really good communication."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not assessed; medicines were not always managed safely, staffing levels were not sufficient and people were not always safeguarded from the risk of harm.

The enforcement action we took:

Warning Notice Served.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not in place to ensure the service was always well-led.

The enforcement action we took:

Warning Notice Served.