

Care UK Community Partnerships Ltd

Winchcombe Place

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Winchcombe Place is a residential care home providing personal and nursing care for up to 80 people. The home is in one building and provides care and support facilities over three floors. One floor specialises in providing care for people living with dementia. People had their own bedrooms with en-suite facilities and use of a private garden. At the time of inspection, the service was supporting 64 people in the home.

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

Medicines were not always managed in a safe way. People did not always receive their medicines on time. Records relating to medicines were inconsistent and did not always provide sufficient guidance to staff administering medicines. We also saw positive practice relating to the management of medicines. Staff were passionate about driving improvements regarding the use of medicines. Medicines were stored correctly.

Records did not always reflect people's individual needs and preferences. We could not be assured appropriate person-centred care and treatment was consistently delivered that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored.

Quality assurance systems were not always effective which meant that areas for improvement were not always identified to ensure continuous learning and innovation. Audits were not always effective and did not always highlight concerns found during inspection. There were some audits in place that were effective including the review and analysis of call bell response times and falls analysis.

Accidents and incidents were investigated, and lessons learnt were disseminated to staff. However, we found that actions were not always undertaken in relation to safe serving temperatures of food and drink. We have recommended that the provider seeks guidance in line with best practice and legislation on food safety and update their practice accordingly.

People's meal time experiences were positive. Staff were attentive, and people told us they enjoyed the food provided. However, we found that communication between staff about people's specialist dietary needs was inconsistent. We have recommended the provider seeks guidance to ensure it sufficiently monitors and manages the risks associated with people's dietary and nutritional specialist needs.

The provider used appropriate recruitment processes to ensure, as far as possible, they were suitable to work with people. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately by the registered manager.

People and their relatives knew how to complain and knew the process to follow if they had concerns. People, relatives and staff felt they could approach management with any concerns they had.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP, when needed. The service worked well with other health and social care professionals to provide effective care for people.

People experienced support that was compassionate and caring, from staff they had developed meaningful relationships with and who knew them well. Staff knew people well and understood their likes and dislikes. We saw evidence of people going on outings that they chose and that were important to them.

Staff understood the principles of the Mental Capacity Act and the importance of people making their own decisions. 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.

The service had regular residents and relatives' meetings as well as staff meetings to ensure there was opportunity to feedback about the home and that there would be a consistency in action taken. The staff team had handovers and daily meetings to discuss matters relating to the service and people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Inadequate (report published 22 March 2019).

We identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 (Person-centred care), Regulation 10 (Dignity and respect), Regulation 12 (Safe care and treatment), Regulation 16 (Receiving and acting on complaints), Regulation 17 (Good governance), Regulation 18 (Staffing). The provider was also in breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. The service was put into special measures and we imposed a condition on the providers registration.

During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in special measures.

Why we inspected

At the last comprehensive inspection, the service was rated as Inadequate and was put into special measures. Services in special measures are kept under review and are required to have another inspection within six months. This inspection was undertaken to ensure that improvements had been made by the provider.

Enforcement

At this inspection we have identified continued breaches in Regulation 9 (Person-centred care), Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety in the service. We will work alongside the provider and local authority to monitor

progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Winchcombe Place

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 two adult social care inspectors, a medicines inspector, an assistant inspector, a nurse specialist advisor 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

Winchcombe Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. However, the registered manager was unavailable for the inspection. During the inspection we were supported by the regional director, clinical lead, deputy manager, relief manager and quality and compliance manager. We will refer to them in this report as the management team.

Notice of inspection

This inspection was unannounced.

Inspection site activity started on 27 August 2019 and ended on 28 August 2019.

What we did before the inspection

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 looked at feedback and any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We used all of this information to plan our inspection.

During the inspection

We spoke to 11 people who used the service and nine relatives about their experience of the care provided. We spoke to 16 members of staff including the regional director, deputy manager, clinical lead, relief manager, quality and compliance manager, registered general nurses, care staff, house keeper and chef.

We reviewed a range of records. This included 26 people's care records and 17 people's medication records. We looked at seven permanent staff files and four agency staff records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, accidents and incidents, complaints, audits and quality assurance records 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. We requested feedback from eight professionals who have contact with the service. We received two responses.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant some aspects of the service were not always safe and there was inconsistent assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12(2)(g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12(2)(g).

- One person taking time critical medicines for the treatment of Parkinson's disease were not always given their medicines at the correct time. Records evidenced one person did not receive these medicines at the time they should be administered. We were informed by a staff member that this person was not always awake at the time these medicines should be administered and therefore did not receive them at the correct time. The staff member told us that discussions were taking place with a specialist healthcare professional. However, records did not support this. There was no additional information to support staff with how to manage these types of medicines or what to do if a dose is missed or delayed.
- People were at risk of being given medicines that they were allergic to. People's care records did not always match that of the medicines administration record (MAR). Where care records identified a person's allergy, this was not documented in the person's medicines records. This meant that staff administering medicine did not always have access to information about people's allergies to ensure that medicines being administered would not have an adverse reaction.
- Information to assist staff on when to administer 'when required' (PRN) medicines was not always detailed or person centred. There was not enough information available to support staff as to when to give the medicine and how much should be given if a dose was variable. This meant that people were at risk of not getting their medicines when they needed them or receiving medicines inappropriately.
- Covert administration is when medicines are administered in a disguised format. When people were given their medicines mixed in food or drink without them knowing (covertly), we found that there was no supporting information available to staff on how and when to safely give the prescribed medicines covertly. We also found that the information available in the care records around covert medicines did not match that on the electronic medicine administration record available to the staff administering medicines.
- The provider was working with the local supplying pharmacy on ensuring that people's medicines were dispensed in a timely way and had seen improvements. The providers medicines policy allowed the use of

'Homely remedies' also known as 'over the counter' medicines such as paracetamol.

- However, we saw that one person had not received their paracetamol for three days for pain relief. Staff informed us they had been told they could not use homely remedies. The management team advised that homely remedies could be used. Despite this, homely remedies had not been utilised which could have prevented this person from missing their doses of medication.

We saw no evidence that people had been harmed, however, the registered person had not always ensured the safe management of medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated a good understanding of medicines and took pride in the improvements in practice they had been developing since the last inspection.
- When medicines were prescribed for the control of psychological agitation or anxiety, staff took time to support residents through talking rather than medicating. When the medicines were needed this was used as a last resort, justified and documented appropriately.
- Medicines were stored safely.
- We saw evidence of staff leading the drive to reduce the prescribing of regular medicines with a sedative effect when they did not feel it was necessary for the person, in line with medical advice.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the registered person failed to ensure risks relating to the safety and welfare of people using the service were robustly assessed and managed. The registered person failed to suitably assess risks to the health and safety of people who received care and treatment and to do all that was reasonably practical to reduce and mitigate such risks. This was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements and was no longer in breach of Regulation 12 (1)(2)(a)(b).

- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, people's care records included risk assessments associated with people's mobility, their environment, eating and drinking, skin integrity, management of medicines and behaviours that might challenge.
- Staff demonstrated a good understanding of people's risks, and the actions they needed to take to keep people safe.
- Regular checks of the environment were undertaken to make sure the building remained safe for people to live in.
- Safety plans were in place to ensure people were evacuated safely in the event of an emergency. Equipment was tested regularly including alarms and firefighting equipment. Personal emergency evacuation plans were in place which identified the level of support people would need if they had to be evacuated from the service.
- Accidents, incidents or near misses that had taken place since our last inspection were investigated. Lessons learnt were discussed with staff to ensure people were provided with the correct and timely support that met their needs. However, we found that some actions identified were not always consistently followed. For example, following incidents relating to scalding some people had specific risk assessments completed relating to this risk. One person's risk assessment said, "Colleagues [staff] are aware of the temperature and leave enough time between the drink being poured and food being offered to [person] to reduce the risk of

scalding." However, we did not always see staff leaving anytime between pouring hot drinks and giving it to this person to ensure that it was safe to serve.

- When we spoke to staff about safe serving temperatures for hot food and drinks they were not always clear on what this should be.

We recommend that the provider seeks guidance in line with best practice and legislation on food safety and update their practice accordingly.

Staffing and recruitment

At the last inspection the registered person had failed to consistently ensure that sufficient numbers of staff were deployed to meet people's needs. This was a breach of Regulation 18 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 18.

- Staffing levels were based upon people's needs and were calculated using a dependency tool. We observed that staffing levels were appropriate to meet people's needs.
- Staff were deployed with the right mix of skills to deliver care and support to meet people's needs safely and we observed staff responded promptly to people's requests for assistance.
- We received mixed feedback from people regarding staffing levels. Comments we received included, "There's always someone about...", "Staff are rushed...they haven't got time to talk.", "It can be a wait to go to bed, there's not enough staff in evenings" and "[If I needed a staff member] they would come straight away."
- Staff gave us mixed feedback as to whether there were enough staff deployed effectively to meet people's needs. One staff member said, "Weekends sometimes can be a bit more of a struggle". Another staff member said, "Sometimes there are enough staff, I wouldn't say all the time, but we manage". Staff said the team worked well together to meet people's needs.
- The provider recruited staff using safe recruitment processes. These included seeking evidence of satisfactory conduct of staff's previous employment in health and social care, as well as disclosure and barring service checks (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with people who are vulnerable as a result of their circumstances.
- However, during the inspection we found that evidence of safe recruitment checks for temporary agency staff were not available. We found that the registered provider had not always assured themselves that agency staff had been recruited in line with the fundamental standards. We discussed this with the management team who were able to evidence safe recruitment checks following the inspection. The management team advised they would implement a system to ensure that all agency staff were recruited and checked in line with the requirements as defined in the Health and Social Care Act.

Preventing and controlling infection

At the last inspection the registered person failed to protect people from the risks associated with the spread of infections. This was a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvement and was not longer in breach of Regulation (12)(2)(h).

- People were protected from the risk of infection. Staff had received training related to infection prevention and control and followed good practice in their work, including wearing personal protective equipment, such as disposable gloves and aprons, to help protect people.
- We saw dedicated staff ensuring the service was kept clean, tidy and odour free.
- Appropriate action had been taken to ensure that the premises were safe to use.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe in the home. One person told us when staff are mobilising them, "I feel perfectly safe in the hoist with staff, they make sure the straps are on right."
- One relative told us, "I feel [family member] is safe here because they know her well." Another relative said, "I know [family member] is safe ...staff keep an eye on [them] all the time."
- Any concerns of a safeguarding nature were logged, investigated and actions taken to minimise the risk of reoccurrence.
- Staff completed safeguarding training and knew how to raise concerns. One staff member told us, "I would record it and raise it with management, I could also contact you [Care Quality Commission] if it wasn't investigated".

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 now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the registered person failed to ensure there were sufficiently competent staff who received appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 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 18.

- There was an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively.
- The provider's induction programme was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve.
- When required, staff received additional training in specialist areas relevant to the needs of individual people, such as training in caring for people living with dementia.

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

- Where people required specialist diets due to swallowing difficulties we saw this was documented in their care records and staff were aware of people's needs. However, when we visited the kitchen we found that kitchen staff did not have an up to date list of what specialist diets people required. This was also not available to staff during mealtimes. There was a risk people would not get the correct consistency of food to prevent them from choking.

We recommend the provider seeks guidance to ensure it sufficiently monitors and manages the risks associated with people's dietary and nutritional specialist needs.

- We observed the dining experience on both days of inspection. Tables were well presented, menus were on display and staff were observed showing people meal options on display plates to provide a visual

option of the food that they could choose from.

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.
- We observed staff regularly encouraging people to have their preferred cold drinks, to protect them from the risk of dehydration. Staff made mealtimes an enjoyable and sociable experience, with friendly conversation and discreet support when required.
- People told us on the whole they enjoyed the food provided and it was plentiful. Comments we received included, "I get enough to eat and drink" and "Food's quite good...always get a choice from the menu on the day. They come around with a sample."

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

- People's care needs were assessed prior to admission to the home to identify the support they required and to ensure that the service was meeting their individual needs.
- People's physical, mental health and social needs were assessed to ensure their care and treatment was effective and achieved their desired outcomes.
- Assessments and care plans were reviewed and updated as people's needs changed.
- Some people and relatives told us they had been involved in their care plan. One person said, "Yes, I am involved in my care plan...so I talk to staff and make sure things are right." A relative said, "Yes, I'm involved in [family members] care plan, they have showed it to me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff demonstrated a good understanding of people's medical conditions and how they affected them.
- Staff had worked with specialist healthcare professionals where necessary to develop care plans.
- A healthcare professional told us, "...a referral [was] made by the home in a proactive way... it was very beneficial for us to see [person] as soon as possible so the proactive way in which this referral was made was great."
- A relative told us that when they requested a specific healthcare appointment, "The home did listen and organise that for [family member]."
- We saw evidence in people's care records that referrals had been made to specialist healthcare professionals such as a dietitian and the speech and language therapy team.
- We observed health care professionals being contacted in a prompt manner when someone required specialist input.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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

- The home was a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors. The home had a cinema that showed films throughout the day and café where people, relatives and visitors could relax.
- The service was adapted to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available on all floors. Communal areas provided space for people to relax and were homely in character.
- Since the last inspection the provider had undertaken refurbishment work to make the home more dementia friendly. This included introducing memory areas within the home such as a post office that contained memorabilia and items that people could relate to and would find familiar.
- The provider had implemented aids that could support people with dementia in their day to day living and

promote their independence. For example, crockery, plates and bedroom doors were in contrasting colours to their surroundings to assist recognition.

- People told us they enjoyed the environment in the home. One person said, "The environment is homely and comfortable. It's what makes me feel safe."

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.

- Where people did not have capacity to make certain decisions for themselves, people had a capacity assessments completed that were decision specific.
- The registered manager had made DoLS referrals for people who had restrictions in place in relation to their care and accommodation. We saw where the applications were due to expire contact was made with the local DoLS team as per their procedures.
- Staff had a good understanding of the MCA and understood the importance of people consenting to decisions regarding their care.
- We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.

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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection the registered person failed to ensure people were treated with dignity and respect at all times. This was a breach of Regulation 10 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 10.

- Staff treated people with dignity and respect and maintained their privacy. One person told us, "They shut the doors and cover me up [when delivering personal care]." Another person told us, "I've got a stoma (a bag to redirect bodily fluids outside of the body), they are very tactful. One staff [member] walks by and always looks in, pats his side and asks me if I'm all right. We both know he's really asking if my bag needs changing, but no one else would know that."
- Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- People's care plans promoted their independence safely. People's abilities were reviewed and any change in their independence was noted.
- People looked well presented and cared for and staff recognised and promoted the importance of this for people.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Confidential records regarding people's care were stored securely to protect people's privacy.

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

- People told us they felt staff were kind and caring. Comments we received included, "Staff are very kind and approachable. We have a laugh, they're caring" and "Staff are very caring and helpful. They're very prompt if you ask for anything."
- Relatives told us they felt staff were helpful and caring. One relative said, "I like the fact staff always say hi, they do what they say, for example, they are going to cut [family members] nails this afternoon and I know they will."
- Staff spoke with people in a respectful manner and interactions were delivered in a smiling, calm, kind

and caring manner. One staff member said, "My favourite thing is making sure that the residents are happy and making them laugh. As long as they're happy, I'm happy." Another staff member said, "I like to sit with them [people] and ask about school, old friends, just get to know them".

- We observed kind and caring interactions between staff and people. Staff were attentive to people's needs.
- Staff spoke about people in a very compassionate manner and they were committed in providing a caring service.
- Staff received training about equality and diversity issues and understood how to support people's protected characteristics.
- Staff engaged in conversations with people about day to day life. We observed conversations where people spoke about their family and plans for the day.
- The home had received compliments from people or relatives of people who had received care at the home. They praised the staff team for their kind and caring approach.
- A health and social care professional told us, "The home has a good atmosphere and the residents [people] and staff have great affection for each other."

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

- Before providing support staff always said hello to people and sought their permission, explaining what was about to happen and offering verbal reassurance and encouragement if needed.
- Where possible and appropriate, people and their family members were involved in making decisions about care.
- Staff ensured people were able to express their views. They listened to people's views and respected them. One staff member told us, "If I go into a room I'd ask them if they're ready to get up, not tell them...it's their home at the end of the day, always ask them first before doing anything".
- People and their relatives were invited to attend regular meetings where they could share feedback and be kept up to date of events happening in the home.
- People and their relatives told us they were kept up to date of any decisions they needed to be involved in, or opportunities to express their views.

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 remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; 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

At the last inspection the registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 9.

- On the first day of inspection, we observed one person in their bedroom eating lunch, however, we saw that they were struggling to reach their food on the trolley table. They had spilt food on their clothing and on the floor and they were not wearing a clothing protector. Their care plan stated the person needed monitoring during mealtimes, however, staff had failed to do this. Staff had failed to ensure that they had responded to this person's individual needs in line with their care plan. We raised this with a staff member who provided assistance to the person promptly. We observed this person on the second day of inspection and found that they were being monitored appropriately.
- Care records did not always reflect people's needs or the care being delivered. Care records were at times conflicting and did not give a clear picture or accurate guidance for staff to follow. For example, one person's Eating and drinking care plan said, "[Name] should be at least hitting a fluid intake balance of 1600 mls in a 24 hour period." However, another section of this person's care record stated, "Daily target of 1000mls, needs prompting with fluids." This person did not have a record to identify what fluid intake they were having on a daily basis. It was unclear what level of fluid intake they should have due to inconsistent documentation.
- The provider had a policy in place for people who required end of life care support. People had specific end of life care plans in place, however, records did not always give specific detail how staff should support people with end of life care or in the event of a sudden death. This meant staff did not always have the information needed to meet people's needs. For example, one person's end of life wishes care plan stated, "Staff are to meet with [Name's] family to discuss plans or wishes [Name] might have." This action had been added to the care plan in April 2019, however, there was no record to show that this had been completed by

staff.

- Some care records in place for people were not person-centred. For example, we looked at three people's risk assessments in relation to the risk of eating hot food and drinking hot beverages. These care records were the same except the names of the individuals had been changed. They did not evidence the person-centred support and care the individuals would need regarding these risks.
- We saw that two people's care plans relating to their ability to use a call bell were the same with a name crossed out and another person's name added.
- We saw a number of activities being offered during the inspection. However, care records did not always fully identify people's interests and preferences in relation to socialisation and activities and it was not always clear how all people in the home were being catered for and supported to engage in activities of their choice. For example, one person's "Meaningful lifestyle" care plan stated, "Meaningful lifestyle team should find out how [Name] would like to spend [their] time at Winchcombe Place." There was no evidence that this had happened. There was no recorded evidence of what activities the person had been engaged in or offered. We discussed this with the management team who advised they were in the process of recruiting another staff member to support people around their meaningful lifestyles and activities.

The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we found concerns that not all people had their needs met in relation to social and recreational pursuits, we also saw evidence of positive interventions from staff. The home had implemented a scheme where people could ask for their 'wishes' to do a specific activity. We saw evidence where people had been supported to do these. This included taking a person to a donkey sanctuary. Another person was supported to go to a football game and was able to meet some team players. Another person was taken to a live music concert. We also observed group activities including arts and crafts and singing during the inspection.
- One relative told us, "Staff encourage [family member] to join in, they know she likes the bible study, the dancing toes, and the outings."
- We observed lots of meaningful interactions taking place between staff and people throughout the two days of the inspection. For example, one staff member was observed playing a board game with a person. The person was smiling and appeared to be enjoying this one to one activity.
- People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.
- Each person had a 'Memory Box' outside their bedroom door. These contained items that each person was familiar with. These included items such as art, photos of loved ones, places and poems.
- People and staff told us how the home encouraged people to celebrate special occasions such as, birthdays, Easter and Christmas.
- Staff knew people well and understood their likes and dislikes. One relative told us, "There's continuity of staff and I can chat to them." Another relative said about their family member, "[Family member] can have a bath but they know [they] prefer a strip wash. Staff are very friendly and approachable."

Improving care quality in response to complaints or concerns

At the last inspection the registered person failed to operate an effective and accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16

of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People and their relatives knew how to raise a complaint and were confident the service would take appropriate action if they did complain.
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- The provider had an appropriate complaints policy and procedure. This was accessible to people living at the service and others who had an interest in the service, such as relatives.
- The registered manager responded to complaints appropriately and in a timely way. Where learning was acquired through the investigation into the complaint, the registered manager shared this with people, relatives and staff, to ensure improvements were made.

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.

- People's care plans contained information about their individual communication needs. This helped ensure staff communicated with people in ways that they could understand. These needs were shared appropriately with others.
- Staff were aware of people's communication needs and whether people needed glasses or hearing aids to effectively communicate their needs.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement.

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 the last inspection the registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate. Ineffective audits put people at risk of potential harm, as areas for improvement had not been addressed to manage risks. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the provider had made improvement, however, there were still concerns and the provider was still in breach of Regulation 17.

- At this inspection we found that there had been some improvements made. For example, analysis of falls was being undertaken and actions were being identified to reduce the risk of people falling. However, there were still ongoing concerns regarding the quality assurance systems in place.
- The registered provider had failed to make enough improvement to their quality assurance processes to ensure the service was meeting all of the fundamental standards.
 - Medicine audits were being completed by the provider which focussed on the concerns found at the last inspection and identified areas of improvement. However, these did not identify all concerns found during this inspection. The provider had completed a Quality Improvement Plan on 19 August 2019, however, in the section for medicines, the registered person had failed to identify the concerns found during the inspection in relation to medicines.
 - Care record audits had been undertaken, however, these were not always completed in a robust and effect way. For example, a documentation audit had been completed in July 2019 on a sample of 6 people's care records. Ten areas were identified as "Non-compliant", however, the action plan for improvement only had two points identified. These were generic and did not identify an action to be taken. For example, the first point stated, "Risk assessments not completed correctly." The second point said, "Care plans not person centred or reflective of the condition."
 - There was no information about actions to address concerns or who would be responsible for such actions and in what time frame they should be completed by.
 - Systems in place were not effective to ensure staff were aware of what specialist diets people needed to ensure they received the correct consistency of food to meet their individual needs and keep them safe.

- Where actions had been identified following accidents and incidents, the registered person had failed to consistently monitor these to ensure they were effective.

The registered person failed to have effective quality assurance systems which meant that they could not always continuously learn, improve and innovate or assure quality and safety in the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection the registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had notified the Care Quality Commission of specific events in line with their legal obligations. This meant we could check that appropriate action had been taken.
- Following the last inspection, the registered provider had taken a number of positive actions to improve quality and safety in the service.
- We saw evidence of a number of effective audits that the management team had undertaken. For example, call bell response times and analysis and falls analysis. The management team had reviewed and analysed the information and set actions and areas for improvement which they were in the process of implementing.
- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people.
- Staff communicated effectively with each other in relation to people's changing needs and moods, to give them appropriate care and support.
- The management team ensured that effective handovers took place to ensure all staff were aware of any changing needs of people. One staff member told us, "It's like the cornerstone of every shift. We go through each resident one at a time, what's happened, if there are any issues. If there haven't been any issues we still talk about how they are".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- During the inspection, we found the management team to be accessible, honest and transparent. They were very passionate and committed to the service being delivered. There was a clear want to drive improvements within the service.
- A health and social care professional told us, "It's like a different home. The [management team] have been so open and have really worked well with us."
- People told us they were happy living in the home. One person said, "I would certainly recommend it [Winchcombe Place] because you feel safe, you're well looked after, there's always something to do."
- A relative told us, "On the whole, this place is 100% better than it has been, in every way."
- Staff were proud of the service they worked for and told us people received good care.
- During the inspection, the managers and all other staff spoke in ways that reflected their commitment to a high quality, inclusive and person-centred service. This had resulted in positive outcomes for people.
- Several staff praised the management team for supporting them compassionately and sensitively when they were experiencing personal difficulties. One staff member told us about one of the management team that they are, "Dedicated and very supportive." Another staff member said, "I feel very supported, we have supervisions regularly and I can ask if I need any more".

- One staff member told us about the registered manager, "If we've got a problem we go straight to her and it's sorted that day. If we're short on staff she'll come out on the floor and get in there and help and that's what you need in a manager".
- Staff worked in partnership with other organisations including local social and health professionals.
- People's care records reflected where professionals were actively involved in their care and appropriate information was shared with other professionals. This included GPs, chiropodist, mental health teams and opticians.

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

- Relatives were kept informed of any incidents involving their family member.
- Relatives told us they felt the service was committed, open and transparent. One relative said, "[Family member] had a fall a few days ago, they rang me straight away."
- Staff told us that they would not hesitate to inform the managers of any issues, concerns or errors.

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

- People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place periodically throughout the year.
- One relative told us, "I get a copy of the weekly planner by email so I can see what's going on and request [family member] to go on outings, which happens."
- Regular surveys were conducted by the provider to gain the views of people, relatives and staff.
- The staff team were motivated to provide care and support to people as their needs and health were changing and engaging them in how they liked things done.

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 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 RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. The registered person failed to consistently deliver appropriate person-centred care and treatment that was responsive to people's needs. People's end of life needs wishes, and preferences had not always been explored. Regulation 9(1)(2)(3)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person failed to ensure the safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person failed to ensure effective systems were in place to consistently assess, monitor and improve the quality and safety of the services provided. Service user records were not always up to date and accurate. Regulation 17(1)(2)(a)(b)(c)(e)(f)

