

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](http://www.watfordhousecarehome.co.uk)

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## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Watford House is a residential care home providing personal and nursing care to 37 people aged 49 and over at the time of the inspection in one adapted building. The service can support up to 43 people.

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

Governance arrangements were not consistently effective in identifying gaps in training, accident monitoring and care plan details these issues and driving improvements. People had their needs assessed and plans were put in place to meet them. However, assessments and care plans did not fully consider people's protected characteristics.

Staff had an induction, training and the support they needed to carry out their roles, however training for administering specific medicine was out of date. This was put in place straight away after the inspection and we found medicines were administered to people safely.

People were protected from abuse and kept safe by staff that understood how to recognise the signs and report any concerns. Risks to people were assessed and plans put in place to mitigate these.

When accidents or incidents occurred, action was taken to reduce the risk of similar incidents happening again. People were supported by enough staff to meet their needs and keep them safe.

People were supported by consistent staff who knew them and their needs well. The home was adapted to meet individual needs.

Staff worked effectively with one another and staff sought support from health professionals as required to meet people's health needs.

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.

People were communicated with effectively and were involved in making decisions about their care. Staff enabled people to make choices for themselves and were respectful in how they supported people.

People were supported in a person-centred way and were provided with a variety of opportunities to take part in activities. There was a complaint process in place which people understood how to use.

The registered manager knew people and staff well. The registered manager responded to feedback and learning to make improvements to the service and worked in partnership with other agencies.

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.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 01 May 2019).

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

The inspection was prompted in part due to concerns received about staffing levels and the quality of care people were receiving. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective and well led sections of this full report.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Watford House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out 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 care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. Following the inspection, we spoke with eight relatives by telephone about their experience of the service. We spoke with seven members of staff including the registered manager, assistant manager, senior care workers, care workers and domestic staff.

We reviewed a range of records. This included four 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "If I was unhappy, I could speak to the staff or manager about it." Relatives also felt people were safe. One relative said, "I've got no reservations about her care. I'm more relaxed in my own mind; she's well taken care of."
- People were protected from the risk of abuse. Staff had received training and understood how to recognise potential abuse and could describe the actions they would take to report incidents.
- The registered manager was aware of their responsibilities and made referrals for investigation of incidents to the appropriate body.

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans were in place to reduce the risks, these plans gave clear guidance for staff.
- One person had risks to their skin integrity. The risks had been assessed and plans had been put in place to manage the risks. Other risks assessed and planned for included where people were at risk of falls and malnutrition.
- Staff understood how to manage risks to people's safety and could describe how they used people's care plans to guide them.

Staffing and recruitment

- People told us they had support from staff whenever they needed it. One relative told us, "There's always someone looking after [person's name]. The staff are marvellous."
- Staff told us there was enough staff to support people safely. We saw people did not have to wait for their care and support, staff were available to help them when they needed it.
- The registered manager told us, they had recently begun to use a dependency tool which had been provided for them following a quality monitoring visit carried out by the local authority. This helped them assess the staffing levels needed.
- People were supported by safely recruited staff. Systems were in place to ensure pre-employment checks were completed before staff could start work.

Using medicines safely

- People had their medicine administered safely. People told us they had support from staff with administering medicines. One relative told us, "[Person's name] is given what is prescribed."
- Medicines were stored safely, and effective stock controls were in place to make sure people had enough medicine.

- There was guidance in place for staff on how to administer people's medicines safely. Staff confirmed they understood the guidance and records showed this was followed.
- Staff had received training in medicines administration, staff required specific training for administering some medicines and we found this was not in date. The registered manager arranged this straight away and we found there had been no impact on people.

#### Preventing and controlling infection

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

#### Learning lessons when things go wrong

- There was a system in place to review accidents and incidents.
- The registered manager told us incidents were reviewed and where required actions taken to reduce the risk of reoccurrence.
- The recording of actions taken, and themes identified required improvement which the registered manager updated following the inspection.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and plans put in place to meet them. People and relatives where appropriate, had been involved in developing the care plans.
- However, care plans lacked details about people's social and emotional needs and aspects of their care related to protected characteristics. This meant people may not be supported in line with their wishes.
- Care plans were in place to meet people's individual needs for health conditions, mobility, communication and dietary requirements.
- Staff understood people's care needs including their protected characteristics and social and emotional needs. Staff also understood how these should be met and could describe how they used the care plans to guide how they offered people support.

Staff support: induction, training, skills and experience

- People were supported by skilled and experienced staff. People and relatives told us they felt staff understood how to support people effectively. One relative told us, "The staff are adequately trained, they know what they need to do. I'm quite happy."
- Staff told us they had access to training, and this was updated on a regular basis. We found training required for staff who administered specific medicines was not up to date. The registered manager arranged this training immediately for staff.
- Staff told us they had an induction into their role and the registered manager confirmed this included obtaining the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care.

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

- People were supported to eat and drink safely. One person told us, "The food is good, there is a good choice of meals, I love the cooked breakfast." A relative told us, "[Person's name] thinks the food is wonderful, they eat everything. The food is good, and they enjoy it."
- One person required a texture modified diet. There was guidance in place from a health professional in the person's care plan and staff were able to describe how they used this to support the person effectively.
- Where people were at risk of not eating or drinking enough there were plans in place that informed staff how to encourage them and staff could describe how they monitored people's intake. Records were also in place which confirmed people's plans were followed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to have consistent care. People and relatives told us most staff had been there for some time and really knew people well.
- We saw health professionals were involved in people's care plans and staff worked with these other professionals to provide consistent care
- The registered manager told us they had introduced a new handover document following feedback from a quality assurance visit. This had improved the information available to staff and improved consistency.

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

- The home was adapted to meet people's needs. The registered manager told us people had been involved in choosing how the home had been decorated. People confirmed they were happy with the environment.

Supporting people to live healthier lives, access healthcare services and support

- People had support to access health professionals when they needed them. One relative told us, "The staff called the doctor in and they get the nurse."
- Staff understood people's health needs and were able to share examples of when they had helped people to access the support needed from doctors, district nurses and other health professionals.
- Records showed where health professionals had given advice this was included in people's care plans and followed by staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and relatives told us staff asked for consent from people before giving care and support.
- We found the service was working within the principles of the MCA. People had their capacity assessed and where needed applications had been made for a DoLS.
- Where people were unable to make decisions for themselves decisions were taken in people's best interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us, "I am confident with the staff. They're extremely good and they are very kind to me too." Another relative told us, "The communication is good. They help [person's name] to use Facetime to speak to us. They sit with them when they do it, they can't hear very well, and the staff help them."
- Staff understood people's diverse needs and preferences. Staff knew people well and had good relationships with people and their relatives.
- We saw staff treated people with kindness. For example, one staff member spent time with a person who had become anxious, helping them to settle and reduce their anxiety.

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

- People were supported to make decisions about their care and support. One person told us, "I am quite independent, staff help me with the things I need, and I can choose things for myself." A relative told us, "[Person's name] makes their feelings clear and the staff respect that."
- Staff understood how to offer people choices. One staff member told us, "People can make their own mind up about things and choice is offered, even when we know they may struggle they are involved in the decisions."
- We saw staff offering people choices of where to sit, what to eat and how they wanted to be supported throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and were treated with dignity and their privacy was maintained. One relative told us, "The staff are respectful, absolutely. I can tell from the way they talk to [person's name]."
- Staff conversations about and with people showed us they were respectful in their interactions.
- Staff gave examples of how they protected people's privacy using screens and ensuring doors were closed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received care which was personalised from staff that understood their individual preferences. One relative told us, "If [person's name] wants to stay in bed they can. [Person's name] doesn't speak, so they can't tell staff what they want but they get to know what is wanted."
- Staff could describe how they supported people to receive person-centred care. One staff member told us, "We do know lots about people, like using the life story to understand when we need to make choices for people. This helps us know what people might want if they are unable to make the choices themselves."
- Care plans were in place to meet people's needs and had a regular review in place.

Meeting people's communication needs

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

- The provider was meeting the Accessible Information Standards. We saw there were assessments of people's communication needs and information was provided in an appropriate format.
- Where people's first language was not English there were clear plans in place to enable the person to communicate their needs and preferences to staff.

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

- People were supported to maintain relationships which were important to them. One person told us, "We haven't had visitors for a while, because of the pandemic, but staff have taken care of us." One relative told us, "They help [person's name] keep in touch. They helped with [person's name] mobile initially, but they can do it herself now."
- The registered manager told us they had changed the activities on offer during the course of the pandemic as outings and external entertainers had not been possible.
- The staff had arranged a series of in-house activities such as topic Tuesdays where different topics were discussed and slumber Sundays where people had a stay in their nightwear day.
- The provider had arranged access to a range of additional TV stations to allow people to watch films and a Tuck shop had run weekly for people to make small purchases.

Improving care quality in response to complaints or concerns

- People and relatives understood how to make a complaint. One relative told us, "I would go to the registered manager. They run the home and listen to you."
- There were systems in place to investigate and learn from complaints. The registered manager told us there had not been any formal complaints since the last inspection. However, they had an informal discussion about lighting, and this was replaced as a result.

#### End of life care and support

- Nobody was receiving end of life care at the time of the inspection. The home had considered people's future wishes, and some detail was documented in people's care plans.

# Is the service well-led?

## Our findings

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

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

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

At our last inspection the provider had failed to ensure effective governance arrangements were in place. This was 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.

- The audits and checks in place were not consistently identifying areas for change and driving improvement.
- Staff had not received an update to specialist medicines training they required. The provider's systems had not identified this. The training was arranged on the day after the inspection and took place quickly so there was no impact on people.
- Care plans lacked detail about people's protected characteristics and person-centred information which was known by staff. Some care plans had limited information about people's wishes, and preferences for social activity. The provider's systems had not identified this to enable actions to be taken.
- The provider's systems did not identify the process for learning from incidents and accidents was not effective in identifying trends or documenting when actions had been taken.
- The registered manager addressed these issues at the time of the inspection and confirmed systems would be updated to check these areas in future.
- The registered manager was able to share how they had made changes following the last inspection and how they had used feedback to make changes to the service, whilst some improvements had been made others were needed.

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

- One relative told us, "I've never seen staff be anything but gentle and caring." Another relative told us, "The staff are quite sensitive. They have a nice way about them."
- Staff were confident in their knowledge of people and expressed they were supported in their role.
- We saw there was a positive atmosphere amongst staff, the management team and people using the

service.

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 provider understood their responsibilities under duty of candour. We saw there was an open and transparent culture with appropriate information being shared.

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

- People told us they had opportunities to share their experience of care with the management team on a regular basis. One relative told us, "I have completed a questionnaire on a couple of occasions. Up to now I haven't been critical of the home, so making changes as a result doesn't apply. I've got every opportunity to speak though."
- Staff told us they could share their ideas with the management team and felt supported in their role.

Working in partnership with others

- The registered manager had engaged with the local authority following a quality assurance visit to make changes to the service.
- We saw the management team and staff worked in partnership with other agencies to ensure people had safe and effective care and support.