

The Worthies Residential Care Home Limited

The Worthies

Inspection report

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Date of inspection visit:
18 October 2016

Date of publication:
12 December 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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

We undertook an unannounced inspection of The Worthies on 18 October 2016. When the service was last inspected in April 2015 three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. We found that suitable arrangements were not being made for the management of people's medicines and also in relation to cleanliness and infection control. Systems for assessing and monitoring the quality of the service were found to be ineffective. These breaches were followed up as part of this inspection

The Worthies provides personal care and accommodation for up to 26 older people. At the time of our inspection there were 22 people living at the home.

A registered manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the home is run. The registered manager was on long term planned leave at the time of our inspection. The home had notified the Commission of this absence and had suitable managerial arrangements in place.

At the last inspection in April 2015 we found that suitable arrangements for the management of people's medicines and cleanliness and infection control were not being met. At this inspection we found improvements had been made in both areas to meet the regulations. However, we did find some recording omissions and inaccuracies in regards to people's medicines which we brought to the attention of senior staff.

People had assessments in place to minimise risk and there was suitable guidance for staff in risk management. Staffing levels were safe. People and relatives told us there was enough staff to deliver care and support effectively. The home ensured people were safe by having thorough recruitment procedures. This was followed by an effective induction, supervision and training programme to ensure staff were skilled and well supported in their role.

Senior staff were aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The home kept clear records of how conditions attached to a DoLS authorisation were being met. People's capacity had been considered and documented in care records. When a best interest decision was needed, this was fully documented with the involvement of family and health or social care professionals. Staff were confident in their knowledge of DoLS and the Mental Capacity Act 2005.

We observed good relationships between people and staff. Staff knew people well and ensured there was a happy and positive atmosphere within the home. Positive comments were made by people and relatives

about staff's kind and caring approach.

Staff were responsive to people's care and support needs. Care records were person centred, showing people's personal preferences. Staff supported people to be involved in a range of activities both within the home and in the community. People were involved with decisions made at the home.

At our last inspection in April 2015 we found that systems to monitor the quality of the home were not effective. We saw that the home had reviewed and implemented changes to their systems as detailed in the action plan they sent us. We received positive feedback about how the home was led and run. Regular staff meetings were arranged and there were effective communication systems in place. Feedback was sought from people, staff and relatives. Any areas that required further follow up were thoroughly completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The home was not consistently safe around people's medicines.

Risk assessments were in place to help keep people safe whilst promoting independence.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures and checks were followed. Staffing levels were safe.

Is the service effective?

Good 

The home was effective.

The requirements of the Deprivation of Liberty Safeguards were being met.

The home worked within the principles of the Mental Capacity Act 2005.

Staff received effective induction, supervision and training.

People's nutrition and hydration needs were met.

Is the service caring?

Good 

The home was caring.

People and relatives spoke positively about the staff at the home.

Staff had good relationships with people and spoke to people with kindness and respect.

People's visitors were welcomed at the home.

Is the service responsive?

Good 

The home was responsive. Care records were person centred.

Activities were provided in accordance with people's wishes.

The home acted on suggestions and feedback gathered.

The home had a complaints procedure and ensured complaints were responded to thoroughly.

Is the service well-led?

Good ●

The home was well led and managed.

People spoke highly of how the senior staff member ran the home.

Feedback was sought from people, relatives and staff and was individually followed up.

Effective communication systems were in place for staff.

There were systems in place to monitor the quality of care and support provided to people.

The Worthies

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with five people living at the home, one relative and five members of staff. After the inspection we spoke to a further three relatives. We looked at three people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Is the service safe?

Our findings

At the inspection of The Worthies in April 2015, we found that suitable arrangements for the management of people's medicines and cleanliness and infection control were not being met. In June 2015, the provider sent us an action plan setting out how they would achieve compliance with the regulations. During this inspection in October 2016, we found the provider had taken the action they had planned in order to meet the regulation. However, we did find that some improvements were needed in the recording of medicines.

Medicines were checked and signed onto the Medication Administration Records (MAR) by a senior member of staff. We found one MAR chart with a recording omission when a person had been in hospital for three days and this had not been recorded accordingly. In addition their 'as needed' medicine had been changed to be given regularly twice daily and this had not been clearly recorded so staff would be aware and as a result it had not always been given as directed for five days. We also found that a refrigerated medicine had not been dated when opened. This medicine stated it needed to be disposed of 28 days after opening. This medicine had not been carried forward on the MAR record, so the amount of tablets the person had in stock was incorrect. A senior member of staff corrected these issues immediately after our inspection and we saw documentation of this. We were also informed that the medicines audit system would be reviewed to improve its effectiveness.

Medicines were received at the home every four weeks and stored in a secure trolley and cupboard. The MARs showed information about the person such as their GP details and any known allergies. MARs contained an up to date photograph of people, although we noted three that did not. We were informed that these people did not wish for their photograph to be taken. A list of sample staff initials used for signing MARs was available in the folder. There was informative guidance for staff around each 'as needed' medicine. This detailed when a person may require the medicine and the potential dosage. People that had weekly medicines administered had clear instructions listed at the front of the file about how this should be completed. For example, we saw a clear diagram and corresponding key for the administration of pain relief patches that are applied to the skin. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Registers of these medicines matched the stock numbers held. The temperatures of the medicines refrigerator were recorded daily to ensure medicines were stored correctly.

There were staff on shift during our inspection with the dedicated responsibility of keeping the home clean. These staff wore appropriate personal protective equipment to help prevent the spread of infection. We checked bathrooms and toilets throughout the home and saw that they were cleaned and well maintained. The laundry area was viewed. New washing machines had been purchased and arrangements made to store clean and dirty laundry separately. However, the laundry area was cluttered with other items that needed to be stored elsewhere such as duvets and pillows. These could create a fire risk. A senior staff member said this would be addressed. The home did at times have odours that were noticeable. A relative also told us, "The home sometimes does smell a bit."

People told us they were happy and felt well looked after at The Worthies. One person said, "The staff are

pretty good and I feel safe here."

The access to the front door of the home was not accessible. Parts of the front garden area were poorly maintained and the internal décor needed refreshing for example, tired carpets and chipped paintwork. One staff member said, "The front access is not good and the décor needs improvement." A relative said, "The garden at the front is unusable." Senior staff showed us the plans that were in place to make improvements to the external and internal environment. The home had consulted external professionals to gain advice on how to ensure these improvements met the needs of the people living at the home. For example, those living with dementia. We also did bring to a senior member of staff's attention two spillages that we had viewed. Spillages should be cleared up as soon as practical and a sign placed to warn people of the risk of slips and falls.

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults. This was confirmed with the staff with spoke with. Staff said they would report any concerns to a senior member of staff. One staff said, "I would report anything to a senior or a manager."

The home followed an appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. We did find one person who did not have proof of address recorded. A senior staff member said this would be addressed. We saw when the home's disciplinary procedures were needed; these were used as appropriate to address the concerns identified.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required. For example, a risk assessment detailed how to deliver safe personal care to a person. The assessment described how the person needed particular support with shoelaces and buttons.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed incident and accident records and saw a description of what had occurred, any injuries and the immediate action taken. For example, if further medical assistance was required we saw that actions were taken and recorded to minimise future risks. A full audit and analysis of any incident and accidents was completed on a monthly basis. A senior staff member had evaluated the findings to identify any trends and record any explanations.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. Relatives and staff told us that the home was well staffed. One relative said, "There is always enough staff on." Another relative commented, "There is continuity of staff." Staff told us that a new system around staff taking holiday had been implemented to ensure there was only one member of staff on holiday at once. One member of staff said, "Staffing levels are well balanced."

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. We saw that at a recent fire drill in October 2016 observations were made of the evacuation procedures to ensure they were effective. People had an up to date individual

emergency evacuation plan in place. This showed the mobility equipment and support needed for each person to remain safe during an emergency evacuation. The home also had an emergency plan in place, which had been reviewed in May 2016. This outlined the procedures staff should take to keep people safe within an emergency situation such as a water leak, the lift breaking down or severe weather.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, water safety, the lift and mobility and transfer aids. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. In April 2016 the home had an external health and safety audit completed.

Is the service effective?

Our findings

People received effective care and support. We observed people being supported as directed in their care records. Staff were knowledgeable about people's care needs and were well supported by senior staff. One relative told us, "They seem to be looking after her well." Another relative commented, "I am very happy with the home."

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.

Senior staff had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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 were being met.

A senior staff member had made appropriate applications for people living at the home and these were currently being processed by the local authority. One person had an authorised DoLS. We found the conditions specified within the authorisation were being met and records showed how these were being met.

Care records showed that people's capacity had been considered. When a best interest decision was needed records showed who had been involved in making the decision and why that decision had been reached. For example, we saw a best interest meeting held about a person's medicines. This clearly showed the reason why the decision had been agreed.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. One member of staff said, "We assume that people have capacity. If not a process has to be followed to make a best interest decision." Staff told us how they supported people within their daily living to make choices in regards to their clothing and meals. One staff member said, "I show people different clothing so they can choose what they would like to wear."

People's nutrition and hydration needs were monitored. We saw that people were regularly weighed. Care records described any support people required with eating and drinking. We observed staff supporting people as directed in their care records during a mealtime. Where there were concerns about a person's nutritional intake, referrals had been made to appropriate health professionals. We viewed four people's records that were having their food intake monitored, all were fully completed.

People commented positively about the food at The Worthies. One person said, "The food is alright, we have all sorts of stuff." One staff member said, "The food is very good." There was an informative noticeboard showing in words and pictures the meal choices on offer. This also showed the different snacks and drinks that were available throughout the day. For example, grapes, cakes and fruit juice. Before a meal we observed a staff member ask people their mealtime choice. We heard verbal descriptions of the meals being given. We also observed the staff member use pictures of the meals to support people in their decision making process. The staff member was patient and ensured people had the time they needed to make their choice.

People's appointments or contact with health professionals were recorded. For example with the GP or chiropodist. We saw that one person with a medical condition had a clear care plan in place which was also located with their MAR. This gave clear guidance to staff on the actions they should take to safely manage the health condition.

All the staff we spoke with confirmed they had received an induction, this was not yet aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. The home's induction consisted of mandatory training, orientation to the home and getting to know people and their support. All new staff shadowed a more experienced member of staff as part of the programme. One staff member said, "I felt confident at the end of the process."

Staff received regular on-going training in areas such as manual handling, dementia care and first aid. Staff commented that the training they received was good and the methods of presentation were interesting and informative. One staff member said, "Overall the training is good." We saw that senior staff members undertook practical observations of staff and tested their knowledge in areas such as medicines and fire safety. This was to ensure training had been effective and staff have achieved the level of competence expected. One staff member told us, "I was observed in my practice of administering medicines."

Staff said they received regularly supervision and appraisals and this was confirmed in the records we reviewed. One staff member said, "I have regular supervision. It helps, I can discuss any concerns or issues. I feel well supported." However, one staff member commented that, "Supervision can be repetitive." We saw that different areas were discussed within staff member's supervision and positive feedback given. For example in, training, performance and the staff members well-being.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person said, "Staff are always kind and polite." Another person said, "The service and the staff are lovely."

People told us they had good relationships with staff. One person said, "They [staff members] always know how to make us smile and laugh." Another person said, "The staff are easy to talk to." We observed staff talking with people and enjoying a joke together. One relative told us how important this was for their family member as they had been socially isolated before living at the home. The relative said, "She loves it there, there is plenty of company."

People told us their privacy was respected. One staff member said, "I always knock on people's door before entering." We observed people chose where they wished to spend their time, in their room or communal areas of the home. For example, one person enjoyed sitting alone on the patio area listening to their radio. One person said, "Staff give us space to spend time by ourselves in our rooms."

We observed staff undertaking an art activity with people. Staff were engaging with people about their paintings and gave positive feedback. One staff member said, "I like your flower." We saw staff chatting with people in a friendly manner, there was laughter and jokes. We observed that staff supported people in the activity, ensuring people could easily reach the paints and equipment.

We observed staff during a mealtime. People were very comfortable in the presence of staff. Staff knew people well and spoke to people about subjects that would be of interest to them. For example, songs and films. Staff came down to people's level where appropriate to speak directly and make eye contact. One staff member asked, "How are you today?" A conversation followed about the person's day so far. There was a happy atmosphere and fun conversation between staff and people. When one person became distressed a member of staff sat with them giving them reassurance and support. They found out what the issue was and informed the person how they could help.

People and staff described the home as having a homely atmosphere. One staff member said, "There is a good atmosphere here, it is friendly and happy." One person said, "We all get on together here and the staff get on with all the people here." A relative said, "Staff always have time, they are very kind and friendly. I know he is being cared for and he feels settled here because of it." Another relative said, "There is a lot of laughter within the home."

Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Not repeating private information about residents outside of the home."

The home had received positive compliments about the care and support provided at the home. One compliment read, "To thank-you all for your excellent care." Another compliment said, "A big thank-you to everyone for the care and support given to Mum during her stay with you."

Family and friends could visit whenever they wished. People told us there were no limitations on when relatives could visit. A member of staff said, "Our families can visit any time." During our inspection we saw several people receiving visitors. One relative said, "We can visit whenever we want, there are no restrictions." Relatives told us that staff were always very welcoming, they were offered drinks and staff were around to speak with if needed.

Is the service responsive?

Our findings

People told us the care and support they received was responsive to their needs. One person said, "We love it here. We have no complaints or problems." One relative said, "We are very pleased with the home and how [Name of person] is treated."

Care records contained an up to date photograph, if people wished and contact information for family members and health professionals. People's life history was described giving an insight into people's interests and areas of significance. For example, one care record noted, 'Likes DIY and hot air balloons.' Staff told us the care records ensured they were aware of what was important to people.

Care plans described people's personal preferences' and gave guidance to staff about how people wished to be supported. This included people's personal preferences and usual routines. For example, 'Likes to go to bed between 21.00 and 22.00.' Care records gave details on the level of support people required for different tasks. If people could undertake the task independently or the number of staff to support them safely. People's religious and cultural needs were identified within people's care records and how these were being met. For example, one person's religion which staff may be unfamiliar with was described within their care record. It explained the origins of the religion, main principles and how the person preferred to practice their religion. One relative told us how the home had responded when their family member indicated they only preferred particular staff members to deliver care and support.

People's support needs around communication were described in their care plan. This gave staff guidance on how to communicate effectively with people in their preferred way. For example, 'May not respond straight away. Staff must allow enough time for [Name of person] to respond.' People told us the home was person centred. Relatives and staff told us how people living at the home made their own choices about how they spent their time. One relative told us about their family member who preferred eating their meals alone and did not like to participate in group activities. The home respected this. We observed another person who enjoyed eating their meals outside on the patio area and the home facilitated this.

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. Regular reviews of people's care were arranged and recorded. Relatives told us they were involved in this process. One relative said, "There are reviews regularly which I am involved in."

We saw that people's rooms were personalised. People had their own furniture, ornaments and individual items. One person said, "We have our personal stuff in our rooms." People and relatives told us how they had benefitted from the recent refurbishment of the patio area in the grounds of the home. This was now accessible and attractive. One staff member said, "Residents enjoyed using this area when the weather was warm."

People spoke positively about the activities on offer at the home. Staff said they enjoyed supporting people within their chosen activities. We saw that activities such as singing, bingo, quizzes and cookery were

facilitated. People told us there were trips out and supported walks. We observed a music and sensory session being provided, with people singing and dancing. One person said, "This the happiest time of my day. I always look forward to these groups." In people's care records it detailed the activities that people had identified they enjoyed. A record was also kept of what activities people had participated in to ensure activities were meeting people's needs.

Residents meetings were held every three months. We reviewed the minutes of these meetings and saw people discussed and were asked for their opinions around areas such as activities, food and the environment. We saw that actions were recorded from the feedback received. For example, a trip to Weston-Super-Mare had been suggested and the dates for this trip noted. In May 2016 people had suggested they would like more variety of snacks. The home had responded by expanding the selection and displaying what was on offer on a daily basis on the menu board. There was also an information board in a communal room which displayed the date and staff members on duty.

The home had received one complaint in the last 12 months. We reviewed how the complaint had been fully investigated and a satisfactory outcome found. All the people we spoke with said they knew how to complain if the need arose. One person said, "I have never needed to make a complaint." Relatives told us they would feel comfortable to raise any concerns. One relative said, "If we had a problem we would just talk to someone." Two of the relatives we spoke with were unclear of the complaints procedure. A senior member of staff said this would be addressed to ensure all family members knew how to access the complaints procedure.

A fundraising coffee morning had been arranged for people and their families in October 2016. This was an opportunity for people, families and staff to meet together. A senior staff member said this was planned to be a regular occurrence. Relatives spoke positively about the morning and how it enabled them to feel involved in the home and get to know staff better. One relative said, "The coffee morning was really good."

Is the service well-led?

Our findings

At our last inspection of The Worthies in April 2015, systems for assessing and monitoring the quality of the service were found to be ineffective. In June 2015, the provider sent us an action plan setting out how they would achieve compliance with the regulations. During this inspection in October 2016, we found the provider had taken the action they had planned in order to meet the regulation.

People, relatives and staff spoke positively about how the home was run and managed. One relative said, "I am very satisfied with the home." Staff said the senior staff member managing the home was doing a good job. One staff member said, "She is very good, supportive and approachable. She gets involved and knows what is going on. You can raise any issues with her."

Regular team meetings were organised. We reviewed the recent minutes and saw that information was communicated and discussed with staff around areas such as standards of care, supporting residents and changes to internal systems. We saw that the meeting was also used to refresh and update staff's knowledge. For example 'a policy of the month' was reviewed with staff and a quiz was completed around medicines to check staff's understanding.

Information was communicated effectively to staff through a variety of systems. For example, through a diary containing appointments, and a written and verbal handover at the beginning of each shift. Relatives said staff kept them well informed. One relative said, "They always let me know anything that has happened."

People commented upon the good relationship of staff towards one another and how this reflected in the positive culture of the home. One staff member said, "The staff team works well together." Another staff member said, "It is a happy workplace."

People, relatives and staff had been invited to complete a feedback survey in either 2015 or 2016. We saw that overall results were positive. The feedback had been carefully reviewed. We saw that each relative had received an individual letter in response thanking them for participating in the survey and following up any areas that had been raised. This documented any actions that senior staff members had already taken. In one letter the home openly apologised that a family member had not been kept fully informed and explained the steps they had taken to ensure this did not reoccur. We saw in response to one person's feedback a meeting was held with them to discuss an issue they had raised and documented how this had been addressed to the person's satisfaction.

A senior staff member had systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records, medicines and accidents and incidents. Recent audits of care records checked to ensure care plans were up to date and that people had been involved with care planning.

Senior staff members ensured they kept their knowledge and practice up to date by attending local regular

provider forums and having achieved nationally recognised qualifications in social care. Senior staff also met with managers from other homes within the organisation every three months. This enabled good practice ideas to be shared and issues discussed. Senior staff said they were well supported by the provider who visited the home regularly. The provider undertook monthly quality monitoring of the home, actions taken as a result of these checks were recorded.

Senior staff understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. A senior staff member had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.