

Miss J R Hira

Winterton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Winterton House is a care home providing accommodation and support with personal care for up to nine people. On the day of inspection eight people were living there. The service is a detached house and each person had their own room with a small hand basin. There was a communal lounge, dining room, shower room and bathroom.

Our last inspection in January 2014 found that the service had improved, and met essential standards relating to the management of medicines, safety and suitability of the premises and supporting workers.

The service is not required to have a manager registered with the Care Quality Commission (CQC) as the service is provided by an individual who is the manager and registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager lives on site and provides much of the day-to-day care including the cooking and cleaning.

The service was calm and we saw people talking with each other over breakfast when we arrived. We observed that the manager and staff were kind and knew people very well.

People told us they felt safe and they had enough to eat and drink and that the food was good. They told us that staff were kind and caring. They told us they would tell the manager of any concerns and she would listen. The staff were caring and friendly in their attitude and approach. People liked the quietness of a small home environment. They told us that staff always knocked on their doors before entering.

People were helped to have health care checks and appointments were made for them as required. Relatives told us that the manager and staff were caring and kept them informed about their relatives. They told us they felt welcomed when they visited.

However, we found that people were not always safe in the service as fire exits and call bells were not appropriately maintained, and people were not protected against the risks of infection due to inadequate infection control practices. We found there were enough staff to meet people's basic personal care needs, but not enough to ensure people had a range of stimulating activities from which to choose. We also found that the manager did not have an effective system in place in which to assess, monitor and improve the quality of the service people received, and staff did not always have appropriate training to ensure their skills and knowledge were up-to-date. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. Equipment was not always kept safe and fit for purpose and, although shortfalls in the safety of the service had been identified, the manager had not always acted on them effectively.

The service placed people at risk because of poor practices relating to the prevention and control of infection.

The system used to check that staff did not have criminal records had not been kept up to date, and we have made a recommendation about this.

Requires Improvement ●

Is the service effective?

The service was not always effective. There was no robust training programme for staff to keep their knowledge up to date which meant that people were supported by staff who did not have all the skills and experience to support them safely.

People told us there was ample to eat and drink.

People were supported to have regular health checks in a timely manner and this promoted their health and wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring. People who use the service, their relatives and visitors were consistently positive about the caring attitude of the staff.

We observed that staff supported people in a kind and gentle way and were friendly in their approach.

Good ●

Is the service responsive?

The service wasn't always responsive. This was because people's individual care folders weren't always up to date and they didn't contain sufficient information to enable staff to provide a personalised service.

People were not always supported to pursue hobbies, beliefs

Requires Improvement ●

and interests.

Is the service well-led?

The service wasn't always well-led.

People were complimentary about the manager however the systems in place to monitor the service weren't effective and action was not always taken to address concerns.

The way the service was managed did not always identify or address risks.

Requires Improvement 

Winterton House

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.

This inspection took place on 3 May 2016 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we contacted the local safeguarding authority and the local authority commissioning team for their feedback about the service people received.

Prior to the inspection we had received one expression of concern about there not being enough staff and staff time being used to do domestic tasks rather than looking after people.

During our visit we spoke with six people living there, the manager, three staff and one visitor. We looked at six individual care plans, medicine administration records and a range of records relating to health, safety and maintenance of the service including audits carried out by the manager. We also looked at staff records. We observed how people were being cared for and talked to them about how they were being looked after. We looked at the environment including bedrooms, bathrooms and communal areas and garden. We observed staff providing care and support to people.

After the inspection we spoke with two relatives and one health care professional who visits throughout the year.

Is the service safe?

Our findings

People told us they feel safe. One person said, "I have been in other care homes and I have had to leave. It is calmer here." Another person told us, "I like the quiet."

Our inspection found that risks were not always managed safely in the service. While each person had a risk assessment in place to outline and mitigate the risks associated with people moving around the service, these were not dated and we were not assured these reflected each person's current needs. Records showed, and care staff confirmed, that they had not received sufficient formal training in how to use some equipment safely, such as a hoist for supporting people to move around. This lack of risk management and training for staff left people vulnerable to risk of harm.

We looked around the building and saw there were not sufficient systems in place to manage and monitor prevention of and control of infection. Staff told us they separated soiled laundry and soaked this in the bath with disinfectant before putting in the washing machine. As there was only one washing machine on a different floor this arrangement didn't lend itself to effective infection control.

We saw some shared toiletries in the communal shower room. We visited the staff toilet and saw there was a dirty towel for hand drying and no paper towels. We did not see any hand gel dispensers for visitors or information about correct hand washing techniques or infection control. When we arrived we saw that one staff member had a large tear in their uniform.

The environment was not safe because the upstairs fire exit was difficult to push open and needed to be replaced. There were alarm pull chords in the communal shower and communal bathroom but not in the individual bedrooms. Although there were hand-held call bell devices these could not be located in all of the rooms. There was a pile of newspapers in the communal lounge which posed a fire hazard.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that fire alarms were tested regularly and that there had been a recent fire drill. Fire extinguishers had been checked recently. Records showed that equipment was checked to ensure it was safe to use. Gas, water and electric services were checked by outside contractors to ensure they were functioning properly and were safe to use. Bath temperatures were recorded in people's individual care folders.

The manager checked to ensure staff were suitable people before they started work. Each staff member's personnel records contained an application form detailing their employment history in health and social care, references, a criminal record check and proof of the person's identity and right to work in the United Kingdom. However, we saw that criminal record checks were not periodically updated and so the manager did not have a system in place to check that staff continued to be suitable people to work with people in need of support, after they had been employed. We recommend that the service reviews recruitment

procedures to ensure staff continue to be suitable people to provide support, after they have been employed.

People were safeguarded from the risk of abuse, however there were no records to show that staff received appropriate safeguarding adults training and care staff told us they would "leave it to the manager to act." The manager told us she had last updated her safeguarding knowledge in March 2015. There had been no safeguarding incidents in the service recently. The manager demonstrated to us that she knew how to report any safeguarding concerns to the local safeguarding authority.

We saw that medicines were stored appropriately and that there was a regular audit of medicines by a visiting pharmacist. Records showed that staff supported people to take their medicines as prescribed. We saw that medicines were delivered in dosette boxes from the pharmacy and stored in a locked cupboard in a locked room. There was a lockable fridge in the room in which to store medicines requiring refrigeration.

Is the service effective?

Our findings

One person told us, "We have got nice people around us." Another person said, "The staff are pretty good, always polite."

Staff received appropriate training for their roles. Staff told us they learned from others on the job, and had yearly training in first aid, food hygiene, oral care and manual handling and the training was done in the service. However, there were no records of training and no training plan in place for us to see that staff learning and development needs were monitored and appropriate action taken when training requirements were not met.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people who lacked the capacity to make certain decisions were being supported and we found that the manager had an understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager ensured where someone lacked capacity to make a specific decision a best interests assessment was carried out. We saw mental capacity assessments in people's care plans. The manager demonstrated to us she knew what to do if a person needed to be deprived of their liberty for their own safety.

People told us they had plenty to eat and drink and had choices. We saw that people were encouraged to eat and drink. One person told us, "The food is very good." We looked at the kitchen and saw fresh fruit being prepared. Staff told us that although people had initially said they didn't like certain types of food when they saw others eating some different meals they asked to try as well and the meals served were changed as people's likes and dislikes changed.

Where people had been assessed as needing a special diet, the service provided this in line with recommendations from health professionals, for example one person had been prescribed a nutritional supplement. People were weighed monthly but some individual care records had no recorded weight for some months which meant that staff did not have evidence to show if there had been any recent weight loss which could delay referral to the relevant health professionals to address the reasons behind weight loss and subsequent treatment.

People were supported to maintain good health. We saw that staff supported people to attend health appointments and there was a regular visit from a GP. On the day of our inspection one person had

toothache and an emergency dental appointment was being arranged and their family were informed. We spoke to a chiropodist after our inspection and they told us they visited three to four times a year and recorded the treatment given in people's care plans.

We saw that the service was provided in an old building with access to upper floors by stairs only. The stairs were steep and there were hand rails but no lift. There were three ground floor bedrooms for those who could not access the upper floors. We saw that most people spent the day in the dining room rather than the lounge. People who wanted to spend time alone were able to use their own rooms as and when they chose to. There was access to the back garden paved area but the grass area was raised and was not easily accessible. Some people's access to garden activities was limited because of this.

Is the service caring?

Our findings

We asked people if staff were kind and caring and people said they were. One person told us, "The manager is a nice lady." A relative told us, "They are definitely caring." One relative told us, "It is fantastic. They spoil him. He doesn't like getting up in the mornings and they let him lay in." Another relative told us, "I know my mum is well cared for." A visitor told us that the manager was, "Particularly good and always tries to motivate people." A relative told us, "The home needs a good decorate but I know they are well cared for."

People were supported in a kind and friendly way and by staff who knew them well. The manager had a good knowledge of people's histories, likes and dislikes. We saw staff walking with someone and the manager sitting with them to talk. There was rapport and understanding from the manager. Staff told us about people's personal preferences and interests. Staff supported people to make daily decisions about their clothing and food.

We saw people finishing their breakfast when we arrived and observed staff to be attentive, for example, encouraging people to finish their tea and warming it up when they noticed it had become lukewarm.

We saw the manager defuse a situation between two people in a calm and caring way. The staff maintained a calm and relaxed atmosphere throughout the day.

Some people preferred their own company and chose to sit in their rooms during the day and staff supported them in these decisions. One person told us that staff always knocked on their doors before entering. People who could manage their own personal care were encouraged to do so thus enabling independence at a level that was right for them.

Relatives and visitors told us they were welcomed when they visit, they chose where to sit with their relatives and can visit when they want to.

Staff supported people to have access to other professionals who could advocate for them when they needed this.

Is the service responsive?

Our findings

One visitor told us, "I think the staff are caring and if people want the loo staff are always quick on the uptake and very helpful."

People received personalised care that was responsive to their needs but their care plan records were not always up to date. People's needs were reviewed and where necessary health and social care professionals were involved, however this was not always appropriately recorded and people's personal care files were not well maintained. We saw the manager trying to contact a social worker for one person and had arranged for a welfare benefits advisor to visit one person to help them sort out their finances.

Where people required support with their personal care they were able to make choices and be independent as possible. Where people were able to manage their own personal care this was supported and respected.

Whilst the service protected people from the risks of social isolation and loneliness the arrangements to meet people's social and recreational needs were limited. We observed a lack of stimulation for people who tended to sit in the dining room during the day rather than the lounge. There were no dedicated activities staff and there seemed to be a lack of things to do and because staff were cleaning, cooking and providing personal care support there was limited time to support people with hobbies and interests. A relative told us, "There isn't a great deal of activity but I would choose caring staff over that any day." A relative told us, "There could be more to do but dad doesn't want to do anything when he is asked." The service had a minibus but there was no programme for using this to encourage people to have good links with the local community. We recommend that the provider reviews the activities provided within and outside the service to ensure people's social and recreational needs are considered.

Complaints were managed informally. People told us they would be able to tell the manager if there were any concerns and she would sort things out. There was no formal record of complaints and the manager told us that people would tell her if something was wrong. Concerns were taken seriously and action taken as a result, for example the manager had purchased more comfortable chairs for the dining room as a result of people's feedback. The manager told us that people used the lounge during the evenings and she often sat in there with them to catch up on paperwork, during which time people felt free to raise any issues of concern. The manager had also put a suggestions tree up on the wall in the hallway for people to write comments or suggestions, however using this method of making complaints or suggestions was limited to those people who could reach to write and put the comments on the tree.

Is the service well-led?

Our findings

People who used the service and their relatives and staff were positive about the manager. One relative told us, "She phones and lets me know if the doctor or dentist are coming." Another person told us, "I could talk to her and I am sure she would listen."

The manager owned and managed the service and provided much of the day-to-day care including cleaning, administration and cooking and because of this the manager set the day-to-day culture in the service. She administered medicines and liaised with other health care professionals and with social workers and local authority staff. Because the service is a small care home and the manager was there every day she told us she didn't hold formal residents' meetings or carry out any satisfaction surveys.

We saw that the manager had carried out regular audits of the environment but the environment was in need of attention and improvement. The quality assurance systems hadn't always addressed risks identified. The regular audit hadn't addressed the lack of hygienic hand drying facilities for staff or addressed the infection control issues we observed during our inspection. There were strips of lino placed by some beds to minimise the need for carpet cleaning but this made the rooms feel less personal. The manager told us that she was aware of the issue of the call bell system and had been considering asking local providers for quotations for a new system. She had also thought about the possibility of installing a lift, however she had not taken any action to address the shortfalls.

The manager was running the service with no administrative support and this meant that there were problems with keeping records up to date. Care plans and documents were stored in filing cabinets in the communal lounge and the manager told us she often sat in the lounge during the evening to update the files. Secure storage of accurate, complete and contemporaneous records for each person living in the service was not robust. One care plan had a monthly risk assessment dated June 2016 and as our inspection had been carried out in May 2016 it was not possible to tell when this had been completed. Staff told us they were supported regularly but this was not appropriately recorded. There were no records of formal supervision. There was little information in the staff files we viewed. There were no records of regular staff meetings so there was nothing recorded to show that staff were able to raise any concerns with the manager or make suggestions for improvements to the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were enough staff. One person said, "Enough for what we want." However, we saw that staff carried out all tasks including cleaning, laundry and cooking as well as supporting people with their personal care and other needs. While there were enough care staff to meet people's basic personal care needs safely and in a timely manner, there were not always enough staff to ensure that people's social, spiritual and other needs were met within the service. Additionally, the manager did not have enough staff to support her to manage the service, which resulted in the shortfalls we found during our inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at whether CQC had received all the required notifications in a timely way as providers are required by law to notify us of certain events in the service. The manager had notified us of events as required and otherwise fulfilled the requirements of the service's registration with CQC.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care was provided in a safe way through assessing and mitigating risks to the health and safety of service users; ensuring staff were competent; ensuring the premises were safe; and assessing, preventing and controlling the risk of infection.</p> <p>Regulation 12(1) and (2)(a), (b), (c), (d) and (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems to assess, monitor and improve the quality and safety of the service people received; assess, monitor and mitigate risks relating to the health and safety of service users and others; maintain accurate and complete records for each service user and for the management of the service; and seek and act on feedback from relevant persons.</p> <p>Regulation 17(1) and (2)(a), (b), (c), (d) and (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons, nor ensure that staff received appropriate training, supervision and support to carry out their duties effectively.</p>

