

Carebase (Hemel) Limited

# Water Mill House Care Home

## Inspection report

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

Tel: 01442269888

Date of inspection visit:  
22 June 2016

Date of publication:  
21 July 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 22 June 2016 and was unannounced. At our last inspection on 14 and 16 July, the service was rated as requiring improvement. At this inspection we found that the provider had made the required improvements. Watermill House Care Home is a nursing and residential care home which provides accommodation and personal care for up to 65 older people. At the time of our inspection 61 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Identified and potential risks to people's health and well-being were reviewed and managed effectively.

Relatives and people were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People told us they felt safe, happy and well looked after by staff working at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's to access independent advice or guidance.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support they received. The confidentiality of information held about their medical and personal histories was securely maintained

throughout the home.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and professional stakeholders very were complimentary about the manager, deputy manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

## 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.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

### Is the service effective?

Good 

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

### Is the service caring?

Good 

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

# Water Mill House Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 22 June 2016 by 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 service. The inspection was unannounced. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 14 people who lived at the home, four relatives, six staff members, the registered manager and deputy manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person said, "Oh yes I do feel safe, it's a lovely place here, there is always someone around." Another said, "Oh yes, they look after us very well, its secure no-one can get in." A relative commented when we asked if they felt their relative was safe in the home, "oh yes without a doubt."

Staff we spoke with were able to demonstrate they could recognise signs of abuse and knew how to report any concerns they had. On staff member said, "I would always report any concerns to the manager." Staff knew how to escalate concerns and report to outside organisations such as: the local authority and CQC. A staff member said, "Yes people are safe here, we all know them very well and know how to keep them safe." We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home.

People who lived at Water Mill House told us that staff working at the home were good and delivered care and support in a safe way. Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were reviewed and all relevant pre- employment checks were in place before staff were allowed to start working at the home.

There was enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One person told us, "There seems to be enough staff." The Registered manager monitored staffing levels to ensure that there was enough staff to meet people's needs. They were able to demonstrate they had a system in place to ensure they provided sufficient staffing levels to meet people's needs. Staff we spoke with told us that there were enough staff. We observed throughout the day of the inspection that call bells were answered in a timely manner and staff were available to meet people's needs.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We observed staff administering medicines and we found that safe practices were followed and staff communicated well with people they supported. For example one person was asked if they wanted to take their medicines in a communal area. The staff member later explained that this was where the person preferred to take their medicine and did not mind when other people were around.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

For example, One person who had come to the home with pressure ulcers on their heels had been assessed by the nursing staff who liaised with the tissue viability nursing team and GP in order to develop a plan of care to prevent the ulcers deteriorating. The nursing staff at the home kept the ulcers under constant review which resulted with both ulcers healing.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used in the home was well maintained to keep people safe. For example fire alarms were regularly tested.



# Is the service effective?

## Our findings

People who lived at the home and their relatives were positive about the skills, experience and abilities of the staff. One person said, "I think they are well trained." Another commented, "The staff training, I don't know about that but I see them look after people well."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had capacity assessments and best interest meeting to ensure that their best interests were met. The registered manager had applied for authorisations to deprive people of their liberty where appropriate.

Throughout the inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "Routinely staff ask you if it's ok to do this at this time or that,." Another said, "I get myself washed and dressed, Staff always ask me if they can help but I like to do it myself while I still can. They [Staff] don't make assumptions." One staff member commented, "I always greet people first, then ask if they had a good night's sleep and ask if they are ready to get up. I always explain and seek permission even if they can't speak; I look for eye recognition and acknowledgement."

Staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member said, "My induction lasted over a week and I was shadowed until I felt confident." (Shadowed means new staff works with competent staff until they have the skills to work alone). Another staff member said, "My induction training included: safeguarding, infection control, Moving and Handling. I shadowed staff for a week." All staff received training relevant to their roles and responsibilities and regular updates in a range of subjects designed to help them perform their roles effectively. One staff member said, "We have competency checks." This was to ensure that staff maintained best practice when caring for people.

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example, Staff had national vocational qualifications and had training in understanding dementia.

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. Staff had regular supervisions where their performance

and development was reviewed. One staff member told us, "I have had supervisions and attended team meetings. We have a voice and we speak up." Staff we spoke with all confirmed they had regular supervision and meetings. Staff had the opportunity to attend regular meetings and discuss issues that were important to them and staff told us they felt supported. We reviewed the staff meeting minutes. We found that the topics presented which included: Uniform policy, time keeping, mental capacity act, the five key principles and other topics..

We observed lunch being served in two communal dining rooms and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Specialist equipment tailored to people's individual eating and mobility needs was available and used in a safe and effective way to help people if they needed this level of support. For example, we saw special beakers and plate guards in use.

Staff used a variety of effective communication techniques, to help people decide what they wanted to eat and drink. We saw that people enjoyed their meals in a pleasant environment with a relaxed, warm and homely atmosphere. The tables were laid with cutlery napkins and glasses. There were condiments on the table. We heard staff offering choices of drinks to people, "Would you like a drink of juice or water."

The chef was knowledgeable about people's nutritional needs and planned menu's to ensure people were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. One person said, "Lovely food all very good. Good choice, nice puddings. They do use lots of fresh vegetables." Another person said, "Food is good, always nice and warm. We really do get a good choice of food." People were invited to make a choice of food they were being offered even though they had indicated the day before what they wanted. This practice helped to ensure if people changed their minds from one day to another they could still chose what they wanted on the day. All people we spoke with told us they enjoyed the food and they get plenty to eat and drink.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. One person commented, "Yes they look after me very well, the doctor comes here weekly but if you need to see him or her in between times they will call them for you, no problem." One relative said, "Every Thursday the doctor is here." We saw that guidance provided to staff contained detailed information about how to meet people's care and support needs in a safe and effective way. Where people had difficulty with swallowing staff requested involvement from the speech and language therapy team to support the person's needs. People were supported with special diets where required. The registered manager told us that they reviewed this to ensure people were kept safe.

# Is the service caring?

## Our findings

People were cared for and supported in a kind and caring way by staff that knew them well and were familiar with their needs. One person told us, "They [Staff] are good and kind to me and they always ask me if they can help me."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people and were knowledgeable about their individual needs, preferences, likes and dislikes. We observed good interaction between staff and people. One person said "They [Staff] are all very nice and kind, I do get myself dressed and washed. They will help you but I like to help myself. There are no problems at all with privacy and dignity. They do always knock on my door before they come in." Another person commented, "No problems with these girls [Staff] at all, they are all good and kind. They give me a shower every day and a shampoo. There are no problems with privacy or dignity."

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person told us that they go to their bridge club on a particular day and staff prepares their lunch earlier than normal so they can attend their club. One person said, "I can't fault the place. The staff make you feel welcome and at home". They also told us that staff called them by their preferred name and supported them when they required their help.

We found that people and their relatives if appropriate had been fully involved in the planning and reviews of the care and support provided, there was good guidance made available to staff about how people wanted to be cared for. The deputy manager told us, "Care plans are reviewed with people and their relatives if appropriate, to discuss their care needs." Independent advocates supported people if required. The deputy manager confirmed that some people have appointed legal guardians to ensure their best interest was appropriately represented.

We found one person who had been moved to another unit, due to their needs changing. Staff had made sure this was done in a caring and thoughtful way. They ensured the person's personal belongings and photos were in place when they moved rooms. Before the move staff had arranged for them to have lunch in the new unit to enable them to meet staff and other people who lived at the home. This was done to ensure a smooth transition.

We found that staff offered care and support for people nearing the end of their life. Staff worked closely with staff from a local hospice to ensure the support and care people received enabled them to be comfortable and pain free. The registered manager confirmed that they have signed up to the Gold Standards Framework and the deputy manager confirmed they should be completed by December. Gold Standards Framework gives outstanding training to all those providing end of life care to ensure better lives for people and recognized standards of care.

The registered manager told us about one person who had moved into the home expected to be nearing the

end of their life. With the effective care and support their health improved and they were able with the support of the staff to attend the hair salon. This made the person feel dignified. Staff made arrangements for this person to have valuable telephone conversations with their relative who lived abroad before they died. The clinical nursing staff met on a regular basis to discuss and review people`s conditions. They developed hospital prevention strategies that took account of people`s preferred place of care and death, this linked in to the requirements of the Gold Standards Framework.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and independent advice, was prominently displayed and made available to people and their relatives.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. For example, One person's care plan gave guidance for staff on how best to support the person but also gave information about what the person enjoyed doing such as; spending time with other people and chatting about their life, looking at old photos and watching movies.

We looked at the care records for people. We saw that each person's needs had been assessed prior to moving in the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered to support people's needs. For example, we observed call bells were attended in a timely manner. We found that staff met people's individual needs. For example, people who needed support to reposition in bed, staff done this at the correct times. Nursing staff constantly checked if peoples' needs were met and if care staff completed the relevant documentation to reflect the care delivered. We found that turning charts were completed each time staff repositioned a person. Accidents and incidents were monitored to ensure people's needs were met. The registered manager confirmed they reviewed these to identify patterns and peoples changing needs.

The home had an effective communication system, handovers were in place for staff and all senior staff had daily ten at ten meetings. These meetings were attended by the manager and deputy manager to discuss any issues. Staff confirmed that they had hand overs prior to the start of their shift.

Opportunities were made available for people to take part in meaningful activities and pursue their social interests relevant to their individual needs and requirements, both in the home and in the community. One person told us, "We do go downstairs from time to time for knit and a natter." Another person commented, "I don't go downstairs to do knitting. If they are going out I will go with them. We have been to garden centres in the past." There was also a "Bistro" on site where people could meet to socialise and order refreshments.

Staff understood the importance of providing activities for people and that this was part of their role. They supported people with activities throughout the day. There were activity co-ordinators who organised the activity schedule; this was displayed on all floors and staff supported people to attend activities if they wished. There had been days out, previous trips included visiting: Garden centre, Cathedral and a boat trip. People had access to a well-equipped mini gym used for exercise sessions and a cinema room for weekly films.

People and their relatives told us they felt their views about their care were listened to. We found complaints or concerns raised were responded to in line with the provider's complaints policy. Information about how to make a complaint was displayed around the home. People we spoke with told us they had no reason to complain but if required they felt comfortable to do so. . We also looked at lots of compliments received.

## Is the service well-led?

### Our findings

People we spoke with felt that they were listened to and that staff and the managers were approachable. One person said, "The staff are excellent here, it feels like home."

The registered manager carried out weekly spot checks of the home and spoke with people and staff about their views and experiences. They also conducted environmental checks at the same time to ensure standards were maintained and people were safe. One staff member said, "I feel supported by the manager, deputy manager and seniors."

The registered manager told us that they have an open door policy and made them self-available to residents, relatives and staff. They had regular meetings to discuss issues and ideas and allowing staff to develop their ideas. For example, one senior told us that they had changed the way the staff were allocated on the unit as they felt the system in place was not as effective as it could be. Staff we spoke with felt the unit was managed well. One staff member said, "I feel supported by the manager, and seniors. "The change to the way staff were allocated, was made by the senior in charge of the unit, they told us that they felt supported by the management to make decisions and take responsibility for their actions. The registered manager told us, "We communicate well and staff are empowered to make decisions and share ideas." Staff we spoke with felt the registered manager was approachable.

Staff were supported with supervisions and regular meetings and the registered manager's door was always open. Staff were actively involved with their meetings; staff members presented topics for discussion. The registered manager told us this was to encourage staff to have a voice and to be involved. The registered manager said, "I feel supported as a manager, I have autonomy to make decisions and have people I can seek advice from if required."

The registered manager told us that they supported friends and relatives to understand dementia better. They used an independent organisation to talk and answer people's questions about dementia. They also advertised these sessions in the local community; people interested to learn about dementia were all welcome to attend. They also invited people to attend topics on finance management and understand the process of applying for power of attorney and the responsibilities involved in this.

The registered manager was supported by area managers and had regular meetings. The registered manager told us that the regional managers carried out monthly spot checks of the service to ensure that standards were maintained and improvements were made as required. Regular audits were completed all the information had been analysed and an improvement plan was in place detailing the actions required to make the improvements. For example, we saw the audits identified an area in the home where the carpet needed to be replaced. We saw that there was a time frame for this to be completed and the registered manager confirmed that this would be reviewed to ensure completion.

We found care plans were kept electronically and were reviewed monthly. Daily notes were updated throughout the day and care plans were person centred. We found that staff worked well as a team and all

staff we spoke with felt there were enough staff and there was always someone to turn to should they required support. A member of staff told us that seniors have been booked on train the trainer courses for dementia and Alzheimer's. This meant that they would be qualified to train staff about these subjects once completed.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We were able to see that positive actions were taken to learn from incidents. For example, when an accident had taken place the registered manager reviewed the circumstances and took steps to reduce the risks of these happening again and made sure that people were safe. We saw where people required support for their mobility this was reviewed and steps taken to ensure people`s safety. For example staff provided walking aids for people if their mobility declined and were not able to mobilise without the help of an aid.