

Watford House Residential Home Ltd

Watford House Residential Home

Inspection report

263 Birmingham Road
Shenstone Wood End
Lichfield
Staffordshire
WS14 0PD

Tel: 01213081342

Website: www.watfordhousecarehome.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Watford House is a residential care home providing personal care to up to 43 people in one adapted building. The service provides support to older people and younger adults, some of whom may have a physical disability or a diagnosis of dementia. At the time of our inspection there were 40 people using the service.

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

People were protected from the risk of harm and abuse by a staff team who knew how to recognise and respond to safeguarding concerns. There were enough staff to meet people's needs and these staff had been trained to assess and safely manage people's risks. Since the last inspection, systems to monitor the safe management of medicines had improved and people received their medicines safely. Staff members had been trained to follow effective infection prevention and control procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The quality monitoring systems in place were also much improved and supported the registered manager in driving improvement and providing good quality care. People, their relatives and staff were consulted about the care they received and spoke positively of the registered manager.

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 24 March 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service

We carried out an unannounced comprehensive inspection of this service on 1 March 2022. Breaches of legal regulations 12 (safe care and treatment) and 17 (good governance) were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-

led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

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 2 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

Watford House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Watford House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 3 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, a senior care worker, care workers, the maintenance person and the chef.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Environmental risks were assessed and managed safely. Regular checks, such as a daily manager walkarounds; weekly and monthly assessments took place to ensure the premises were safe and did not pose a risk to people living at Watford House. People had risk assessments in place to ensure any identified risks were recorded and planned for.
- Staff knew of people's individual risk assessments and told us about the actions they took to ensure they kept people safe.

Using medicines safely

- The systems used to ensure people received their medicine in a safe way had improved since the last inspection. A new electronic medication system was in place which had supported improvements to reduce the numbers of medication errors.
- Medicines were stored and disposed of safely. Medicine stocks were reviewed to ensure people had a safe amount of medication available to them at all times as required.
- There were 'PRN' protocols in place for people to receive medication on an 'as needed' basis which helped staff to determine the effectiveness and frequency of prescribed PRN medication.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People told us they generally received support in a timely way. We did not observe people waiting to receive care during our inspection. One person said, "There are always staff about."
- Staff were recruited safely, and appropriate pre-employment checks were carried out before staff commenced their employment at the home. For example, staff were subject to Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Watford House. One person told us, "I feel safe here. I was frightened before when I was living on my own. 2 other people we spoke with said, "Yes, we feel safe. Staff are friendly and they take care of you."
- Staff were trained to recognise and respond to concerns of abuse and felt any concerns raised would be addressed appropriately.
- People, their relatives and staff had access to safeguarding literature which was accessible around the home to enable them to report safeguarding concerns to the appropriate authorities in a confidential way.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

People had access to visitors as they wished as there were no visiting restrictions in place.

Learning lessons when things go wrong

- Improvements had been made throughout the home since the last inspection which demonstrated the registered manager's commitment to driving improvement and making Watford House a better place to live.
- There were other mechanisms in place to ensure other lessons were learned when things went wrong. For example, the registered manager reviewed accidents and incidents to assess for learning points and this learning was shared with staff to mitigate the risk of future occurrences. Further work was being completed around the recording of accidents and incidents to ensure the management team were able to fully analyse occurrences and evidence continued learning.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection there was not enough managerial oversight of the service, and environmental assessments were either not in place or robust enough to demonstrate their quality monitoring was effective. These issues constitute a breach of Regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Governance systems had been improved and were now used effectively to manage and oversee the quality and safety of the service. Audits were completed regularly by the management team or the maintenance person. The home was also subject to additional quality and safety checks by external organisations, which reinforced the effectiveness of the service's quality assurances processes.
- Staff were clear about their roles and responsibilities as there was a staff delegation scheme in place. A staff member said, "I work well with the senior care staff, and they let me know if there is anything I need to know there and then, such as changes to people's needs." The registered manager said, "I like to think that I lead by example, but the staff have structure and know what they are doing, and they are trustworthy. Staff can approach me at any time."
- The registered manager understood their registration requirements. The previous rating of the service was visible on the providers' website and on display within the service as required.

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

- The management team had worked together to make improvements across the service and spoke with commitment to ensure people living at Watford House received good quality care. The registered manager said, "We are a family run home and we operate a person-centred culture. It's a friendly, homely atmosphere. The provider is good, they never say no to anything we need; we continue to make lots of changes to make the home better."
- People and their relatives told us they thought Watford House was a nice, happy place to live where the managers were approachable and responsive. One person said, "I know the manager. They must be busy,

but they always have time for you. I feel if I have a problem, I could talk with them." A relative said, "I have no concerns; I would speak to them [manager] if needed as they are very approachable. They are straight on any issues and sort them out."

- Staff spoke positively about the management and the care people received. One staff member spoke about the improvements at the home and described Watford House as being, "The best it's ever been." Another staff member said, "If I need help, management are there and respond straight away. Staff morale is good, we get on and we like coming to work."

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

- The registered manager understood their obligations under the duty of candour and told us they operated in a way which was open and transparent. The deputy manager said, "We tell all the staff if things go wrong, we need to know about it so we can understand and say sorry."

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

- Some people said they had not attended resident meetings or were not formally asked for feedback about the home. Despite this, people said this was not an issue for them as they would raise issues if they had them and would speak with a member of staff.
- We did however review some minutes where resident meetings had been held. The registered manager had plans to further develop the opportunities for people to feedback and they shared with us ideas to ensure people's feedback was acted upon and outcomes shared with residents.
- Staff received daily handovers between shifts to ensure they were kept up to date with people's needs in order to be able to provide effective care.
- Staff received supervisions where they were able to share and give feedback about their professional and personal development.

Working in partnership with others

- The registered manager had developed positive working relationships with other professionals from different organisations to improve the quality-of-care people received. For example, GPs and social workers.
- Records we reviewed evidenced where other professionals had visited the home or where people had been supported to attend appointments with health and social care professionals in relation to their health and wellbeing.