

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:  
30 May 2019

Date of publication:  
20 June 2019

## 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

About the service: Water Mill House provides accommodation, personal care and nursing care for up to 65 people. At this inspection 65 people were living at the service.

People's experience of using this service:

Everyone we spoke with told us they were happy living in Water Mill House. People felt staff were kind and their needs were met.

People's independence was promoted daily and people were supported to develop friendships. Staff promoted people's privacy and dignity and their choices were respected. Care and support were delivered in a personalised way by staff who knew people's likes, dislikes and preferences.

Risks to people's well-being and health were managed and reviewed to ensure people were safe and protected from the risk of harm. Staff received appropriate training and had their competencies assessed to ensure they were skilled and knowledgeable to meet people's needs effectively.

The environment was homely, clean and welcoming. Staff used effective infection control measures to protect people from the risk of infections. Appropriate equipment was in place where needed for people to receive support in a safe way.

People had opportunities to take part in organised group activities, pursue their hobbies and interests. Staff had a genuine interest to keep people involved and occupied.

People and relatives told us there were enough staff in the home to meet people's needs. People felt listened to and they told us they were happy living at Water mill House.

People, relatives and staff praised the registered manager for being approachable, supportive and placing people in the centre of the care and support they delivered.

Complaints and feedback from people and relatives were used in a constructive way and lessons were learned to ensure improvements were made.

The registered manager and the provider used a range of effective audits and governance systems to check the quality and safety of the care people received.

Rating at last inspection: Good (report published 22 June 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# 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. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Act, looked at the quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The 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: Watermill House Care Home is a nursing and residential 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 the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority and reviewed the commissioner's report of their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with six people who lived at the home, four relatives, five staff members, the registered manager and a manager from one of the provider's other care homes.

We looked at care plans relating to two people and reviewed records relating to the management of the service.

We carried out observations throughout the day and used the short observation framework tool (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their complex needs.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People had their individual risks assessed. Staff were aware of these risks. We observed staff supporting people safely and patiently.
- People had their individual evacuation needs assessed. Fire drills were practised, and staff were aware of how to evacuate people in case of a fire.
- Accidents and incidents were reviewed, and actions taken to ensure people stayed safe. This was reviewed by the registered manager to enable them to identify themes and trends.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe and knew who to speak to if they had any concerns. One person said, "I think this place is safe because of the staff and the design of the home the front door is always locked." Relatives and visitors told us they felt people were safe.
- Staff had received training regarding safeguarding people from abuse and there was information displayed around the home. Staff knew how to report any concerns they had. One staff member said, "I would always report any concerns to the nurse or my manager."
- The registered manager regularly walked the home checking for any issues and ensuring staff and people were safe.

### Staffing and recruitment

- Staff felt there were enough staff to meet people's needs. On the day of the inspection we observed staff responding to people's needs and call bells were answered promptly.
- One relative said, "As far as I can see there are plenty of staff here to look after [family member], both day and night."
- Safe and effective recruitment practices were in place to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

### Preventing and controlling infection

- Systems were in place to ensure infection control was sufficiently managed. The environment was clean and tidy.
- People were protected from the risk of infections, staff received training and followed guidance.

### Using medicines safely

- One person said, "I have my medication on time every day." A relative said, "[Relative] always receives their

medication on time.

- People's medicines were administered, stored and recorded safely.
- Regular checks and audits were completed to ensure staff followed best practice.
- People received their medicines when they needed them. We saw staff administering medicines in a calm and safe way.

Learning lessons when things go wrong

- The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.
- The registered manager confirmed that lessons learned were shared with staff at meetings and supervision. A quarterly magazine was sent to each team members home address. The publication included articles about successes, case studies about exceptional care provided to people and updates on key initiatives.



# 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.

Good: 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

- Assessments were completed to establish if people's needs could be fully met before they moved into the home. Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs.
- Care plans were reviewed regularly and updated when people's needs changed. Daily hand overs ensured updates about people's needs were discussed with staff. There were also daily meetings with senior staff to discuss people's changing needs.
- People achieved good outcomes which demonstrated that staff were delivering care and support in line with best practice.

Staff support: induction, training, skills and experience

- Newly employed staff had an induction training at the end of which they achieved the nationally recognised 'Care certificate'.
- Staff received appropriate training and support to carry out their roles effectively. People and relatives confirmed this. One relative said, "Staff are well trained, and they look after [name] really well." A staff member told us, "I had an induction when I started, and the training was good."
- Staff received regular supervisions where they received feedback about their performance and any development needs were discussed. The registered manager encouraged staff development.
- The registered manager confirmed there was a comprehensive training programme with a range of specific training workshops that was open to all staff. Training modules included, Fire Marshall, Train the Trainer, Dementia Care and Every Connection Counts. The programme is focused on improving people's life by ensuring all staff members create meaningful and purposeful interactions and connections every day with people.
- The registered manager also confirmed there was a nurse training programme to upskill nurses and included end of life care, syringe drivers, tissue viability and body mapping, percutaneous endoscopic gastrostomy (PEG). This is when people are fed through a tube directly into the stomach. Other training included the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and restrictive practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the food. One person said, "The food is always good, we get lots of choice." Another person said, "Food so far is excellent 10 out of 10."
- We observed lunch and people where required received support from staff and adaptive cutlery was used to promote people's independence.
- The chef had systems in place that ensured people dietary needs were managed safely and their nutritional needs were met. Kitchen staff had also received training in meeting people's nutritional needs in

workshops with leading Michelin star chefs.

- People had a good choice of food and specialist diets were catered for. Where people were identified at risk of malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician.

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

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked. One person said, "The staff are trained and qualified to keep me safe."
- People confirmed staff supported them when they wanted to be supported. One relative said, "I have total faith in staff. They are both very well trained and qualified to look after [family member]."

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

- The home was designed so that people could move around easily, whether this was independently or with the use of mobility aids. One person said, "I love my room." One relative said, "The premises are great, especially for wheelchair users." Another relative told us, "These premises are in beautiful surroundings with beautiful gardens both private and communal."
- Equipment was well situated to enable people to be independent where possible. There was good signage to support people to identify areas such as toilets.
- Designated dining areas meant people could enjoy a meal together if they wished. There were comfortable lounges and quieter areas with ample seating for everyone.
- There had been an indoor garden created and easy access to the main garden and rooftop garden, these were maintained to a good standard.
- The home had a bistro, this was a great place for people to get together, it was a friendly place to have some private time with their relatives and visitors. Relatives and people could also book a private dining area for families and friends to have social events in private.

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

- People had access to health professionals to help them live a healthier life. One relative said, "We know about [family member's] visits to health care professionals. [Staff] co-ordinates this activity and keeps me informed."
- There were regular GP visits. We saw evidence of other professional involvement in people's care to ensure people received the appropriate care and support to meet their health care needs.

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

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- Staff asked for people's consent before they delivered any aspects of their care. People were offered

choices and encouraged to express their wishes. Staff respected people's wishes.

- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. The registered manager submitted DoLS applications to the local authority to ensure that any restrictions to people's freedom to keep them safe was done lawfully.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed caring interactions throughout the day between staff and people. One person said, "I think the staff are very caring."
- Staff took time to support and reassure people where necessary. It was evident that staff knew people well and had developed relationships. One relative said, "They know [family member's preferences] that they used to have and try to continue their care in a similar fashion."
- People told us staff were kind and caring and nothing was too much trouble for them. One relative said, "The staff are magnificent. They are kind and caring."
- Relatives told us they appreciated staff's kindness and the attention they showed to people and this put them at ease. One relative said, "I cannot tell you how nice it is to have peace of mind when I am not here. [Staff] are kind and have an eye for detail. If something happens they let me know straight away. I trust them."
- Staff communicated effectively with people. If people were not able to express their wishes verbally. Staff looked for other signs like facial expression or body language to establish what people wanted. The registered manager told us about a training programme "Every Connection Counts". Staff used this training to ensure that people they cared for benefited from good care, not just in terms of their care needs, but their social preferences and lifestyle choices.

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

- People were involved with decision about their care, they could decide what care and support they needed. One relative told us that staff had discussed their family member's care plan and despite not going to any care planning meetings they had been invited and felt they had contributed to their care plan. The relative said, "[Staff] know what my [family member] likes from when they first arrived here."
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.
- Care plans were person centred and contained people's likes, dislikes and preferences. People received support that was tailored to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.
- People confirmed staff respected their dignity and privacy. One person said, "Oh yes the staff are very kind and respectful to me." A relative said, "The staff are very respectful of [name] privacy."
- Relatives and visitors confirmed they were made to feel welcome and had no restrictions on visiting times.

- Information about local advocacy services was available and people were supported to access independent advice and guidance where necessary.
- Records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People told us they received care and support as they liked it. One person said, "I do not need anything from them yet, I do everything myself. I am very independent."
- People told us that they enjoyed the activities provided. On the day of inspection there were board and indoor games, gardening, and a wine and cheese evening on offer.
- One person said, "I enjoy the activities here." We observed activities taking place throughout the day and people were seen to enjoy what was on offer.
- People's care plans were detailed, and person centred. Staff were able to tell us about people they supported. One person told us they had been involved with their care plan by helping to write it.
- Staff recorded in the daily notes about the support and care given.
- People received care that met their needs and took account of their preferences. One Relative said, "The support here is very good"
- People's relatives and visitors were happy with the care provided.

### Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person said, "I have never complained but if I did, they would take the matter very seriously. A relative echoed this view and confirmed they knew how to complain.
- People's relatives told us that they thought the management team were responsive.
- Complaints were responded to in line with the providers policy and monitored to help them address any themes and trends.

### End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes.
- Where people were nearing end of life action was taken to keep them as comfortable as possible and to remain at the service if this was their choice.
- The registered manager told us the home had been awarded the Gold Standard Framework accreditation. This is a special programme with specific emphasis on supporting people with specialist end of life care.

# 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.

Good: 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

- There were clearly defined roles for staff working in the home. Daily hand overs ensured staff had clear lines of responsibilities to effectively manage all aspects of the service.
- However, we found that documentation required for fluid and food intake to be monitored was not consistent. We spoke with one person we identified with inconsistent documentation with their food and fluid intake and were confident this was a documentation issue as people were being supported to eat and drink enough amounts.
- We spoke with the registered manager about the importance of accurate records to ensure people were supported appropriately.
- Following our inspection, the registered manager had discussed with staff the importance of good documentation. They also monitored food and fluid charts daily. People's individual nutritional needs are discussed at the daily 10 at 10 meetings. This meeting was used to discuss people's most up-to-date care needs. Night staff totalled up people's daily intake and this was discussed at the daily handover to ensure people's nutritional needs were met.
- Staff told us they felt valued and listened to by their managers. Staff received one to one support appropriate for their job roles. Staff were also supported to acquire and maintain skills and abilities to provide people with effective care and treatment.
- The provider was committed to supporting staff members with an employee assistance programme. This service was available to staff and their immediate family with access to support with personal or work-related issues.
- Nursing staff had support to maintain their professional registration and develop their knowledge in their areas of interest. One nurse said, "I am supported to remain registered as a nurse and receive lots of training."
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- Accidents and incidents were used as an opportunity for learning and improving. For example, the registered manager monitored falls for trends and patterns and ensured equipment including footwear and lighting were appropriate to keep people safe.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone we spoke with told us that the home was well managed. People knew who the managers were and who they could talk to if they wanted. One person said, "Yes, I know the manager."
- Relatives praised the registered manager for their leadership and having people's best interests at heart.

One relative said, I would very strongly recommend this home to anyone who needed one." Another relative told us, " Yes, I would strongly recommend this place."

- Staff told us the registered manager was visible around the home. Staff felt listened to and told us the registered manager's door was always open if they needed support.
- The registered manager felt supported and confirmed they attended management meetings, where they shared best practice and good ideas.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. There were regular meetings at the home where managers as well as staff attended. One person said, "I have filled out a questionnaire in the last 18 months. I am invited to residents' meetings but do not go."
- Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided. Information from these were used, if required, to identify improvement opportunities.