Carebase (Hemel) Limited

Water Mill House Care Home

Inspection report

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

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Ratings

Overall rating for this service

Is the service safe?	
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	

Overall summary

This inspection took place on 30 December 2014 and was unannounced. This was the first inspection since the service registered with the Care Quality Commission (CQC) in September 2014.

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 there were 28 people living at the home. There is a registered manager. 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.

CQC is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no applications had been made to the local authority in relation to people who lived at Watermill House Care Home. Staff were familiar with their role in relation to MCA and DoLs.

Summary of findings

Staff were kind and caring. They knew people well and were able to give a detailed account of their needs. Care plans were still in progress for people who had recently moved into the home and this was an area which the manager had identified to work on.

Staff were able to recognise abuse and knew how to report it appropriately. There was information available to support them with this. Staff had been provided with training to support them in their role, they also received supervision from their manager.

Robust recruitment procedures had been followed and the service was recruiting to ensure there were sufficient staff available as the beds became occupied. Some people told us that at times staff were busy and were unable to meet their needs. On the day of inspection we saw that people had their needs met in a timely fashion. However, we brought this to the manager's attention to ensure this was monitored during the transitional period.

People's bedrails did not always have the appropriate equipment and they were not correctly assessed prior to using them. We looked at the management of medicines and found that this required improvement, in particular in relation to recording administration and the management of controlled drugs.

People had access to health and social care professionals and they were supported to maintain good health. They were positive about the quality and quantity of food and drink available. The food looked appetising and those who needed support with eating and drinking received support in a timely and sensitive way.

People and their relatives felt listened to and the manager took all complaints or concerns seriously and responded to them appropriately. Quality assurance processes were in place and these were used effectively to ensure the continued improvement of the service.

At this inspection we found the service to be in breach of Regulations 9 and 13 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People felt safe at the home. Risk assessments did not always ensure that people were cared for safely

There was a robust recruitment procedure and sufficient staff available to support people.

Medicines were not always managed safely.

Is the service effective?
The service was effective.

People were supported by staff who had received the appropriate training and supervision.

People's consent to care and support had been obtained in line with the MCA 2005

People had a balanced and nutritious diet.

People were supported to maintain good health and had regular access to professionals.

Is the service caring?
The service was caring.

People were involved in planning their care.

Staff were kind and caring. They were knowledgeable about people's needs and preferences.

People told us that they were happy living at the home and they were treated with dignity and respect.

Is the service responsive?
The service was responsive.

People received care that met their needs and had been involved in discussions about how their care delivered.

People felt listened to as they were able to raise issues and provide feedback.

Complaints were taken seriously and responded to appropriately.

Is the service well-led?
The service was well led.

The manager and staff team were committed to providing a high standard of care.

There were effective systems in place for monitoring the quality of the service.

Action plans were developed and completed where improvements had been identified.

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 and to look at the overall quality of the service.

This visit was carried out by an inspection team which was formed of two 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.

We had not requested a 'provider information return' (PIR) at the time of the inspection, therefore the provider had not completed this form. The PIR is a form that asks the provider to give some information about the service, what the service does well, improvements they plan to make and how they meet the five key questions. However, before our inspection we reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 17 people who lived at the service, five relatives and visitors, seven members of care and nursing staff, an activity organiser, a housekeeper and the registered manager and business manager. We received feedback from health care professionals.

We viewed four people's support plans and five staff files. We used the Short Observational Framework for Inspection (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 complex health needs.

Is the service safe?

Our findings

People told us that they received their medicines regularly and that they were kept free from pain. Staff told us that they had received training in relation to the administration of medicines and were supervised by the senior staff members.

However, we found that the medicines were not always managed or administered safely. We counted boxed medicines and found that the quantities in stock were different to what was recorded. This meant that people may have missed doses of medicines. We also found that the Medication Administration Record (MAR) charts were not clear, some quantities had not been recorded and handwritten entries were not countersigned. Countersigning handwritten entries is good practice to minimise the risk of errors.

We found that the register for controlled drugs had not always been completed correctly when medicines had been administered. We also saw that one of the controlled drugs administration instructions was different on the MAR chart to that which was printed on the medicines label. The medicines had been dispensed in accordance with the MAR and not the medicines label for six days. However, we also saw that on one occasion the dose on the label had been dispensed but the record had completed incorrectly. This meant the person had received the incorrect dose of the medicine for a week. This matter had not been recognised by the staff responsible for medicines. This meant that people had not always received their medicines in accordance with the prescriber's instructions.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks to people's individual health, safety and welfare were assessed prior to admission to the home. Following admission, the identified risks were monitored to ensure that the initial measures put in place to minimise and manage the risk remained appropriate. Risk assessments were updated to reflect changing needs following further assessment or incidents such as a fall.

Incidents and accidents were monitored monthly to identify any trends and then shared with the staff team. However, we noted that some people had bed rails on their beds and these did not always have the required bumpers to minimise the risk of entrapment. In addition, bed rail assessments we viewed had not always been completed correctly and therefore the actions needed to ensure the people's safety had not been identified or completed. We brought this to the manager's attention who assured us that this was to be rectified immediately following our inspection. However, at the time of our inspection people were at risk of entrapment due to ineffective assessments and equipment not being used safely.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the home. They told us that the staff were friendly and approachable. One person said, "It is a nice and safe place." Another said, "I like it here. No one forces you to do anything."

Staff had received the appropriate training to enable them to recognise and respond to an allegation of abuse. One staff member said, "I just wouldn't ignore it, I'd absolutely report it." They went on to say they would report to their manager or to an external agency. Staff knew how to contact the local authority or the Care Quality Commission (CQC) and information to support this was available to them. We saw that safeguarding people from the risk of abuse and whistleblowing procedures were discussed during supervision and at team meetings. We found that the staff had responded appropriately to an allegation of abuse recently.

The manager monitored the safety of the premises and we saw from records that there was a schedule to continue these checks in accordance with safe working practice and guidelines. For example, fire safety checks. Health and safety information was displayed for all to follow and staff were clear of their responsibilities in relation to emergencies.

People who lived at the service and their relatives told us that there was enough staff to meet their needs. However, some people told us that at peak time's staff were often too busy to meet their needs promptly. They told us that this affected them in particular when they needed to use the toilet. One person said about the staffing levels, "It's not the quality, but the quantity." One relative told us, "Sometimes you can't find anybody."

In contrast, on the day of our inspection we saw that people's needs were met in a timely way, however, we observed that some people were still receiving their breakfast at 11am. Staff told us that sometimes people had

Is the service safe?

breakfast late and this depended on what happened on the day and what time people chose to get up. The manager told us that they didn't wake people, but that they got up and had breakfast when they wanted to. People we spoke to confirmed this.

The manager told us that staffing levels were calculated according to people's needs and as it was a new service, each new admission could result in an increase staffing numbers. The manager also told us that as staff team became more established there would be further reviews of the deployment of staff and the skill mix. The staffing hours were monitored each week by the business manager to ensure that they did not fall below the required hours. We viewed the rota and saw that all shifts were covered either by permanent staff and when needed, agency staff. As part of the continuity plan, other staff, such as housekeepers, were trained to support the care staff as needed. We spoke with the housekeeping staff who were able to tell us what people's needs were and observed them interacting well with people.

Most of the staff told us that staffing numbers were sufficient to meet people's current needs. Agency staff told us that they provided support at the home regularly and received up to date information to meet people's needs. They told us that they worked closely with permanent staff that supported them well. We observed this in practice. Staff told us that they had provided references and employment history prior to starting work. Staff had been employed using a robust recruitment procedure and personnel files included information on the checks that had been carried out prior to employment.

Is the service effective?

Our findings

People told us that they felt staff were skilled in their role. One person said, "They know what they're doing." The manager told us that they were able to train the staff team prior to them starting and take time to ensure they were properly prepared to meet the needs of people they supported.

Staff told us that they had received training in subjects appropriate to the people they were caring for. In addition, they had received training in specialist subjects such as communication, person centred care and managing challenging behaviour. The manager told us this was to ensure a standard of care which was expected was delivered. We saw that staff worked in accordance with training and supported people in a way that promoted well-being. Staff told us that they had learnt ways to support people with behaviour that challenges. They explained how they would identify triggers and respond to the person in the way they knew would work. They confirmed that they were taught how to complete the care plans to ensure all staff were aware of specific triggers.

All staff including housekeeping and kitchen staff, were trained to the same level. We saw housekeeping staff supporting people appropriately. This meant that other members of the staff team were equipped to support the care staff if the need arose.

Staff received regular one to one supervision and they told us that they felt supported. At supervision sessions staff discussed training needs, areas that needed improvement and their strengths. Staff told us that supervision provided an opportunity to test their knowledge and share updates to practice which supported them to stay updated with the latest guidance and practice.

People had given consent for the care they received. We observed staff asking people before supporting them and it was documented if they were able to give consent in their care plans. Where people were unable to give consent, a mental capacity assessment had been carried out. People were supported by a representative and, where needed, an independent mental capacity advocate. This ensured that people's rights were promoted and decisions were made in people's best interests. At the time of our inspection there was no-one who needed to have a Deprivation of Liberty Safeguard however the staff team were aware of the process to be followed if this changed.

People told us they enjoyed the food and there was plenty of choice. One person told us, "The food is superb." Lunch served was sandwiches and soup with the main meal being in the evening. However, we saw that there was also a hot option available at lunch time. All food looked appetising and people were supported appropriately. Both the care and kitchen staff were able to tell us about people's dietary needs and how they supported them to receive adequate amounts of food and drink. There was a record kept of people's food and fluid intake for those at risk of not eating or drinking enough. Drinks were provided regularly through the day; however, one person did tell us that they missed having a cup of tea first thing in the morning. We passed this on to the manager who told us this would be rectified.

People had regular access to health care professionals. We saw the GP and district nurse visiting during our inspection. Records showed that staff regularly contacted professionals if a person's health or care needs changed. Professionals spoken with were positive about the staff and the care that they provided.

Is the service caring?

Our findings

People who lived at the service and their relatives told us that the staff were kind and caring. One person said, "I couldn't ask for better." A relative told us, "They've been brilliant." We were told that some staff had gone "Out of their way" to support people.

People also told us that they felt their privacy and dignity were promoted. One person said, "All the staff treat me with respect." We saw staff treat people with respect and that they were discreet when supporting people with personal care tasks. Bedroom doors were closed for those who wanted it, and those people whose doors were open were kept covered up in line with their preferences, to promote their dignity.

Staff told us that they got to know people by asking them what they liked and what their wishes were. People confirmed that this was the case. One person said, "I have formed some friendships here." Staff were enthusiastic to get to know people and establish positive relationships. We saw that, although most of the people who lived at the service had only been there a short time, staff already knew them well which included the cook and housekeepers. When asked, they were able to tell us about people's histories and preferences. This meant that people were supported by staff that cared about them as people and knew what was important to them.

People were encouraged to maintain relationships with people who were important to them and the service had facilities to support this. For example, a private dining area where people could eat with their family and friends. We were also told that new friendships within the home had developed and staff were supporting people to form close relationships with each other if they chose to. Staff told us of two people in particular who had become friends and how they supported each of them if the other was out with family. One staff member said, "I was aware that they were missing [person] so I got them to help me with tasks until they returned. They were so pleased to see each other when [person] got home." Relatives told us that people referred to Watermill House as "Home" and that the staff had made them feel welcome. We observed this in practice. Staff told us that their role was not only to support the people they cared for but also their relatives who may need it.

People were supported at the end of their life to be comfortable and dignified by staff who were sensitive to people's needs and to others who may have been affected by losing someone they cared about. Although some of the plans we looked at did not include a full explanation of what the person's wishes were, staff were able to tell us how they would support them. The manager told us that they were still working to complete end of life care plans for people who had recently moved into the home. People who lived at the home and their relatives told us that they were asked about their end of life wishes and to contribute to their care plans by the staff.

Is the service responsive?

Our findings

People told us that they received care that met their needs in a way in which they liked and that they were asked for their involvement in planning their care. Relatives told us that they were also involved where appropriate.

Some of the care plans we viewed were not yet fully completed due to the short length of time people had been living at the home. The basis plans to ensure people's needs were met were in place but these were currently being worked on. While care plans were still not completed, staff were speaking with people and asking them what they wanted. Staff told us this information was part of the "Getting to know you" phase and helped shape the care plan. We observed staff asking people what they wanted and responding appropriately. Where people were unable to voice their preferences due to complex needs, staff liaised with relatives and referred to the pre-admission assessment.

Care plans for people who had been at the service for a longer period of time included accurate information and showed changes to the plan where their needs had changed. For example, a change to a person's weight had been reflected throughout the plan and actions set accordingly. Staff were aware of these changes and how to support people.

We observed an exercise class taking place. People who were taking part were supported to enjoy it at their own pace. We saw people who were in wheel chairs supported by staff to move their legs up and down in line with the exercise class and so they were not left out of the activity. We heard staff say, "Only do what you can." There was a dedicated activities organiser who people and staff spoke highly of. People told us that they were very good at getting people involved. They told us that they had recently been asked what their interests were and the activities organiser planned to add them into the new activities schedule. One person told us, "I've done flower arranging and knitting, that's my thing." We saw a new schedule in draft. It included people's hobbies and interests. The manager told us that the activity organiser's hours fit around the activities. This meant that they were available to provide activities for days, evenings and weekends.

The provider had a complaints process in place and people told us they knew how to make a complaint. We saw that complaints or concerns that had been made had been appropriately investigated and responded to. We saw that a person had raised a concern in relation to the time their room was cleaned in the morning. We saw that the housekeeping staff had rearranged their cleaning schedule so that the person's room was cleaned that they preferred. The person was satisfied with the result.

People who lived at the service and their relatives told us that they had taken their concerns to the manager. They told us that the manager was happy to meet with them and that things had improved since doing so. Relatives also confirmed this and they felt that they were listened to. Staff also told us that they were made aware of changes to practice or improvements to be made following any concerns or complaints

Is the service well-led?

Our findings

People who lived at the home and their relatives told us that the manager had been approachable and willing to listen to them. One relative told us, "They were very open about how things were going and what improvements they will make." They went on to say that they were happy to meet with them and when they had met, the required changes had been made.

We saw from quality assurance records that the manager regularly spoke with people, their relatives and staff as part of their daily or weekly checks. There were action plans completed following these checks and a record of the actions being completed. We spoke with the management team who knew people well and the strengths of staff who were supporting them. Staff told us that the management team had been supportive and they would go to them if they had any concerns or questions. One staff member said, "The manager is very helpful and knowledgeable."

The manager was committed to setting a high standard at the service and staff shared this approach. There was regular support from the business manager and provider, who wanted to ensure that people received high quality care and staff felt valued. They told us that a happy supported staff team had a positive impact on people who lived there. One staff member told us, "It's the best place I have worked in."

There were a number of audits and checks carried out to assess the quality of the service. We saw that where issues had been identified, these were being worked through to ensure that standards were met or maintained. For example the manager had identified an issue where staff were unsure of the location of the first aid box so the first aid box signage had been replaced and policies updated with the location. Other areas of concern identified, such as ensuring daily charts were kept up to date had also been addressed with further plans in place to ensure these records were consistently accurate.

We identified that the medicines audit had not been effective as the manager had not identified concerns around medicine recording and monitoring of controlled drugs. We spoke with the manager who told us that they were not aware of the problem but would investigate and take action immediately. They told us that they had last carried out an audit in September and it had not highlighted any issues. An external audit which had taken place in November 2014 had identified errors on the MAR charts however had not identified issues with the management of controlled drugs. The manager confirmed that going forward confirmed that they would carry out the medicines audit every week to ensure it was effective.

The service had only been open for three months at the time of inspection. However, staff meetings had been held to ensure that the staff team were aware of what was required of them and any lessons learnt during the opening phase were shared to avoid recurrence of issues. There was also opportunity to share positive feedback and good practice. We saw this in staff meeting notes. The provider, manager and staff we spoke with told us that they took any feedback on board to enable them to improve the service for the people that lived at the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not ensure that people were protected against the risk of ineffective assessments and unsafe use of equipment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not ensure that people received their medicines safely.**