

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

This inspection was unannounced and took place on 11 April 2017. Watford House Residential Home is registered to provide accommodation with personal care support for up to 43 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 40 people were using the service.

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.

Our last inspection visit took place on 7 July 2016. At this time, we found there were breaches in regulations and we issued two requirement notices and told the provider to make improvements. These related to risks to individuals not being consistently managed, and actions not taken to minimise these risks. The provider had not notified us about certain incidents relating to people or the running of the home. The provider sent us a report on 30 August 2016 explaining the actions they would take to improve. We also asked the provider to make improvements to ensure people were supported in a dignified way. In addition, the registered manager did not have effective systems in place to monitor and improve the quality of care for people. At this inspection, we found that some improvements had been made, but further improvements were required.

People's capacity to make decisions had been considered, however this had not been assessed in line with current guidance. They were supported to access healthcare services, but sometimes referrals were not made in a timely manner. People's preferences were not always considered, and some people were not able to engage in activities that would stimulate and occupy them. People knew how to raise concerns and complaints, but these were not always dealt with as people wished. There were systems in place to monitor the quality of the service, but these were not always effective.

Risks to people were assessed, monitored and reviewed. Actions were taken to reduce future risks. Staff knew how to recognise and report abuse, and people were safe receiving support. There were enough staff to meet people's needs and the provider ensured their suitability to work with people. Medicines were administered and stored to protect people from the risks associated with them.

Staff supported people to make choices and gained people's consent. Staff received an induction and training that helped them to support people. People enjoyed the food and were supported to maintain a balanced diet.

People's dignity was promoted and their privacy respected. Staff encouraged people to be independent and were caring in their approach. Visitors were made to feel welcome and there were no restrictions as to when they could call. People were involved in the planning of their care and support.

The registered manager understood their responsibilities of their registration with us. People were positive about the management and leadership, and staff felt supported in their roles.

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.

Risks to people were assessed, monitored and reviewed. Actions were taken to reduce future risks. Staff knew how to recognise and report abuse, and people were safe receiving support. There were enough staff to meet people's needs and the provider ensured their suitability to work with people. Medicines were administered and stored to protect people from the risks associated with them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's capacity to make decisions had been considered, however this had not been assessed in line with current guidance. Staff supported people to make choices and gained people's consent. People were supported to access healthcare services, but sometimes referrals were not made in a timely manner. Staff received an induction and training that helped them to support people. People enjoyed the food and were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People's dignity was promoted and their privacy respected. Staff encouraged people to be independent and were caring in their approach. Visitors were made to feel welcome and there were no restrictions as to when they could call.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's preferences were not always considered, and some people were not able to engage in activities that would stimulate and occupy them. People knew how to raise concerns and complaints, but these were not always dealt with effectively. People were involved in the planning of their care and support.

Is the service well-led?

The service was not consistently well led.

Systems were in place to monitor the quality of the service, but these were not always effective. The registered manager understood their responsibilities of registration with us. People were positive about the management and leadership, and staff felt supported in their roles.

Requires Improvement ●

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.

This inspection visit took place on 11 April 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We received feedback from the local authority and Healthwatch Staffordshire, who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with nine people who used the service, six relatives and a visiting healthcare professional. We also spoke with four members of care staff, the cook, deputy manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care records of four people to see if they were accurate and up to date. We reviewed two staff files to see how they were recruited and checked the training records to see how staff were trained and

supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risks to people were not effectively managed. We issued a requirement notice and told the provider to put actions into place to ensure they were meeting this Regulation. At this inspection, we found that the necessary improvements had been made, and risks to individuals were assessed, monitored and reviewed.

Some people were unsteady on their feet and at risk of falling. One person told us, "I feel much safer here; I have to walk with a frame, I used to fall over at home. But here there is always someone to help me." One relative said, "Staff do appear to be active and resourceful; they minimise as many risks as possible." Another relative commented, "My relation used to fall at night when they were at home. They now have a mat in place to alert staff if they get out of bed. Since being here they haven't had any falls." One staff member told us, "People now have the equipment they need."

We saw that people's mobility aids were labelled to ensure they were using their own equipment. Their walking aids remained close by so they were able to reach them when needed. Another staff member said, "The risk assessments have been done, so we know how to keep people safe when they are walking." We observed staff supporting people to walk when needed, and were mindful of potential trip hazards. We saw staff move the small side tables when people had finished with them and check that people were wearing the correct footwear. Risk assessments were reviewed to ensure staff had up to date information to follow. When needed, referrals had been made to the community falls team. This meant that when people were at risk of falls the provider had taken action to minimise these risks to people.

Some people were at risk of developing sore skin, and we saw that plans were in place to ensure this risk was minimised. This included people being repositioned regularly when in bed. We saw that this was monitored by staff. People also had special equipment to use such as mattresses, and we saw these were checked and maintained according to the recommendations in place.

People had personal evacuation plans in place that had been reviewed. One staff member told us, "When I started, I was shown all the fire exits and made aware of the support people needed in case there was a problem. We also have a fire drill on a weekly basis so we would have the confidence to act in the right way." The provider had considered potential risks when decisions were made about the location of people's bedrooms.

People felt safe being supported by the staff. One person said, "I feel quite safe here as there is always someone around if I need help." Another person commented, "There are a lot of nice people around, so I am never scared now; I didn't like being alone." A third person said, "No one in here hurts us." One relative told us, "I feel quite assured when I go home that my relation is being looked after and safe." Another relative said, "I am happy that I have never been aware of or witnessed any untoward behaviour from staff."

Staff understood how to protect people from harm and abuse. One staff member told us, "It's not just the

physical things we have to look out for, like bruises, but also being aware if people are acting out of character. Because we know people's personalities, we would pick things up if there was something wrong. If I had any concerns at all, I would report this to the manager or someone else." Staff were confident that any concerns would be acted on and dealt with. Another staff member said, "Some people who live here can get upset with each other; we know how we need to respond so that nothing escalates. But it's also important that people can walk around freely as they do; that's important to a lot of people." We observed staff respond quickly when this happened, and they handled the situations calmly and effectively. We saw that when altercations had occurred between people who used the service, the registered manager had informed the necessary people and acted on the incident.

There were enough staff to meet people's needs and keep them safe. One person said, "There does seem to be enough staff." People told us that staff responded to their requests for support promptly. One staff member told us, "There are enough staff now; the shifts are always covered and that makes a big difference. We are busy but can get to people when they need us." Another staff member commented, "We needed more staff before, and I'm really happy about the new carers who have joined us; it's been positive for people." The registered manager told us, "We have recruited into a lot of posts, and now we don't need to use agency staff. If we need cover for any shifts, we will ask permanent staff to cover. This helps people as they have consistency in their support." A visiting professional said, "On the last few visits I have seen more staff on duty as well as new carers." The registered manager used a dependency tool to assess the levels of support people required. This was based on the needs of the person and the staffing levels reflected the support people needed.

We checked to see how staff were recruited. One staff member told us, "I had to bring in documents to prove who I was. I couldn't start until my two references had come through as well as my criminal records check." The staff records we looked at showed that the necessary checks had been carried out prior to people commencing their employment. This included checks from the disclosure and barring service (DBS). The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. This demonstrated the provider had safe recruitment processes in place.

People received their medicines as prescribed. One person told us, "I get my tablets every day. The staff never forget and make sure I have what the doctor has given me." One relative said, "I don't have any concerns about my relations medication." We observed people being given their medicines and staff would stay with people to ensure they had taken them. People were encouraged to have a drink to make sure they had swallowed their tablets. Staff told people what their medicines were for, and we heard staff explaining when their usual medicines had changed, for example if people were on a course of antibiotics. When people didn't understand about their medicines and were reluctant to take them, agreed procedures were followed by staff. Medicines were recorded and stored in a safe way to protect people from the risks associated with them.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We were told that some people who used the service were not able to make certain decision about their care and support. We saw the provider had considered people's capacity to make decisions within their care plans, and these reflected how they should be supported by staff. However, when the provider had assessed people's capacity, the assessment did not follow guidance available. For example, we saw that there were tick boxes completed that identified areas that people were not able to make decisions about, such as medicines, personal care and nutrition. However, there was no further information as to how the persons capacity had actually been assessed. We also found the provider had not always evidenced how decisions for these people had been made in their best interests.

We recommend that the provider researches current guidance on best practice to assess people's capacity in relation to specific decisions for people living in the home.

Staff were aware of the principles of the MCA and how they should put this into practice. One staff member told us, "We have to assume that people have capacity, but if someone can't make some decisions for themselves, then we have to look at what would be the best thing for them. There are some people who don't understand why they take their tablets, but we know it is best for them to have them or they would be unwell." Another staff member said, "Just because some people can't make decisions, we still have to talk to people and involve them; explain what is happening, and help them to make choices. We may show people different clothing options and colours to help them to decide what they want to wear." They added, "We always get people's consent before we help them; they may show they agree by their actions rather than words." We saw that staff gained peoples permission before assisting them.

We saw that applications had been made to the local authority when people who lacked capacity were seen to be restricted. One staff member said, "There are some people who don't understand how to keep themselves safe, and we may be restricting them, so that's when we would need to apply for this." When other people had been authorised to act on behalf of a person who used the service, the registered manager had asked for copies of these court orders. This meant they would be know the correct people would be consulted.

People were supported to access healthcare services. One relative told us, "They are quite good at getting

the doctor if my relation is unwell, and they do contact me to keep me informed." Another relative said, "The staff have raised concerns when needed and let me know what is happening." We saw that a variety of referrals had been made to various professionals such as dieticians and podiatrists. However, we received mixed feedback about staff requesting support in a timely manner. A visiting professional told us, "I do find that some staff will not let us know until things deteriorate. It would be better if everyone was pro-active to inform us of any changes." They added, "Sometimes everything is brilliant, but it's not consistent. The reporting will get better for a while, but then this drops off and I will have to mention this again."

Staff had the knowledge and skills required to meet people's needs. One person said, "The staff know all about me; they know me well." One relative told us, "I feel the staff know my relation and have the training they need to do their jobs." One staff member told us, "On each shift we now usually just work on one side of the building or the other. It's been a lot better as we get to know people and there is more clarity in where we should be and what we are doing." They added, "The deputy is here for handover every morning, and we are given information we need about any changes in people or things we need to be aware of."

Staff received an induction when they started working at the home. One staff member told us, "I spent a couple of weeks shadowing the other staff. I was given enough time to feel competent and confident, and the manager asked me if I felt able to carry on alone." The deputy manager was assigned as the staff member to support new staff to complete the Care Certificate. This has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The deputy manager told us, "At the moment the new staff we have recruited have not needed to follow the Care Certificate as they are experienced and are going to complete their other care qualifications straight away. But if we get some staff who have little or no experience, then we will use this with them." Staff also received ongoing training to ensure their skills were developed. One staff member told us, "We cover various mandatory training each year and also have sessions around specific themes. The manager makes sure we are up to date with this." This meant that staff received training to meet people's needs

People enjoyed the food and one person told us, "The food is very good." Another person commented, "I like my food; I have put on weight since I have been here." We observed the lunchtime meal, and saw that staff would ask people where they would like to sit and if they wanted to wear an apron. People were given a choice of drinks. And when people were offered drinks, they were asked if they would like sugar and/or milk. There were cold drinks available for people to help themselves. People could choose between two different main meals. If people did not want either option, then other alternatives were available. We saw there was a three week menu that was reviewed and amended to reflect people's preferences and the seasons. This demonstrated that people were involved in making decisions about their food and drinks.

Staff we spoke with were aware of people's dietary requirements and if their food needed to be prepared following guidance from a speech and language therapist and we saw that this happened. This meant that potential risks when eating were minimised. Some people needed their weight monitored as they were at risk of not maintaining a balanced diet. We saw that this happened, and when needed, referrals were made to the dietician.

Is the service caring?

Our findings

At our previous inspection, we found that improvements were needed to ensure that people were treated in a dignified manner. At this inspection, the required improvements had been made. People told us that staff respected their dignity. One person told us, "I don't have any concerns about dignity; the staff are very good like that." We observed staff talking with people discreetly so they could not be overheard by others. We saw staff ensure that people's clothing was adjusted so they were not uncovered. People were dressed in ways that reflected their individual styles and their clothes were clean and well kept.

People's privacy was promoted. One person said, "The staff always knock on my door before coming in and check if I want anything." We observed staff using privacy screens in the communal areas. A visiting professional told us, "I usually see people in their rooms, but if that's difficult for them, the staff will bring the screen to offer some privacy for people while I'm treating them." One staff member said, "It's not just about making sure doors are shut and offering privacy to people, but also how we speak to them respectfully all the time." The home had some vacancies and the registered manager told us, "These are shared rooms, so we would only have two people if they were a couple. Its important for people's privacy."

Staff encouraged people to be independent. One person told us, "I am able to do some of my care myself, but at my age I do have to ask for help sometimes." Another person said, "I'm quite independent so they don't need to do too much for me; but they do check that I am okay." We saw that people were offered alternative crockery so they were then able to eat their meals without support from staff. One staff member told us, "We now have the kitchenette areas in the dining rooms so that people can be more involved with their drinks and snacks." Another staff member commented, "It's really good that people can now get a drink and help with things like the washing up. Over time I think people will join in more."

People were happy with the staff that supported them. One person said, "The staff are nice and treat me like a human being." Another person told us, "The staff are caring and friendly." A third person commented, "The staff are what makes the house a home; they are kind and helpful, and they keep us going." We observed staff support people in a patient and kind way, and they offered reassurance to people when needed. Staff understood about people's histories, likes and dislikes, and were able to communicate effectively with the people they supported. This demonstrated that positive caring relationships had been developed with people who used the service.

We saw and people confirmed that family members and friends were able to visit when they chose. One person told us, "My relations can call in when they like; it's lovely to see them. One relative said, "The staff are always friendly and welcoming when we visit." This demonstrated that visiting times were not restricted for people.

Is the service responsive?

Our findings

There was a lack of consistency in how staff considered people's preferences. One person told us, "Sometimes it's a mad rush in the morning; the staff will tell me to get up and dressed for breakfast. I do it, but if I were at home, I would have done this in my own time and at my leisure. It doesn't happen all the while, and it can depend who is working." Another person explained that they would have preferred to have a bath more often. They said, "I do have a wash every day, but it would be nice to have a bath more frequently. I have asked, but it's not happened." One relative told us, "I recognise they want to encourage independence, but it's no good telling someone to hurry up and button their top up if they are not able to do it." This meant that people were not always at the centre of the care they received as staff were focusing on the tasks.

We observed some of the activities that took place, and people who participated told us they enjoyed these. However, some people told us that they did not have enough opportunities on a day-to-day basis. One person said, "I can't take part in most of the activities that happen; I mostly just sit here because there is nothing else to do." Another person commented, "I don't really like the activities; I would rather go out for a walk with someone, but they never have the time." One relative told us, "The activities used to be very good, but then they went off; they do seem to be picking up again, but it's so important to keep people occupied and involved." This meant that some people did not feel able to take part in activities they would have liked.

We observed staff support some people in one lounge to engage with various sensory items that were available. One staff member said, "We know that some people like to have the soft animals to hold and stroke, and the local church, made the sensory mittens for people to use. It can help us to interact and have a conversation with people." We saw that when staff sat with people doing this, they were more animated and had smiles on their faces. However, in the other lounge, when people did not have anything nearby to stimulate them, we observed that people would sleep in their chairs.

People knew how to raise concerns about their experiences of the home and felt confident to do this. However, we received mixed feedback about how these issues were dealt with. One person told us, "I ask the staff if I am not happy with something and they usually try to sort it out." Another person said, "I had to mention things I didn't like in the past; they have all been sorted out now." One relative commented, "I do speak up if I'm not happy; sometimes they listen and sort it out, but not always." Another relative told us, "They do seem to respond and usually get things done; but not all the staff seem to remember to do things though." A visiting professional told us, "The manager has got things sorted when I have mentioned something to her. She will put actions in place to rectify issues." This demonstrated that complaints people raised were not always dealt with consistently. The complaints policy was on display in the reception area that people could refer to if needed.

People were involved with the planning of care. One person said, "The manager asked me what I liked and what I needed help with." One relative commented, "I had a discussion with the manager and told them what was important to my relation and what their needs were." Another relative told us, "The manager sat with us and asked about my relations history, like the job they used to do." When people were able to, we

saw they had signed their care plans to demonstrate they were in agreement to them. The registered manager told us how they were reviewing people's care plans, and we saw a notice informing relatives about this. The care plans we looked at contained information that was individual to people. One staff member told us, "It helps when we can look at these and understand more about people's pasts and what support they now need." This meant that people's records gave staff the information needed when supporting them.

Is the service well-led?

Our findings

At our previous inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as they had not informed us about all the incidents they should have done. At this inspection, we found that the necessary improvements had been made. The registered manager understood their responsibilities as a registered person. They had completed notifications about specific events that had happened in the service, and kept records about these notifiable incidents. However, due to technical issues we had not always received these. The registered manager followed this up, and the problem was subsequently resolved.

We had also asked the provider to make improvements to ensure the audit system was more effective. At this inspection, we found that some improvements had been made, but further improvements were required. The registered manager had systems in place to monitor the quality of care people received. However, these were still not always effective. For example, a medicines audit had been completed, and when areas of improvement had been identified, no actions had been taken to rectify these shortfalls. We also saw that when information had been gathered, this had not always been analysed to identify any trends. The registered manager told us, "I recognise that improvements are needed in systems and processes." However, the care plan audit had identified that some records needed updating and progress was being made with this. We also saw that actions had been taken following the infection control audit that had been completed.

People spoke positively about the management within the home. One person told us, "I know who the manager is and she is very sociable. I speak to her most days and she always asks me if I'm okay." One staff member said, "The manager and deputy are approachable; they will ask me how things are going. I know I could speak to them about anything." Since our last inspection, a deputy had been appointed. The registered manager told us, "This has made a difference as they have been able to take on some of the roles; we are able to work well together and then give the staff team more support."

People told us about the improvements that had been made, and one relative commented, "We have seen the changes since my relation first came here; the staff will now check on where people are and things have improved." One staff member told us, "The new manager has picked the place up." Another staff member said, "There have been lots of changes; as a staff team there have been changes in our shifts so they work better for the people here rather than the staff." We saw the registered manager gained people's feedback about the service through surveys that were sent out.

Staff told us they supported in their roles. One staff member commented, "We have clarity about who does what and what we should be doing." Another staff member said, "We have a good staff team, and I certainly love my job and feel very motivated." Staff told us they had supervisions and were also able to approach the registered manager or deputy if they needed to. Meetings were held for the staff team and they were asked for their ideas for how the service could develop. Staff were aware of the whistle blowing policy that was in place, and told us they would be confident in reporting any issues, anonymously if they preferred. This demonstrated that there was an open culture within the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the reception area and there was a link to the most recent report on their website.