

Carebase (Hemel) Limited

Water Mill House Care Home

Inspection report

Rose Lane (off Red Lion Lane)
Hemel Hempstead
Hertfordshire
HP3 9TE

Tel: 01442269888

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Water Mill House Care Home is a residential care home providing personal and nursing care to 65 people at the time of the inspection. The service can support up to 70 people.

Water Mill House Care Home has three separate floors, bedrooms have en-suites. On each floor there's a living and dining facility. The ground floor has facilities such as a bistro, gym, cinema, library and kitchen.

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

Staff did not always use safe infection prevention control measures. Staff did not always use appropriate personal protective equipment (PPE) and where people were isolating risks were not always mitigated. Risk assessments highlighted people's individual needs, however, there were times where staff did not follow these.

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented. Medicines were given to people when they needed them, where discrepancies were identified these were actioned appropriately. Professionals were referred to when needed.

The home had recently undergone a change in management, the overall feedback was positive, and the management team were focusing on staff recruitment. However, People felt staff were busy and task focused and did not have time to talk.

People felt they were able to express how they wanted to be supported. The provider ensured that staff went through a recruitment process and all relevant employment checks were completed.

The registered manager had systems in place to manage complaints. Overall, people and relatives said they felt listened to when they raised any concerns. People felt they were able to have open communication between them and the management team. The registered manager had implemented a lot of changes since starting their employment which had been acknowledged by staff as positive.

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

Rating at last inspection

The last rating for this service was good (published 20 June 2019).

Why we inspected

We received concerns in relation to the management of medicines, staffing and people's support needs being met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe 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.

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 monitor the service.

We have identified breaches in relation to safe infection prevention control practices at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Water Mill House Care 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

This inspection was completed by three inspectors 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

Water Mill House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and nine relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, senior care workers, care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight 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 two professionals who regularly visit the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Preventing and controlling infection

- We were not assured that the provider was meeting shielding and social distancing rules. On the day of the inspection two people were isolating, however we saw one of those people who should have been isolating eating lunch with other people. Although the manager said they were mitigating this through risk assessments, cleaning and staff wearing personal protective equipment (PPE). This did not give assurances as staff did not always wear PPE correctly and prevention measure from the risk assessment was not adhered to.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider did not ensure staff were abiding by the risk assessment in place.
- We were not assured that the provider was using PPE effectively and safely. On the day of the inspection we saw staff wearing masks incorrectly. We observed staff not putting on or taking off their PPE when entering a room where someone was isolating.
- We were not assured that the provider was preventing visitors from catching and spreading infections. Although the provider had a clear policy in place to ensure visitors were suitably checked. We observed visitors not wearing PPE during their visits and this was not addressed by staff or the management team.

Systems were either not robust enough to demonstrate safety infection control measures. 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.

The provider responded immediately after the inspection. They confirmed all the actions from the inspection in relation to infection prevention control were in place and suitable checks of the environment and staff were in place.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was admitting people safely to the service.
- 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.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Using medicines safely

- People were receiving the medicines they needed, although the medicine documentation was not

completed accurately. For example, medicine counts were not documented in line with the providers policy. The registered manager had identified this in a recent audit as a required improvement.

- Staff had received medicines training and where they were involved in administering medicines had competency assessments completed.

Staffing and recruitment

- The registered manager said there had recently been staff who had resigned, and they were actively recruiting. Staff said this had been difficult and at times left shifts short.
- People said that although staff were kind, they felt staff were always busy and we observed staff to be task focused. One person said, "Staff have not got time to spend with me, they work really hard."
- Staff acknowledged that staffing shortages had affected the morale, however, knew that the management were actively recruiting. One staff member said, "Staffing is a challenge for now because some staff have left and others going off sick. We are not always able to get agency cover and we sometimes have to manage with fewer staff on shift. Managers are trying to recruit over the required numbers so that we always have enough staff."
- Relatives felt the staff were knowledgeable and had the right skills. Staff had training that was personalised to people's needs. One relative said, "From what I've seen staff are very good at their job and well trained and available to do more training if things change."
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding concerns had been raised the registered manager had systems in place to ensure these were investigated and dealt with in an open and transparent way. Safeguarding concerns were shared with the relevant professionals including CQC and the local authority.
- Overall people and relatives spoke about how they felt safe whilst being supported by staff. One relative said, "Yes, they keep [person] very safe at all times. The home responded very well to the need to transition from living at home at very short notice. They even allowed [person's] live-in carer to come with them at first."
- Staff knew how to identify, and report concerns to management relating to abuse. They said they felt comfortable raising concerns and received support to do this. One staff member said, "I know how to report and escalate any abuse or neglect, but I have not yet felt the need to. I can report to CQC and the local authority safeguarding team. Staff know to report all incidents to senior staff and to ensure action has been taken to assess the person."
- Incidents and accidents were reported and investigated. This information was collected, and actions identified to share the learning from this.

Assessing risk, safety monitoring and management

- People had risk assessment in place that detailed key support needs such as, falls risks and risk relating to their health. However, staff did not always follow this. For example, someone needed specific equipment to help them eat. On the day of the inspection this was not given to the person, which resulted in them not eating their meal.
- We found some contradictions within the risk assessment which meant staff would not be clear how to support people. For example, it stated that one person had good eyesight, however further down this was something the person needed support with. When speaking with the person they said staff did not seem to listen to them when they said they needed information in an assessable format as they found it difficult to see.

Learning lessons when things go wrong

- Several examples were given where the staff were open about mistakes, concerns and accidents. They told us how they would learn from these and how these were shared with the staff team.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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; 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; Continuous learning and improving care

- The registered manager had quality assurance checks in place, this was through audits, spot checks, walk arounds and regular communication in team meetings. However, these audits they did not identify the issues found at inspection relating to infection prevention control. This meant people and staff were at increased risk of spreading COVID-19.
- There had been a recent change in management. Staff had acknowledged this change, however, did not feel this had affected the staff and felt supported by them.
- The management team continued to drive improvements ensuring people were at the centre of the support provided. For example, the registered manager had changed the time of lunch as they found there were not adequate gaps between breakfast and lunch which meant people were not wanting to eat their lunch.
- The registered manager and provider gathered information from care plans, recordings and feedback from staff to inform their quality assurance. This then fed into overall analysis and lessons learnt.
- Staff told us, and we also saw, the management team were visible in the home and was available if anyone needed to speak with them.
- The registered manager had a clear understanding of their responsibility of notifying CQC of reportable events.
- Relatives felt the management team were able to effectively manage the home and felt if they had concerns, they would feel comfortable raising them. One relative said, "[Registered manager] is open and honest although we have had a few concerns with support for [relative] but we had Zoom calls to sort through it."
- Professionals felt the management team were approachable, however felt that due to management changes and staff movement there was not always consistency in staffing which they felt could affect people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had an activity coordinator who was dedicated to ensure people had support with social engagement and were encouraged to maintain hobbies and interests, However some people said they felt

isolated and staff were very busy and did not have time to speak with them.

- Feedback from professionals stated they witnessed staff being kind and caring towards people and people appear to have full choice of their care.
- The registered manager had started to implement positive changes to the home, where they continued to have open conversations with the staff team to make sure the support became person centred. For example, the registered manager addressed the routines that had naturally been set within the home and spoke about being flexible and listening to what support people want and when.

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

- People were able to share their views and thoughts to improve the service by having drop in discussions with the management team, resident meetings and surveys. The registered manager had shown they listened to these suggestions and responded. For example, people enjoyed the managers forums that had been set up so people could have dedicated time to speak with the management.
- Relatives were kept informed and had regular open discussion with the registered manager through relative meetings. This continued through COVID-19 restrictions virtually.
- Staff felt they were listened to and were able to approach the management team to offer suggestions. One staff member said, "I can go to managers and share my views about the service. I feel I can approach managers and I can be open about my views. Staff suggestions are listened to and implemented if practical."

Working in partnership with others

- The registered manager often worked with other professionals to achieve good outcomes for people. For example, social working teams, occupational therapists and GPs. One professional said, "I have always thought this was an extremely nice nursing home and considered moving my own grandad in if he needed it. There is a lovely atmosphere. I do think the residents are well supported, and that care is person centred yes. I also think that individual residents' needs are taken into consideration when making decisions. I have not thought there were unnecessary restrictions."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were either not robust enough to demonstrate safety infection control measures. This placed people at risk of harm